

# **The Journal of Osteopathy**

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# THE Journal of Osteopathy

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## CONFESSIONS AND FALLACIES

J. L. HOLLOWAY, D. O.

A few days ago, I sat behind two young men, evidently senior medical students, who were exchanging experiences of their summer's vacation. One related treating a case of malarial fever, and the various remedies he employed, the failure of this and the result of another, the difficulty experienced in the administration of calomel, the resulting nausea, the depletion of vitality, the final rally and recovery—all the result of the wonderful efficacy of "scientific medicine." The other seemed to be less enthusiastic, for he had had a case of rheumatism for which he had evidently ransacked all his medical authorities and administered all the remedies therein cited only to find not only the disease in no way assuaged, but the whole digestive system so thoroughly upset that the stomach could scarcely retain hot water.

I suspect if the mysterious operations of the recuperative powers resident in the body could be laid bare, we should find ample explanation of recovery in the first case on other grounds than this or that cholagog or antipyretic.

Nature apparently was not in so responsive a mood in the second case, since that disciple of Aesculapius wavered in his enthusiasm, puzzled over the fact that the exponents of "scientific medicine" had not hit upon a specific for rheumatism. Or he may have become discouraged over the confession of Dr. Garrod who claims that "colored water" is about as potent as anything else.

It would certainly be refreshing to get from these two bright young fellows ten years hence an honest expression of views relative to the certainty of drug action in the treatment of disease.

I do not question that oftentimes results are secured, but how uncertain, how disappointing seems to be the almost universal testimony of the veterans of the profession. Is it not time that the progressive M. D. steers away from drugs as fast as he can? It is no uncommon experience of mine for patients to say, "My family physician has positively refused to give me any more medicine." They are beginning to discover that Nature's laboratories are fairly well stocked and the body carries with it its own healing, if structural defects do not interfere. But it is this "if" which constitutes the usually insurmountable obstacle. For, if structural deviation is granted, the scientific basis of osteopathy is at once conceded and this of course must never be. Rejecting therefore this osteopathic discovery, the M. D. must have recourse to some external aids to maintain his "regularity." This boasted "regularity"—another name for "scientific"—must have been somewhat rudely shocked recently by the eminent Dr. Jacobi who states that "scientific medicine is only a little more than a half century old." You know it was he who, with a pompous wave of the hand and a strong German accent, declared before the New York legislative committee that osteopathy is a fraud. While osteopathy lacks a few years of being as old as "Scientific Medicine," this "Richmond" has certainly made his presence felt in this country as no other system of therapy has hitherto. I have read closely current medical literature for several years to discover if possible the advance made in drug administration, to find, in its last analysis, that boasted improvement lies along the following three lines: First, Advance in surgery. Second, Employment of Nature's Agencies—heat, light, electricity, water. Third, Nursing—including problems of feeding and sanitation. Certainly too much credit cannot be given the profession here. But in vain do we search for specific drugs whose administration acts with certainty in the cure of disease. If the rate of mortality has been lowered in certain diseases the cause may be found in better hygienic environments, better feeding and nursing and the absence or reduction of drugging.

Dr. Hirschberg of New York speaking of the fraudulent credit given medicine says: "Half the drugs known to materia medica have been used for pneumonia. Years ago patients were bled. Then came an era of counter irritation which was followed by one of antipyretics. Quinine gave way to aconite, which in turn was displaced by whiskey, strychnine, digitalis, and ice-packs. To-day the more advanced physicians let nature combat the disease. All they do is to help keep the patient clean and comfortable and give him plenty of fresh air and nourishment. \* \* \* \* \*

"Typhoid and tuberculosis are certainly serious diseases, and yet all the physician can do is to give nature an opportunity to effect a cure under the most favorable conditions. The germ of consumption is proof against all the antitoxins, germicides and other specifics ever invented. Medicines in many cases do more harm than good, but when they are swallowed and poor Nature, in spite of them, effects a cure, they get all the credit. This credit is equally false and fraudulent whether they be patented and advertised cure-alls, or the fearful and wonderful prescriptions of empiric physicians."

This honest confession was certainly not intended to give comfort to osteopaths, nevertheless it contains truths which the lay reader should know. Speaking in general of drug remedies, Dr. Hirschberg says "Their value—if they have any at all—lies in the fact that they ease the patient's mind and satisfy the universal yearning to 'take something for it.'"

The famous Dr. Cohen of Philadelphia in discussing the introduction of antipyrin into clinical practice said before the last meeting of the American Medical Association that "thousands and tens of thousands of lives would have been spared that were lost if antipyrin and other coal tar antipyretics had not been used in treating typhoid fever, pneumonia and especially influenza."

One of the serious troubles with this "scientific therapy" has been well stated by Dr. Billings, one of the highest authorities of the "regulars," to the effect that "mixtures with a well known formula are objectionable, for disease is never quite the same in different individuals and never quite the same in its different stages."

Referring to the multiplicity of schemes to exploit new remedies, Dr. George Dock of Ann Arbor frankly confesses that "the medical profession, as one of the most striking examples of Hope over Experience, keeps on accepting the discoveries, repeating over and over the story of disappointment." On the question of the increase in the abuse of proprietary medicines he holds that "it is due partly to exaggeration of legitimate commercial methods and partly to the credulity of the medical profession."

This confessed "credulity" is hardly in keeping with the boast that modern medicine is "scientific." Indeed this very attitude of the professional mind is empiric; antagonistic to the spirit of science which always seeks to link cause and effect.

The dominant note in the whole proceedings of the American Medical Association which met in Boston this year was surgery. Comparatively little was said relative to the certainty of drug action, except the wholesale condemnation of proprietary medicines, for the extensive

use of which most speakers held the profession responsible. Some were brave enough to announce tentatively that the abandonment of drugs in certain cases had been attended with good results. Such an authority as Dr. Northrup of New York City said that he had had very little use for drugs in the treatment of pneumonia among children since the adoption of the "Open Air Method." I think it a conservative statement to say that most of the present practice of medicine is a continuation of the experimental policy of the past, irrational and unscientific, and that the lay mind is recognizing this fact as never before. The tide is strongly against drugs, and no amount of legislation, which is now employed to bolster up a waning cause, is going to force people to use them in the treatment of their maladies.

Dallas, Tex.

## Disease From the Osteopathic Viewpoint

DR. M. F. HULETT

The history of medicine is a record of empirical practice upon an all too credulous public. Hoping for relief we grab at a straw. Promise of cure, though without a semblance of reason back of it, like the candle light to the moth, lures its victims by the thousands, heedless of the consequences. Unfortunately, disease has been so little understood—and its remedy less so. Too long has it been considered that disease is a mysterious, tangible devouring monster, separate and distinct from bodily mechanism—an invader, usurper, on a mission of destruction. Very naturally, with this conception as a premise, the search for curative measures has been largely confined to attempts to discover some agency that would drive out, absorb, or annihilate this grim terror. This search is largely the history of medical therapeutics, its nostrums, its poisonous compounds, its serums, its germicides, and much of its surgery, all pointing with unerring aim to such a conclusion. Something, however, has been done in recent years on a more rational basis; but even yet not a small amount of this ancient superstition still remains, and some pseudo-scientists still persist in attempting to give it a legitimate place in therapeutics.

It is a hopeful sigh, however, to observe that the foundation of this false therapeutic structure is being undermined—is crumbling away.

We are searching more deeply into the cause, and studying less the effect (except as it points to a cause), and its remedy. It is gratifying to note, too, that this change is largely coexistent with the origin and development of osteopathy. This science, making less prominent the effect—the symptom—and being satisfied with nothing short of the discovery of a first and primary cause, has done more to bring about a better understanding of the "human machine" in its relation to diseased (or disordered) conditions than any other one therapeutic system. Its viewpoint is from an entirely different field, and we will try to prove to you that it has a more rational basis.

In order to understand better this new conception, let us for the moment forget all about the subject of osteopathy, which may, in our individual interpretation of its meaning, seem vague and indefinable, and, without being prejudiced, consider in a rational way a few well known physiological principles.

Bodily tissues—muscles, glands, organs, etc., (without nerves to govern their actions)—are inert—mere masses of matter, unresponsive and lifeless. Every movement of the body is the result of muscular contraction—an approximation of the different points to which the muscle is attached. But the muscle cannot contract itself; it has no inherent power to act, it lies there dormant till put into motion by an independent force. This force, generated in the brain—or other subsidiary center of origin—is transmitted along the nerve especially created for it to its point of action. Without this impulse, or stimulus, the muscle is helpless. This is true of all muscular contraction, and is demonstrable beyond any question. And a similar phenomenon is undoubtedly equally true of all other function. For instance, the stomach secretes certain digestive fluids. In this process the secreting gland acts as does the muscle, only when influenced by the nerve impulse, starting from its center of origin and terminating in the gland. In like manner we can logically assume that every other tissue and organ exhibits similar phenomena. Even the blood and lymph circulation, on which bodily health so much depends, is controlled in like manner, as the heart, its greatest propelling force, is a muscular organ acting as do other organs, and the walls of the blood channels are everywhere supplied with muscles, and their governing nerves, to control their calibre, thereby regulating the quantity of fluid passing through them. Knowing these facts by practical experiment in physiological laboratories upon most of the bodily tissues, we dare assert that all function is governed by the nerve stimulus, originating in the brain—or similar subsidiary center—and transmitted through the nerve to the organ, or other part.

With this conception of physiological function, we reasonably assume that health exists when functional life is normal—when the organ or part is in action in response to a normal nerve stimulus; and that disease is the result of the opposite condition—a friction of parts, an interrupted nerve current, and other causes to which these are contributory.

But why the opposite condition, this abnormal action? Let us consider for a moment a condition that might produce this friction, or interference with the nerve current. The human machine, as are other machines, is subject to certain mechanical laws which must be obeyed. On account of its delicate structure and sensitive nature, it is even more susceptible to a violation of these laws than is the mere mechanical device. A disturbance of the relation of parts, even though slight, produces friction somewhere, or impedes or restricts the nerve current. This done and function is impaired or ceases in the organ supplied by that nerve. The products of that organ become deficient, in quantity or quality—often in both,—or its power to excrete the poisonous bodily wastes ceases. Disease results in direct severity as the importance of the function, in proportion to the amount of destroyed tissue, or according to the amount of poisonous matter retained in the system. To restore to health this function must be re-established. How shall this be done? We might cut away the diseased part; we might cauterize the area involved and cleanse it. But if we do nothing to re-establish the function, continued or progressive destruction must follow.

There is only one way in which tissue can be reconstructed. The work must be done by the natural tissue-building properties of the body, the normal blood and lymph, the products of digestion, and their proper assimilation. No medicine will do this for the organ. The most expert chemist, with any possible combination of his drugs, cannot construct tissue. In order to heal a wound there must be brought to it, through the natural channels of the body, the tissue-building materials.

Obstructions are referred to above. What are they? Why do they exist? How do they originate? What effect have they on functional life? For the purposes of this article reference to one class will suffice. The spine is composed of a number of bones—vertebræ,—one upon the other, being so perforated that they together form a bony canal, in which lies the spinal cord. A joint is formed at the junction of each pair of adjacent bony segments of the spine. The spine, therefore, is a series of joints as well. Now the function of a joint is motion. That is what it is created for—movement. Sometimes this motion is impeded—sometimes it ceases altogether. Strains and injuries of various natures induce inflammatory action, forming adhesions or producing thickening of the

component parts of the joint. This is one form of obstruction. The result is disease—disorder. But this obstruction in itself is not necessarily a serious condition. The stiffness of a single joint of the spine need not interfere with much bodily activity. The bending of the spine is not an absolutely essential element in life. But passing between each pair of adjacent vertebræ are two nerves, one on either side, the channels through which is transmitted the energy governing other and often much more important functions. As the joint becomes restricted, ligaments around it contract and harden, excretions infiltrate the tissues, and disturb or decrease the size of the passage in which the nerve lies, to such an extent that all nerve energy there may be dissipated. The organ supplied by such nerve, therefore, becomes inactive—its function ceases, and its individual life is impaired. Again, since the spinal cord receives its blood supply—nutrition—through these same openings, most serious damage may result from a lack of blood there, and a consequent starved nervous system.

Impaired motion of the spinal joints, and the accompanying hindrance to the spinal cord circulation, are not the only obstructions that may exist. Strains and contractures of muscles often cause various irregularities of the joints. A single vertebra may be “slipped” to the side (of course only slightly, otherwise severing the cord, or causing a pressure upon it sufficient to produce paralysis at that point)—a rotation of a vertebra, or a slip or rotation of a series of vertebræ,—thereby impinging upon directly, or by drawing tight the vertebral attachments, the nerve springing from the spinal cord.

Thus far it has been the aim of the writer to make plain one form of “lesion”—“perverted structure which by pressure produces or maintains functional disorder.” It is not the intention so to confine the subject. There are other forms of lesion, many of them; but to go into detail with each class, since the principle is generally applicable, is useless.

The osteopathic viewpoint, therefore, is based in general upon the principle that “structure (anatomical relations) determines function.” Health exists when there is harmony in structure. Disease follows disordered relations; or, disease is the result of (First) structural derangement, which inevitably produces (Second) perverted, or suspended, function. (The writer is aware that abuse may modify function thereby originating pathological conditions. But that phase of the subject cannot be considered in the brief space allowed for this subject).

Osteopathic therapeutics, therefore, depends upon the mechanical principle of adjustment of structure. It contemplates that the bodily functions are maintained by harmonious, unrestricted action of all parts.

The presence of disease indicates primarily structural derangement—interference with the free action of the vital forces. To locate this derangement, together with a consideration of all its associated consequences, constitutes the substance of the osteopath's diagnosis. Then, his therapeutics is an adjustment, by manual operations, of that abnormal structure, adapted to the individual condition, and varying according to the particular needs. When this adjustment is secured, by the removal of the obstruction, and a consequent liberation of nerve energy—a restoration to normal function,—nature rebuilds or restores the weakened tissue.

Nature always tends toward the normal so long as she has freedom of action. Her power to do this is inherent. There is no external force which will supply her demands in artificial doses. She needs no tonic or stimulant—no whip. All that is required is the freedom of action with which she was originally endowed by an all-wise creator.

Columbus, Ohio.

## The Cause and Treatment of Eye Diseases

DR. J. LYMAN CUTLER

The most common osseous lesions affecting the eye are those of the three upper cervical vertebræ, which, from their proximity to the superior cervical ganglia, may disturb the eye through the sympathetic system. This connection may easily be traced through the cavernous plexus and the third, fourth, fifth and sixth cranial nerves. Since these nerves nourish the arteries supplying the eye-ball and also the muscles controlling it, a lesion in this region would not only interfere with the blood supply by contracting the caliber of the arteries but if the irritation was sufficiently great it would also produce pain in the eyes. A faulty action of the ciliary muscles could in like manner be produced.

Lesions as low as the third dorsal, including the clavicles and upper ribs are likely to bring about an abnormal activity of the pupilo-dilator fibers having their origin in the cilio-spinal center at the second dorsal. These lesions are cited as those often found in disease of the eye; however, it is very probable that a lower spinal or even a pelvic lesion may in some cases, be a potent factor. It must ever be borne in mind that a disturbance of the eye is often secondary to a pathological change in the stomach, kidneys and other organs.

A practitioner need only to observe the eyes of a patient suffering with a severe cold or an attack of the grippe, and then note their improvement after a thorough relaxation of the neck muscles to realize, that muscular lesions are a causative factor in disturbances of the eye.

Since deficient blood supply and faulty drainage are the most common conditions which we have to overcome, we must seek at once to ascertain the cause. Begin by examining the atlas, which, in a good percent of the cases, will be found to be at fault; but even if a lesion should be found here continue the examination of the entire spine including the ribs and clavicles, for more than one cause is always possible.

In most acute conditions of the eye, a thorough relaxation of the neck muscles together with local manipulation in and around the eye itself will give permanent relief. This may also hold true in some chronic cases, but almost invariably those of long standing are the direct result of osseous lesions, the removal of which must be accomplished before a cure can be expected. Of course when the condition is secondary to the disease of some other organ the primary condition must be overcome before the eye will improve. Yet in many cases of this kind local treatment will give great temporary relief. When patients complain of much pain it is well to advise the use of a cold compress over the eyes when necessary between the treatments until osteopathic results can be secured.

The local treatment above referred to consists in manipulating the forehead, temple, inside the bony margins, stretching of the lids, gentle pressure on the closed eye and percussion. The percussion, or tapping, is best done by placing one finger upon the closed eye and tapping on it with a finger of the other hand. This is especially indicated in cases of cataract as the jarring of the eyeball would have a tendency to break up the adhesions.

Raising the clavicles, stretching the neck, rotating it one fourth around, opening and closing the mouth against resistance, are great aids in freeing the drainage.

Berlin, N. H.

## Technique--A Neglected Study

EDYTHE ASHMORE, D. O.

Osteopathy theoretically has forged ahead with greater achievement than any other science in the same period of time; in fact, we, its practitioners, have taken the ground of healing with high jumps and to talk to the majority about retracing their steps and learning mechanics is like asking a mechanical engineer to learn how to build a fire under a boiler. The drudgery incident to a correct technique is declined as plebeian. As one writer says, the fault lies in our facility and we osteopaths like other artists are doomed to failure in attaining the summit unless we cast off the yoke of pride and enter again upon a study of primary things.

Perhaps the fault begins shortly after graduation when we have acquired a few ways easier than those we applied in our days of clinical practice. We fall too quickly into a routine method of treatment. We look on with apathy as some fellow practitioner demonstrates his way of correcting a subluxation and we say mentally or orally, "No better than my old way." When one stalwart among us outlines and carries out laboratory experiments to prove a pathology that shall substantiate our theories concerning the etiology of disease, we awake with a fine enthusiasm and clamor for more of the matter that is non-manipulative, but when it comes to delving with simpler tools than the scalpel, microscope, and the lower animals, we are very self-sufficient. We bless the Old Doctor all the days of our lives for the instruction he gave or transmitted to us about how to put this machine, the body, to rights, to cure or prevent the ravages of disease, but to study every manipulation of our ten fingers to know whether we are doing what is best or in accordance with principles of mechanics we do not condescend. That would be puerile, we may exclaim. Let us see.

It is a frequent occurrence in our literature, both in the journals and even the text-books, to read of the lesion being an anterior subluxation of the fifth lumbar or upper dorsal. Such a subluxation is a mechanical impossibility. Now, then, are we ready for improvements upon superstructure when we are still ignorant of the mechanism of the spine? I think not.

Dr. McConnell, to whom I referred a moment ago in reference to the most excellent work he is doing for us in pathology, said in his article

in the August Journal of the A. O. A. that the science of osteopathy is both mathematical and mechanical and in mechanical readjustment "rests the key to our therapy." Were we all locksmiths I fancy we'd never reach the perfection of Yale combination. We would all be satisfied to enter our homes, as we have the practice, with a "skeleton;" and of that same skeleton we would know no more than that it had certain gross features.

For the remedy of all this we must know more of the spinal column. Each practitioner of osteopathy should have constantly at hand a disarticulated backbone, upon which he should produce the same subluxations that his patients present, then study the mechanical principles of adjustment to the normal, and it would not be surprising if each of us found there were ways of correction we never dreamed of. The bone-setters of Europe from time to time create a furor by their sudden cures. May it not be possible for them to have other methods just as good as ours? Given any number of students dealing with the same problem, is it at all probable that they will demonstrate it in the same manner? It is not true in mathematics and it is not true in osteopathy. Yet some day all the demonstrations will be known, because with our twenty-seven parts, counting the occiput, sacrum, and coccyx as only three, and definitely limited as to motion without fracture, we shall have the perfection of an exact technique, if in those days we all become students of technique. I presume it would seem that day was as remote as the millenium, but I think not. It depends upon how soon we of this generation get to work again upon elementary factors.

Our present modus operandi is exaggeration, extension, traction, and rotation. It is very good but is far from perfect as a means of correcting all subluxations. Remembering that the spine is but a series of wedges, there are other ways in which the application of force may correct subluxation. Right here let me say that I think we do not know what the next few years will make imperative that we shall find out, the pathology of the joint subluxated. More graves will need to be desecrated to secure spines having old lesions or new ones. Such an avenue of information would be wonderfully fertile and is easily practicable.

A series of measurements being made by many osteopaths will give new light in diagnosis. The pantagraph invented by Dr. Herman F. Goetz is the most notable mechanism produced among us so far. This machine gives a record of the spinal deviations that makes a knowledge of changes produced by treatment possible because it registers accurately the outline of the spine. No office is complete without one for the reason that we should know exactly how much we have accom-

plished after a given course of treatment if subluxation is the lesion. The mooted questions of effects of stimulation, inhibition, removing a physiological cause versus structural abnormality, will be thus decided.

A second way that appeals to me as assisting diagnosis is that of a series of measurements, taken between two given points, for example between the seventh cervical and the first lumbar in extension and flexion of the spine, to give a knowledge of the mobility of any portion of the spine. We have all learned a great deal concerning the vitality, organic conditions, etc., by rotating, flexing, and extending the spine with the patient sitting, when making a first examination, in fact oftentimes I make a prognosis according to flexibility of the parts influenced by the lesion. For example take the extremely rigid spine in a case of marked neurasthenia. I find these patients invariably respond slowly to treatment, and frankly I don't like to undertake to cure them any better than I like to take a case of palsy with a similar rigidity of the spine.

The interest manifest in that portion of the program at the A. O. A. meeting at Put-in-Bay called "Clinical Demonstration of Technique" is indicative of the trend of thought among us, and it will doubtless be found here and elsewhere that for a few years we shall find that class of work more helpful than that presenting the symptom-complex of any disorder and a record of results from pursuance along theoretical lines. We of Michigan may do much for the cause in general by applying ourselves particularly to this line of research. It will not be long before our turn will come to entertain the national association. Let us have done so much when that time comes that we may be proud of these days that are passing so full of promise to the energetic, scientific worker.

Detroit, Mich.

(Paper read before the American Osteopathic Association at Put-in-Bay, Ohio.)

## INVESTMENTS

ROBERT I. WALKER, D. O.

This is not intended as a scientific article, nor is it an accurate list of investments for enterprising osteopaths who have more money than they know how to dispose of, but is intended rather as a warning to some of the younger and less experienced members of the profession who will probably be besieged by agents and promoters of various schemes guaranteeing enormous returns upon a small investment, and is prompted by a number of excellent articles on the same subject in the "Medical World," of various dates.

According to this magazine and other authorities the medical men, as well as school teachers, ministers and dentists, are pretty easy marks when it comes to wildcat investments, and it occurred to me that a few remarks along this line gathered from my own experience and that of some of my friends might be of use to some of the members of our own profession.

Probably every doctor, as well as nearly every man in other lines of business, is flooded with circulars and investment literature, some of which is so alluring, plausible and ingenuous that it is no wonder that many credulous or inexperienced persons are caught. "Don't speculate," they say, don't be fooled, don't take our word for it; write or ask so and so, who has subscribed for so many shares of stock." This is one of their stock arguments. If an agent can secure a number of names of "some of the best people" of a community to use as a bait he considers his fortune made. As the people become more wise the plotters become more expert in devising ways and means of drawing dollars from the pockets of the unwary.

To quote Dr. Taylor in the Medical World of May, 1906. "If doctors want to take another look at themselves 'as others see them,' here's another chance. Someone sent me a circular sent out by the 'Investor's Name and Address Co.' They make a business of furnishing to the schemers the names of 'suckers.' This circular offers \$5.00 in the stock of an oil company for the names and addresses of five people likely to invest in such a concern. At the end of the circular is the following:

### INSTRUCTIONS

'Don't send names of millionaires or wealthy people. We want only the names of small investors whom you positively know are either

stockholders in mining or oil companies, or would likely become interested in investments in such companies.

What we mean by small investors is mechanics, clerks, physicians, dentists, school teachers, or small store keepers whom you think may have surplus sums of money in savings banks of from \$50.00 to \$500.00 and who would be likely to invest same in mining or oil stock. As we are placing entire confidence in the public, we feel sure that no one receiving this liberal offer will abuse our trust by sending us names other than those of their friends whom they know to be interested in the above named class of investments.'

There you are. Let the medical profession use this as a mirror by which they can see themselves as others see them—and to look into such a mirror is a healthy thing to do occasionally.

The trouble is that physicians can seldom find such a mirror. They are so praised, flattened and nearly worshipped by their patients that the weaker ones think that they are really great men, and almost infallible.

Any man in that frame of mind is easy prey to a smooth and plausible schemes."

To cite some of my own experiences and observations. In 1902, I became acquainted in a professional way with two gentlemen in Fall River, Mass., who, I afterwards learned, were connected with the (we will call it) New England Asbestos Development Co., the one as president, the other as general manager.

I treated in both their families, and was ultimately persuaded to invest a small amount in the stock of the company at \$1.00 per share. I still have the certificate but have never received any dividends, or seen any sign of the money invested.

However, I will do these men the justice to say that I believe they really thought they had a good proposition, and had no thought primarily of fleecing the public. They were well known citizens; their patronage and influence brought me many patients who repaid me many times over what I lost in the development company; but many Fall River people were not so fortunate and lost considerable amounts. The president died a short time after, his death no doubt being hastened by the scandal consequent upon the failure of the company.

An agent came to this city representing a mine in Montana, which we will call the "Molly Muldoon Copper Co." A local politician became interested, and upon being voted out of office, started in to work the public. Expensive offices were hired, and full page advertisements inserted in the Boston papers, with the politician's picture and the ex-

planation, "Honorable So and So, who has retired from public life to develop 'The Molly Muldoon,' " etc.

The agent called at my office one morning, took one treatment (for which he only wanted to pay \$1.00) then endeavored to interest me in stock, telling me how many osteopaths in different parts of the country had subscribed, saying that Dr. ——— of Indiana, mentioning a well known practitioner, had taken so many hundred shares. "Aber nicht"; inducements failed; one experience taught me my lesson.

The subscribers have not to my knowledge received any dividends, though great things are promised.

About four months since, two well dressed, plausible gentlemen called upon me representing the "Regenerated Cold Air Co." of Boston. The one who did most of the talking introduced himself as Dr. Blake, treasurer of the company, formerly a drug salesman in the employ of Wyeth & Co., but claiming to have left that position and engaged with the "Regenerated" because of the immense possibilities for success (and none for failure).

I listened attentively to his tale, telling him go on to the end of it, for three reasons; first, because I wanted to know about the concern; second, because I wanted to take a lesson in suggestion and see how he did it, and third, because I like to see a man work hard—when he is trying to work me.

Three statements in his "spiel" struck me as decidedly incongruous, in effect as follows:

First, "We can easily place stock in blocks of \$5000.00 with New York and Boston capitalists, but I, as a physician, want to give you and the other doctors the benefit of a good thing."

Second, "We are endeavoring to get started in manufacturing our apparatus, and any amount that you can invest in stock however small will help us just that much."

Third, "An investment of a few hundred dollars will in a year's time pay you 500 per cent profit and make you independent for life." These statements do not require much comment; the natural answer to the first and second would be "If you can place stock in the amounts you say, why don't you do it instead of soliciting small bugs like myself for a few hundred dollars 'to get started?' and to the third, "Gentlemen you are promising too much. If you had said six per cent I might have been tempted to listen to you, but 500 per cent is incredible."

This company had an apparatus with which they claimed to cool the atmosphere and extract the humidity from it, which appeared to be a very good thing, and one of the large cotton mills here allowed them to be placed in their plant on trial but it did not prove to be satisfactory.

A good many citizens took stock, but to quote from the New Bedford Standard of Oct. 30, "The Regenerated Cold Air Co., a Boston concern which recently made an assignment for the benefit of its creditors had many stockholders in New Bedford who now wish they had 'nt.

A circular recently issued by the company contained the encouraging statement: 'Investigate, consider and decide. The majority of people do not discriminate between a good and a bad investment. Be an exception.' Local stockholders of the Regenerated Cold Air Co. agree that there is more truth than poetry in the second sentence of the three just quoted."

More physicians were victimized than any other class of people here; the agent called me up by telephone once to tell me as an inducement that Dr. H——, one of the leading surgeons had just taken \$700.00 worth of stock; but I declined to bite at his carefully prepared bait, even with this inducement.

A few conclusions may be drawn from the foregoing, and in summing up let me again quote the Medical World in a portion of an article by Dr. Frank Lydston of Chicago.

"The man who has a profitable mining, land or agricultural scheme is not compelled to go into the office building of our cities, or to the modest dwellings of our country practitioners, for the purpose of inducing them to invest their hard earned dollars. Had I a really excellent mining or other scheme to promote, I think I could spend my time more profitably among capitalists than among doctors or other professional men. The amount of unused capital in America that is lying in wait for judicious and profitable investment is so great that even the fools should be able to understand the situation.

The legal rate of interest is established by our general financial and commercial conditions. This legal rate is supposed to be a safe rate. Yet our men of great wealth, when they desire to make investments, buy government bonds the interest upon which is about half the legal rate of interest. They do this because they consider the bonds the only investment which is absolutely safe. This is a hint that the physician who has a few hard earned dollars which he is tempted to invest in wild cat schemes would do well to remember.

The most important point is this: with every one per cent of interest promised above the legal rate the danger compounds. The difference in safety between an investment which promises five or six per cent and one which, it is alleged, promises ten per cent, is something staggering.

It is well to remember that most of the men who have lost money in speculation have done it while 'backing another man's game.'

\* \* \* \* \*

Why the physician should be generally so incompetent in business affairs out of his own field of work, is a question hard to answer offhand. His profession, perhaps, is so exacting that it leaves him little time to attend to other matters. The work of a doctor too, brings him into contact with so much misery and suffering that it is apt to make him unworldly and trusting.

Again, it is more easy to gain an audience with a physician than with members of other professions or business men. Be the reason however, for the gullibility of the physician what it may, the fact remains that he is particularly open to the art of the fakir and the swindler. There are signs that at last his eyes are being opened, and that in the future the doctor will lend a deaf ear to the wiles and blandishments of the mining promoter and others of that ilk."

A few general rules may be drawn from the above, which may be useful in avoiding some of the schemes and pitfalls thrown in our way:

First—Beware of any scheme that seeks to entrap the small investor. The schemers are after the small investors because they cannot get the large ones, and any proposition that does not attract the large investors is generally worthless.

Second—Don't bite at another man's game; he is not seeking to enrich you, but rather himself.

Third—Shun any proposition that promises you extravagant returns. A savings bank account which nets you 3½ or 4 percent compounded is a much better investment than a hole in the ground which you have never seen, and know nothing about.

I hope these few remarks may serve the osteopathic profession somewhat in aiding some of the members to avoid being classed with the easy marks of the medical and other professions.

New Bedford, Mass.

## PREVENTION OF DISEASE

DR. C. P. McCONNELL.

The field of preventive medicine is a wide and fertile one. Physicians of all schools are paying more and more attention to ways and means of keeping people well and preventing the spread of disease than ever before. For years we have heard the statement that the Chinese doctors receive compensation as long as their clientele remain in health but when illness occurs no fee is forthcoming. There is at least a sound philosophy back of this, for the original and real work of a physician is that of a teacher and from a humanitarian standpoint the physician's fondest desire is to be able to prevent disease.

No doubt many disorders are brought about by disobedience of well known, everyday hygienic laws. Overeating, insufficient insalivation and mastication, overwork, poor ventilation of buildings, improper dress, worry, etc., are potent factors in weakening the body organism. These as well as a score of other causes lead directly to, or are at least important links in, the production of various conditions of the body called disease. Surgery, although abused by being carried to extremes, has been a fundamental feature of prophylactic medicine for the simple reason that it is an exact science. Asepsis and anesthesia, of course, have made surgical practice possible. Modern sanitary measures, as every one is well aware, are doing much in not only preventing but actually stamping out certain diseases. And with all the advancement in the fields of surgery, hygiene, bacteriology, psychology, etc., drug medication has been gradually narrowed until now there are many physicians that are drug nihilists. But the medical profession well knows that with all of their knowledge of heredity, environmental influences, hygiene, sanitation, micro-organisms and dietetics there is still something lacking to not only round out but actually to furnish a "backbone" not only to prophylactic medicine but to palliative and curative medicine as well. Whether it be with the general practitioner or with the specialist, as the gynecologist, the oculist, or the surgeon, there is a feeling of dissatisfaction that modern medicine is disappointing, unsatisfactory and inefficient.

Osteopathy, without doubt, will supply the important, the basic factor of preventive medicine of the future, for the simple reasons, first, that it recognizes the vital and physical mechanism as a body complete in every essential; and second, that osteopathic etiology, pathology, diagnosis and treatment are based upon physiologic laws and anatomic mechanics, no more, no less.

\* \* \*

It is well known that in the normal adult spine there are three curves; first, a forward curve in the neck region; second, a backward curve in the dorsal region; and third, a forward curve in the lumbar region. In view of this it is essential to recall that at birth the spine should be straight and that the physiologic curves begin to develop from the time the child attempts to sit up. At first there is a backward curve of the entire spine due to the weight of the head and shoulders and a drawing downward of the viscera. Next the cervical region begins to curve forward as the child attempts to hold the head erect. Then as soon as the child walks the forward lumbar curve develops, due to the pelvic inclination changing the center of gravity farther back.

Thus it can readily be seen that osteopathic prophylaxis will accomplish much in childhood for the above normal curves are not well established prior to the seventh

or eighth year. During these first years simply exerting traction upon the spinal column will render it perfectly straight. Verily, the real work of the osteopath has not begun—osteopathic prophylaxis!

\* \* \*

Moullin, in his work on sprains says: "Diseases of the spine, hip, and other joints in children may be due, in great measure, to some constitutional taint, though it is open to question whether the influence of this is not overrated; but it is quite certain that the immediate starting-point in nine cases out of ten is some chance sprain, often so slight as scarcely to have been noticed at the time." Every osteopath will agree with this statement. Experience has taught us again and again the importance of slight injuries wherein some structural change results. And the average physician scoffs at the idea that a slight structural impairment—the osteopathic lesion—may result in serious or far reaching disturbances—which of course shows either his lack of knowledge or of appreciation of applied anatomy and physiology. True it is, many times these slight injuries and derangements correct themselves, but again there are many instances when they do not; if they always did there would be less work for the osteopath.

"Constitutional taint" is probably a real predisposing factor in some disorders, but not nearly so common a factor as strains, sprains, falls and defects of posture resulting in derangement of structure. No doubt the two may work in conjunction but there is a well defined sphere of influence in either. Traumatism plays an important role in the causes of disease. From an osteopathic viewpoint the principal effect of trauma is to cause structural perversion or derangement and this in turn affects blood vessels and nerve courses, the effect of which may be far reaching. Take any recent treatise on nervous diseases and see how frequently trauma is a factor. Gymnasium instructors, dressmakers and tailors know full well that it is the exception to find a body that is not structurally perverted. Then how necessary it is that the body be examined critically by a trained observer!

\* \* \*

## CAISSON DISEASE

Interesting points relative to caisson disease are made in the October issue of Cassier's Magazine. According to recent autopsies the disease is caused by air bubbles in the body which act as foreign bodies. The bubbles were found in the heart, blood-vessels, and various tissues and organs. The etiology of the disease, of course, is well known—the "sudden transference from an abnormal atmospheric pressure to one of normal intensity." But Anders in his last edition informs us that the pathology is obscure. Tears in the dorsal spinal cord, hemorrhages in the cord and meninges, disturbance of the gaseous metabolism, and air emboli are the principal pathologic features according to the texts. The writer in the above magazine says: "If the man who has been in a caisson for several hours under a pressure of two or more atmospheres passes quickly through the decompression lock—so quickly that the air is not held in solution in the blood, but escapes in bubbles in the tissues—this free air causes, if not death, a train of severe and dangerous symptoms." Naturally, the symptoms resulting depend upon the point of blockage by the air emboli. Thus there are symptoms varying from headache, giddiness and joint pains to various degrees of paralysis and apoplexy and heart failure. Disseminated focal myelitis, according to Anders, has been discovered where death occurred after a considerable time. It is said that "at least fifteen minutes for each atmosphere of pressure should be taken in order to be within the bounds of safety."

Pure blood is the basis of health. This fundamental truth cannot be emphasized too frequently. Dr. Still's famous statement that "the rule of the artery is supreme" is a fact, a truth, that can not be gainsaid in any sense of the term. All reparative processes are directly dependent upon the integrity of the blood supply. This basic truth is the foundation upon which rests the entire superstructure of the osteopathic school. It is, in fact, the basis of all healing influences, no matter of what school; and consequently the system that marshals its methods to this end can not at any time be far wrong.

A very short time ago Edebohls treatment of decapsulation of the kidney in chronic nephritis was heralded with considerable noise. Subsequent endorsement, however, seems lacking. But the point here is that the decapsulation induces an "arterial hyperemization of the kidney. The result of this improved circulation in and between the tubules and glomeruli is the regenerative production of new epithelium capable of carrying on the secretory function." Thus the object to be obtained in this heroic treatment is a supply of pure blood, notwithstanding the fact that the operation does not consider the cardiovascular changes throughout the body, the toxemic starting point of the affection, etc. Talma's operation for cirrhosis of the liver is another illustration of how far surgeons will go in their search for remedies to influence circulatory processes. And why do we mention these examples of surgical methods? For the simple reason that the all too prevalent surgical operation is a fair indication of the plight of the medical fraternity, and, moreover, even heroic surgery, and extreme methods no matter how far fetched, necessarily rely upon vascular changes for curative effects.

From the employment of the humble mustard plaster to the most complicated prescription obtainable the one object is change of the blood mass or its improvement. The osteopathic school is to be congratulated on its really and truly rational, consistent and liberal therapeutics—a system that is unchanging, scientific and inclusive.

\* \* \*

Galvani after he discovered galvanism said: "I am attacked by two opposite parties—the learned and the ignorant. Both laugh at me and call me the frog's dancing master. But yet, I know that I have discovered one of the forces of nature."

The Royal Society made fun of and would not publish Franklin's paper on lightning conductors.

Da Guerre was confined in an asylum because he claimed to be able to convey his portrait to a tin plate.

Morton's discovery of anesthesia, the work of Pasteur and Lister, Bell's discovery relative to the functions of the anterior and posterior roots of the spinal nerves, Weber's "fundamental law of psychophysics," and scores of other discoveries have been ridiculed and scorned by the scientists.

Dr. Still's work has been no exception to the rule. What an inconsistent attitude the medical man assumes when he as a self appointed authority flippantly judges the osteopath, while in the very next breath admits the fragmentary status of medicine!

Gould in an article on the reception of medical discoveries in the *Annals of Ophthalmology*, October, 1904, says: "It is doubtful if there is a single important discovery in all history of medicine which was not at first either ignored or opposed. If a man is himself an authority and power, the ignoring and hatred of him will find vent in both ways. If he can be snuffed out by silence alone, that is the plan pursued. What a combination of thick-witted blundering and malignity!" \* \* \* \* \*

"The principal methods of killing new truths, as shown in historical examples, are, therefore, these: 1. By silence and ignoring. 2. By opposition on supposed scientific grounds. 3. By opposition and denial per se, without giving reasons. 4. By ridicule and sneers, also without reasons. 5. By the cry of exaggeration and hobby-riding, without explanation or instance. 6. By pointing out real or partial errors and exaggerations, emphasizing them, and saying nothing as to the truth admitted or not admitted. 7. By saying that the theory is old, long admitted, or long ago refuted. 8. 'Insinuos' that the author is advertising himself from the motives of vanity or the desire for practice, etc."

\* \* \*

In the August-September issue of the *Journal* the editor in his write-up of the Put-in-Bay convention quoted a statement, of one of the older osteopaths, as follows: "I come here to see what some of the other boys have been doing and can do, and that is the way I get my annual supply of confidence." This without doubt expresses a feeling similar to that of many of the practitioners. None of us can live apart and thrive and develop the best there is in us. We need the association and support and interchange of ideas of our fellow workers. From the youngest to the oldest practitioner an unlimited supply of confidence in our profession, in every meaning of the word, is necessary in order that we may fully succeed. It is a very rare thing to find an individual like Dr. Still who can stand alone and defend himself against both innuendo and open attack, and even social ostracism and persecution, and finally succeed. No matter how well grounded one's belief is in the pioneer work he represents the average person needs all the confidence he can individually muster and all the support he can gather from his associates.

It has been our privilege to attend a number of meetings of osteopathic societies in various sections, and we have been struck with the eagerness with which the attending parties grasped every point of osteopathic interest that transpired. What does this indicate? It indicates that the osteopathic fraternity is an intelligent and decidedly most earnest group of pioneer workers. They absolutely believe in the truth of the osteopathic theory and have its welfare at heart. And besides, the thinking public are believing in them and supporting their work with patronage. In other words the osteopaths are "delivering the goods."

In order to both maintain and sustain this confidence; first, our colleges should have the unqualified support of every osteopath; he owes allegiance to their welfare. Second, our associations and societies need the personal presence and co-operation of every sincere worker. But not for a single moment should we think the college or association needs us one whit more than we need the influence and prestige of their well doing. The success of one is the success of all, no more nor less. Our societies' transactions as well as the teaching in our schools should be the presentation of practical information interspersed with a limited amount of well thought out theory. No one knows it all—nor one-half; and only through continuous personal interchange can we hope to get out of a groove, rearrange our ideas and develop our ability and thus obtain not only annual confidence but daily confidence.

## “THE SIMULTANEOUS OCCURRENCE OF TWO NON-RELATED TUMORS IN A MOUSE.”

The Journal of the American Medical Association of October 20th contains as its leading article something that is really worth a while to one who has a sense of humor. It is by a Doctor E. E. Tyzzer, director of the “cancer research” at Harvard University and the assertion that it an “original” article is entirely unnecessary. The subject actually is “The Simultaneous Occurrence of Two non-Related Tumors in a Mouse.”

When any Journal reaches the point where it will print what was attached to the above title, it is certainly hard up for news or other printable material. Now we know that the medical profession as a whole, will not go wild over this startling discovery, but when the representative Journal of the National organization of the profession consumes four pages of such impossible and inconsequential bosh, it seems to us that it is about time to have an article on “The Simultaneous Occurrence of Two Non-related Rats in the cranial cavity, (or Garrett)” with subsequent articles on the rapid multiplication of such rats to the great detriment of the normal functioning of the higher brain centres.

If anything bearing on the etiology of cancers, is found by this group of “Cancer Researches” then the rest of the investigators had better quit the job for the old saying that “All great discoveries are the result of accident” will have been forever proven beyond the possibility of contradiction.

Two non-related tumors have occurred in other animals and many more than two, so the fact that there were two is by no means startling nor unusual, although if the tumors were very large, we might wonder how a mouse could hold them, that is, and ordinary skirt-elevating mouse such is frightens the fair sex and raises woman to her high position on the center-table in this part of the country. Elbert Hubbard has immortalized the Chicago rat in one of his best little humor sketches and from his description of the size and strength of the sidewalk rats and toilet-room rodents of the palmy rat days of Chicago, we would not be surprised to hear of several very large tumors in one of these without serious inconvenience, but in a mouse, we want to see the mouse with the “tumors attached.” Now admitting that the two tumors were really small enough and the cheese-eater large enough, what added knowledge have we then. Tumors aren't valuable enough for any one to care to raise them and if one did commercialize the industry, there are pests besides mice which would make much better culture material and not eat half so much per cubic millimeter. Of course, if the doctor had demonstrated that one or both of the tumors were “gold-bearing” or had diamonds and such objects as exerescences, then would the tumors and how to produce them and where to grow them, be of interest and had he found that mice alone acted as culture media for the gold bearing bejeweled tumors, then would he have been indeed a benefactor, not only to mice-ridden districts, the country grocers and the cheese factories, but to the entire world as well, but no such luck. The tumors were ordinary tissue tumors such as occur every day and have been studied out this long time.

On the other hand, had the tumors been processes in a disease like Professor Snow discovered for the Kansas chinch-bugs, so that one can take a few sick chinch-bugs and throw them into a field and all the other chinch bugs get the same sickness and get wheat-eaters paralysis, followed by death, then there would be some good in

the work and we would honor E. E. Tyzzer above all men. How pleasant it would be to throw one of these double-tumored mice into the pantry some Saturday night and go in the next morning after a nice Sunday morning nap and get the mind in readiness for the 11 o'clock sermon, by tapping a few dozen mice on the saggital suture, between the atlas and the eyebrows with the stove poker. And what a boon to the family cat. Instead requiring a half a day's hunting and six of the present day microscopic mice for a good feed, the whole cat family could collect around a couple of these tumors and have a square meal.

And the women, they would erect monuments to “Tyzzer the terror of the terrible tailed mice” and all the family cats would be named “Tyzzer” and called Tizzie for short and amongst married cats, Tom would be called “Tiz” and Maria, “Tisn't” to preserve the usual conjugal beline felicity. And the discoverer would have a coat of arms in two scenes, the first showing a mouse rampant on a field of half eaten cheese and in the second would be a mouse conchant in front of a whole cheese and a legend underneath would explain, if the picture did not, that the reason the second mouse was not rampant was because it couldn't ramp any more due to tumor in the right lung and another in the left kidney and that it was not only coughing but just about to croak. But no such luck here either. Five other mice were innoculated with pieces of the original tumors and it seemed to act on them like a food, administered “subcutaneum.” The only tumors they developed were diffuse extra-abdominal liponata or in other words what the French call an enlargement of the Emfonpoint or Alderman's abdomen. They grew strong and prosperous on the innoculations and so the idea of turning the discovery into a mouse trap had to be abandoned. Had this phase of the problem been successful it would, without any joke have been original and also a great thing for as Emerson says:

But this phase nor any other portion of the four pages of the discussion contained anything of value to a sane person. One might not believe it without seeing it, but the actual fact is that such article was actually published in the aforesaid Journal, supposed to be representing the great A. M. A. and the summary of the article in its exact words was as follows:

### SUMMARY.

1. Two non-related primary tumors, an adenocarcinoma of the lung and an adenoma of the kidney, were found in an old uninoculated mouse which had been kept apart for breeding purposes.
2. Inoculation of other mice with the tumor of the lung resulted negatively.
3. Nuclear inclusions numerous in the tumor of the lung are not regarded as specific, since they are found occasionally in the tissues of other mice.

Now really this is serious when a Journal of this supposed high class will publish such stuff. It reminds us of the days when the scientists? and meta physicians became “science mad” and discussed the problem of how many angels could stand on the point of a needle and whether 2x2 always equaled 4 or sometimes 5 and such rot, and discussed such meaningless nothings with such inconsequential conclusions as the above and sagely gave to the world as “knowledge” such twaddle. It makes us exclaim, “Oh Science, how many jokes are committed in thy name?” The only serious part of it is that the ones discussing such things really regard them seriously. No wonder Max Nordan was tempted to classify such Scientific? Artistic? and Literary? molecules and discuss them scientifically in his famous work “Degeneracy” showing that men may be well educated “bookically” and yet, possessed of the brain

of primitive man, as regards reason, they are unable to discriminate between the things of great importance and those of none at all.

The reasoning that because a thing hasn't been recorded and discussed microscopically (and microcephalically) that it is of as great importance and value as anything discovered by the microscope, is wrong, just as Herbert Spencer describes Primitive man, reasoning that because the living things he knows, move, so all things that move are alive, the clouds, vaporous shadows, etc., being by them, endowed with life. Let us for sanity's sake, quit or never begin endowing these scientific clouds and vapors with vitality. With the lawyers let us exclaim, "I object, your Honor, this evidence is incompetent, irrelevant and immaterial to any issue in the case."

The man who writes a better book, preaches a better sermon, or makes a better mouse trap than his neighbor, though he built his house in the woods, the world will make a beaten path to his door.

# The Journal of Osteopathy

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## NEW INSTRUCTORS AT THE A. S. O.

Student assistants have been appointed for the laboratories of the A. S. O. this term as follows: Pathology, H. J. Wentworth and Miss Annie Adam; Histology, L. M. Beeman, Miss Harriet Crysler and L. L. Garrigues; Chemistry, C. D. Swope. Two teaching fellows will be appointed immediately, one to assist in Physiology, the other in Chemistry.

\* \* \*

## INVESTMENTS.

The article on Investments in this issue of the Journal is one of interest to the profession; it deserves the attention of all practitioners. Last month the Journal refused a repeated request for a two page cash advertisement from a Nevada mining company. There was money in it for us, but we feel responsible in a degree for the standing of our advertisers.

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## THE A. O. A. DIRECTORY.

We have not made much racket about the A. O. A. Directory but we are pretty sure that the profession knows that we have been at work. The results from the field thus far have been encouraging, and if the odds and ends of bookmaking do not take too much time we will soon have the directory in the hands of the profession. The osteopathic practitioner is not half as exclusive a fellow as we thought he was and we are more than pleased with the answers obtained from the officers of the various associations and schools.

We took the year book this year as a business proposition and while we have not yet footed all the cost we cannot say that we are sorry we took it. On one point we are inclined to agree with Dr. Bunting, viz., that all interests might be most amicably served if the A. O. A. Directory was gotten out by A. O. A. officers, but if the directory

is in the market next year we expect to bid for it. We want a fair profit out of it, that is all, no more, no less. If we do not make it pay this year it will be our own fault. The editor has many duties and the directory business is somewhat new to him. If we lose money the profession won't hear us wail. We knew what we were going into and if we lose have no one to blame but ourselves. R. E. HAMILTON.

\* \* \*

If medicine is needed in one disease, it is in another. If the best treatment for syphilis is mercury, then a drug is needed in all infections and it is the duty of all interested in therapeutics to help find these elusive chemicals.

All chemicals are either foods or drugs. All chemicals, not foods are poisons. All drugs are poisons. These premises are certainly correct and the conclusion cannot be wrong. A poison to a strong constitution is more poison to the same constitution, weakened.

\* \* \*

#### CAIRO MAN TO LOOK AFTER ACTOR'S HEALTH

Dr. A. E. Freeman of this city engaged as official osteopath to Richard Mansfield. Cairo has the distinction of furnishing the official health preserver to the great and only Richard Mansfield, the most renowned actor of the age. Mr. Mansfield is—er—well—peculiar in many ways. One of his peculiarities is that he doesn't believe in medicine. He has his ills and aches cured according to the Kirksville, Mo. system.

Osteopathy is the thing for him and he has just closed a contract with Dr. A. E. Freeman of this city to act as his special osteopath during his five months' tour of this country.

If all the tales regarding Mr. Mansfield are true, Dr. Freeman's job may not be the easiest in the world. The distinguished actor is said to be very much of a "pill" and quite hard to please on any and all subjects. However, traveling on a special train, enjoying all sorts of luxuries and drawing a \$400 a month salary may more than make up for all the peculiarities of the great actor.

Dr. Freeman's wife will remain in Cairo and with Dr. C. N. Sterry of Jerseyville, Ill., look after his practice in Cairo.—From the Citizen, Cairo, Ill., Nov. 22.

## ONLY FIFTY CENTS.

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A directory of the profession arranged alphabetically and by geographical location.	List of osteopathic periodicals and books.
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A roster of the officers of the A. O. A.	A roster of the presidents and secretaries of state osteopathic societies.
A roster of osteopathic colleges.	Constitution, By-Laws and Code of Ethics of the A. O. A.
	Roster of osteopathic fraternal organizations and honorary societies.

#### REMOVALS

Dr. Theodosia E. Purdom, from 1331 Troost Ave., to the Metropole Apartments, 1017 East 29th St., Kansas City, Mo.

Dr. A. D. Morrow, from Richmond, Mo., to Orrick, Mo.

Dr. E. Adelyn Ellis, from Washington C. H., Ohio, to St. Petersburg, Florida.

Dr. C. P. T. Handy, from Sakonnet, R. I., to 21 Beacon St., Providence, R. I.

Drs. F. E. & E. M. Stewart, from Prophetstown, Ill., to Clinton, Ia.

Dr. O. Gilbert Weed, from Chanute, Kans., to 1020 East 10th St., Kansas City, Mo.

Dr. C. E. Hulett to 813 Kansas Ave., New Hayden Bldg., Topeka, Kans.

Dr. Jos. W. Martin, from 59 Court St., to The Standish Arms, 169 Columbia Heights, Brooklyn, N. Y.

Dr. G. E. Fout, from 204 E. Franklin St., to The Virginia Bldg., 5th & Main Sts., Richmond, Va.

Dr. W. B. Ervin, from Milledgeville, Ga., to 501 Byron St., Chicago, Ill.

Dr. W. T. Hartsock, from Rockford, Wash., to Oakdale, Wash.

Dr. E. Clair Jones, from Fourth & Locust Sts., to 459 Walnut St., Columbia, Pa.

Dr. and Mrs. Ambrose B. Floyd, from The Markeen, to 748 Ellicott Sq., Buffalo, N. Y.

Dr. Herman F. Goetz, from 348 Century Bldg., to Suite 202 Odd Fellows Bldg., 9th & Olive, St. Louis, Mo.

Dr. Mary E. Smith, from La Harpe, Kans., to 514 Minnesota Ave., Kansas City, Kans.

Dr. E. M. Graham, from 303 Century Bldg., to Suite 14, Ohio Bldg., 506 Vandeventer Ave., St. Louis, Mo.

Dr. W. C. Davis, from Whitehall, Mont., to Bozeman, Mont., Box 374.

Dr. Lenore Kilgore, from Kennett, Mo., to Cape Girardeau, Mo.

Dr. Wilbur H. Clark, from Corpus Christi, Tex., to 403 Slavin Bldg., Pasadena, Calif.

Dr. W. S. Smith, from Red Cloud, Nebr., to Meridian, Texas.

Dr. Theodore Paul, from Savannah, Mo., to Tarkio, Mo.

Dr. W. A. Gravett, from Troy, Ohio, to Rooms 1003 Conover Bldg., Dayton, O.

Dr. Kathrine McLeod, from New Castle, New Brunswick, Canada, to Dr. Katherine McLeod Scott, Columbus, Ohio.

Dr. Herbert Bernard, from Ferguson Bldg., to 504-5-6 Fine Arts Bldg., 30 Adams Ave., W., Detroit, Mich.

Dr. Annie McC. Brownlee, from Patterson, N. J., to Edina, Mo.

Dr. Fred N. Steen, from Spokane, Wash., to 2560 Pine St., San Francisco, Calif.

Dr. C. C. Norton, from Yonkers, N. Y., to 3 N. Broadway, White Plains, N. Y.

Drs. W. W. & Carrie B. Stewart, from Bayview, Mich., to Suite 421 Stevens Bldg., Detroit, Mich.

Dr. A. Taylor, from Carpenter Bldg., to Bank Bldg., Northfield, Minn.

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#### LOCATIONS

Dr. Chas. S. Fisher has located at 608-9 Merrill Bldg., Milwaukee, Wis.

Drs. H. L. Russell and Sarah E. Russell have located at 780 Elmwood Ave., Buffalo, N. Y.

Dr. Alfred W. Rogers and Dr. Effie L. Rogers have located at No. 12 Hemenway St., Boston, Mass.

Dr. Edna Thayer has opened an office at 248 West 18th St., Erie, Pa.

Dr. Agnes Ussing has opened an office at Suite 601 156 Fifth Ave., New York.

Dr. F. A. Parker has located at Champaign, Ill.

## MARRIAGES

Married.—Dr. Edward C. Polmeteer to Miss Ina Belle Barker, Thursday, Nov. 29th, at What Cheer, Iowa.

Wedding Announcement.—Dr. H. E. Worstell of Canton, Ohio, and Dr. Harriet Wilson, of Aurora, Ill., Dec. 19th, 1906.

A Correction.—In last month's issue, we announced the marriage of Dr. J. H. B. Scott and Dr. Katherine Frazer, which should have been Dr. Katherine Frazer McLeod.

\* \* \*

## BIRTHS

Born.—To Dr. and Mrs. I. Chester Poole, of Fall River, Mass., Oct. 25, 1906, a girl.

Born.—To Dr. and Mrs. Frank Ayers of McPherson, Kans., Nov. 6th, 1906, a son.

Born.—To Dr. and Mrs. A. Taylor of Northfield, Minn., Oct. 31st, a boy.

Born.—To Dr. and Mrs. Guy C. Trimble, of Montezuma, Ia., Nov. 25th, 1906, a boy.

Born.—To Dr. and Mrs. J. E. Matson of Eau Claire, Wis., Nov. 20th, 1906, a boy.

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Died.—Oct. 22, 1906, E. L. Hall, of Circleville, Ill., father of S. A. Hall, of Johnstown, Pa.

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## WISCONSIN ASSOCIATION.

The ninth annual meeting of the Wisconsin State Osteopathic Association, will be held in Beloit—the State Line city—in February. All the members are co-operating with President E. J. Elton and Dr. J. R. Young, of Beloit, toward making the convention a record-breaking one. Seven committees have been appointed to take charge of the arrangements. The convention will be in session two days, and it is proposed to fill them with good osteopathic ideas. A banquet will be a feature of their social part of the meeting. Truly yours,

E. J. BREITZMAN, of the Press Committee.

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## SOUTH EASTERN IOWA ASSOCIATION

Southeastern Iowa Osteopathic association met at Grinnell, Nov. 10th. A long and very interesting program was carried out. At the business meeting in the afternoon, Oskaloosa was selected as the next place of meeting. There were twenty-one visitors present, among whom we note Dr. Geo. M. Laughlin of Kirksville, Dr. J. Martin Littlejohn of Chicago.

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## THE GREATER NEW YORK OSTEOPATHIC SOCIETY

The Greater New York Osteopathic Society met at Fifth Avenue Hotel, New York City, Saturday, November 17th, 1906, at eight o'clock.

Following is the program:

Ethics—Paper by Dr. Norman D. Mattison, New York City.

Discussion.

My experience, as a patient, with the old and new schools of therapeutics.—Descriptive talk by Dr. Joseph W. Martin, Brooklyn, N. Y.

Osteopathic and Surgical diagnosis and treatment of various pathological conditions of the pelvic viscera, Dr. Ella D. Still, Des Moines, Iowa.

Business meeting.

Adjournment.

DALLAS, TEXAS, Dec. 1, 1906.

Whereas, it is appointed unto man once to die, and whereas death, the king of terrors and the terror to kings, has overtaken one of our fellow workers and a brother, Dr. P. L. Bathrick, of Austin,

Be it resolved: That in the death of Dr. Bathrick, a wife has lost an affectionate husband, and the city of Austin an exemplary citizen, the state and nation a warm supporter, and osteopathy a tried and true friend.

Be it further resolved: That we will miss him in our gatherings here, but hope to meet him "when the roll is called up yonder."

Be it further resolved, That a copy of these resolutions be sent to the Austin papers and the Journal of Osteopathy of Kirksville, Mo.

Signed:

A. P. TERRELL,	CLIFFORD S. KLEIN,
BENNORA TERRELL,	JAMES L. HOLLOWAY,
G. B. ARMSTRONG,	D. S. HARRIS,
M. E. ARMSTRONG,	EDNA BROWN.

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## NEW YORK ASSOCIATION

The New York State Osteopathic Society held its annual meeting at the Hotel Ten Eyck in Albany, Oct. 3, 1906, two sessions, morning and afternoon. At the morning session the work of the society for the year was reviewed in the annual address of the president, Dr. Sylvester W. Hart. The reports of the secretary, treasurer and committees show that the society is in a good condition. An increased membership was reported. The afternoon session was taken up with the reading of papers. A report on the work in the interest of the bill introduced in the last Legislature, for the osteopaths, was read.

At the final meeting the following officers were elected: President, Dr. Charles J. Bandel, New York; vice-president, Dr. Chas. Greene, New York; secretary, Dr. George W. Riley, New York; treasurer, Dr. W. L. Buster, Long Island; executive committee, Dr. Sylvester W. Hart, Albany; Dr. R. H. Williams, Rochester; Dr. George J. Helmier, New York. The next annual session will be held in Albany.

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## VERMONT ASSOCIATION

The seventh annual meeting of the State Osteopathic Association was held in Montpelier, Nov. 1st. The following officers were chosen for the ensuing year: Dr. C. G. Wheeler of Brattleboro, president; Dr. Rose Cota of Burlington, vice-president; Dr. H. M. Loudon of Burlington, secretary and treasurer.

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## OHIO ASSOCIATION.

The eighth annual meeting of the Ohio Osteopathic Society will convene on Saturday, the 29th of December, Chittenden Hotel, Columbus, O.

The program will be as follows:

President's Address, Dr. E. W. Sackett, Springfield, Ohio.

Paper—"Dietetics," Dr. E. H. Boyes, Marietta, Ohio.

Discussion opened by Dr. Jennie L. Evans, Akron, Ohio.

"Suggestions for improvement along Educational, Professional and Ethical Lines," Dr. E. R. Booth, Cincinnati, Ohio.

Address and Clinical Demonstration, Dr. Geo. M. Laughlin, Kirksville, Mo.

At eight o'clock p. m. there will be conducted a question symposium, under the direction of Dr. Laughlin.

## FLORIDA ASSOCIATION

The Florida Osteopathic Association convened for its first annual meeting at the office of Dr. C. E. McKinnon, Jacksonville, Fla.

The meeting was called to order by the retiring vice-president, Dr. A. E. Berry, of Tampa, at 9:00 a. m., Nov. 10th, 1906.

The association had been formed by the "Mail Order" plan two years ago. Every D. O. in the state, except one, was present and each one is a member of the A. O. A.

New officers elected for the ensuing year: President, A. E. Berry, Tampa; vice-president, C. E. McKinnon, Jacksonville; secretary-treasurer, J. S. Blair, St. Petersburg.

Several interesting clinics were before the meeting.

Preliminary plans for legislation were presented and a meeting to be called sometime in March to decide definite and complete plans was decided necessary.

At 8 p. m. the meeting adjourned to meet in March at the call of the president.

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## SOUTHWESTERN IOWA ASSOCIATION

The Southwestern Iowa Osteopathic Association met in Chariton, Tuesday and a very interesting session was held in the afternoon. Dr. S. I. Wyland of Chariton presided over the meeting at which there was good attendance, twelve members of the profession being present. Among the visitors was Dr. C. C. Dalin of Shenandoah, who is well known in Chariton.

Election of officers—President, Dr. S. I. Wyland, vice-president; Dr. W. S. Elliott, secretary and treasurer; Dr. L. E. Wagoner, Trustees: Dr. J. R. Gilmour, Dr. C. C. Dalin, Dr. Dora W. McAfee.

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## INDIANA OSTEOPATHS MEET

The ninth annual meeting of the Indiana Osteopathic Society was held Nov. 10, 1906, at the Claypool Hotel, Indianapolis. About forty persons were present. The officers are: J. B. Kinsinger, president, Rushville; Kate Williams, vice-president, Indianapolis; Elizabeth M. Crow, secretary-treasurer, Elkhart. The society has about 100 members in Indiana. Marion E. Clark, a member of the American School of Osteopathy at Kirksville, Mo., delivered a lecture on "Gynecology." The practitioners of osteopathy, it was reported, are increasing in number and receiving recognition.

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## OREGON OSTEOPATHIC ASSOCIATION

The Oregon Osteopathic Association convened in special session at Portland, on Oct. 27, 1906.

The meeting was a success surpassing all previous ones in attendance and enthusiasm. Demonstrations and clinics formed the most interesting feature.

The evening session was principally consumed in a discussion of the feasibility of attempting legislation at the next legislative session beginning January, 1907.

On ballot a unanimous vote was had in favor of another effort. The legislative committee was empowered to draft the bill deemed most suitable to our needs. An assessment was made for the necessary funds to meet the legislative expense and the board of trustees was authorized to select the best available man to be present during the entire session and prosecute the proposed work.

Four new members were added to our state association and two were secured for the national association. Members were urged to bring every influence to bear on legislators, meanwhile, through friends and patients.

MABEL AKIN, Secretary O. O. A.

## DR. GEORGE J. HELMER IN BOSTON

The Boston Osteopathic Society has commenced its work for the winter of 1906-1907 in the most enthusiastic and successful manner.

On October 23, Dr. George J. Helmer of New York City gave a demonstration on Technique of the Cervical and Upper Dorsal Regions, followed by a practical and helpful talk on the possibilities of osteopathy as a profession. The demonstration and talk were greatly appreciated by all who were so fortunate as to hear him. Dr. Helmer has enthusiasm, confidence and ability born of long and successful practice and left an impression for good that will not soon be forgotten in Boston.

Among prominent osteopaths who have promised to appear before the Boston Society this winter are Drs. Ella D. Still of Des Moines, Iowa; Walter W. Steele of Buffalo; Ernest C. White of Watertown, N. Y.; Herman E. Hjardeaal of Brooklyn; Ella Barrett Ligon and Mrs. A. L. Conger, vice-president of the A. O. A., of New York City.

ADA A. ACHORN, Sec'y.

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## NORTH CAROLINA OSTEOPATHIC SOCIETY

The North Carolina Osteopathic Society held its third annual meeting at Durham, on Oct. 20th. Following is a list of those present: Drs. H. F. Ray, Charlotte; W. B. Meacham, Asheville; C. H. Grainger, Winston-Salem; A. A. Bayse, Greensboro; A. R. Tucker, S. W. Tucker, Mrs. S. W. Tucker, Durham; E. J. Carson, M. G. Carson, Wilson; A. H. Zealy, Goldsboro. There are fourteen osteopaths in North Carolina, all except one are members of the state society and twelve of the fourteen are members of the A. O. A.

This meeting marked a larger membership, better attendance, better program, more enthusiasm and in every way there was evidence of a healthy growth of the N. C. O. S. Much business of importance was brought before the society. Legislative affairs were discussed thoroughly but no definite action taken. Dr. W. B. Meacham was appointed to confer with the representatives from this state in regard to the bill which will come before the House in the District of Columbia this fall. It is the earnest desire of every North Carolina D. O. that our D. C. brethren secure a good law, both for their own good and to make legislation easier in many states where it is so much needed.

Officers were elected as follows: Dr. H. W. Glascock, Raleigh, president; Dr. A. R. Tucker, Durham, vice-president; Dr. A. H. Zealy, Goldsboro, secretary-treasurer. Executive committee: Drs. A. A. Bayse, W. B. Meacham, H. F. Ray, Legislative committee: Drs. E. J. Carson, E. C. Armstrong, S. W. Tucker.

DR. A. H. ZEALY, Sec'y.

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## California Meeting.

A special session of the Osteopathic Association of the State of California was held Saturday, Oct. 27, 1906, in Blanchard's Symphony Hall, Los Angeles.

The meeting was called for the purpose of electing a member to fill the vacancy on the State Board of Osteopathic Examiners, created by the resignation of Dr. William Horace Ivie, who is taking a post-graduate course at Kirksville, Mo.

The convention was called to order at 2:30 p. m., by president Dain L. Tasker. After a few preliminary remarks, explaining the cause of assembling, the minutes of the meeting held June 29-30, 1906, were read and approved. Dr. Effie E. York of San Francisco was unanimously elected to fill the vacant place on the Board.

The remainder of the afternoon, and the entire evening session was spent in the examination and discussion of a number of clinic cases. Much interest was manifested and there was more general participation in the discussion than at any former occasion, and the session adjourned feeling that the time had been most profitably spent.

EFFIE E. YORK, Sec'y.

## RESOLUTIONS OF RESPECT

In the death of Dr. K. Virginia Hogsett, who died Nov. 6, 1906, we the members of the osteopathic profession in Montana feel that we have lost one of our most valued and trusted members. Conscientious and highminded in her individual practice she was ever found loyal to and interested in the advancement of the profession. She will be sadly missed at our state gatherings where her gentle cordial nature and lovable disposition did much to promote that feeling of comradeship which brightens our lives and makes us more helpful to one another. Though her death seems to us untimely, we bow in humble submission to the will of the Shepherd who knows best when his sheep should enter the fold.

We shall ever cherish and honor the memory of our sister and to her daughter, Miss Virginia Hogsett, we extend our sincere sympathy.

Be it therefore resolved: That a copy of this memorial be spread upon the permanent records of the state association, a copy be sent to each of the journals of our profession and a copy presented to Miss Virginia Hogsett.

This memorial was unanimously adopted by the Montana Osteopathic Association also the resolutions therein.

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## PERSONALS

Dr. Harry M. Loudon has joined his brother, Dr. Guy Loudon in practice at Burlington, Vermont.

Dr. Edythe F. Ashmore of Detroit has been appointed a member of the State Osteopathic Board of Examiners for Michigan.

Dr. J. A. Ross of Oklahoma City, was appointed recently as a member of the Oklahoma Board of Osteopathic Examiners.

Dr. A. L. McKenzie was reappointed as member of the Missouri Board of Osteopathic Examiners.

Dr. Guy Wendell Burns, after a vacation of two years has taken up his practice again at 55 West 33rd St., New York City.

Dr. J. W. Dixon of London, Ohio, will spend the winter at Los Angeles, Calif.

Dr. E. R. Larter is visiting at Tippecanoe City, Ohio.

Dr. Ella Still of Des Moines, Ia., addressed the New York Osteopathic Society, November 17th, 1906.

The Cosmos Club was entertained Monday evening by Mrs J. H. Pike, 46 Norwood street. The feature of the evening's program was a lecture on "Anatomy" by Dr. Florence A. Covey which was most instructive and interesting. Dr. Covey is a gifted speaker with a charming personality and the occasion was one to be remembered. At the close of the lecture refreshments were served. The club will meet November 5 with Mrs. Carrie Cram, 14 Winter street. Evening's program: business meeting, roll call answered from Chapter V of the manual, current events.—Portland, Me., "Evening Express."

Visitors at the American School of Osteopathy: Dr. J. W. Sylvester of Cleveland, Ohio; Dr. Chas. A. Campbell of Kingsley, Kans.; Dr. H. A. Green of Knoxville, Tenn.; Dr. Anna K. Seitz of Greenville, Ohio; Dr. Dennis O'Hagan of New York; Dr. J. L. Lewis of Colorado Springs, Colo.; Dr. A. T. Sullivan of Chicago, Ill.; Dr. E. R. Lyda of Nevada, Iowa; Dr. J. A. Dillon of Centerville, Ia.; Dr. Wm. Meeks of Carlinville, Ill.

**WANTED.**—Lady osteopath, graduate of the January '07, class would like a position as an assistant. Address, E, care of Journal of Osteopathy.

**WANTED.**—Lady D. O., of experience and ability, would like to form partnership with gentleman who has good established practice. City preferred. For particulars, address the Journal, Dept. L.