

The Journal of Osteopathy

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THE Journal of Osteopathy

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NO. 5

OSTEOPATHIC THOUGHTS EXPRESSED.

Authoritative Explanation.

“The fact is that the realm of osteopathic practice is as broad as the field of disease. The system does indeed very frequently deal with the ordinary dislocations of bones which have evaded the skill of the surgeon. However, the basal idea of osteopathy is that the human body is an orderly organism, which must be kept perfectly adjusted in order that perfect health may ensue. Any displacement, however slight, of any of the parts, any tension or contraction set up in ligaments or muscles in response to a strain or blow, or a draft of air; any morbid growth or deposit, or thickening of tissues, such as follows inflammations; any irritation set up by some exciting agent, external or internal, acting thus upon the nervous mechanism of the part affected, through the nerves back upon the centers with which they are connected; from that center again outward through other connected nerves, causing distant pains, contractures of muscles and ligaments, and thus a secondary, but often a permanent and unnoticed cause of fresh irritation; in fact anything that may irritate, render abnormal or shut off the nerve and blood flow to parts of the body, becomes the source of disease.”

The Osteopath's Work.

“The osteopath's work consists in finding and correcting displacements, softening and relaxing tensed ligaments and contracted muscles; stimulating the blood supply, through its vaso-motor control, to absorb deposits, build up weakened parts, feed starved and complaining nerves, and to restore to a normal condition those parts which have been deranged; stimulating or inhibiting the action of important nerves, thus affecting their centers and connected nerves. The osteopath performs this work by methods of manipulations peculiar to his practice.”

Sequelae of Disease.

"Sequelae of diseases are found to be due to similar causes. For example, cases of progressive muscular atrophy; or of paralysis; or of general ill health often found following attacks of la grippe are found very frequently by the osteopath to be due to the contraction of muscles and ligaments along the spine. These contractions become causes of general diseases by causing distortion of parts, as of spinal vertebrae, thus altering relations of structures and interfering with nerves and blood vessels. Or the contraction of the spinal muscles following la grippe, becomes a permanent condition; they shut down upon the posterior branches of the spinal nerves supplying them, and cause "sore spots" along the spine; the irritation from these obstructed nerves passed inward to affect spinal centers and thus the cord itself; thence disease invades either the sympathetic system and affects heart, stomach, eyes or brain; or it invades the other spinal nerves and may cause paralysis, local or general."

Does Not Strike at Symptoms.

"In a word, osteopathy does not strike at effects, but at causes. It does not, as do the helpless old schools of medicine, deal with symptoms, but with the fundamental causes. It has no partnership with the drug store, and its practice does not help the druggist to rid his shelves of a single one of the "107 single uncombined, different and confessed poisons" which according to an old school physician, are in daily use by the dominant school of medicine. It is a treatment without drugs. It is the true sister of surgery, which the osteopaths acknowledge as having a legitimate sphere. They deny that the poisoning of the sick with nauseous and poisonous drugs bears any true relation to the healing art."

It Stands Alone.

"Osteopathy therefore stands alone. It denies the whole major premise of the syllogism of medicine as taught by the old schools. It is independent; not in any way related to rastonism, massage, faith cure, christian science, or any other method of healing. Osteopathy became necessary through the failures of medicine; it covers a broader field than medicine. It needs no prop since it grew up of its own strength. True osteopathy does not affiliate with drugs. Schools of medicine are seeking to incorporate osteopathy with drugs; some physicians are willing to prescribe it together with medicine, delighted thus to imply that osteopathy is but auxiliary. The public is warned against such so-called Osteopathy."

OSTEOPATHIC THERAPEUTICS.

J. E. DOWNING, D. O., BAY CITY, MICH.

Great advancement has been made in the sciences in the last few years and this is especially true of the practice of medicine; the term "medicine," here means any method used to heal, or the science of treating disease. Not the mere giving of drugs. Conservative physicians are using fewer and less powerful drugs and more non-surgical means whenever it is possible to do so. But within the last few years has come a still later method or science of treating disease which requires no drugs and but few operations. It is osteopathy and was conceived in the fertile mind of Dr. A. T. Still, its founder, some thirty-five years ago. He, an old practitioner of drug medication, reasoned that the interference with the artery or nerve marks to the minute and hour the time disease begins to sow its ravages in the human body.

Osteopath Works by Adjustment.

The osteopathic physician works through means of scientific adjustment, by mechanical manipulations, of the abnormal anatomical structures and functional conditions of the human body. It is based upon a thorough knowledge of the structures and functions of the organs of the body. "Yes, but you never handle inflammatory troubles or fevers do you?" We certainly do and treat them successfully too. We claim for osteopathy to break up a fever quicker than any drug given. Inflammation is a derangement of the circulation to a certain area, a damming back of the venous drainage or an increase in the arterial supply, and by relieving this and producing a free and unobstructed flow of pure blood to the part the condition is removed.

How Can You Treat Inflamed Areas?

The next question in your mind quite likely is, "How can you treat over an inflamed area, as that is always so tender?" The fact is that it is not necessary to treat over an inflamed area at all. We treat the direct nerve and blood supply through the controlling nerve centers which have to do with that certain area.

Treatment Is Not Rough.

Every organ and every part of the body has its own special and direct nerve supply and by treating the nerve centers which control the function of the organ we can stimulate this organ or part to activity, if it is inactive; on the other hand if it is over active we can produce the opposite effect to the part. This is usually accomplished by correcting a structural mal-adjustment. A good many carry the idea that osteopathic treatments are rough and that only the rugged can stand them. To these we will say such is not the case, osteopathic treatments are adapted to the weakest. New born babes are often treated when but a

few hours old. No two patients are treated alike, the treatments are governed by the trouble and the condition of the patient.

How Blood Diseases Are Handled.

A good many have the idea that an osteopath can do very little with conditions of the blood. Where does the blood come from in the first place, and upon what is the condition of the blood dependent? There are blood building organs in the body and there are also organs which carry away all waste materials from the blood. If all these organs are properly functioning then the blood will be in its proper condition, and if not you will find the abnormal constituents I present. Then, is it not more reasonable, instead of giving a drug to the already more than over-loaded organ to eliminate, along with the abnormal products of its disturbed functioning, to go to the nerve centers that control the action of the organ, and remove any obstruction to their perfect activity, and thereby prevent the formation of the abnormal constituents that are found in the blood.

Drugs Drive, Osteopathy Assists Nature.

The osteopath seeks only to cure by the natural inherent recuperative powers. He directs this power along its natural channels, the nerves, and the blood stream; he does not whip it on by drug stimulation, or thwart it by giving an opiate; by manipulation he removes the irritation or obstruction, and thereby accomplishes freedom to the nerves and nerve centers, and normal activity follows.

* * *

A SCIENTIST ON DRUG EFFECTS.

The influence of all drugs which affect the nervous system, must be in the direction of disintegration. The healthy mind stands in clear and normal relations with Nature. It feels pain as pain. It feels action as pleasure. The drug which conceals pain or gives false pleasure when pleasure does not exist, forces a lie upon the nervous system. The drug which disposes to reverie rather than to work, which makes us feel well when we are not well, destroys the sanity of life. All stimulants, narcotics, tonics which affect the nervous system in whatever way, reduce the truthfulness of sensation, thought and action. Toward insanity all such influences lead; and their effect, slight though it be, is of the same nature as mania. The man who would see clearly, think truthfully and act effectively must avoid them all. Emergency aside, he cannot safely force upon his nervous system even the smallest falsehood. And here lies the one great unanswerable argument for total abstinence; not abstinence from alcohol alone, but from all nerve poisons and emotional excesses.—Prof. D. S. Jordan, in "Popular Science Monthly."

WHY MANY M. D.'S. FIGHT OSTEOPATHY.

There are at least three good reasons why the old school practitioner fights osteopathy with such bitterness.

Osteopathy Succeeds.

The first reason, tersely stated is,—it succeeds. If it failed, or if it left its patients in worse condition than it found them, he might tolerate it for a time as a "fad" likely in the end to send him more patients and to give him stronger prestige. But it succeeds, and there's the rub. It does not leave its failures as chronic patrons of the M. D., after it has "folded its tent like the Arab, and silently stole away." In fact it does not steal away!

Osteopathy Educates.

Another reason he fights it is its educative feature. While it cures it also educates, and its most enthusiastic propagandists are its "victims" as the old school M. D. would term them.

Osteopathy is Unique.

And the third and most cogent reason of all, is the fact that it cannot be appropriated and made a part of his own practice, like so many other innovations the regulars have first fought, then tolerated and finally adopted. Every tradition of old fashioned allopathy must be abandoned, cast aside as worse than useless; it may not be "grafted" on to with success, for the seed germ of genuine Osteopathy is of altogether a different species; its thought is not the same, but the opposite, and hence the man of pills, plasters, and poison hates it. Even if his reason is convinced, the warp and woof of his mental fiber is of such a nature that he cannot accept its demonstrated truths. His "ethics" and the cobwebs of centuries of usage forbid it, and above all his boasted scientific knowledge is often too shallow, too rusty and too meager for him to avail himself of osteopathic methods. He must become a student again and unlearn much, ere he can apply it or even understand it.

Other Reasons.

There are a score of other reasons, all of which stand in the way of the old school "regular" and prompt him blindly to combat the new science with all the vigor he may be able to command. So we have the spectacle of the pseudo man of science, fighting that which he should welcome, and rejecting the evidence of his own senses because that evidence does not run in the ruts into which he has himself fallen. The still more selfish motive of personal profit might also be cited as a reason for his opposition, but as potent as this may be, in some cases, perhaps the ones quoted are really the most universal and the hardest to overcome.

A COLORADO DEFINITION OF OSTEOPATHY.

(LEGAL)

THE PRACTICE OF OSTEOPATHY is the use of osteopathic theories, principles or methods in the examination, diagnosis or treatment of persons or their ailments by any person having reached that standard of education and skill required for graduation from the colleges recognized by the Colorado Osteopathic Association, or that required for admission to membership in the Colorado Osteopathic Association. (Minutes, Colo. Ost. Asso., May, 1905.)

REQUIREMENTS ARTICLE I.

(Section 1. Any graduate osteopathist, having completed a course of, at least, 20 months duration, in a College of Osteopathy, recognized by these by laws may, if residing in the State of Colorado, become a member of this Association, by giving satisfactory proof of such graduation and conforming to all provisions of said by-laws.

(Section 2. Any person not a graduate of a College recognized by these by-laws, may become a member by passing a satisfactory examination before the Board of Trustees, and complying with all the requirements of said by-laws. Said examination shall be not only technical but practical, in the sense of testing the ability of the applicant to recognize structures, and normal and abnormal conditions and shall cover the following subjects: Anatomy, Physiology, Chemistry, Pathology, Surgery, Obstetrics, and Theory and Practice of Osteopathy.

(Section 3. In order to become or remain a member of this Association a person must be of good moral character and professional standing, and must not prescribe or administer internally, drugs or medicines as curative agents; nothing in this section shall, however, prevent such prescription or administration as a palliative or in case of emergency.)

ARTICLE II.

(Section 1. The Colleges of Osteopathy recognized by this Association are as follows:

(American School of Osteopathy, Kirksville, Mo.; American College of Osteopathic Medicine and Surgery, Chicago, Ill.; Massachusetts College of Osteopathy, Boston, Massachusetts; California College of Osteopathy, San Francisco, California; Pacific School of Osteopathy, Los Angeles, Calif.; Philadelphia School of Osteopathy, Philadelphia, Pa.; Southern School of Osteopathy, Franklin, Ky.; and other Colleges that may be recognized by the A. O. A.)

(TECHNICAL)

Osteopathy is a School of Health. It has a theory, a science, an art, a past history, a future, and a faith.

ITS THEORY maintains that life's forces unincumbered are equal to all requirements for the preservation of health. Obstructions, interferences, incumbrances and oppressive or destructive influences may be of any kind that can affect health, and they arise rather from human ignorance, error and perversion than from natural circumstances. They may be mechanical, chemical, hygienic, dietary, mental, spiritual, psychic, habitual, hereditary, any kind or many kinds of departure from the RIGHTNESS provided by Nature for perfect health. "Vitality free from all inimical influences" is the theoretical basis of osteopathy.

ITS SCIENCE participates in all sciences so far as they can reveal Nature's original health-thought and any injurious departures therefrom. Its researches invade all fields of knowledge related to health preservation and restoration. This research endeavors promptly to recognize and evaluate newly appearing facts, irrespective of source, as early as their bearings upon health become apparent or even probable. It protests against restrictions, though enduring them, and is alert, earnest and progressive, seeking more perfect knowledge on which to base the art. It notably includes anatomy, physiology, biology, psychology, chemistry and physics among its correlated sciences. Pathology, symptomatology, medication and surgery, concerning themselves as sciences with study of disease, are accounted secondary to the sciences of normal life.

ITS ART is the growing repertory of measures practically adapted to the recognition of inimical conditions, and to the restoration of conditions normal to health and well being. It avails itself of all suitable corrective measures, methods and means, either instinctive or derived from any field of research. Confessing present imperfection, it admits under protest the use of palliations, substitutions, and surgical and medicinal interferences not known to be rationally adapted to such corrections. Artificial, extraneous aids and extra-vital forces are always deprecated; natural vital conditions and resources are sought, cultivated and restored to their place whenever possible.

ITS PAST HISTORY is that of development from primitive conceptions of mechanical disease—causes, toward those of any causes whatever constituting departures from Nature's perfect sum of conditions for true enjoyment of life. This growing recognition involves progressive changes in practice, corresponding to the state of the science and the art.

ITS FUTURE CONTEMPLATES increasing perfection in its science and art, and the progressive elimination of life-destroying factors, with intent to promote the benefits and possibilities of life, to the fullest profitable extent.

Its FAITH is in the supreme good, and the increasing realization of that good by the human race.

This attempted formulation of osteopathy is deemed fully justified by the teachings of Dr. A. T. Still, emphasized by his declaration at the Denver meeting of the American Osteopathic Association in 1905, that osteopathy is as broad as the universe, contemplating everything essentially concerned with perfect health and injury thereto.

N. A. BOLLES, D. O., M. D.

* * *

RECENT DEVELOPMENT IN POPULAR SCIENCE.

How We Make Our Own Drugs.

Ever since the researches of Pavloff it has been known that not only are the gastric juice and the intestinal or pancreatic juice poured out in advance of the food, as soon as the latter is taken into the mouth, but that the strength and kind of digestive juice varies with the kind of food! So constant is this correspondence, and so wide the difference, that we now actually speak of "bread" juice, "meat" juice, and "milk" juice. Each food stimulates the flow of its own particular class of juice, just as it needs it. That the kind of juice called for varies according to the food helps to explain why certain foods will not mix well. Milk, for instance, has long had a bad reputation, as not readily digestible when taken with other food, particularly with meats and fruit acids, because the gastric juice called for by milk is the most "different" of all the juices, and will not work well in combination. Milk digests much better when taken alone, or with only moderate amounts of bread, cereals, or other starches. Then came the question: What is the mechanism of this signaling by the food to the digestive gland farther down the line? It was naturally at first supposed that the message was carried through the nervous system, as Pavloff had shown to be the case with his now famous "appetite juice," which was started flowing, not merely by the eating of food, but by the smell and the sight of it—even by reading the cook-book. But finally it was shown by experiment that the nerve paths between the mouth and stomach could be entirely blocked without stopping this responsive flow of juice. Obviously, the only path of communication that was left was the circulation. And by a brilliant series of experimental studies Starling and Bayliss not merely showed that this message was carried through the blood, but were able partially to isolate the substances which, absorbed into the blood from the food, would "run ahead" and tell what was coming. These they name hormones, from the Greek verb, ormao, "to stir up."

Curing Ourselves.

The most singular part of the whole process is that these bodies are not mere accidental parts of the food, or products of its digestion, but definite chemical substances, which can be isolated and will promptly cause a flow of digestive juice. They do not, like a toxin or living poison, set up any antitoxic reaction on the part of the body, and a dose that will produce a given effect one day will have an almost identical effect on the next, although if given for a considerable length of time a trifling increase in the dosage is necessary. They have the same curious special or selective effect upon some particular organ or system of the body, as, for instance, morphine has upon the central nervous system, digitalis upon the heart, and epsom salts upon the intestines. This opens a wide and hopeful vista of possibilities, that by continued and patient studies, we may yet be able to isolate from our foods and from the body tissues themselves these special substances, Nature's own curatives, with which may be harmlessly and effectively roused to action such bodily organs or functions as may be sluggish or overwhelmed. This is in harmony with the strong tendency among progressive and thoughtful physicians to utilize more and more in the treatment of disease, foods and substances and extracts derived from the glands and other organs of the body itself. We may be found to carry within us the best remedies for our own diseases.

* * *

The above two editorials taken from *Colliers Weekly* of April 25th are indicative of the regular medical practice of "barking up the wrong tree," trying to produce something external to the body with which to alter the body's internal processes. Apparently the medical man, although forever harping on the healing power of nature (*Vis Medicatrix Naturae*) is unwilling to accept it as more than a theory. Hence it is that the osteopath taking it as a fact and using it, is able to secure his marvelous results where some of the best medical specialists have signally failed. The osteopathic physician believes that when God made man and called him not only good, but very good, He meant what He said. And that if there is no body mal-adjustment, barring accident and abuse (such as drugs, excesses, etc.) perfect health will be the rule. If there have been excesses, abuse, drug taking, or accident, then if Nature is unhindered by bodily mal-adjustment, on the abatement of the excess, she will speedily restore correct function. If there is bodily mal-adjustment, the osteopath can correctly diagnose the condition, and remedying it, granted of course that the abuse be abated and proper diet and exercise be followed, health will ensue.

MEDICAL "SCIENCE" AGAIN COPIES OSTEOPATHY.

What osteopathy discovered, proved and has for many years been putting into active practice, is in many instances now being "discovered" and heralded far and wide as indicative of the "advance" in medical "science". Several of the recent issues of medical papers have given examples of this. One being the discovery that sciatica can be caused by a contraction of the pyriformis muscle; another that the sacro iliac articulation is movable and that a subluxated innominate may also result in sciatica.

Copying Osteopathic Gynecology.

Dr. W. A. Newman Dorland, who defines Osteopathy as "a system of medicine in which diseases are treated by manipulating the bones and by other manual manipulations intended to restore the deranged mechanism of the body," says in connection with his statement that M. D's. should pay more attention to digital examination and treatment of pelvic conditions and that "this neglect on the part of the physician has been responsible in many instances of turning of worthy patients over into the hands of christian scientists and osteopaths who by their suggestion and deep massage have afforded a temporary relief from the suffering, but not necessarily a cure of the organic condition." The way in which he mixes the suggestion of the christian scientist and the manual manipulation of the osteopaths is very amusing. In sneering at the pseudo science and suggestion of the disciples of mother Eddy, he also includes the manual adjustment employed by the osteopaths, although his whole paper is a crude attempt to imitate in his clumsy way, the skilled adjustment by which the osteopath successfully handles pelvic conditions.

Copying Osteopathic Obstetrics.

Even more amusing is an article in Medical World copied from a German paper. This is so apparently an imitation that we copy the article in full.

"To Accelerate the Course of Labor—So much has been said lately of various methods for rendering childbearing less painful by means of spinal anesthesia or the subcutaneous injection of narcotics that it is interesting to hear of another suggestion intended to shorten the process merely by mechanical measures. Landau (Berliner medizinische Wochenschrift, January 6, 1908) says that the duration of labor can be much abbreviated if, after it has begun and the pains are well started so that the head is firmly engaged, the obstetrician with one or two fingers

dilates the cervix and endeavors to push it back over the advancing head. This is frequently repeated from time to time and has the effect of greatly stimulating the uterine contractions so that, especially in multiparæ, the labor can be terminated in a few hours without detriment to mother or child. The procedure is intended to act mainly through the stimulation of the automatic centers in the cervical canal evoking the pains, the actual dilation effected being of less importance. Essential conditions are that the cervix is already beginning to soften, that the head is firmly engaged so that there is no danger of distributing the presentation, and the most rigid asepsis, including the use of rubber gloves. If properly carried out Landau asserts that there is no danger of infection or laceration and he recommends the method for use in normal cases and for facilitating the complete dilation that must precede the application of forceps."

It is just in this particular that osteopathic and medical obstetrics differ. The typical medical obstetrician waits until the head is ready to be delivered, (or else until becoming impatient he applies forceps), before he attempts to assist the mother in the least bit by any mechanical means whatever. On the contrary the skilled osteopathic obstetrician readily accelerates labor by assisting in the first stage and also prevents laceration of the perinæum by allowing the head to be born between pains. It is just this difference between the osteopath and the M. D.—that of assisting the mother by manual manipulations, both local and spinal in addition to the preparatory spinal treatment,—that gives such an advantage to the representative of the osteopathic school of practice.

* * *

OSTEOPATHY IN HEART TROUBLE.

BY THE PATIENT.

I am nearly eighty years of age and have been severely troubled with my heart for the past five years. A clock running without a pendulum ticks very fast and will soon run down. That is a fair sample of the way my heart beats at times and unless it is stopped in its mad effort to control the circulation or unless the circulation is regulated, I would soon run down. I sweat during these spells like a man in the harvest field. I have been so subject to these spells that the least exercise or excitement would bring them on. Writing as much as I have written above would cause my heart to beat with triphammer rapidity.

Of course when I had a bad spell I called a physician, an M. D. I am not going to condemn the M. D's. for they have done a good part by me for which I give them due credit.

The day Roosevelt was elected President I had one of my worst spells and was not able to get to the polls. My good M. D. visited me four times that day. So I judge he considered me in a pretty dangerous condition, but he brought me out of it all right, in several hours.

Dr. Miles Heart Cure was recommended to me and I took over a dozen bottles of it. While I took the medicine I felt fairly well but if I failed to take it for a week or two I would begin to feel faint and my heart to flutter.

Something over a year ago I called in an osteopath for a talk on my case. He told me that my age was very much against my ever being cured but he thought a course of osteopathic treatments would be beneficial to me. I told him that I would try it anyhow and took two treatments a week for seven weeks and I have been so much benefited that I have written nearly two columns a week for our local paper for forty-four weeks, in the past fifty-eight, besides doing more or less work every day.

On the night of February 20, I had one of my worst spells. I was sweating like a quarter horse and my wife got alarmed and phoned for the osteopath and some of the neighbors. This was at two o'clock a. m., February 21, and in 20 minutes after the osteopath got there he had the sweat all dried up and me feeling all right. I can prove this statement if necessary.

I take no medicine now for heart trouble. I take osteopathic treatment when I feel that I need it but I am comparatively well.

A Statement by the Physician.

As stated above I was called to see the case about one year ago. I found the whole spinal column very rigid with a general posterior curve obliterating the natural anterior curve of the lumbar region.

He suffered also from asthmatic attacks, indigestion and a cough from bronchial irritation. It is a very interesting case considering the age of the patient and the rapidity with which he responded to treatment.

I gave him a general spinal treatment paying particular attention to the upper cervical, a posterior occiput, the upper dorsal, (there were rotations to right and left and marked rigidity) and the upper lumbar which was posterior and rigid.

The results are that he enjoys comparatively good health. His digestion is much improved, his asthmatic condition is almost entirely relieved, his heart attacks are less frequent. He was so well pleased with the results that he voluntarily offered to write up his case for me.

(The names of both patient and physician can be furnished by The Osteopathic Journal.)

OSTEOPATHY.

THE ADJUSTMENT OF ONE'S BODY WITH THE HANDS, LIKE REPAIRING A MACHINE—DONE IN A COMMON-SENSE WAY.

HOMER E. BAILEY, D. O., St. LOUIS, MO.

Osteopathy is a method of curing disease without drugs. The means employed are such only as are necessary to correct the existing errors. The force it uses is only the hand under the guidance of a skillful touch, and of a mind trained to appreciate any disarrangement however slight. These irregularities or mal-adjustments may be minor in themselves, but their effects are far reaching and disease breeding in their nature.

The Living Switchboard.

The osteopathic physician makes use of the bony framework in establishing landmarks for physical examination. Also as levers for restoring misplaced parts of the body and relieving the blood and nerve currents of any undue pressure. As physicians with nothing but our hands, we operate upon the human switchboard (the backbone), consisting of nerve centres that regulate the internal organs of the body, and by a pressure here or a stimulation there, send, or retard nerve energy from and to the brain, the "great dynamo." Thus we feed the part that is in need, or shut off the excess from a region that is abnormally excited or inflamed. These are facts based upon anatomy and physiology and results obtained.

The Body, Much Like a Locomotive—The Osteopathist, Quite Like an Engineer.

Our basis: Health is natural, disease is unnatural, and is the creakings of the machinery out of repair. Symptoms are only manifestations of this, and are not the cause. If the body fails properly to perform its work, we hunt out the cause and apply the remedy as would a skilled engineer to remove that cause and nature does the rest. When every part of the machine (the body) is adjusted, harmony or health will hold dominion over that complicated organism by laws as natural and as immutable as law of gravitation.

It Appeals to the Educated and Cultured.

Osteopathy is reason, it is common sense. It is the boon and day star to all chronic sufferers, for we cure a large per cent of those who have had no hope. Its results are such as to win confidence and respect in our best homes, once tried. It is a complete science in itself, distinct and

separate, differing materially from other schools on all vital points. It is not rubbing; it is not a water cure; it is not based upon diet or psychic control. It is a system of scientific manipulations (usually through loose garments, no exposure) which result in the re-adjustment of parts and a re-establishment of functions. It is followed by health.

* * *

AN OSTEOPATHIC PRESCRIPTION.

I want to help you answer Query No. 131, "A Preacher's Wife." She asks: "Will Osteopathy help?"

I will say, yes, for in 99 per cent. of all cases there is bone or spinal derangement, and there is in her case. I will venture that there is a sensitive area from the base of her brain to the tips of the coccyx, contracted muscles, deranged tissue, interfering with nerve and blood supply to the whole body, interfering with normal function. The brain cannot act, it cannot get the right kind of messages from the various nerve centers along the spine and viscera. The nerve impulse for years in that case has been over-stimulated, which has produced inhibition of nerve force (stopped normal action). For example, take a horse pulling a load up hill. He has all he can draw. The driver is anxious to get up faster, so he applies the whip (stimulation). Finally the horse gives out (inhibition), which stops normal action. This patient should consult an osteopath, and after a thorough examination he might say she needed rest, or a change of environment, and if neither is possible she would be instructed how to live even where she was. Then if she would take treatment, the osteopath would relax all those muscles along the spine, thereby freeing the tension on the nerves to the spinal cord and through the brain, giving relief at once. The bowels will be attended to, the stomach, and in fact nearly everything, will need attention in a case of this kind, and can be reached through the innervation of the spinal area and with good osteopathic treatment following the instruction that will be given she will improve and in time get well, as hundreds have done in similar conditions. I will make this assertion: Ninety-nine per cent. of all derangements of the body will make themselves manifest on some part of the spinal area either primarily or secondarily. If the former it is the cause of, and if the latter, the effect of the disease. The osteopathic treatment will relax the muscles, rearrange disarranged tissues and correct any bony subluxations that may be found.

I would like to hear from this patient eight months after she begins I could prognose the answer.—F. M. GODFREY, Holton, Kansas. in the Columbus Medical Journal.

OSTEOPATHY PROVED BY ROENTGEN RAY.

H. E. BERNARD, D. O., DETROIT, MICH.

The state of perfection into which osteopathy has brought the all important science of diagnosis has been proved by the most indisputable of all tests, the "Roentgen Ray" which has disputed the theorist and confounded the symptomatologist with the absolute facts of anatomical conditions.

Surface anatomy as perfected by Doctor Still, as taught by his teachers and as practiced by the graduates of the schools of osteopathy is destined to prove to all the world the inestimable boon osteopathy has brought to suffering humanity, in that it has brought diagnosis from the fog-land of theoretical deduction into direct contact with the affected parts.

It is with pride that I record an incident of my practice which demonstrated the absolute integrity of the highly developed touch in locating the predisposing cause of disease.

A case in point is that of a young lady who in consultation informed me that she was suffering from epilepsy. She was very nervous, suffered great pain in the occipital region, her vision was impaired and there was a partial paralysis of the right side. The history of the case is as follows:

The patient had a fall when eleven months old which threw her into an unconscious condition. Upon reviving it was found that her right foot and hand were paralyzed and her right eye was closed. In time some improvement was noted, the eye opened but the hand and foot continued in a paralytic state. The patient had slight nervous convulsions up to her 13th year, when they developed into epilepsy, from which she has since suffered greatly.

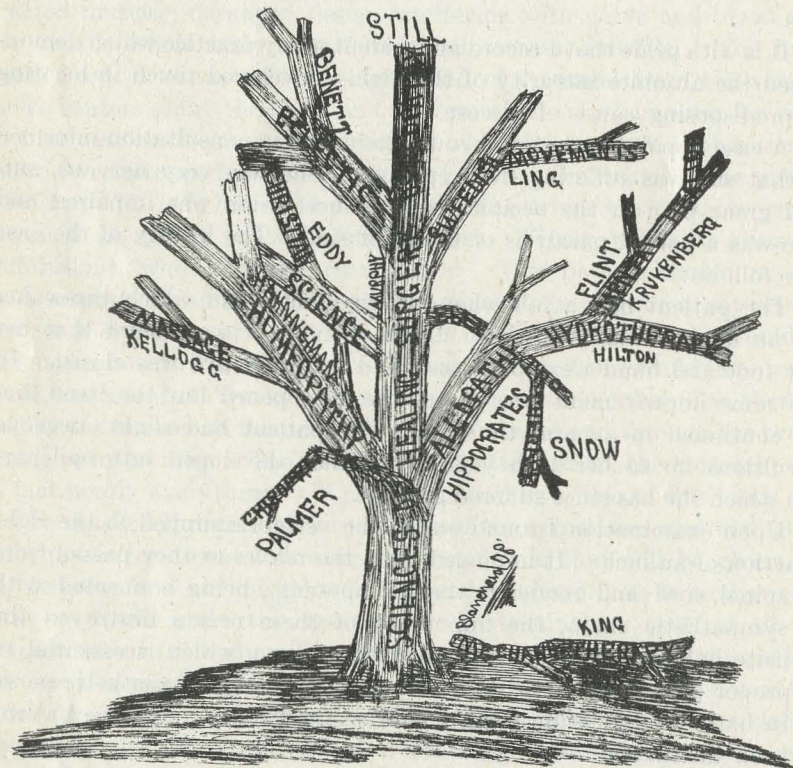
Upon examination I found one of the vertebræ slipped to the right a fraction of an inch. It impinged upon the nerves as they passed from the spinal cord and rendered them impotent; being connected with the sympathetic chain, the impotency of these nerves destroyed the exquisite balance of the great sympathetic nerve which is essential to the proper performance of its functions. With the sympathetic nerve not in harmony, suffering ensued, and so for twenty years the patient has been an invalid.

During this long period she had been treated with the usual remedies. She had been passed from school to school, from theorist to experimentalist, but always with the same unhappy result. Seven years ago, one of the most famous surgeons in the country accepted her case and

after careful consideration operated upon her for a supposed blood clot upon the brain. The operation was entirely successful but there being no clot the patient was not relieved.

After making my diagnosis the father of the young lady called upon me and asked for the details. Realizing his anxiety but unsuspecting any other object I gave them very carefully. He seemed particularly impressed with the fact of the spinal lesion and when I concluded he informed me that about a year before this a celebrated physician had discovered by the aid of the Roentgen Ray that the particular vertebrae I had described was slipped to the right.

This patient lost her life in a hotel fire nearly a year later and to that time she had not had another seizure.



The different branches of the healing science in their order of advancement.

OSTEOPATHY, represented by STILL is preeminent in the Tree of the Healing Sciences, taking precedence of SURGERY, while MECHANOTHERAPY represented by KING, lies on the ground a branch broken off and dead. (Drawn by Blanchard '08.)

FLAT FOOT.

CARL P. MCCONNELL, A. B., M. D., D. O., CHICAGO, ILL.

GENERAL CONSIDERATIONS.

Flat foot or weak foot is a fairly common affection and osteopaths are frequently called upon to treat the same. If the weakness is diagnosed early and the physician has a practical understanding of the foot mechanism, the chances for complete recovery are good. But too often the slightly disabled or painful foot is called a sprain or rheumatism, or something else and consequently not correctly treated; and the trouble is apt to continue from bad to worse, especially if the sufferer is heavy and is obliged to be on his feet considerably.

A few of the more salient anatomical and mechanical features of the foot will be first considered. These are largely taken from Gerrish's Anatomy and Whitman's Orthopedic Surgery. Whitman makes the cogent statement that, "in the study of the deformities, and particularly of the functional weaknesses of the foot, one must never lose sight of the fact that it is a machine, subject to the same mechanical laws that govern other machines and that its deformities and disabilities, its relative strength or weakness, may be appreciated by comparing it with the normal standard. As in other machines, marked deformity or distortion is evident at a glance, even though the apparatus is not in use, but functional ability can be judged only by the manner in which active work is performed." Now, if the reader will kindly allow a moment's digression, this is true not only with the foot mechanism but with the body in various sections or as a whole. Osteopathically we must always bear in mind that the body is a machine and consequently its anatomical mechanism is subject to mechanical laws through which physiological perversion results if the mechanism is disturbed. This may appear to some as a trite or hackneyed statement, but to the osteopath it is pregnant of the entire osteopathic conception. Just as soon as we lose sight of this we diverge from our characteristics, we get away from osteopathic anatomy and physiology. Although there are other necessary remedial measures above all we must not lose sight of the base. The mechanism of the foot and what we have to offer in the following is so typical of the soundness of osteopathic reasoning, that I cannot resist the temptation of applying the lesson elsewhere. If some of our bright mathematicians in the osteopathic field would set themselves to the task of graphically and mathematically, in other words, dynamically, representing the body mechanism and the different osseous lesions thereby they would place the profession under everlasting gratitude and do more at the present moment for osteopathic technique than any other one thing could accomplish.

This statement should be somewhat tempered. Goetz of St. Louis has for two or three years been doing some noteworthy research work. Likewise Forbes of Los Angeles. And recently Bigsby of Philadelphia has written a work on technique. Adjustment is the key word. Relaxation of muscles is all right as far as it goes, so are various manipulations and exercises as far as they go. Likewise the overcoming of rigidity, the re-establishing of normal joint motion, etc. These are always in order and are part and parcel of the general scheme, but a part can not be equal to the whole, and the whole in a strict osteopathic sense is adjustment, for even in those cases where there is simply rigidity or lack of normal motion there are by virtue of physiological necessity compensatory mal-adjustments, or deviations or other mal-formations elsewhere. Consequently, the re-establishing of joint function, no matter whether through muscular relaxation by manipulation or stretching, or by forcible exertion, or some way else, adjustment is the key; and the one who can do the work with the least exertion (specifically) and a consequently minimum shock to the nervous system is the osteopath. This is a much longer digression than I anticipated, but nevertheless, I believe, it is apropos to both osteopathy in general and to the immediate concern of our topic. (For an unusually clear and interesting explanation bearing upon the significance of adjustment correction, see Dr. Burns' recent osteopathic work on "Basic Principles," pages 52 to 72 inclusive).

THE ARCHES OF THE FOOT.

One can readily see by figures three and four that the most noticeable feature of the foot is the longitudinal arch, the calcaneum behind and the metatarsal bones in front. Anatomists divide this arch into inner and outer divisions, both having a common support behind, the calcaneum. Two-thirds of the calcaneum, the astrag-

alus, navicular, cuneiforms, and the three metatarsals make up the INNER DIVISION. This division is higher and contains the articulation that gives away in flat foot, between the astragalus and navicular. Right here is one of the most essential points in the osteopathic treatment, as will be seen under treatment. The remainder of the calcaneum, the cuboid and the two outer metatarsals make up the OUTER DIVISION of the longitudinal arch. A point to remember in regard to this division is that the soft tissues beneath touch the ground, thus giving a more solid foundation than the higher and more elastic inner division

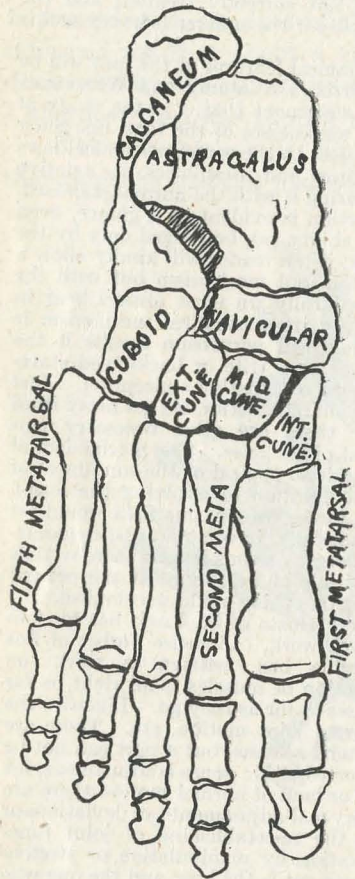


Fig. 1. The bones of the right foot, viewed from above. (Testret.) (From Gerrish's Anatomy.)

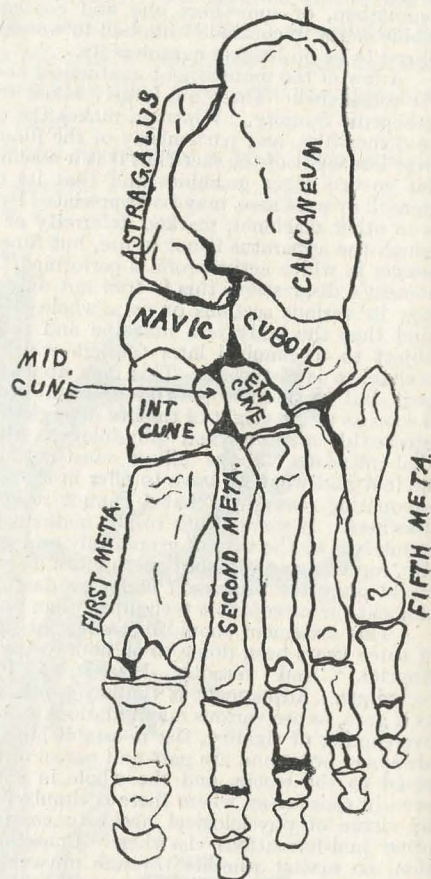


Fig. 2. The bones of the right foot, viewed from below. (Testret.) (From Gerrish's Anatomy.)

NOTE. Observe the cuneiform and second metatarsal (proximal end) bones, by comparing figures one and two.

Anatomists speak, also, of a transverse arch the internal cuneiform and the first metatarsal acting as its inner support, and the cuboid and the fifth metatarsal acting as the outer support. Then between these supports lie the wedge shape cuneiform bones and the proximal ends of the metatarsals. And right here is an exceedingly interesting osteopathic point—the middle cuneiform and the base of the second meta-

tatarsal are especially wedge shaped, of course the bases upward. Many injuries and sprains of the foot occur here, particularly displacing these bones and thus maintaining considerable irritation until re-adjusted. (See figures one and two.)

The plantar ligaments are the main support of the longitudinal arch. The muscles and fascia, of course, are important. When weight is exerted upon the foot the outward curve of its internal border is obliterated owing to the astragalus rotating inward and downward on the calcaneum until these bones are locked and held there by the ligaments. The longitudinal arch is then flattened and the anterior arch is obliterated. All of this is brought about in the normal foot by simply the normal joint motion. It is only in abnormal conditions that the ligaments are over-stretched. In this connection it is interesting to note, and particularly so to the osteopath, that with the body at rest, weight upon the feet, "the pelvis tilts slightly upward until tension is brought upon the anterior part of the capsule of the hip-joint, the femur rotates slightly inward, so that the tibia is turned outward in its relation to it, and finally the tibia in turn falls slightly inward upon the everted foot. To unlock the

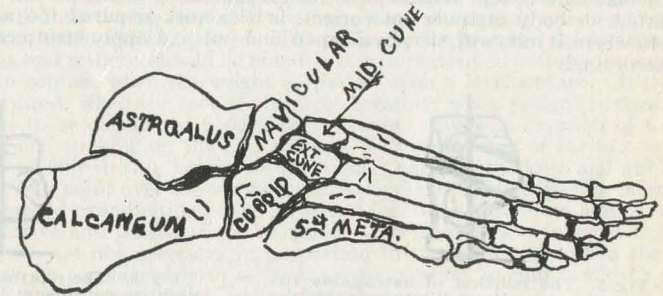


Fig. 3. The bones of the right foot, viewed from the outer side. (Testret.) (From Gerrish's Anatomy.)

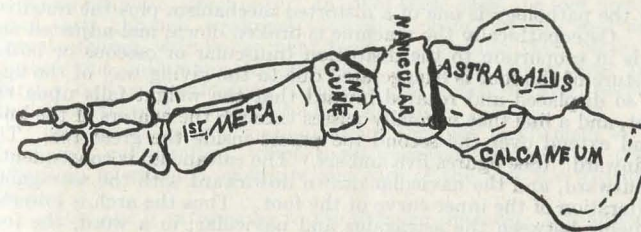


Fig. 4. The bones of the right foot, viewed, from the inner side. (Testret.) (From Gerrish's Anatomy.) Note the arches.

joints the pelvis must be tilted forward or the hip must be flexed." This is interesting from a therapeutic point that innominate lesions frequently predispose to flat foot by giving the leg and foot an improper attitude, causing over-tension of foot ligaments, and by interfering with nervous impulses and normal circulation to the foot tissues.

When the foot is used as a lever to raise and propel the body it is the dorsal flexors that raise the foot and the plantar flexors that propel; the latter are five times the stronger. When the foot is used in walking the line of weight passes through the center of the knee and ankle joints, and over the second toe.

THE CAUSES OF FLAT FOOT.

From the foregoing one can readily see that flat foot may be due to a variety of causes. In infancy the foot is naturally everted, making the astragalus prominent. Weak feet in children are of common occurrence and if not carefully attended to may lead to considerable trouble, especially during adolescence and after. If taken

in time correction of the general nutrition, if assimilation is poor, and a stiff back part to the shoe may be all that is necessary.

Frequently flat foot will be found in adults whose foot ligaments and muscles are naturally weak, as well as a general weak musculature. These individuals are apt to be fairly stout and the muscles have not been properly exercised; or perhaps inherently weakened ligamentous and muscular systems have been over-taxed; or perhaps there has been an improper position in attitude or walking so that unnecessary strain is brought to bear upon the ligaments.

It is a common experience in the osteopathic examination to find a lumbar curvature or deviation, or a lesion between the fifth lumbar and sacrum, or displaced innominatum or innominata. These may be the cause of a faulty attitude, either bringing undue strain upon ligaments and muscles or cutting off part of the nervous control or circulation to the foot.

Thus in all of these causes the mechanism of the foot is not able to withstand the strain so that the amount of work required is not in proportion to the foot's ability to take care of it. Whether the foot is inherently weak, or the shoes not properly fitted, or body attitude not correct, or the work required too much, or the cause elsewhere, it rests with the physician to find out and apply treatment and give advice accordingly.



Fig. 5. The relation of astragalus to the calcaneum. (From Whitman's Orthopedic Surgery.)



Fig. 6. The relation of the astragalus and the calcaneum in flat foot. (From Whitman's Orthopedic Surgery.)

THE PATHOLOGY.

Fundamentally the pathology is one of a distorted mechanism plus the nutritive changes that result. Osteopathically the machine is broken down, mal-adjusted and restricted function is in proportion to the distortion (muscular or osseous or both).

The normal posture of the foot is exaggerated due to the giving way of the ligaments. The leg is so displaced and rotated inward that the weight falls upon the inner side of the foot, and a line that normally passes through the centers of the knee and ankle joints and extend over the second toe passes inside the great toe. The astragalus slips far inward. (See figures five and six.) The calcaneum is consequently tipped and forced outward, and the navicular drawn downward with the astragalus. This causes the obliteration of the inner curve of the foot. Thus the arch is lowered, the weakest point being between the astragalus and navicular; in a word, the foot is being flattened beyond normal joint movement.

At the beginning of these changes is when quick good results should be forthcoming. Correct diagnosis is all important. Too many times it is called sprain or rheumatism. Suffering at this time may be intense, more so than later on, owing to accommodative changes taking place, to muscular spasm and general distortion.

If the condition goes on from bad to worse the periosteum will thicken, atrophy of the plantar flexors and adductors takes place, the inner foot muscles are overstretched, the outer ones shortened, the heel projects, the external malleolus may touch the calcaneum and the entire structure deranged and distorted. Therefore an early diagnosis is the essential to early relief and probably a cure.

THE SYMPTOMS AND DIAGNOSIS.

The symptoms of flat foot are somewhere varied, from mere foot weakness to severe and distressing pain. Frequently a slight sprain or a long walk calls one's attention to the weakness by slow recovery or passing into a chronic weakness. Again, however, the trouble may come on gradually wherein one finds he can not walk any distance or stand for any length of time with ease, or perhaps it is harder than previously to get well fitting shoes. So, in a word, the arches are giving way through

weakness and deformity, the ligaments and muscles are strained, thereby causing a gradual adaptation of one's foot uses to the more or less distorted foot mechanism.

The weakness and strain and discomfort is usually followed if not accompanied with ache and pain along the inner side of the foot, perhaps in the heel, the calf, and sometimes at the knee and hip and lumbar spine. The foot may perspire and get cold and numb with various other symptoms dependent upon poor circulation and obstructed nerve courses. When the foot is used the greatest distress occurs, of course, and even in very slight changes the pain may be severe. It is later that actual deformity takes place, the bones become partially dislocated, the foot rigid and flat, the gait characteristic, the foot everted, adduction restricted, etc.; in these cases diagnosis is easy.

Diagnosis may require considerable pains in the beginning of the trouble, and a correct diagnosis is extremely important for now is the time to get excellent results and prevent suffering. A thorough examination is demanded of all the joints structurally and functionally. ADDUCTION and INVERSION of the foot are the motions that are primarily involved, due to the slipping of the astragalus upon the calcaneum. Thus the patient will turn the leg instead of the foot, when attempting to adduct the foot, in proportion to the loss of this power. The outline of the foot and the positions used when standing and walking should be noted. It is important to note the amount of plantar tissue in contact when the weight is exerted upon a level surface. If the usual concavity noticed, when the feet are brought together, when patient is standing, is lacking it is to be considered a sign of weakness. Likewise eversion of the feet when walking and walking on the heel without the usual spring of the foot are signs of weakness. A line drawn, heretofore mentioned, through the knee and ankle joints falling inside of a point over the second toe is to be regarded that the foot is not normal. And so careful examination of the form and functions of the foot and of its range of motion, active and passive, is to be made. But always bear in mind that severity of symptoms are not necessary in proportion to the deformity. And then the individual must be considered both as to the type of what to him would be a normal foot and as to his general health and environment.

THE TREATMENT.

Functional restoration is the key note to the treatment; this is the point to keep in mind at all times. The mere fact that the arches have broken down really represents an ultimate effect only. In all of these cases the foot first of all becomes weakened, and through weakness muscular spasm, rigidity and atrophy, ligamentous overstretching, with consequent faulty functioning take place; then follow partial dislocations, adhesions, flat foot and a general out of gear mechanism with still further lack of functioning. Consequently treatment must necessarily be adapted to the character and extent of the foot weakness.

First of all tell the patient about the foot mechanism so you may have his intelligent co-operation, which is an essential factor of the treatment, for without attention to attitude, exercises and care of the foot the treatment is likely to be a failure.

After one is satisfied as to the detailed diagnosis, a thorough overcoming of the spasms and contractions, the rigidity and adhesions, is demanded in order to correct and readjust osseous tissues. This may be accomplished very easily in early stages whereas later on the work will be tedious for all concerned. At the beginning of the weakness simple relaxing manipulation coupled with remodeling of the bony structure and exercises to adduct and flex the foot may be all that is necessary. Later on perhaps a cast will be necessary.

Before taking up the treatment in detail a thorough emphasis should be placed upon most careful attention to lumbar and innominate lesions. They frequently exist, undoubtedly exerting a potent predisposing influence by interfering with the nourishment of the foot tissues as well as leading to faulty attitudes and carriage.

Have the patient get a shoe that is broad at the toe and low at the heel. This will insure the proper use of the toes, especially the great one. Then instruct him how to stand and walk, keeping the weight on the outer side of the foot (raising the inner side of the shoe a little will help) and the feet parallel. These help to overcome the inward slipping of the astragalus and strengthen the arch. The adductors and plantar flexors are particularly to be exercised actively. Walking with the feet parallel, and tip-toeing are very helpful.

The above if rightly attended to will cure in the course of a few weeks a large number of beginning weak feet. The patient, of course, must not over-use the feet. Standing too long or unduly tiring the feet will be harmful. But like all physical exercise if carried to a point of fatigue, no farther, and then rest the maximum benefit will be secured.

In cases of moderate disturbances a brace may be necessary. First in these cases very special care must be taken in diagnosis as to the exact relation of the astragalus, calcaneum and navicular. Breaking up the adhesions, overcoming contractions and forcibly readjusting the parts requires intelligent treatment, not hit or miss manipulation. A study of the pathology is the only guide. There may be a rheumatoid or infantile paralysis or some other complication. To return to the brace. The usual brace worn in the shoe is commonly worse than useless because the foot is held too rigidly; there is restriction of function and of physiological action, the very things you are trying to overcome. Adduction and plantar flexion are more important than perfect anatomical construction; the latter is desirable but where adjustment is retained at the expense of function it amounts to nothing. Better put the foot in a cast for a few weeks, thus absolute rest with correction, than to attempt what is really, in many cases, an ambulatory splinting. Always still better, if possible, to regain strength and correction, by gradual functioning and slow manipulative readjusting in many deformities. This has been abundantly proved in osteopathic correction of spinal curvatures.

Unless one is positive that the brace does not properly support the astragalo-navicular and the calcaneo-cuboid articulations and thus limits the foot function it is best to have a plaster cast of the foot made, just the position wanted, and a correct brace fitted. But first of all the foot must be absolutely pliable, not rigid, before a brace is applied. Osteopathically, many of the braces are not needed. Break up the adhesions, release the spasms and contractions, correct the attitude, adopt correct exercises and you are then ready for satisfactory remodeling and readjusting work—not mere manipulating at this stage; work specifically at the astragalo-calcaneum partial dislocation as well as spring upward the astragalo-navicular junction. In more severe cases passive manipulation will have to be forced repeatedly. Adduction and flexion will have to be kept up until the parts yield. This will take time, but results will be obtained. Operative measures in some selected instances may be advisable, but mere deformity correction without gain of function is of little practical benefit. Remember it will require weeks and in severe cases months to secure the best results. This is but a brief outline. Important features have undoubtedly been slighted. To the reader, I hope, one or two osteopathic hints may be found.

* * *

Since the above was written an interesting article by Ochsner has appeared in the A. M. A. Journal, Nov. 23. He describes a non-operative method by employing adhesive strips. A couple of general points worth bearing in mind are as follows; "It (flat foot) is more apt to be caused by general muscular weakness than weakness of special muscles or parts." "The development of flat foot is the consequence of a disproportion existing between the strength of the foot and the strain to which it is exposed."

SHOT REMAINING IN THE EYE.

W. B. TRIPLETT, D. O., ASHLAND, KY.

I was much interested in the discussion regarding the operation upon Mr. Root and Mr. Yoder, as noted in the April Journal.

Dr. Still refers to shot and bullets being retained in the tissues, and causing no serious disturbance. Perhaps my personal experience will be of interest. On Nov. 29, '06, while out hunting, I was accidentally shot. A full load of bird shot No. 8 took effect in the left side of my body. Some eight or ten shot entered the tissues so deeply that it was decided best not to remove them.

One shot pierced the left upper eye lid just above the inner corner, and entered the interior of the eye ball. Considerable inflammation resulted without any pus formation. The eye to-day is entirely free from pain, and aside from slight atrophy, is in appearance, little different from the right eye. The vision of course is very much impaired, but otherwise the eye gives no trouble.

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FIELD EDITORS.

KIRKSVILLE, MO., MAY, 1908.

EDITORIALS.

The Journal Late—The Journal is late this month. The Editor was sick.

Treating Old Persons—It is sometimes been said that if patients of advanced age have maladjustments of the spine, they should not be subjected to a corrective treatment. In reputation of this fallacy attention is called to the case of heart trouble reported in this issue. Dr. J. O. Bruce of Beaver City, Nebr., was the physician in charge.

NOTICE.—Those expecting to bring patients to the Hospital at the time they come to the National Convention Aug. 3-8 should make arrangements as long beforehand, as possible, as it will be difficult to obtain room during the month of August, from present indications. Please communicate with those in charge of the different departments as per directions on outside cover page.

A Definition of Osteopathy—Definitions of osteopathy have been made repeatedly, some very ambitious and replete with high sounding phrases and words of 'steen syllables, others short, concise and to the point. One which undertakes to explain as well as define, and yet use simple language and be brief is the one by Dr. N. A. Bolles, printed herewith.

Lost Osteopaths—Some osteopaths thought it worthy of their attention to have their name appear in the A. O. A. Directory,—one osteopathic journal even facetiously called it a collection of names gotten together for advertising a certain educational institution. How far wide of the mark their judgment has fallen is shown by the fact that a few of them who are good practitioners and capable have been classed as fakes on account of this neglect. That this is the truth, and not a mere figment of imagination in the directory editor's brain, is proved by the letters of inquiry received.

New Table Factory—E. L. Von Eschen has built a new two-story factory corner of Wabash and McPherson Sts., the lower floor of which is used for factory, the second as a flat where he has his residence. In a recent conversation, Mr. Von Eschen stated that he has been manufacturing tables continuously with the exception of two days, when he was moving from his old factory building, which was purchased by J. F. Janisch. We are informed that Mr. Janisch did not purchase the machinery, but only the building of the old Von Eschen factory.

Osteopathic Versus Medical Requirements—The deadly parallel can well be applied in discussing the Nebraska legal situation.

Osteopathic requirements	Medical requirements
Three years of nine months each	Four years of six months each.
27 months schooling	24 months schooling
Fee \$25.00	Fee \$10.00
Takes surgery examination	Takes surgery examination
Not allowed to practice surgery	Can practice surgery

The Law of Spinal Movement—Dr. W. L. Grubb presents in this issue a good article introductory to the above subject, and advises us that he has in preparation another article along the same line and more fully explanatory of his ideas. For five years past, the Editor has been at work on a system of osteopathic diagnosis and technic based entirely on the mechanical and anatomical conditions present and in his work has been compelled to secure his data from dissection and a study of the bony structure, there being no text on anatomy dealing with the subject. He appreciates the trouble that Dr. Grubb has had in trying to secure his data from existing text books.

Research Work—The A. O. A. Journal states that Drs. C. P. McConnell and Louisa Burns will conduct classes in research work this summer by way of confirmation and extension of the work they have already done; that it will be held at Kirksville immediately after the meeting of the A. O. A., and will continue two or three weeks. Only workers are wanted, and such should send their names to Dr. E. R. Booth, 603 Traction Bldg., Cincinnati, O.

Accuracy in Osteopathic Literature—The article by Dr. S. S. Still in this issue is worthy of perusal. One of the complaints that are most frequently heard is that the osteopaths make false and wholly unscientific claims. Practitioners lose cases at first by reason of previous osteopaths who had made promises to cure diseases which they would have known were they incurable had they understood pathology. With our added knowledge of pathology and our progressively better education, let us not be guilty of inaccuracies along this line, inaccuracies such as are so often chargeable to M. D's. who call every case of tonsillitis, diphtheria, every cold, the grip or pneumonia. Let us be in the lead in accuracy of diagnosis.

The Spirit of Research Work—Dr. E. R. Booth, chairman of the council of the A. T. S. P. G. C. says in the May A. O. A. Journal, "A number of subjects for research work have been proposed, most of them will require not simply weeks, but months and even years of work in the spirit suggested by the above quotations." (Work done in earnest and without splurge). This is confirmatory of the Editor's contention that the A. O. A. should support someone who is equipped both as a successful practitioner and a deep student, with skillful technic so that such an one may devote his entire time to research work. Let us use our existing colleges and thus we will concentrate our resources. By doing this we will get something tangible and of benefit, rather than pile up a great amount of equipment for running another college.

Osteopathic Fraternalism—Dr. Maltby, who is here taking a post-graduate course made the statement in the April Bulletin of the Atlas Club that the A. O. A. "amounts to as little as any association I ever belonged to, because when one of our osteopaths gets into trouble they do not rally around him like the M. D's. do amongst themselves." He states that when Dr. Young of St. Paul was arrested that he was one of the very few who offered tangible assistance, he instructing Dr. Young to draw on him for any amount. Another sad commentary on our indifference towards the

fate of fellow practitioners is the trial of Dr. Isabel Karney, which occurred recently at Spokane, Wash. Not a single other Spokane osteopath was present.

The Psychic Side of Treatment—In this issue is an article by Dr. A. U. Jorris which calls attention to a side of practice which is not ordinarily taught in osteopathic colleges, but which is deserving of attention more than it at present receives. In connection with the Christian science, the Editor remembers a patient coming to him un-recommendation of a noted science teacher, who reasoned thus "the osteopath merely corrects the structure so that the spirit, through its accustomed channels, may secure its results. Since the individual was not strong enough in the spirit to make these adjustments, the osteopath, who is merely assisting the spirit, is called in." The editor accepted both the explanation and the case and the result was satisfactory.

Summer Course at A. S. O.—The professors of the summer course at the A. S. O. wish to state that the course as outlined in the April Journal will be given only of more than a certain minimum number enter for it. As they desire to plan to be away from Kirksville except during convention unless such a course is given, they desire to know, prior to June 10th how many intend to enter for this course. Advance matriculation is not necessary, but stating of your intention is. As outlined, Dr. Gerdine will conduct the courses on laboratory work, differential and clinical diagnosis, with clinics; Dr. Fiske will give the result of research work along the lines of osteopathic diagnosis and a technic which saves the operator; Dr. G. A. Still, courses on practical minor and major surgery and gynecology; Dr. Smith, on anatomy, obstetrics and other subjects. Credit for work done will be allowed on post-graduate certificate. Address your inquiry to

Secretary of Summer School, A. S. O., Kirksville, Mo.

* * *

DR. SMITH'S ITINERARY.

On the 15th, Dr. Wm. Smith will conduct a clinic at Fairfield, Ia., on the occasion of the semi-annual meeting of Southeastern Iowa Osteopathic Association. On the 16th he will lecture on Osteopathy to the public in the Auditorium of the Y. M. C. A. in Chicago. On the 22nd he will deliver a lecture on Common Sense Obstetrics in the Still College of Osteopathy at Des Moines at the meeting of the Iowa State Osteopathic Association. On the 25th at New Orleans he will begin a week's work in the interest of the Legislative fight of the osteopaths, and is due back in Kirksville on the first of June for the commencement exercises, leaving on the night of the 4th on a little trip lecturing and explaining osteopathy. Just where this trip will take him is as yet uncertain, the next ten days will settle his itinerary.

OSTEOPATHIC JOURNAL, VOL. IV, NO. 6.

READY MAY 22, 1908. ORDER NOW.

OSTEOPATHIC THOUGHTS EXPRESSED.

OSTEOPATHIC THERAPEUTICS.....J. E. DOWNING, D. O.

A SCIENTIST ON DRUG EFFECTS.

WHY MANY M. D'S FIGHT OSTEOPATHY.

A COLORADO DEFINITION OF OSTEOPATHY.....N. A. BOLLES, M. D., D. O.

RECENT DEVELOPMENTS IN POPULAR SCIENCE.

MEDICAL "SCIENCE" AGAIN COPIES OSTEOPATHY.

OSTEOPATHY IN HEART TROUBLE BY A PATIENT

OSTEOPATHY, WHAT IT IS HOMER E. BAILEY, D. O.

AN OSTEOPATHIC PRESCRIPTION.

OSTEOPATHY PROVED BY ROETGEN RAY H. C. BERNARD, D. O.

THE TREE OF THE HEALING SCIENCE—(Cartoon) J. F. BLANCHARD

LETTERS TO THE EDITOR.

(This Journal does not hold itself responsible for statements contained in this department, nor does it of necessity endorse the attitude taken by the writers. This department is open to any osteopathic physician in regular practice, but all articles must be of general interest, to the point, and must be signed.—Ed.)

* * *

DR. SMITH WILL ANSWER.

Very frequently, I am in receipt of communications from practicing osteopaths mentioning objections to osteopathy which have been raised by physicians.

The answers to the majority of questions propounded by physicians can only be given by one acquainted alike with the practice of medicine and the practice of osteopathy. Believing myself competent to answer most of such questions and desiring to help in every way possible my brethren in the field, I beg to invite from osteopaths everywhere, questions propounded to them by medical men; asking only that such questions be put in as few words as are compatible with clear enunciation of the problem. And further that patience be exercised in the matter of expectation of a reply. I am a very busy man, and this is some extra work which I am willing to take upon my shoulders, but I can only promise that each letter will receive a personal reply at the earliest date possible.

In addition, if you will so permit, I am willing to supply to the Journal of each month, a few of the questions and answers, selecting such as I think of more general interest, and, of course, suppressing all names and localities. I most cordially invite these questions and beg to assure the profession through your columns that I will endeavor to satisfactorily fulfill the task which I have set myself.

—William Smith.

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THE A. O. A. CONVENTION.

F. E. MOORE, D. O., LA GRANDE, ORE., Pres. A. O. A.

I have been pleased Mr. Editor, with the spirit of cordiality which your Journal has manifested towards the coming Convention of the A. O. A. and the repeated efforts to show the osteopathic world at large, it will be most welcome.

I wish to use your columns to extend a word of encouragement for a large attendance at this great meeting, which will be held in honor of the Old Doctor. Our osteopathic physicians should assemble at Kirksville by thousands rather than hundreds, for it is an unusual privilege which five thousand followers will have of coming home to celebrate with the great founder of our science, in the attainment of his eightieth birthday.

I have been impressed with wonderment as to what our calling in life would be, if Doctor Andrew Taylor Still had not made it possible for us to become instruments of usefulness in the healing world. It behooves us never to forget our very dependence on this world's benefactor and while he is yet in wonderful preservation and so full of wisdom and ability to direct us far into the future, let us gather together like the grateful ones we should be, and in honoring our Great Teacher, profit by this meeting which we may be unable to repeat.

With so lofty a purpose inspiring this year's meeting of the A. O. A., there will be no place for petty jealousies and differences of opinion, to prove a disturbing element in the harmony of the convention.

Still National Osteopathic Museum, Kirksville, MO

There will be no lines drawn as to what school those in attendance are from. We are all osteopathic physicians and heirs to the same privileges and courtesies. I call attention to this fact that all may realize the high purpose we have in mind for the meeting. Let us all come together with one enthusiastic object in view and future years will see a large and united profession.

Chairman Dr. A. W. Young of the Transportation committee has been working for the past six months to secure the best possible rates from all parts of the country and with the co-operation of his committeemen has secured what promises to be the very best of rates. I mention this that none will stay away for fear of great expense. I hope when the twelfth convention of the A. O. A. opens August third, we will have three thousand osteopathic physicians in Kirksville and launch the greatest convention ever held in the history of our science.

ON THE COLORADO SITUATION.

(The first of the two following letters was written by Dr. Bolles to a Colorado attorney relative to the definition of osteopathy as given elsewhere in this issue. The second to Dr. C. E. Still.)

DEAR SIR:—

The inclosed attempt to technically define osteopathy is handed you in response to your request, for the satisfaction of the State Board of Medical Examiners, who thought our society's legal definition of the Practice of Osteopathy was not definite enough.

Naturally the standards of our profession would be in the keeping of our State Association, which has legal control of the name; and the reference to the Colorado Osteopathic Association in that legal definition corresponded to this organization's place as our professional standard-bearer.

It is my belief that the inclosed statement agrees very accurately with the present professional conceptions of osteopathy held by practically all progressive advocates of this school.

Having seen many evidences that the schools of medicine endeavor to have us appear on the same plane with masseurs and bath-rubbers, we have to say that we have never consented to such limited ideals, and that our mission as a school of health has been to secure professional recognition of intelligent work in mechanical adjustment of the body. That mission has expanded till it has for some years included other duties not satisfactorily performed by other sects in healing, and will only end when healing becomes an exact science.

Respectfully,

N. A. BOLLES, D. O., M. D.

Chairman, Com. on Legal Status, Colorado Osteopathic Asso.

* * *

DEAR DOCTOR:—

These documents show you what is being forced upon us here in Colorado because of our absolute refusal to compromise with the medical people. They seem put to it now, to recognize and find out what this thing called osteopathy REALLY IS. They seem to think they are dealing with something they can ABSORB, but it now seems to me they will have to enlarge their bigotedly narrow borders before they can swallow us, or even catch us. The duty of recognizing and studying ideas INDEPENDENT of SOURCE is a hard pill for them to take, it seems, for so often they have refused to consider them UNLESS COMING THROUGH THE REGULAR RECOGNIZED CHANNELS OF THE PROFESSION! Such bigotry must be

kept out of our councils unless we are to stop scientific progress, and yield the palm to more worthy spirits.

I send you this hastily prepared answer to the call for a technical definition, so you and your father can look it over, and see if there is anything you might wish corrected or changed, or added. It might be well to say something about it in the next Journal if you think proper. My only object is to be sure I am right, and I desire an early reply, so as to make any desirable corrections and avoid throwing any false light upon osteopathy. Any desirable changes can be made if I know them soon. I am asking other well known osteopaths for suggestions too.

Faithfully yours, N. A. BOLLES.

* * *

THE LAW OF THE MOVEMENTS OF THE SPINAL COLUMN.

WILLIAM L. GRUBB, D. O., PITTSBURG, PA.

The question of a stable, or rather a Scientific Osteopathic Technique, has been a serious problem for our profession for several years. So far as the literature on the subject is concerned it does not appear to be any nearer a scientific solution now, than it ever was. We hear the cry on every hand for research work in the fields of pathology and physiology. Our current literature is teeming with it. But there is not very much being said about research work in the field for a scientific technique. I should think we need a technique abreast with, if not in advance of an osteopathic, pathology. Our technique is more or less founded upon the principle of exaggeration, rotation, traction and pressure, which is very good as a preliminary procedure, but as a foundation to build a scientific technique upon, it is the grossest empiricism. Our various works on principles and practice base their technique upon this basis from which we as students are taught our technique. It is no wonder the practitioners in the field have so much to say about our weakness along this line. Since entering the osteopathic field I have been more interested in this question than any other. I have had treatment from the older osteopaths in the field, and from the younger ones too. Also from graduates from the different osteopathic schools with the view of getting data that would be more satisfactory than what I already had. But I was sadly disappointed. The same old basis, exaggeration, rotation and pressure, while some injected a change; muscle stretching and muscle rubbing.

For relief I turned my attention to the study of the spinal column, that master piece of workmanship and the backbone of osteopathy, the joints, ligaments and articular facets and the relation of these to the various movements in the different regions of the spinal column. I found that the vertebrae assume certain definite positions corresponding to the various movements of the column, and they will always do this. I have called this "The Law of the Movements of the Spinal Column." I find it just as universal and absolute in its field of operation as the law of gravitation and chemical affinity are in their respective fields of operation.

This law is simple in its application after we once understand the anatomy of the spinal joints. At this point our weakness begins to manifest itself. I hesitate to speak of this fact, but it is true nevertheless. I have yet to meet the first osteopath who can describe the anatomy of the spinal joint and the relation of the intervertebral disks, the ligaments and articular facets to the movements of the joint. Take for example the basis for our technique to adjust innominate lesions; it is based upon the movements characteristic of this joint, which is rotation around a transverse axis. This knowledge of the movement of the joint is the final step in our diagnosis and furnishes the key for the technique to be applied to make the adjustment.

The same law of movements applies with greater force to the spinal joints because they are better types of joints. Piersol says, remove the restrictions from a spinal joint and it becomes practically a universal joint. A thorough knowledge of "The Law of the Movements of the Spinal Column," means a thorough knowledge of the anatomy of the spinal column and the relations of the articular facets to the movements. Then we know positively the position of the bodies and spinous processes in any of the various movements.

A thorough knowledge of the mechanical construction of the lumbar facets and the relations of this mechanism to the parts of the facets that receive the applied power, will give a scientific, as well as a mechanical reason why the bodies of the lumbar vertebrae rotate to the concavity of a curve in this region. Also for the same reason that the bodies of the thoracic vertebrae rotate to the convex side of a curve in the thoracic area.

Further, should it be necessary, for instance, to lock the thoracic part of the spine while treating the lumbar region, or if one wish to lock the lumbar spine it can be done in either instance by applying the law without any effort on our part other than to instruct the patient what to do. They do this because it is the law of their being.

I contend that a technique founded upon the Law of the Movements of the Spinal Column will place the osteopathic mechanics beyond the pale of empiricism. It will inspire the practitioner with a confidence that he never experienced before. His diagnosis will then be made from the standpoint of the spinal joint and its related structures. His treatment will then be based upon "The Law of the Movements of the Spinal Column," which is the only scientific basis for pure osteopathic mechanics or technique. Each of us can become a first-class human machinist if we choose to be. But there is one absolute requisite—condescend to learn the anatomy of the spinal column so that we can have a perfect picture of it. Then we are prepared to take up the mechanical study and not before.

I find almost as much trouble to explain "The Law of the Movements of the Spinal Column" to our graduated osteopaths as I would to a person who had never seen inside of an anatomy. A man who is a mechanic will apprehend it much quicker. I believe I am safe in saying that fully ninety-nine and seven-eighths per cent. of our graduated osteopaths are unprepared to take up the study of the application of "The Law of the Movements of the Spinal Column," because of their lack of knowledge of the anatomy of the backbone. No wonder we are rushing into print trying to defend ourselves against the Irregulars, Masseurs, Chiropractors, Medical Doctors, Christian Scientists, etc. We are just as hopelessly at sea as they are to an alarming extent.

Take the treatment of other schools of medicine and it is based largely, if not altogether, upon observation. Can we claim much more for our exaggeration, rotation, traction and pressure as a scientific basis for treatment in view of the fact of the existence of a law governing the physics of the spinal column? I think not.

Let's wake up, we are in the "Amazon."

* * *

A VISIT TO THE A. S. O.

A. G. HILDRETH, D. O., ST. LOUIS, MO.

Recently while in Kirksville it was my privilege to spend a half day at the old school, or rather I should have said, the new—old school—for honestly the changes—the difference in comparison of methods of only a few years,—the new departments, everything so different—so much better—that I was simply lost, bewildered in the

changes that had taken place. At 2:00 p. m. it was my privilege to listen to Dr. Wm. Smith lecture to his class in emergency bandaging—a real treat to hear him once again. Just think it was he who taught anatomy and physiology on that same hill fifteen years ago. But Oh! under such different conditions and surroundings—a frame building 14x28 feet, and seventeen students. To-day a building 70x150 feet, and some five hundred students. Can you realize the change and how one would feel who was there then and now? After dismissing the class, Dr. Smith took me through his preparation room, which is a marvel in itself, showing their present facilities for demonstration and from the making of their own slides for the stereopticon in which their plates are made from actual sections up to the preparation of the cadaver for use in applied anatomy, everything so complete. From here we took a trip to the dissecting room, and here sure enough it seemed as if wonders would never cease. Here we found eighty students busy dissecting, with an abundance of dissecting material for all, and the storage vats full besides.

Are you, who were not associated with the early years of osteopathic history aware of what it means now to find the parent institution with an abundance of dissecting material? I wonder if it could be possible that you could realize the years of persistent struggle and energy and expense it has taken to bring about this condition of affairs. Not until one year ago this spring was it made possible for our Osteopathic Colleges in Missouri to get their share of dissecting material, and only then after two osteopaths had been elected as members of the Missouri legislature, and a bill passed which simply **forced our medical brothers to give us what belonged to us.** In 1903 your writer was a member of the Missouri legislature which passed a bill the same as our present law and which was promptly vetoed by Governor Dockery. Two years later Dr. F. P. Young was elected to represent Adair County, Missouri, in the legislature and he secured the passage of the same bill which was signed by Governor Folk, and is now a law. Thus you see, for years our old enemy who was ever decrying us as fakes and quacks virtually blocked one of our most essential avenues of gaining knowledge for years, or until, as usual they were forced to treat us square.

I wish every osteopath in the United States, yes, every person interested in dissection could visit that dissecting room at Kirksville, for the simple purpose of seeing and knowing how clean and how odorless a place of that kind can be kept by a man that understands his business. It was a marvel to me, I did not suppose it possible to have that many people working at one time on the number of bodies there having seen a number of dissecting rooms, but nothing to compare with that one.

At half past three o'clock I met Dr. C. E. Still by appointment and upon his invitation accompanied him through the new hospital, and here again I was surprised. While it is true I had been there before, since the hospital was opened, yet I certainly was not aware of how splendidly they were now equipped for furnishing clinical demonstration, both surgical and obstetrical. They have twenty beds in their free wards, and eight in the obstetrical ward, making twenty-eight for clinical use. At the time there were some half dozen obstetrical cases waiting confinement, and all these cases are handled before the entire senior classes. I could not help but compare in my mind the difference of opportunity there now, as compared with only a few years ago,—and to think of the advantages of the students who go there now as compared with those who have gone before them. It certainly did me a world of good to find the parent institution so well equipped and doing such splendid work.

And another source of the greatest satisfaction to me was the fact that the most recent class enrolled was the largest ever matriculated there, (over one hundred and

eighty) with but one exception and that the "1900" class which was slightly above two hundred.

From the hospital I went up to see the Old Doctor at his home, and found him so well and seemingly happy, and just as always—working away, digging, digging deeper in his own philosophy. Still hungry and searching for more knowledge. He was working on his new book, and had his amanuensis read a part of several chapters to me, and if his entire book comes up to what was read to me, he will soon give to the world his masterpiece,—such, at least, is my judgment of his present undertaking. While sitting there visiting with him and listening to what he had to say, all so interesting to me, all showed so plainly the activity and vigor of his wonderful mind. He is in his eightieth year, yet he is working away. I could not help but think of how often we hear some of our people talking of being over worked and needing a vacation or rest. To him, the suggestion of a rest would be a joke.

An hour soon slipped away, and I walked back up town past the new hospital and the old school where now more than three thousand osteopaths have graduated. Up the elegantly paved street that fifteen years ago was a veritable mud hole, the lots on either side of which one could have bought for fifty dollars or less and which to-day could not be touched for less than eight hundred to one thousand dollars. It seemed like dreamland, all changed so much, and it was osteopathy that did it. It started with the American School of Osteopathy. All this change originated there and the good part to me was the fact that the school the parent institution had maintained its position throughout all these years of keeping in the lead, still setting the pace that all others must follow. This was a great source of satisfaction to me.

* * *

NATURE'S POWER OVER DISEASE.

A. U. JORRIS, D. O., LA CROSSE, WIS.

The existence in all living things of an innate force to recover from injury and disease is not disputed. Many have tried to analyze this power, or have tried to define it and have failed, because to define this power in nature would mean to give a lucid and clear definition of LIFE. Philosophers since ancient times have tried to find what life consists of,—that mysterious force by which nature sets in motion and keeps in activity the habitants on this earth. What it is, I shall not endeavor to define. It is sufficient to know that such a force exists. I call it "the law" which controls in all forms of mental medicine, so far as it concerns the healing art. This law is manifest in some form in every art of healing. It is present in the drug practice, though in a more or less disguised form, a "larvated" suggestion. Christian scientists employ it in a manner peculiarly their own. Faith healers, divine healers, dowieites, spiritualists are seemingly closely related to this "law" in their principles but differ in their application of it. Mental healers apply suggestion more rationally, unadulterated by any subterfuges to secure the faith or confidence necessary to make the suggestion most effective. Hypnotism and mesmerism are of similar nature, making a clear use of positive suggestion.

The New Thought, so much in evidence of late, is a form of auto-suggestion which can be applied with profit by everyone. It includes right thinking, right living and is embodied clearly in the text "As a man thinketh, so is he." It takes precedence to the golden rule. A man's duty is first as to his God and himself, then his relation to his fellow man.

I have mentioned some of the methods and systems that are using the innate power of healing as a means to cure disease and by whom it is employed in a manner which so befores the real issue and power employed that the average man fails to

understand it. I am of the opinion that very few patients who employ any one of the methods of mental or faith healing sciences really see or recognize the power by which they are relieved of their ailments. **They are relieved** and cured by these methods. Perhaps some of my readers will not agree with me that radical cures are really made, but all have at least "heard" that cures have been effected by these various systems. It does cure. I do not yet fully understand the full significance of the power, or how it may best be directed to secure its benefits to the greatest number of people. To be of real benefit it must be of pure origin and not be clouded by mysterious passes, phrases or other mystifying methods and confidence games to inspire respect for a force which is sufficient in itself when properly employed. How may this be done? I do not claim to have discovered a method, but do believe that it can not be successfully used without first applying the principles of Osteopathy.

Suggestion or Mental Stimuli when received by the patient must reach its destination from the "mind" to the "matter," via certain pathways. The mind performs the function of receiving the impression made by suggestion from the healer; and the brain, which is the seat of the mind, transmits these suggestions VIA THE NERVOUS SYSTEM. In the healing arts we have designated this influence as a vital force of great power for health because of nature's tendency to use her force to NORMALIZE the body. A mental stimulus or brain impulse cannot reach its destination VIA A NERVE WHICH IS IMPINGED at its vertebral outlet or other place, no more than an electric current can be carried from dynamos to its destination via a broken wire. As the current is obstructed by the switch on your wall, so the brain impulse may be obstructed by the vertebral subluxation or other impingement of the nerve. The adjustment of structure necessary to relieve this nerve impingement is in EFFECT the same as turning the electric switch. Both the electric current and brain impulse, when unobstructed, pass on and perform the work expected of them.

"The philosophy of life cannot be separated from any of the healing arts." It is an integral part of all systems, but to the osteopath belongs the credit of making a reasonable and scientific explanation of this philosophy and Nature's law, represented in the healing arts as suggestion, or as more widely known and used by Christian Science.

It brings the practice of mental healing from a tangle of intangible theories to a reasonable, demonstrable science. Electrical experts have yet to define or tell of what electricity consists and just what it is. The future may hold an explanation. In the meantime electricity is being intelligently applied to all sorts of useful operations.

Philosophers know little of life. It is yet a problem unsolved. The vital force in man may be made as powerful an agent in the healing world as electricity is in the mechanical world, and the future is charged with possibilities for both, of which no man can estimate the value.

I trust that I have not taken too much of your time to call your attention to the fact that the luxated vertebra causing an impingement of the nerve will interrupt the current of vital forces, whether that force is called the mental stimuli of the suggestive therapist or christian scientist, or the innate power of the body. It is absolutely important to have free and unobstructed nerves to carry the impulses of nature to correct disease, whether that impulse be innate or reinforced by the suggestion of a physician. It is from the osteopathic profession that I expect to hear the solution of how properly to apply this power. All osteopathic physicians are using this power as it exists innate in the human body. We have made little if any effort to DIRECT it. By structural adjustment we have opened the way and let it

flow freely as it might and with excellent results. Let us endeavor to use this force now intelligibly and with increased volume. It is not with any intention of taking anything of metaphysical origin and incorporating it as a part of Osteopathy, that I ask of osteopathic physicians the closer study of this psychic part of the healing sciences, but because I believe that we are the best situated by virtue of the principles of our own science to demonstrate the value of the powerful force for healing innate in the human body.

The intelligent direction of this force by a method that is reasonable and appeals to common sense of the average person, will result in great advantage to the profession. The limitation of this power to heal ALL human ailments can be measured only by the ability of the doctor to direct it. In the case of broken bones, the broken parts must of course be adjusted by mechanical means. Where structure is in an abnormal position, structural adjustment is necessary. After this has been done we have only begun our work of curing the patient. Intelligently to direct the innate power of healing is the next step in our efforts to master the disease. We say that after normal relation of the body parts has been secured, Nature will do the rest. True, —but may we not do something to direct this power in nature?

* * *

DOES YOUR BABY LIMP?

S. S. STILL, D. O., DES MOINES, IOWA.

(The following is the article to which reference is made.—Ed.)

(Can Your Baby Walk Without Limping?)—Did you ever stop to think of the safeguards, the every care and precaution taken by Nature to guard the unborn babe? And then did you ever wonder why so many children have congenital hip dislocation? Do you suppose that there has been one case since the beginning of time—excepting accidents, injuries or freaks, where Nature grew a hip out of the natural socket?

But children do have such dislocations and there is a reason why. The baby is about a year before it is time for its first steps and the parents take it for granted that it is just a bit backward when it cannot walk or if it walks with a slight limp they do not understand the true condition even then. When several more months go by they begin to think there is something wrong, and after this delay the trouble is found.

Go back to the birth of a child with congenital hip dislocation and you will find there was a foot presentation. The attending physician used undue force in assisting delivery and the little limb was easily pulled out of the socket. The dislocation being slight it is not discovered until the child is at the walking age and then the adhesions have grown fast and we have so-called congenital hip dislocation.

Would you be sure about your baby? Call an osteopath and his examination will tell you the true state of affairs. The osteopath is a skilled anatomist and his examination is careful and painstaking, being the most thorough physical examination known to science. If the dislocation is present he breaks up the adhesions little by little without injury to the baby and sets the dislocation without the use of anesthetics. As the baby grows older the hip becomes more firmly held in its abnormal position and it becomes necessary to perform an osteopathic modification of the Lorenz operation and apply a cast to the joint.)***

In a recent number of Osteopathic Facts an unsigned article appeared under the above caption which should not pass unchallenged. We shall designate the unknown writer as Doctor X. This in no spirit of discourtesy, but simply as a convenience. (We tried the term "the writer" and soon found that the reader would

be perplexed to know whether we meant "the writer" of this article or "the writer" of that article.)

Doctor X might find a case with a history of a confinement with foot presentation, and an unskilled attending physician whose too rough handling caused a trauma of the tissues about the hip joint, resulting in a dislocation of the head of the femur from the acetabulum, and yet not have a "so-called congenital dislocation of the hip," Doctor X names a class of cases having one pathology and describes a class having another pathology. The two classes are as distinct as water and peroxide of hydrogen, or calomel and bichloride of mercury. In both of the first named chemicals we have hydrogen and oxygen, in both of the second named we have mercury and chlorine. In the two "troubles" which Doctor X discusses, the head of the femur and the acetabulum are involved, but there the analogy ends. The class of cases that Doctor X describes we shall call class A, and the class he names we shall call class B.

"It is a condition and not a theory that confronts us." As already stated in class A as described by Doctor X the principal pathology is the dislocation, in class B as named by Doctor X the p. p. is a malformation of the head and often the neck of the femur of the acetabulum or of all three, due to a developmental error. In class A the cause is trauma, in class B it is unknown. In class A the p. p. takes place at birth, in class B weeks or months before birth. In class B the dislocation usually occurs months after birth about one-half of the dislocations belonging to the bilateral group, and a large majority being in females. In class A the reduction is generally successful. In class B we rarely get perfect and permanent anatomical and functional results. In class A the dislocation occurs suddenly, in class B gradually, often without rupture of the capsular and teres ligaments, the gradual dislocation giving to the capsular ligament an hourglass shape and in the reduction this ligament offers a serious obstacle to the effort to bring the articular surface of the head of the femur into direct contact with the articular surface of the acetabulum. As to the terminology, "so-called congenital dislocation of the hip." It is now too late, perhaps, to make a change. Chemists agree that it would be more exact to call each of the elements of water by the other's name, the so-called oxygen could be just as well called hydrogen and hydrogen is better entitled to the name oxygen, but long use has established the names in chemical literature for the elements they represent.

The literature on the subject of "so-called congenital dislocation of the hip" is so vast that one is surprised that any lack of agreement should manifest itself in osteopathic circles. I do not wish to appear hypercritical or even critical; but I would be hypocritical if I did not dissent from the views of Doctor X as given in osteopathic facts. We have read scores, possibly hundreds of articles on this subject and, with one exception from Los Angeles, have never seen an article that suggested that a "so-called congenital dislocation of the hip" was a dislocation occurring at birth. We are aware that "every rule has its exceptions," and there is no reason why the dislocation in class B might not occur occasionally at birth with the aid of an unskilled and harsh attending physician, indeed it might more easily occur in class B than in class A, but our contention is that the fact that the dislocation occurred at birth is not what constitutes a "so-called congenital dislocation of the hip."

As we have not the slightest idea as to the identity of Doctor X we can not be accused of criticising a competitor from motives of jealousy. From all over the U. S. we have been criticised both by our professional and lay-friends, because we have

not used our pen more freely to help clear away the rubbish that has accumulated in osteopathic literature. Some of it has passed unchallenged so long that the "young robbers" accept it as established facts. We may add that Doctor X is not in greater error than that other school of philosophers who perform the so-called Lorenz operation before the hip is out. Lorenz did not advise this.

Let us all work together for the advancement of our noble science lest in a given list of seventeen statements there shall appear sixteen osteopathic errors to one osteopathic fact.

Since the substitution last fall of clearing house certificates for both gold and silver, none of my friends will suspect me of referring to the theories of the distinguished Nebraska Statesman in the above paragraph.

The article by Doctor X was "an unexpected retrogression," but as Tupper says—"Error is a hardy plant—it thrives in any soil." In looking over osteopathic literature we can say with Campbell—"Touch but one (error) and lo; what myriads rise."

* * *

WHAT SCHOOL TO ATTEND.

CHARLOTTE STRUM, SAN ANTONIO, TEXAS.

Inquiries are being made of me, as a graduate of two osteopathic schools, relative to the respective merits of each school, and the best school to attend. I have just one answer to that question: "Go to the American School at Kirksville, for there, in my experience, you get osteopathy and all they promise in the catalogue. It is the oldest, largest and in my opinion far and away the best school."

The phrase "the largest osteopathic clinic in the world" in the catalogue of another school, attracted me, a very recent graduate of the A. S. O. I wanted more practice in acute work, under instructors, and was told "they had a great deal. It was the end of the two year graduate classes, there was no senior class and the post-graduates were bound to get the work." So I matriculated for the course. I saw just two (2) acute school cases in the whole seven months, one a case of pneumonia, and that was more a matter of proximity than favor. Other students, so they told me, did not see one. I saw many times more acute work in Kirksville in the same length of time. The A. S. O. does not boast of having the largest clinic, but they could well do so. I never knew of a clinic class to be dismissed for lack of a subject, but in this other school for more than four months we rarely had more than two clinic classes a week and finally none, no subjects. I was told that prior to my entering they had a large clinic, and would no doubt have again next year.

"The past and the future are nothing" and didn't interest me to any great extent. I wanted present clinics, and they were not to be seen.

The advantage of private patients and remuneration necessary to some post-graduates and which this college claimed to supply is much over-rated. The patients who can pay the full fee are cared for by the faculty, and few of them, very few, will permit of a student's presence. Those who cannot be persuaded to take faculty treatments, are turned over to the post-graduates for half the amount of what they pay, the school getting the other half, if the patient paid, if not, the student was out his time and car-fares. In Kirksville there is no one professor who is "superintendent of extra-moral clinics," but every member of the faculty is subject to call by the students—and goes—for every case must be seen by a member of the faculty for which no charge is made.

In other colleges a fee is charged which must be paid the office every time a pro-

fessor looks at a case regardless of a student's compensation. If he is treating free he must pay the fee from his own pocket.

The management of one school told me the school would protect me in school cases, but not in my own private cases outside. As a matter of fact, technically they cannot even do that. The law now on the statute books of that state gives the osteopathic student no privileges whatever. So the post-graduate, unless he has passed the state board examination, runs a risk in practicing at all. The catalogue of this same school for the current year says "The hospital advantages (of the city) are of prime importance to the osteopathic student." The school has none of its own, so I have yet to learn in what way, for except when the professor of surgery reported a case he had then, or in the past, at the hospital, we were in ignorance of the existence of one, and had no clinics there at any time. Certainly I never saw the inside of one, and the cases operated upon before my class during the whole term did not equal one morning's work in the out patient department of a Metropolitan hospital.

It was my privilege to hear a lecture by a certain professor of surgery, in which he stated, that the physician who attended obstetrical cases, and did not carry with him aseptic ergot, and administer it in an emergency was guilty of criminal negligence. In reporting a case of gall-stones operated upon, he told how he had to pry the stone from the duct with some force, even under anaesthetics and asked, "what could osteopathy do for such a case?" but admitted it had not been tried.

I was not surprised to learn from a patient with an immense goitre that she had been treated by this same physician for a year—with electricity—the cervical lesions were visible across a room. I was informed that another professor recommended watermelon seed tea to be given a new born infant and a half hour's massage for the leg of its mother suffering with phlegmasia alba dolens.

To an inquiry regarding the possible lesion he replied that while the lesion was all very good in theory it would not work out in practice.

Such instances were calculated to make a student, at least from Kirksville sit up and wonder. Is this osteopathy? Is this the so-called progressive brand—the broad type? Operations for gall-stones, electricity, the administration of ergot and watermelon-seed tea are old medical practices, we were not taught that they were osteopathic or even necessary to osteopathy.

One catalogue I have has the name of a former professor on its faculty roster. To my personal knowledge the professor is in another state, has no contract with the school and does not expect to return to it. As regards the cost of living smaller rents in one place almost make up for the lack of paying patients in another. I advise going to Kirksville for the final year's work or the post-graduate work by all means. Permit me to quote the words of an ex-professor who addressed my class when I was a freshman: "If you are going to be medical men be medical men, if osteopaths, be osteopaths, but for God's sake, don't be mixers."

* * *

THE WORKING-DRESS OF AN OSTEOPATH.

CHARLES H. DORRIS.

(The writer is not an osteopath.)

Man in his first estate wore no clothes. Then came the feather in the hair and about the loins a breech-cloth. Keeping pace with man's development dress has been evolutionary. To-day we have the merry-widow hat—and how Eve's eyes

would have stared had she beheld one of our modern three-foot-in-diameter creations.

Man sometimes judges an other man's character by the clothes he wears. How few of us have the eyes of the Galilean and look beneath to the heart of a man.

"Wherewithal shall a man be clothed," is a momentous question with some. Others care not the snap of their finger as to the texture or cut of their garments.

Often, however, the cloth and cut of one's clothes mean much to a man in dollars and cents. Should a clerk take his place behind the counter in a fisherman's garb and persist in wearing such incongruous raiment he soon would find his wages cut, and possibly, probably be given his ticket of leave.

Osteopaths, some few of them, in their shirt sleeves treat their patients. To be sure this is a comfortable way of doing work, but is it the most appealing dress? It may be to one whose morals are not of the best; and one shirt less would more please such characters.

Better than this is a loosely-snugly fitting sort of uniform jacket such as my friend wears. This has around its edges rows of dark braid, the cloth is blue-black, and the garment unlined. It gives the weaver a sort of soldierly appearance, and does not appeal to the baser passions of the patient. The better class of patrons look with eyes of approval on such a garb, as well as do the ones whose sins are many, and who need the uplifting of a good environment, instead of having their passions aroused and they thrust further down in this world's filth.

* * *

LEGISLATIVE MATTERS.

Colorado—Dr. Ralph M. Jones of Denver, on April 13th was fined \$50.00 and costs for using the title Dr. This amount being a minimum fine. An appeal to the supreme court was as once taken. The Colorado Board claim that osteopaths cannot use the title Dr., but the law reads "Nothing in this act shall be construed to prohibit * * * nor the practice of osteopathy when not prescribing medicine, nor administering drugs." In a similar case in Illinois, the attorney general decided that using the title Dr., was neither practicing medicine nor prescribing drugs and probably the supreme court will rule that way in Colorado.

Florida—This state is now open to osteopaths who by a little study can prepare themselves for passing the medical examination the same as a number have done in Massachusetts. Dr. W. H. McCoach has the honor of being the first to pass this examination and receive his license. It will be noticed in the license that it is to practice medicine under the regular system. The Florida law says "and no preference shall be given to any school of medicine," and upon this the board decided to examine Dr. McCoach, who made a very good average on his paper. Dr. McCoach, although a recent graduate, is thus entitled to be classed in the ranks of the pioneers.



DR. W. H. MCCOACH.

Apropos to the statement that Dr. McCoach, a despised osteopath has received a Florida Medical license, is the following clipping from the address delivered by Dr. John MacDiarmid, of DeLand, Fla., retiring president of the state association:

"Yet there live and move and have their being among us a sect practicing medicine with one remedy and yet not practicing medicine. They say: "Throw physic to the dogs, I will none of it," and cast aside as worthless and dangerous all known remedies save this one of laying on of hands and rubbing, kneading, squeezing, stroking, tapping, clapping, hacking, pushing, pressing, pinching, prodding, pounding. Are these osteopathic stunts the panacea of ancient dreams? These "boss ticklers," whose chief is from Missouri, claim superior and almost superhuman powers over disease inasmuch as they promise to permanently cure congenital luxation and acquired lumbago, typhoid and phthisis and ptosis, asthma and ankylosis and appendicitis, stys and syphilis, malaria and meningitis, croup and carcinoma and all other human ills. If they could only do it, how happy we would all be! But their claims in regard to curing diseases are on a par with their claim that the founder of the science still lives. Doesn't history tell us that two hundred years before Christ this system of treatment was practiced to the extent of "making the bones crack?"

But we must be patient and somewhat indulgent with these latter-day rubbers for they are but one type of the comparatively harmless excrescences which from time to time appear on the body medical."

Rather queer that an ignorant quack, a graduate from a school presided over by the "boss tickler" could pass the Florida test!

Georgia—The Medical "Consensus" issues a long wail on account of what they state to be a fact, that the respectable physician of the community carries less weight than formerly, and gives as a reason that "the real cause is to be found in the prevalence and increasing activity of the charlatan—that quasi-criminal healer, who, whether he be advertising quack, osteopath, counter-prescribing druggist, club-practitioner, patent medicine vender, or that arch fakir, the christian science healer—is a constant menace to the public and an enemy to the legitimate practice of medicine."

The Consensus proposes as a remedy, the education of the public and the warning of them "against the claims and apparent powers of the false prophets of the healing art."

Kansas—The Journal of the Kansas Medical Society in its issue of April '08 has an editorial stating that the so-called specialist does more harm than "all the osteopathy or Christian science let loose from the asylum." In the same issue, are printed some resolutions passed at the western association meeting March 18th of which we re-print part (the small Capitals are the editor's.)

"Fourth, That we favor a bill regulating the practice of so-called "Osteopathy" in the state of Kansas, which, at the present time is without legal restriction or liability. That we condemn this so-called system of healing as a wholesale system of charlatanism, its practitioners and advocates drawn from the most ignorant and illiterate classes. That the chief claim made for, and upon which, with the characteristic easy going, careless and short sighted method so commonly witnessed in legislators in dealing with questions vital to the public health has permitted them to gain a foothold in the state, i. e., that their methods do not comprehend the administration of any drug or medicine hence are harmless, has been absolutely disproven.

That these quacks and charlatans are a direct menace to public health, that their

methods are irrational, unscientific and based on no recognized system of pathology and are more often provocative of evil than of good results to their deluded adherents.

That we as, regularly qualified physicians, have a right to demand for our own protection and that of the community at large, an EXAMINATION in those COMMON SCHOOL BRANCHES and in the FUNDAMENTAL BRANCHES OF MEDICINE comprising anatomy, physiology, hygiene, chemistry and diagnosis, examination EQUAL TO THAT REQUIRED OF REGULARLY GRADUATED PHYSICIANS."

This is very amusing in view of the fact that the osteopaths in Kansas have repeatedly asked to be examined and are willing and capable of passing any examination given to an M. D., except on materia medica and medical practice. It is further amusing in view of the fact that the osteopath requirement according to the national association is twenty-seven months which is THREE MONTHS IN EXCESS OF THE KANSAS REQUIREMENT FOR M. D's.

Louisiana—The M. D's. in Louisiana are following the tactics that were adopted by the allopaths in New York, namely to pass an amendment so defining medicine as to make it include osteopathic and mechanical treatment. With the few representatives of the osteopathic profession in Louisiana in proportion to the many and strongly organized M. D's. it does indeed look dubious, but the osteopaths are putting up a good front and will try hard to win. Dr. Hewes, secretary of the State Association, sends a copy of the amendment which the M. D's. hope to pass. We give it in full.

Be it further enacted, etc., that Section 13 of said Act 49 of the Session of 1894 be amended and re-enacted so as to read as follows: That any person shall be regarded as practicing medicine within the meaning of this Act who shall append the letters M. D. or M. B. to his or her name, or shall repeatedly or habitually prescribe, direct or apply, or shall profess or publicly advertise that he prescribes, directs or applies for the alleged purpose of treating, curing, or relieving any bodily or mental disease, infirmity, deformity, defect, ailment or injury in any person other than himself, any drug, instrument or force whether physical or psychic, or of whatsoever nature, or any other agency or means; whether such drug, instrument, force or other agency or means is to be applied or used by the patient or by any other person; and whether such prescribing, directing, or applying be for compensation of any kind or be gratuitous; and any officer or agent, or employee or member of any corporation, association, or partnership which does or (professes) or publicly advertises that it does cure, treat, or relieve such diseases, ailments, deformities, defects, injuries or infirmities, in any of the modes mentioned in this section shall be regarded as practicing medicine under the provisions of this Act; This provision shall not apply to farmers or planters when practicing without compensation on their families, employees, or tenants exclusively, or to nurses or attendants carrying out specific directions of a party authorized to practice medicine under this Act.

Another Section requires four year medical diploma.

Massachusetts—Dr. Alfred W. Rogers, member of legislative committee, under the date of May 1st, sums up the Massachusetts situation as follows:

The bill before the Massachusetts legislature is entitled "An Act for the Registration of Osteopaths," and provides for two members from the osteopathic school of practice on the State Board of Registration; the registration of all osteopaths practicing in the state Jan. 1, 1908, such registration entitling him to "the privileges of a

registered physician except that it shall not allow him to administer drugs internally nor to perform major surgery." The bill is in too early a stage to predict what change it may have to suffer to ensure its passage; but the state society is united on this bill more perfectly than it has been on any bill before the legislature for several years; and it is believed that if we can obtain substantially what is asked for in this bill, it will greatly strengthen the profession in the state. I hope to be able to write you, in about a month from date, that this has been secured.

New Brunswick—The following letter from Dr. Spangler, whose case was mentioned in the April Journal, was received after we had gone to press:—

This second action against me was begun the 13th of March and has just ended.

As in the first case, of July, 1907, the action was brought by the New Brunswick Medical Society for practicing medicine in violation of the New Brunswick Medical Act.

Among other interesting things brought out at the trial was that the society has had the Canadian Detective Agency employed to get evidence against against me since 1905.

I called no witnesses as I could have had none better for me than those brought against me, except three M. D's. who were called as experts on osteopathy.

The court decided that I had not practiced medicine and that the practice of osteopathy is not the practice of medicine under the N. B. Med. Act.—H. L. Spangler.

Nebraska—Dr. Wilden P. Snare of Golden, Colo., in correspondence with the Nebraska State Board, brought out several facts of interest. The educational requirement of a medical man or student to be admitted for examination for certification to practice medicine in Nebraska is four years of creditable work in an institution of good standing. This work to consist of NOT LESS THAN FOUR YEARS OF SIX MONTHS IN EACH YEAR. Contrast this with the educational requirements of an osteopath to be admitted to an examination to practice osteopathy is that he shall have done three years work, in a reputable school, this work to consist of THREE YEARS OF NINE MONTHS EACH. To sum it up, the MEDICAL PRACTITIONER IS REQUIRED TO HAVE A TWENTY-FOUR MONTHS SCHOOLING, WHILE THE OSTEOPATH MUST HAVE TWENTY-SEVEN AND STILL IS NOT ALLOWED TO PRACTICE MAJOR SURGERY. ALSO THE FEE FOR AN M. D., IS \$10.00 WHILE AN OSTEOPATH MUST PAY \$25.00. Dr. Snare took the examination and gives his experience of the examination thus: THEY GAVE ME THE SAME EXAMINATION IN SURGERY BOTH MINOR AND MAJOR THAT THEY GAVE THE MEDICS, COMPLIMENTED ME ON MY WORK, YET THE LAW DOES NOT PERMIT THE OSTEOPATH TO PERFORM OPERATIVE SURGERY." How is this for "the limit?"

New York—Dr. C. F. Bandel, Brooklyn, writes the following under date of May 1st

Our case of Mandamus has not been reached on the court's calendar, however, we expect action sometime within the next ten days.

The Board of Health of course refuse to accept our certificates of death. Unfortunately I lost another patient last Friday and the family had to suffer the experience of a coroner's inquest as in the other case. It is plainly seen that the Board of Health do not intend to register osteopaths, especially if they can prevent it, but their attitude does not cause us any special worry. Once we get our case started in court we will so thoroughly win out that the medical brethren will no longer attempt their unfair, unscrupulous and tricky games to defeat our cause in the East.

Personally I will not stop fighting the enemy until the goal of justice has been reached and am proud to say, that this is the attitude of every osteopath in the State.

New York—The New York newspapers are still having fun over the Medico-osteopathic discussion. The following prose clipping being from the Boston Transcript, while the other is from the Brooklyn Eagle.

Osteopaths On A Mycological Standard.

(From the New York Evening Post.)

The corporation counsel's opinion distinguishes osteopaths from physicians on the lines of the standard test for telling mushrooms from toadstools. So long as their patients live, they may be treated as physicians. When the patients die they may not.

* * *

Osteopathy.

Tray, Blanche and Sweetheart, all the pack,
Are on the newest doctor's track.
Doc. Homeo Path does vie in wrath
With Hydro Path and Allo Path.
The three agree that they can see
No worth in bloodless surgery.
Of medicine they know by heart
Real torture's an essential part.
Drugs, ice packs, knives, mean earnestness
In either failure or success.
And flippancy's attributed
To methods that involve no dread.
To scare the patient, that's the thing!
At Osteo Path their bricks they fling.
Doc. Osteo Path can't stay the wrath
Of Homeo, Hydro, Allo Path.
But, 'gainst their trust this plea is made;
It's clearly in restraint of trade!

—J. A.

Ontario—One of the first, if not the first, cases where an osteopath recovered collection for services rendered in an "open" district was just granted in Hamilton, Ont., April 29th. The action was brought by Dr. Harry M. Sinden of Hamilton, Ont., for \$97.00 for services rendered. Another party had agreed to stand good for the bill, so the suit was brought against the two jointly. The defense was that under the medical act the osteopathist was practicing medicine without rights, and therefore could not claim fee for his services. The attorney for Dr. Sinden argued that as it had been decided by certain Canadian courts that osteopathy did not come under the medical act, Dr. Sinden had a right to collect his fee. The judge agreed and ordered payment.

Oregon—As mentioned before, the council of Portland has been considering a measure to supplement the state law, governing physicians, and on April 27th the new ordinance passed by large majority.

There are numerous "quacks" who have no certificates, entitling them to practice medicine, at whom the law is aimed particularly. It is argued by the legitimate practitioners that this ordinance will enable the police to regulate with ease the practice of medicine. The principal provision is that all practitioners are required to post their certificates in their offices. It is made an offense for a doctor to practice without so posting his certificate, and an arrest can be made on this alone, without waiting to work up other evidence. This ordinance supplements the state law in a way that will make it possible for the officials to drive out a large number of undesirable practitioners.

Pennsylvania—There have been numerous reports and rumors among the profession that there would be a fight in Pennsylvania this year. Some of the newspapers stated that the M. D's. were organizing and hoped to get a bill through this winter that would shut out the osteopaths. On inquiry of Pennsylvania osteopaths in touch with the situation there, we are told that there will be no fight for a few months any way, probably not for two years.

Dr. Snedeker of Latrobe, says: "The medical men here in Pennsylvania are working for all their might to beat us at Harrisburg next winter. The American Medical Association, are sending out literature on osteopathy as also are the county association. The county association are also holding open meetings at various points to 'enlighten' the poor people. We are going to have a hard fight but what the result will be is hard to tell."

Rhode Island—M. D's. in Rhode Island tried to railroad through a measure which would shut out osteopaths by making the medical definition include osteopathic practitioners. There were, however, a number of osteopaths who were on the lookout and made a fight. The Providence Journal after stating that four of the eight members of the committee concerned are M. D's., says:

The more they considered the act, the more the members of the House wanted to know about it, asking what was the real reason for its introduction.

Certain prominent osteopaths of the State thought they could answer this question, and they were at the State House to oppose the passage of the bill. They claimed to see in it a severe blow to the practice of their profession, which has been steadily gaining ground year by year, not only in Rhode Island, but also throughout New England and the country at large. Many other States, they pointed out, had legislative provisions whereby osteopaths are duly recognized by the State authorities under whose protection they practice."

When the act was reached on the House calendar, Mr. Rattey moved an amendment, striking out in section 2 of the act the words "or in any other way, or who shall investigate or diagnosticate physical ailments, defects or conditions of any person with a view to treat or modify the same," and striking out the word "such" occurring a little later in the act and referring to the above bill. The amendments prevailed. Another member thought he didn't understand the act sufficiently and that it should be made the subject of a public hearing, and it accordingly was recommended.

On May 5th a substitute bill was reported out of the committee which had eliminated the provisions adverse to the Osteopath.

Washington—Dr. Isabel Karney by our request sends the following account of the trial which was brought against her by the Spokane M. D's.:

I was arrested on February 2nd, charged with practicing medicine and surgery and was tried on March 12th. I had a jury of six; the trial begun at 10 a. m., was given over to the jury at 4 p. m. and at ten minutes after four I was acquitted of the charge. It was a case of malice and a farce from beginning to end. All the witnesses I had were the ones that they subpoenaed to appear against me and are some of my ex-patients and best friends of osteopathy and in place of being against me every word spoken was in favor of osteopathy. The Prosecuting Attorney argued that osteopathy was a fake and we had no right to the title of Doctor and also that we were using medicine and surgery on account of applying our hands to afflicted parts of the sick. I am sorry I did not take down his argument; it was certainly rank. I had a good lawyer in whose family I treat. The Judge and four of the Jury are patrons of osteopathy. Now as I succeeded in winning out the Spokane D. O's. are safe from like trouble.

ASSOCIATIONS.

Bay—(Calif.)—The regular annual meeting of the Bay Osteopathic Association of California, for the election of officers was held at the offices of Drs. Farnham, 1525 Sutter St., San Francisco, on April 11th, 1908.

The following officers were elected for the ensuing year: President, D. C. Farnham of San Francisco; vice-president, H. Fountain Miles of Berkeley; secretary and treasurer, May Vanderburgh of Berkeley.

Drs. Martha Barnaby, W. C. Williams, Wm. Haryet, C. L. Ponting, H. Fountain Miles, C. J. Gaddis, Price and Rundall were elected to membership in the association.

W. W. Vanderburgh presented an interesting clinic, a case of total blindness resulting from a fall of fourteen feet, the patient striking on back of head and neck.—May Vanderburgh, Sec'y.

Colorado Springs, (Colo.) City—Osteopaths of Colorado Springs and Colorado City met in the Y. M. C. A. building and organized a city association. The following officers were elected: J. D. Glover, president; C. S. Klein, vice-president; M. Jeannette Stockton, secretary-treasurer. The osteopaths present were Drs. J. W. McNeil, J. D. Glover, E. E. Conway, C. S. Klein, E. D. Mummah, Leone G. Pauly, G. L. Summers, Adel A. Allison, Joannah Campbell. Meetings will be held the first Thursday of each month. The next meeting will be held with Dr. Glover on East Kiowa street.—Fraternally, M. Jeannette Stockton, D. O.

Illinois—Third District—The meeting will be at the residence of Drs. Capman in Galesburg, June 3rd. After a dinner at the invitation of the Drs. Chapman, there will be addresses by Drs. Newton, Hemstreet, Rezner, Mosier, Albright, Stuart, Chambers, Giltner and Elsea, and an address on legislation by Dr. Gage of Chicago. This association has adopted the very business-like proposition of equalizing railroad fare, thus making it as easy for a distant, as for a local member to attend.

Illinois—Fifth District—The regular meeting was held at the St. Nicholas Hotel in Decatur, April 25th, the following officers being elected: President, J. A. Overton; vice-president, J. C. Walker; secretary, F. A. Parker; treasurer, Catherine L. Gallivan. Dr. Hildreth gave the principal address.

Iowa—Fourth District—Having been elected secretary of the fourth district, Iowa association when absent from organization of same I supposed that the organizers had sent you notice. As the president mentions it now and I have not seen notice in the Journal I herewith append a notice of same.

The Boone Valley Osteopathic Association was organized at a meeting held in Webster City, Ia., January 22, 1908. It comprises the fifteen counties of the fourth official health district of Iowa in the north central part of the state. A constitution was adopted and the following officers elected for the year: President, O. Densmore, Mason City; vice-president, K. K. Smith, Fort Dodge; secretary-treasurer, Geo. M. Goodell, Hampton.

Meetings to be held once a year in either October or November.—Yours fraternally—Geo. M. Goodell.

Iowa—Second District—The osteopaths of Eastern Iowa, met at Cedar Rapids, April 9th. Those taking part were: Drs. W. C. Bird, C. E. Crow, C. C. Hitchcock, E. H. Beaven, H. K. Patten, Adam Baker, B. E. Washburn, A. M. Leffingwell, S. P. Miller, Sarah Snavelly, W. A. Cole, H. N. Baker, Maude Olmsted, H. L. Urban, Elmina Stewart, T. L. Sharon.

Iowa State—The tenth annual meeting of the Iowa Osteopathic Association will meet at Still College, Des Moines, May 21-22. Special features will be a lecture of Drs. William Smith and F. P. Young.—Fraternally, J. R. Bullard, D. O.

Mississippi Valley—Mississippi Valley Association meeting as announced by all the Osteopathic Journals, the trustees of the M. V. O. A. decided owing to the fact of the American Osteopathic Association holding its annual meeting at Kirksville this year, they would give way to the A. O. A.; in fact, act as hosts for the occasion, and only hold a business meeting during the week of the A. O. A. meeting. This action by the trustees of the M. V. O. A. in no sense means a lessening of the energy or efforts the behalf of the M. V. O. A. in their work, nor in any sense does it interfere with the ultimate outcome and valuable work of the M. V. O. A.

This association was organized for the sole purpose of visiting Dr. A. T. Still each year, at the birth place of osteopathy, and to have a free and unlimited feast of osteopathic knowledge, without the responsibilities attached to the A. O. A.

This organization requires no annual dues, and only a fifty cent membership fee. The territory as originally organized was composed of Iowa, Illinois, Missouri, Kansas and Nebraska. And no osteopath in any one of the five states can afford to stay outside of this organization. Upon reading this article, send at once to Dr. Mary E. Noyes, Ottawa, Illinois, fifty cents and join the greatest and only organization of its kind on earth. Purely scientific and social, an organization for exchange of experiences, and a general home-coming each year, this means for graduates of all schools, for Dr. Still is professionally Father of us all. We can have a grand jubilee each year and all grow together.

This organization has made arrangements whereby the osteopaths of all states in the Mississippi Valley may join us if they so desire. It should be handled by the State Association taking the matter up. All will be welcome.

There is no question but what the meeting of the A. O. A. at Kirksville will be a record breaker, an historic event to last throughout all time, and all osteopaths everywhere should be there. For in union there is strength. If you are not a member of the A. O. A. you should be, and we feel sure if you attend this meeting you will be one of the members the rest of your life.

The program, as printed in the last A. O. A. Journal and Journal of Osteopathy, is certainly a good one and guarantees good returns for the trip; besides, you cannot afford to miss participating in the celebration of the Old Doctor's eightieth birthday. Come and help us to have the greatest gathering and the very best time of our lives.

The time of holding the business session of the Mississippi Valley Association will be announced later. Don't put it off but send your name at once to Dr. Noyes; then meet us at Kirksville, in August.—Respectfully, A. G. Hildreth, President, Mary E. Noyes, Secretary.

New Jersey Irregulars—The Irregulars of New Jersey occupy considerable space with an account of "State Osteopaths Annual Meeting" which was held at Jersey City, April 15th. "Dr." S. Rock, president of the association complained of the osteopaths wanting to create an osteopathic trust and said he defeated the New Jersey bill for this reason. We are informed by officers of the regular association that this complaint is because the New Jersey regulars do not wish to countenance all these fakes and short course and correspondence graduates. We are further informed that the M. D.'s last year had Rock come in and make a speech so that they could cry "dissent in the osteopaths ranks," but that the osteopaths showed him up as what he was and he made such a spectacle that this year the M. D.'s kept him out of the fight. That was how he "prevented" the legislation.

Ontario—The seventh semi-annual convention of the Ontario Osteopathic Association was held in the parlors of the St. Charles Hotel, 66 Younge St., Toronto, Ont.,

on April 20th, when those present were favored with an excellent program which was as follows:

President's Address—Dr. Robt. B. Henderson, Toronto.

Cervical Region—J. N. McRae, Galt, Ont.

Lumbar Region—Asa Gordon Walmsley, Peterborough, Ont.

Bright's Disease—J. S. Bach, Toronto.

Liver Disorders—W. A. Gossman, Stratford, Ont.

Paper—"How to Advance Osteopathy in Ontario,"—G. A. Wenig, Hamilton.

Paper—Scope of Osteopathy—E. D. Heist, Berlin, Ont.

Clinical Demonstration of Technique—W. W. Steele, Buffalo, N. Y.

W. W. Steele of Buffalo, N. Y., was the guest of honor and his presence greatly enhanced the excellence of the program rendered. The doctor presented a number of clinics and discussed treatment and demonstrated technique in each case. His remarks were directed more particularly to rib lesions, their effects and the technique of correcting same. The association voted Dr. Steele a hearty vote of thanks.

The following greeting to the Old Doctor was unanimously voted:

The Ontario Osteopathic Association in convention at Toronto, Ont., sends greeting and congratulations on the approach of the 80th anniversary of your birth. A goodly number of the Ontario osteopaths hope to be with you in August and participate in the Great Home-coming of osteopaths.

R. B. HENDERSON, D. O., Pres. E. D. HEIST, D. O., Sec'y-Treas.

It was highly gratifying to the program committee that all who were to take part in the program were present to do so.

There was a good attendance of members and the convention throughout was one of interest and profit to all. The annual convention of the association will be held in September.—E. D. Heist, Secretary.

Portland, (Ore.) City—The regular monthly meeting of the Portland Osteopathic Association was held in the offices of Gertrude L. Gates in the Corbett building. B. P. Shepherd gave a paper on pulmonary tuberculosis and a general discussion followed. Edythe Ashmore, of Detroit, Mich., was present and made some interesting remarks.

St. Louis City—The St. Louis Osteopathic Association met in Homer Bailey's office, April 23rd, Adrian Nichols presiding.

Dr. Bailey presented an interesting clinic—a case of traumatism.

W. F. Englehart described a typical case of neurasthenia, which had made complete recovery under osteopathic treatment. The doctor then read a paper on neurasthenia, this was followed by a general discussion of the subject.

O. S. Miller worked out a simple and very practical method for keeping accounts and case records. Dr. Miller explained his system to the Association and is now arranging to have it copyrighted.

T. J. Wilkin, A-'00 and a recent graduate of the St. Louis University, read a paper on surgery, which was well received.

The discussion of Dr. Wilkin's paper closed an interesting and profitable meeting. The association is planning a banquet for the near future.—Annie M. Adam, Sec'y.

Southwest Missouri and Southeast Kansas—The S. W. Mo. and S. E. Kansas Osteopathic Association met April 25th with L. D. Gass, Joplin, Mo. We adopted constitution and by-laws and decided that those present should constitute charter members. Next the newly elected officers rendered the following program:

Paper—Some topics of interest to all of us, Dr. Wolf. Bronchitis—Dr. Traubue. The Last Hope—Dr. Geeslin.

Lively discussion evinced the interest taken in each paper.

Those present were: Adele Doane, Parsons; Rose Thomas, A. M. Reid, Columbus; C. E. Willis, Josephine Traubue, Pittsburg, and O. M. Strickland, Minerva Kenaga, Martha Cox, L. D. Gass and J. L. Boswell, Joplin; M. S. Slaughter, Webb City; Frances Harris, Truman Wolf, Carthage; F. M. and Florence Geeslin, Lamar, Mo.

The next meeting will be held with Dr. Strickland at Joplin, May 30th.—Florence Magers-Geeslin, Sec'y.

San Diego, City and County—The annual meeting was held in the offices of Dr. Lena Creswell, April 24th and the following officers were elected: G. G. Paul, president; Isabel E. Austin, vice-president; Louise C. Heilbron, secretary.

Southern Kansas—At the meeting to be held in Wichita, May 6th, Dr. Ella Still will be the principal speaker.

Tennessee—The tenth annual meeting of the Tennessee Osteopathic Association met in Hotel Patten, April 20th, at Chattanooga. Officers selected for the following year: President, P. K. Norman, Memphis; vice-president, H. A. Greene, Knoxville; secretary and treasurer, Bessie A. Duffield, Nashville. Trustees: B. S. Adsitt, Franklin, Kentucky; T. L. Drennan, Jackson; A. L. Dykes, Bristol.

W. F. Link was unanimously elected as delegate to the A. O. A. held at Kirksville, August 3rd.

The following resolutions were adopted:

"Your committee on resolutions move a vote of thanks to the local osteopaths, to the Press, to Mayor Crabtree, to Hotel Patten for the kindly welcome extended us and splendid hospitality which they one and all have accorded us during our meeting in the city."

"To Dr. Percy Woodall of Birmingham a special vote of thanks is due for the masterly paper which he contributed to our programme."

Another resolution which we take pleasure in presenting is as follows:

"Whereas, Dr. J. R. Shackelford, the pioneer osteopath in Tennessee and the first president of the Tennessee Osteopathic Association has, since our last meeting, removed from this state, and

Whereas, During his long residence here he was ever foremost in every contest for the advancement of osteopathy, aiding generously with his time, talent and purse;

Therefore, Be It Resolved, By the Tennessee Osteopathic Association, that we deem it fitting that we hereby express our appreciation of the unselfish labor he has performed and the inestimable value of the services he has rendered to the cause of osteopathy in Tennessee during the past decade; and that we entertain the earnest hope that in his present field of labor he will attain to that measure of happiness and prosperity which his ability as an osteopath and his worth as a man entitles him.

Be It Further Resolved, That these resolutions be spread upon our minutes and a copy be furnished Dr. Shackelford."

Respectfully submitted,

W. F. LINK. T. L. DRENNAN. B. S. ADSITT."

Those taking part and their subjects follow: "Diseases of the Spinal Cord," B. S. Adsitt, Franklin, Ky. "Demonstration of Appliance for Diagnosis," H. A. Greene. "Flexions and Versions of the Uterus," P. H. Woodall, Birmingham, Ala. "Facial Paralysis," P. K. Norman. Demonstration of Technique: "Straight Spine," E. C. Ray. "Occipital Lesions," W. F. Link. "Lumbar Region," O. Y. Yowell. "Prostatitis," W. Miles Williams. "Asthma," Lora K. Barnes. "Diphtheria," H. R. Bynum. "Septic Fever," Bolling L. Blocker. "Osteopathy in Diseases of Children," Bessie A. Duffield.

Upper Hudson—Osteopaths in the Albany district met with Dr. Mae Hart in Albany, April 9th. Papers were read by Drs. Mary E. McDowell, Harriet Owen, and Mae van D. Hart.

Washington State—The Washington State Osteopathic Society held its annual meeting April 4th, and elected officers for the ensuing year. The meeting was held at the Butler Annex hotel and was followed by a banquet. About forty of the members of the society from various parts of the state were present.

F. L. Montgomery, of Puyallup, was elected president, and J. O. Glenn, of Kent, secretary, F. W. Winter, of Seattle, was elected as the delegate to attend the national convention.

Rev. J. D. O. Powers, pastor of the First Unitarian church, delivered the address of welcome, and A. Still Craig, of Marysville, Mo., responded with the principal address of the evening.

The business session was held in the parlors of the hotel and continued until 11 o'clock, when adjournment was taken to the banquet hall.

* * *

NEWS NOTES AND COMMENTS.

Recovers From Wound—Dr. Harry Emeny of Eldora, Ia., who was severely wounded in an altercation at the home of one of his patients has recovered sufficiently that he is again attending to his practice. There have been no arrests made in the case and we are informed that none are likely to be.

Railroad Agent's Indorsement—Mr. L. F. Bacon, the traveling passenger agent for the Santa Fe, in a recently conversation in the Journal office, said: "As far as in my experience, I cannot call to mind any osteopath that has made a failure, but I suppose there are some failures the same as any other profession."

Osteopaths Appointed Examiners—The Wabash Life Insurance Co., of Danville, Ill., has appointed Drs. Geo. H. Small of Aurora, Ill., and J. A. Nowlin of Farmer City, Ill., as examiners for that company. Dr. C. A. Albright, the head physician, was much amused he says by Dr. Nowlin, who wouldn't believe that he would get his appointment as he had been approached by insurance examiners before but the head physician always refused to confirm the appointment.

Osteopaths Go Into Politics—Dr. Clinton McFaddon of Seattle at the recent convention of the Washington Association, urged the osteopaths to work for C. G. Cosgrove of Pomeroy, who is a candidate for Governor. Dr. McFaddon said in his speech:

"He is the only man among the candidates, he said, who will give our branch of the profession a square deal, and it will be to the interests of all of us to see that he is elected governor. It might be said that we have no right to go into politics, but self-preservation makes such a step absolutely necessary. The time to get legislation favorable to our interests is before the elections take place. Let us assure ourselves that the candidates, for whom we are asked to vote, will not vote against us when we ask protection from the law-making body of the state."

Penny-Wise San Franciscans—San Francisco, which has had the reputation of being one of the most healthful cities because of its good sanitation, are objecting to the expenditures now being made in securing a good system of sewerage since the one was destroyed by the earthquake, and some of the newspapers are objecting, heading their articles in glaring letters, "Sanitation scheme bankrupting city." The health officer is of the opinion though, that the work will not be discontinued.

Passes State Board—Dr. Ione Hulett has received a license from New Mexico Board and has located at Alamogordo.

Sad Death—Their many friends will sympathize with Dr. and Mrs. C. A. Lane of Albany, Mo., in the loss of their three year old daughter, Nadine. The physicians of Albany held a post mortem and according to the newspaper "found that the child's bowels were locked in such a manner that nothing but a surgical operation could possibly afford any relief, and that an operation must have been held at an early stage to have done any good."

Dissolves Partnership—Dr. E. L. Harris, who has been associated with the Drs. Coffman at Owensboro, has dissolved partnership and allied himself with Dr. F. L. Davis, of Savannah, Ga.

Opens Branch Office—Drs. Asa Willard and W. H. Heagney of Missoula, Mont., have opened a branch office in Plains, Mont.

Build Bungalow—The Los Angeles Examiner states that Drs. Forbes, Shaw and Spencer "are building a combination bungalow on their lots recently purchased from Geo. H. Peck, on Point Firman," San Pedro. This is the property which the San Pedro papers stated was to be used for an osteopathic college.

Agitating Sanitarium—Citizens of Athena, Ore., have been discussing an osteopathic sanitarium for the Drs. Heisley.

Gives Rummage Sale—Friends of the osteopathic dispensary, 16-17 Fairmont Ave., Philadelphia, gave a rummage sale last month which was very successful.

Assumes Her Maiden Name—Dr. Edna H. Slater, formerly of Lincoln, Nebr., has resumed her maiden name, Edna F. Heeren, and will shortly be at her old home in Carroll, Nebr., so writes the mother, Mrs. John H. Heeren.

Camden Office is Only Branch—Dr. Flora Brown of 3222 Mt. Vernon St., West Philadelphia, states that the address given in the Directory is only for a branch, that the regular office is still in Philadelphia.

Dr. Daniels Called—Dr. Henry Daniels is profiting by persecution to which he was subjected at Brockton, Mass. One of his recent calls was to reduce a fracture of the humerus sustained by the foreman of the press-room of the Brockton Daily Enterprise.

Osteopath As Expert—The Elkhart, Ind., Review, of April 10th, states:

Mrs. Amanda Allen of this city, who resides with her daughter, Mrs. C. D. Atkins, has filed suit against a Toledo traction company for permanent injuries to her pelvis and one hip, incurred something over a year ago, when she was thrown because a car was started too soon. Representatives of the plaintiff and the defendant were here Thursday to take the deposition of Dr. E. C. Crow regarding Mrs. Allen's condition.

Good Wishes From Chicago Business Man—In renewing his subscription for the Journal, Francis M. Wood, treasurer and manager of the Educational Association, 63 to 71 Wabash Ave., dealers in school supplies, said, "Wishing you the fullness of success, I am very sincerely, Francis M. Wood."

Strenuous Campaign Overwhelms—Dr. C. H. Fleck of East Orange, N. J., who was worn out by the recent campaign and was sick for several days has since recovered.

Refused to Prosecute Thief—Dr. Geo. S. Smallwood recently lost from his branch office at 711 Washington St., Hobokon, several books and getting track of the thief secured the return of two of them. Since there were already a number of charges against the culprit, Dr. Smallwood refused to prosecute.

Married in Bradford—Drs. W. F. Hilliard of Haileybury and Annie E. Bell, of Bradford, were married April 21st in Bradford. Both were graduates of the A. S. O., '07. Dr. Hilliard remaining for a post-graduate course.

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Goes to Red Lodge—Dr. Retta Collicott, A. S. O., '04, has removed from York, Nebr., to Red Lodge, Mont. Dr. Getchell, formerly of Red Lodge, we are informed, is taking a vacation at Festus, Mo.

Returns to Kirksville—The Kirksville Express states that Dr. F. P. Young has returned from Des Moines, and is remodeling his residence in Kirksville with the intention of remaining here for a year before engaging in definite work. The political news of the same paper includes a statement that he will possibly be a candidate for assemblyman.

Informal Reception to Dr. Still—April 29th, Dr. C. E. Still was in Moline, Ill. on business, and was informally entertained by the osteopaths of the tri-cities, a large number of whom were present.

Opens Branch Office—Dr. Fren N. Steen of San Francisco is announced by the Mill Valley, Calif., Enterprise as opening a branch office in that locality, he having cured a Mrs. Aronholt, who had been suffering from paralysis.

Joke the "Osteopathic Candidate"—The Port Townsend, Wash. Call states that considerable joking is being done at the expense of S. C. Cosgrove, candidate for governor of the state, who has been indorsed by the Washington Association.

"He is generally called now the "osteopathic candidate, the "rub-down campaigner," and the "drugless canvasser." Cosgrove has asked them not to "rub it in," which is considered some witty for him."

It further states that he is making a hard and possibly successful fight for the nomination.

Thank Their Patrons—Drs. W. P. and Bertha L. Thomas, who for the past year have been practicing in Tacoma, Wash., have a card in the Ledger of April 11th, thanking their "friends and patrons for their interest in true osteopathy and in choosing their physicians from a recognized school, Kirksville." and state that they are "always ready to help the sick."

Graduate From Ensworth Medical College—Drs. Frank P. Walker and C. R. Lytle of St. Joseph, Mo., graduated on May 1st from the Ensworth Medical College at St. Joseph, Mo. Drs. Walker and Lytle have a successful practice in St. Joseph, and have taken the medical course in their spare moments. In a recent conversation, Dr. Walker proved that he is, if anything, more of an osteopath than ever. He is president of the Missouri State Association.

J. F. JANISCH

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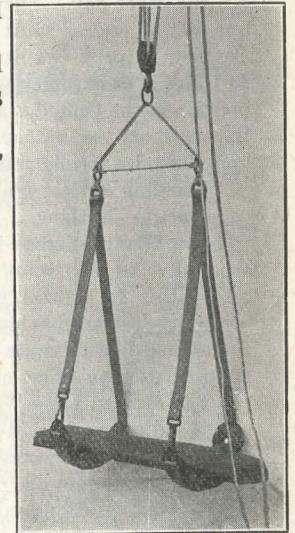
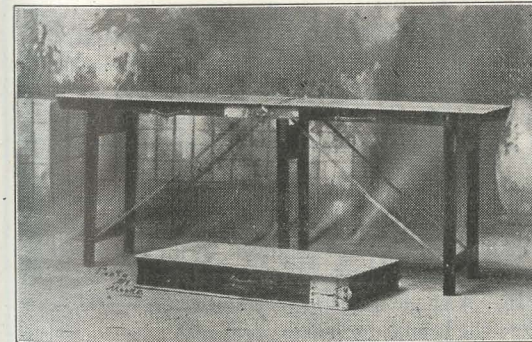
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One of the Lost Found—Dr. Beula Robinson, advertised for, is reported as Mrs. Beula C. Long, and living at Cripple Creek, Colo., retired from practice. Dr. Jane B. Robinson is at 924 Broadway, Denver. We would like also to know the address of Dr. Adelyn P. Miller.

Goes to Indiana—Dr. Geo. Still will give the address of the afternoon at the meeting of the Indiana Association May 6th, at Indianapolis.

Rusticates for a Year—Dr. James M. Kibler, who has property interests adjacent to Kirksville is looking after them and taking a vacation, which he says may last about a year. His address is Youngstown, Mo.

Disabled in Railroad Accident—Dr. S. Louisa Olmsted of Clinton, Ia., states that April 2nd Dr. H. J. Patten of Anamosa, was injured in a Northwestern Railroad accident at Cedar Rapids, Ia., sustaining an injury to his shoulder which has disabled him. He has been examined by the osteopaths of Clinton, Ia., and expects that the railroad company will settle without suit.

Will Speak in New York—Dr. M. E. Clark will speak in Rochester and Syracuse, N. Y., May 15th and 16th. On account of the distance, he was compelled to refuse an invitation to speak in California. Dr. Clark is giving evidence of having a good practice by riding in a new auto.

Returns From California Trip—Dr. G. P. Jones of Watertown, S. D., is again in his practice after a trip to California, where he went to return with his wife who has been visiting there.

An Ice Weight—Dr. H. M. Dawson of New Castle, Ind., sends in the following, copied from the Lookout:

A young couple out in Osbourne County became the proud parents of a little girl the other day. They wanted to weigh the youngster as soon as it was dressed, but had no scales. Just then the iceman came along and they borrowed his scales. To their surprise the little one weighed forty pounds.

Pleads Bankruptcy—Dr. Leslie M. Beaven, of Indianapolis, Ind., in April, filed petition in the United States Bankruptcy court. Since the total assets were less than the statutory exemption, the creditors received nothing. One of the cripples in the book business locally was a creditor who could ill afford to suffer.

Startling Advice—Patient—Doctor, what ought I to eat to increase my appetite?
Doctor—Nothing. —(The Circle.)

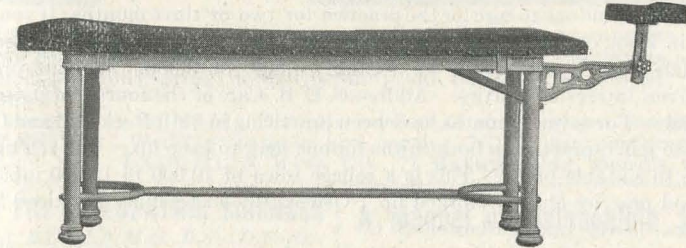
Fra Elbretus Talks—In the May Philistine occurs a very good talk on physis, etc., especially the fallacies of the appendicitis operation, which should be read by every osteopath. In another part though he detracts from it by saying, "vivisection is blood lust, screened behind the sacred name of science." We wonder how the genial Fra should like to trade places with the vicarious dog and serve as subject for the budding surgeon's first operation.

Sets Broken Leg—Washington dispatches are giving extensive notice to an osteopathic adjustment said to have been recently performed on Senator Money. According to the account, the senator during the war sustained an injury, which caused a luxation of one of the cervical vertebra, and recently being advised by Senator Foraker, he employed an osteopath. A single adjustment restored the vertebra to the position which it occupied before the injury, forty-five years ago.

BIRTH.

Born—To Mr. and Mrs. Edwin H. Haslam, on Easter Sunday, 1908, a son, John Edwin Haslam. Mrs. Haslam was formerly Dr. Isabel Mahaffay.

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For Sale or an Assistant Wanted—One-half or all of an old practice in Iowa. I might engage some one to care for the practice for two or three months. If you are not qualified in Iowa, don't answer. Address "IOWA," care of the Journal of Osteopathy.

For Sale—Good practice in an eastern village of 3,000. Woman preferred. Reason given interested parties. Address S. E. B. Care of the Journal of Osteopathy.

For Sale—For several months have been practicing in both Rock Hill and Chester. There is too much practice in both towns for one man to keep up. Will sell my Rock Hill office to suitable party. This is a college town of 10,000 to 12,000 inhabitants with a good practice already worked up. Osteopathy successfully practiced here for three years. T. C. Lucas, Chester, S. C.

For Sale—A good established practice in an Indiana town of 12,000. This is a thoroughly Americancy. Scarcely any foreigners. For further information write American City, Care of the Journal.

Wanted to Buy Practice—Would like to communicate with any one desiring to dispose of their practice or to take charge of practice with a chance of purchasing same later. Address "Columbia," care of the Journal of Osteopathy.

Wanted—By an A. S. O. graduate with several years experience an opening in the middle west. Address "Middle West," care of the Journal.

Rooms to Rent—During A. O. A. convention, Y. W. C. A. Home, first house east of Infirmary. Commodious rooms, electric light, bath and toilet. \$1.00 per day and up. Address Miss Fannie Carleton, Corresponding Secretary, 618 W. Jefferson St., Kirksville, Mo.

For Sale—Good osteopathic practice in city of over 10,000, with a large surrounding territory. Complete office outfit, best mission furniture one year old. Three large, well lighted, heated rooms, on main street. Practice runs about \$2,500 yearly. Good opening for an osteopath, no use for masseur. If you mean business, write. Wish to sell this summer, if possible. Address Dr. E. D. Jones, St. Cloud, Minn.

VISITORS.

Among those visiting the A. S. O. during the past month are: Drs. C. W. Barnes, 414 Chestnut St., Louisville, Ky.; Nellie Evans, Akron, O.; E. M. Cameron, Richmond, Mo.; Carrie Mabis, Atlanta, Mo.; J. C. Hancock, Marceline, Mo.; R. G. Crowley, Queen City, Mo., and Jas. M. Kibler, Youngstown, Mo.

* * *

MARRIAGES.

Married—At Louis, Okla., Mr. McCrary of Amarilla, Texas, to Dr. Lena Snedal of Louis, Okla.

Married—At Spokane, Wash., March 31st, Dr. Alfred E. Braden and Miss Edna Earl Houser. At home after May 1st at 209 Madison St., Walla Walla, Wash.

Married—At Bradford, Ontario Canada, April 21st, 1908, to Dr. Annie E. Bell to Dr. Wm. F. Hilliard, both graduates of the A. S. O. class, '07. At home Haileybury, Ontario, Canada.

Married—At Woodward, Okla., April 19th, Dr. Belle B. Shook to Rev. Charles Lee Canter.

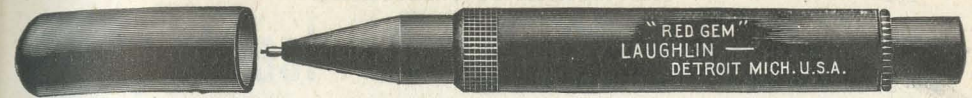
* * *

DEATHS.

Died—Mrs. W. A. Evans at Letts, Ind., April 20th, 1908, of sarcoma. Mrs. Evans was the mother of Dr. H. E. Thompson, South McAllister, Okla., and sister of Dr. E. R. Booth, Cincinnati, Ohio.

Died—At Albany, Mo., Daisy Nadine, daughter of Dr. and Mrs. C. A. Lane, age three years, four months.

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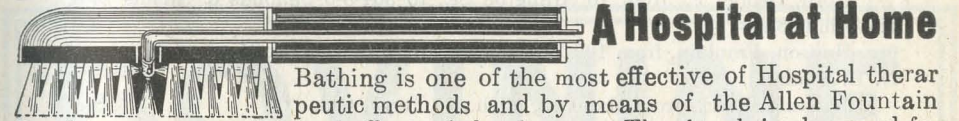
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It is also well known that if the liver or kidneys are affected the skin becomes clogged making it feel harder and smoother. A brush with water running thru it is even an improvement over an ordinary brush as it keeps the brush constantly rinsed also applying the hot or cold water directly to the part that is being bathed without the extra effort and time of stooping to dip the brush in water.

The water constantly running thru the brush also makes the bristles or fiber seem softer and more pliable to the skin.

Patients to whom I recommend the brush are agreeably surprised and physicians will find it a friend maker if they place them with their patients.

If you are not quite sure that it is a remarkably good thing try one yourself before placing any of them with patients.

Yours truly,
F. E. KERR, D. O.

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Bathroom Outfit:—Adds 100 per cent to enjoyment and efficiency of bath. Fountain Brush and Faucet Attachment. (Give diameter of faucet.) Four styles, Gem \$2.25, Niagara \$2.75, Superb \$3.50, Improved Superb \$4.25. Any outfit shipped on receipt of Price.

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Died—At Clarksburg, W. Va., May 1st, 1908, Dr. Julia L. Hart. Dr. Hart was a graduate of the A. S. O., class of '99.

* * *

REMOVALS AND LOCATIONS.

- Aaronson, P. Victor, from 150 Forsyth Bldg., to Rooms 314-315-316 Land Co. Bldg., Fresno, Calif.
 Beets, M. J., from St. Joseph, Mo., to 217½ Washington Ave., Wellington, Kans.
 Beitel, Walter Lewis, from Keith's Theatre Bldg., to 221-222 Land Title Bldg., Philadelphia, Pa.
 Burleigh, Edward D., from 800 Perry Bldg., to 904 The Flanders, Walnut & 15th Sts., Philadelphia, Pa.
 Clements, K. J., and Gertrude, from Waverly, N. Y., to Friendsville, Ky.
 Collicott, Retta, from York, Nebr., to J. R. Weaver residence, Red Lodge, Mont.
 Corbin, P. T., from Tecumseh, Nebr., to Anadarko, Okla.
 Dinsmoor, Drs. Silas and Laura B., from Louisville, Ky., to 625 Clyde St., Pittsburgh, Pa.
 Elmore, W. H. is located in the Lovelady Bldg., Elk City, Okla.
 Fisher, Charles S., from Merrill Bldg., to 1208 Majestic Bldg., Milwaukee, Wis.
 Goben, Columbus L., located in Monroe, La.
 Gray, E. M. & C. W., are located at No. 1 Hakes Ave., Hornell, N. Y.
 Harris, E. L., from Owensboro, Ky., to 602 Nat'l. Bank Bldg., Savannah, Ga.
 Herman, John C., from Daytona, Fla., to Summer address, Magnetic Springs, O.
 Horn, George F., from 76 Arlington St., to 504-5-6 Simonds & Adams Bldg., Haverhill, Mass.
 Hudson, Franklin, from 100 Princess St., to 12 Lansdowne Crescent Edinburgh, N. B. Scotland.
 Jameson, R. E., from Manistee, Mich., to Perry, Okla.
 Jelsma, H. P., from DeWitt, to Tecumseh, Nebr.
 Jones, J. W., from 319 N. Charles St., to Gaither Estate Bldg., 111 N. Charles St., Baltimore, Md.
 Leffler, Drs. W. H. & Josephine, from Herkimer to Utica, N. Y.
 Liffing, Louis A. and Edward A., The Nasby, 642 Nicolas Bldg., Toledo, Ohio.
 McFaddon, J. Clinton, from 933 E. Alden St., Walla Walla, to 4144 14th Ave., N. E., Seattle, Wash.
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 Phillips, Harry, from 445 S. West Temple to 502-5 Atlas Block, West Second South St., Salt Lake, Utah.
 Randel, Delia B., from Jackson, Miss., to Canton, Miss.
 Reid, Geo. W., and Eva G., from 1 Chatham St., to 411-13 Slater Bldg., Worcester, Mass.
 Smith, J. G., from North Bend to Blair, Nebr.
 Spencer, B. M., from Marion, Ill., to 425 Dover St., Chippewa Falls, Wis.
 Spangenberg, Carolyn has located in Silver City, N. M., as assistant to Dr. J. O. Schwentker.
 Young, Alfred Wheelock, from 42 Auditorium Bldg., to 702-4 Champlain Bldg., State & Madison Sts., Chicago, Ill.
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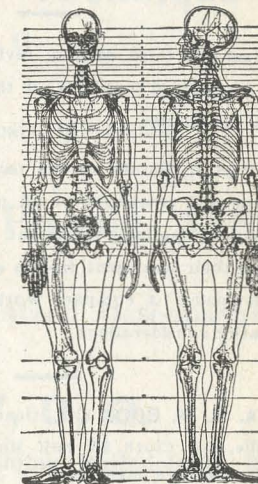
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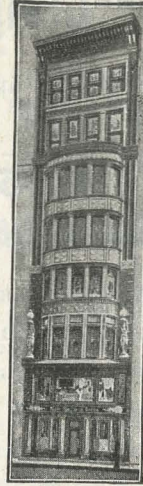
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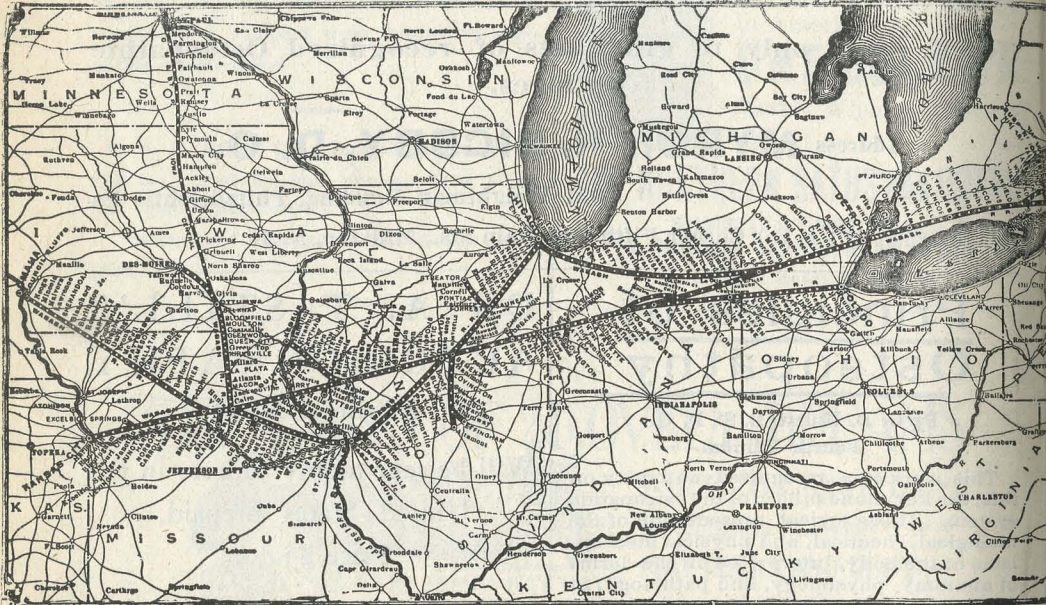
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NEWS NOTES.

Opens Branch Office—Dr. Fred N. Steen, author of one of the research articles in this month's issue, has opened a branch office at Mill Valley, Calif.

Takes Charge of Practice—Dr. Georgiana B. Smith of Webb City, Mo., has gone to Winfield, Kans., where she is in charge of the practice of Dr. T. J. Floyd of that city, who is ill.

Returns From Long Vacation—Dr. C. G. E. Sieburg has returned to Menominee, Mich., where he practices in connection with his offices in Marinette, Wis. Dr. Sieburg, spent the winter and spring in the south and southwest.

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Waseca Looks Good to Him—Dr. J. O. Smith had contemplated opening offices in Minneapolis, but the people of his old town rose up in arms and he decided to stay.

No Longer in Active Practice—Dr. Annie W. Hannah of St. Louis, Mo., writes that she is not in practice and does not intend to be for sometime. She states that she has recently lost her only sister, who had for some time been an invalid.

The 1909 Osteoblast—The third volume of the Osteoblast will be issued September 15th, 1908. We shall be pleased to mail a copy of this book on receipt of \$2.50. For all correspondence, address N. D. Wilson, subscription manager, Kirksville, Mo.

Prefers Colorado to Mexico—Dr. Caroline Spangenberg writes that she didn't like New Mexico so has located in Trinidad, Colo. She states that she had the best of health since she has left for the west.

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Lectures on Osteopathy—May 8th Dr. Nettie Olds Haight gave at San Pedro, Calif., the first of a series of lectures on Osteopathy.

Dr. Smith in Chicago—Dr. William Smith lectured for the Chicago Osteopathic Association in the Y. M. C. A. Auditorium, the evening of May 16th. A large audience was present to enjoy the lecture.

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Takes to the Hills—Dr. Clifford S. Klein, formerly of Dallas, Texas, has located in Colorado Springs, Colo., which he calls the City of Sunshine.

Buys a Practice—Dr. G. W. Van Halteren bought the practice of Dr. Alice Marshall of El Reno, Okla., and is now located in the city.

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