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JOURNAL OF OSTEOPATHY.

VOL. VI.

KIRKSVILLE, MISSOURI, MARCH 1900.

NO. 10.

DR. A. T. STILL'S DEPARTMENT.

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BEFORE handing to you your diplomas, which you have earned by faithful and hard study, having passed satisfactory examinations in all branches:—It has been ordered by the trustees of the A. S. O. who have been constituted and legally authorized by the state of Missouri to issue certificates of qualification to all who shall have passed such examination. Such certificates are usually called diplomas.

All diplomas have local and significant values. Local because they cannot extend beyond the jurisdiction of the grantor. Instance: A diploma granted in the state of Missouri has no power to go beyond the boundary of said state. But by courtesy and the rules of reciprocity a diploma issued in the state of Missouri may be respected in the State of Illinois and other states of this Union. A commission or diploma issued by the U. S. government is only good within its jurisdiction.

By many who are ignorant and jealous of this system you will be advised that you should attend some medical college for the purpose of learning the use of drugs. When such advice is given, remember you have passed a rigid examination in all branches taught in medical colleges, as is shown on the face of your diplomas. No doubt your qualifications have made you competent to teach 75 per cent of all such persons for twelve months. I would advise you to examine them and if you find them professional blanks close the conversation and pass on.

Osteopathy has no use for drugs as remedies, but a great use for chemistry when dealing with poisons and antidotes. It recognizes and has a useful place for surgery, in both of which you have been well informed.

I will now draw your attention to the significant value of the diploma. If you have any power of reason you must know, and I will say you do know, that only by comparison can we arrive at an absolute knowledge of the difference in value of all things.

In speaking of the significant value and the comparative difference and moral force existing between two diplomas, one from a long and well established institution of learning that has the wealth to furnish all things necessary to a finished education, which school has been very careful in

selecting experienced persons to fill the chairs in all departments, and the graduates who have completed their full course in all the branches necessary to that profession, be it law, medicine, sculpture, or any of the skilled arts, and whose graduates have gone forth into the world and proven by their work that such school or schools had the ability to give the necessary and useful information. Now in order to compare we will take a diploma from a school whose character has not been established, would you not arrive at the conclusion by comparison that there was a difference in the significant value between the two documents?

With due respect for all others we will take one from the world renowned medical university of Edinburgh, Scotland, whose thoroughness in all branches, is to-day established beyond doubt or inquiry. Wouldn't your judgment say, give me my diploma from an old established institution.

This comparison has been between old and established medical institutions for the purpose of bringing before your minds a foundation upon which you can decide whether you want established merit or prospective merit. As the American School of Osteopathy is the oldest and best prepared to teach the principles of Osteopathy, I believe that your diplomas will best sustain you in any part of the world. Because it has been as carefully guarded as any mother has ever guarded and cared for her children, morally, intellectually and justly, for one purpose only, which was to unfold the principles whereby life and health could be sustained by natural law, which requires no assistance but rest and nourishment, when all parts of the human system are in their natural position.

On this foundation Osteopathy has stood for twenty years, and successfully combatted disease of all kinds, without the aid of drugs. To the intellectually strong; the principles of Osteopathy will crown you with success, provided you adhere to them, while the wavering man will fall by the wayside.

REMARKS ON DISLOCATIONS.

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1.—On the definition:

The general conception of the term, "dislocation," is at variance with that held by the Osteopath, for the reason that he includes in his classification those slighter variations in the anatomical relation of the parts of the osseous structure.

While the derivation of the word permits its use, to define any abnormal condition of a joint, in which there is a change in the anatomical relation of the osseous parts, not necessarily attended by deformity, or immobility, it must not be forgotten that this is not the definition established by general usage of the term. Further, we cannot carelessly disregard a definition, be it established either by general usage or warranted interpretation, so doing, we but aid the chance of propagating error, which later may demand an explanation.

The term as scientifically defined, and as it is generally understood, universally implies:

(1) Deformity, usually caused by disarticulation, there being a decided alteration in the form of the joint.

(2) Loss of proper motion of the joint:—which is frequently rendered stiff and motionless. Let this interpretation be accepted also by the Osteopath, thus eliminating one factor that may be the source of error, and prevent very often, a misconception of our diagnosis.

It is unfortunate that we do not bring into scientific, as well as popular use, some word, that will accurately convey that essentially Osteopathic idea and definition, to which we attach such signal importance, namely, a word that will define, the existence of slight variations in the relation of anatomical structures.

If the patient demands an explanation of the cause of his symptoms, and in the large majority of cases he does. To say, to the patient, for example, "Your axis is dislocated," will hardly be the diagnosis you may wish an analytical friend (?) to get hold of, much less substantiate.

"There is a "slip" here at the axis," also has decided objections, just as evident.

There is a "lesion" at the axis, means little but is very often quite sufficient.

To enter into an exact technical description of the condition, is without doubt the best procedure. But we must not expect the patient to memorize the diagnosis when thus made, if verbally given; follow the advice of Gowers. "——— the best plan is to give them a descriptive designation

and *to write it down*, that there may be no mistake, or it will come back to you some day in altered form, so changed, that you do not recognize your own production."

The descriptive designation need not necessarily be short, although often it can be.

This advice applies to all forms of diagnosis, especially so, if the condition is such, that a misunderstanding may easily prevail.

2.—On the Diagnosis:

It may be said in advance that we do not claim for the methods of Osteopathic diagnosis, especially in detecting these slight variations in the anatomical structures above referred to, greater superiority than is their due. It is largely a result of training the sense of touch, this training and consequent development is imperative, hence, the uniqueness of the method lies in the fact, that it is the universal observance of rules, best adapted to detect anatomical variations, an observance which is made possible, by virtue of a special training. The significance which we attach to these abnormal relations of either the bones, ligaments, muscles, etc., is also characteristic of Osteopathy. The constant tendency of the methods of Osteopathic diagnosis, and we might add, treatment, is to cultivate the sense of touch, most highly; that it is possible to do this no one will, I fancy, contradict. Granting then, that Osteopathic practitioners do possess this attribute, as well as a profound knowledge of anatomy, is it surprising that they discover that, which must of necessity,—rather want of training—be overlooked by other examiners, unless they too, see fit to pay just as much attention, and appreciate just as fully, as we do, "the power," of such precise methods, and the advantages of this special training?

To Sir William Jenner is accredited this aphorism: "Gentlemen, more mistakes are made, many more, by not looking than by not knowing."

No class of physicians are more thoroughly observant of this advice than the Osteopath, and if altered to "More mistakes, many more are made by not looking, AND BY NOT FEELING, than by not knowing," it would include still another precaution, so closely regarded in his diagnosis.

3.—On The Treatment:

It is not the intention of this paper to describe the manipulations most applicable to the treatment of those slight skeletal variations which cause functional or organic morbid processes by disturbing the equilibrium existing between the nerve or blood supply, and tissues, which they supply; such a description would involve the consideration of all those fundamental ideas underlying Osteopathic therapeutics; this department has already received some valuable contributions from many of our able practitioners.

It is rather my object to call your attention to the fact that Osteopathic treatment modifies in many very important details the accepted theories and practices of surgery; in the treatment of deformities, apparent, real and

old dislocations, I wish to say in advance, that I will do this much more briefly, than the importance of these subjects warrant, hoping that others will take them up more in detail later.

The principal modifications are:

First.—To disregard the teachings, as to the time limit, in the treatment and setting of dislocations.

Second.—To discard the use of anesthetics.

Third.—To use the Rest treatment—(Hilton's)—only with decided limitations; That no attempt at reducing a dislocated hip should be made after eight weeks of displacement, and the shoulder not after three months, is no longer considered as a necessary limitation to the treatment, although it cannot be said that the advice is entirely ignored, by other schools of practice. Use of anaesthetics, and surgical intervention have made possible the reduction of many dislocations, that would have otherwise, not been subjected to any treatment.

Forcible reduction with patient anaesthetized has been successful in many authenticated cases, but the danger, of lacerating nerves, and rupturing arteries, setting up inflammations, is underestimated. The risk is assumed by the patient, and the outcome of the treatment is often, so very unfavorable, that the modification without risk, without a great deal of pain, offered by Osteopathic treatment, very much to be preferred.

A ruptured artery, we grant, may be found, and a ligature applied, but this is not always possible, before serious hemorrhage has taken place, although, as claimed; "it is simple operation." As to the chances of injuring the nerves it is sufficient to say, that the literature on the subject offers too many cases of serious damages, to require further comment, such as partial or total paralysis of the limb, etc.

The modification of the "rest treatment" applies more particularly to the treatment of those dislocations, either apparent or real following, tuberculous disease or other pathological conditions of the joints.

Rest, undoubtedly forms an important part of the treatment of joint disease, but to prescribe it, without a full consideration of its limitations brings to us later, many cases of dislocation, for which very little can be done.

In the acute stages of an inflammation, rest is especially indicated, but not exclusively; experience teaches, that cases are rare that are not markedly benefited by occasional osteopathic treatments. In the acute stages of an inflamed joint, treatments are given at longer intervals; such treatments will liberate a quantity of lymph, this lymph is necessary to the physiological process of repair, it aids nature in disposing of pathological accumulations, aids in the formation of granulation tissue, this lymph must have some time to coagulate, before it begins the reconstruction of new tissue, but you cannot overcome the pathological processes in one treatment, you cannot treat them vigorously, the best plan is to give your treat-

ment, bandage the joint tightly, this will reduce the swelling, and serous effusions, and give to the joint a great deal of rest, by supporting it. As soon as the swelling is reduced, which is easily noted, as the bandages will become loose, give another treatment, and again apply bandages, by this method you can have your patient walking about in one-third the time. Hence the conclusion, in acute inflammations of joints, rest is indicated, but not to the exclusion of all Osteopathic intervention.

In chronic inflammations, when the tissues surrounding the joint are cold, white, swollen, comparatively free from pain, when if abscesses be present, the discharges are profuse, thin, almost watery, *rest is never an indication*, in fact should be absolutely discountenanced. Remove the obstructions to the circulation of the blood, to the free passage of nervous control. The condition is an indolent one that requires active treatment, at least every third day, neglecting these cases, which treatment by rest practically amounts to, is what prolongs the disease, which especially in tuberculous lesions, almost always ends by destruction of the joint. When the abscesses heal,—they may, after a lapse of considerable time—the joint is so altered, in the osseous parts, so bound down by adhesions that all hope of ever restoring the normal must be abandoned.

In chronic joint disease, the Osteopaths deem it advisable to begin active treatment at once, and to make such treatments as stimulatory as possible in effect, the results of which are—

Restoration of circulation of the blood, and of nervous control, thus aiding the resolution of ulcers and abscesses.

Prevents adhesions.

Prevents muscular contractions.

In the case of dislocations the tendency of the treatment is to gradually approximate the head of the bone and its articular cavity, which finally makes the reduction of the dislocation, an easy matter. In this connection it may be said that violent extension is to be avoided; flexion movements serve our purpose best.

Many of the apparent dislocations of the hip are due to the fact that there is a change in the angle between the head and shaft of the bone, or if in the arm or leg to the shortening of the long bones, in a great number of cases you will, by careful measurement, note that in cases of tuberculous shoulder or hip joint, the shortening is respectively in the radius and ulnar or fibula and tibia.

In these cases you cannot restore the normal condition of the limb; but you can very often overcome contractions of the muscles, which make the limb shorter than the decrease in the length of the bones accounts for. Many of the adhesions can also be broken down, but the greatest relief follows the improvement in the circulation of the blood around the joint, thus invariably dissipating the excessive sensitiveness to which such joints are subject.

From the above it can be noted that the Osteopath demands a better prognosis than the mere healing of abscesses, adhesions, ankylosis of the joint in *any position* that the contracting muscles may pull it, atrophy of the limb, death of the patient at the maximum age of fifty years.

On the Prognosis.

The best guide to prognosis in the treatment of dislocations, and joint diseases causing them,—I have included in this article for the simple reason that they so often cause the dislocations with which we have to contend—are the teachings of Dr. A. T. Still, which I do not recall ever seeing recorded by him.

First—The articular cavity is never an obstacle to the return of the bone, unless the cavity has been subjected to direct violence.

Second—That unless the socket has been subjected to direct violence, it does not become obliterated, and the violence is unusual indeed, if the capsule is completely filled with inflammatory deposits.

Third—If the head of the bone is altered in shape, this does not prevent its being replaced, in its normal position.

In addition to the clinical experience, there is considerable literature which go to prove these points. Brodhurst has found the cotyloid cavity retaining its normal depth, size and shape, after the femur has been dislocated for three years.

Fournier has placed a dissection on record, in which the acetabulum retained its form, depth, and cartilage after the femur had been dislocated *thirteen* years. These instances are quoted from actual hospital reports and can be relied upon, and are sufficient to confirm the above statements, but after seeing a large number of old dislocations set, it really requires no other confirmatory evidence on this score.

Osteopathy certainly traces as much of its early recognition to the improvement made in the recognized methods of treating dislocations and joint disease as to any other one cause, and clinical evidence is the justification for the claim that the methods of Osteopathy are a very decided advancement in the treatment of these conditions.

ELEMENTS IN THE GROWTH OF OSTEOPATHY,

C. W. PROCTOR, PH. D., D. O.

IT is frequently stated that the growth of Osteopathy is without a parallel in history. This fact suggests an inquiry into the causes. What are the elements which have contributed to the rapid spread of information and the remarkable increase in the number of followers of the new science?

"It cures people" suggests one. This after all is the pith of the whole matter; and yet, there are so-called remarkable cures exploited by every system. And there are "fads," which spread rapidly, with little foundation, and die away as quickly. They do not cure, yet have a mushroom growth.

The growth of Osteopathy has been different from that of the "fads." It has received legal recognition in several states, and is continually gaining favor in legislative circles. It is receiving many favorable legal decisions. No "fad" will stand the searching investigations of judges, juries and legislative committees. Pretensions, unsupported by facts, soon collapse when subjected to a searching cross examination. Even the medical profession no longer ignores the claims of the new science. At first they claimed that there was nothing in it. Then they tried to legislate it out of existence. Now one of the State Medical Boards advises the legislature that it is a good thing, but should be used only by medical men.

The rapid recognition has been made easy by the simplicity of the fundamental ideas of the system. The practice of medicine has been largely empirical. It has been a constant trying something new. There seems to the average mind to be no good reason why an elaborate poison in the bark of an obscure tree in the middle of Africa, should be a cure for a disease which may exist in a continent far removed. Either an intelligent creator or a theory of evolution would render a logical connection difficult to be established. It is much more reasonable to suppose that the forces and agencies within the body were designed to overcome the diseases of its delicate tissues and organs. There is reasonableness in the idea which the person of intelligence can at once perceive. Or, if one be not a believer in the purpose of a creator, where would be evolved the power to combat disease? It is not only reasonable to the uneducated to expect nature's healing agencies, to be within the human body itself, but the more extensive the knowledge of the wonderful laboratory, the more remarkable do the elaborate provisions appear. When once the body has struggled with measles, scarlet fever or small-pox, it provides against a second attack. If the organs are active and supplied with vital force, fever is almost helpless to wage war against human life. The idea of increasing nature's power to resist and overcome disease by directing it toward the weakened places; is so

simple of comprehension that every one can understand what it means, and how reasonably it may succeed.

In the third place it succeeds because people had become skeptical about the value of much medication. Not only had professors in medical schools sounded a warning, but the people far removed from the influence of university or college had begun to doubt the efficacy of calomel, aconite, belladonna and a score of other poisons with which they were being drugged. To say that these are epoch making days in the history of medicine are not empty words. No such revolution against drugs has ever begun since the early days of empiricism. We are accustomed to speak of the revolutions wrought by steam and electricity in the material world, but in the opinion of the writer these have not been more complete than the changes to be wrought in the use of the powerful drugs, so long used in sickness. Another generation will speak of the common use of these drugs in sickness, as we to-day speak of blood letting which was so common fifty years ago. The world is ripe for such a change. Doctors have given medicine because they thought that the people demanded medicine or would pay no fees. Doctors will stop giving medicine because the people will demand that they stop. Osteopathy has been the proof which is convincing people everywhere, that they do not need what they have long wished to be rid of.

In the fourth place the course pursued by Dr. Still has been a wise one. When all the pressure of friends was brought to bear upon him, he refused to compromise with medicine. Almost every advocate of Osteopathy once thought there was much of value in it, but that it was necessary to have medicine with it. Dr. Still has convinced us all that it was the part of wisdom to make no compromise. No one can now claim that medicine has cured our patients. The science stands upon its merits. It has won its victories single handed. Those claiming to be its friends and who have found it necessary to combine it with medicine have been the losers. If Dr. Still had yielded to the opinions of others and combined medicine with the treatment, its possibilities would never have been discovered. Research would have paused on the threshold and the world would have been left, we know not how long, in ignorance of the possibilities of a more rational treatment.

And Osteopathy has been fortunate in her friends. Her friends, won in the days of adversity, have been loyal friends. Some persons benefited by the treatment have been ungrateful enough to deny its value, but the weight of testimony has been so overwhelmingly in its favor that it has been heralded from ocean to ocean and from beyond the lakes on the north to the farthest borders of our country on the south. The islands of the sea have heard of the new system. And while the old world is slow to accept ideas from the new, it is not too much to expect that ere many years it will win its way the wide world around.

CONSTIPATION,

M. E. CLARK, D. O.

ONE of our graduates came to us the other day and said, "I would give you \$100 if I could cure a case of constipation which I am treating." Having made some special study along this line, we thought a few remarks upon this subject, although it is apparently threadbare, would be appropriate.

In our class work we aim to emphasize these things, (1) first locate the disturbed organ, (2) discover, if possible, the function of the part, (3) locate the cause of disturbance, that is, find the anatomical lesion. We noticed an article in a recent edition of a medical journal in which the writer asked this question: "I should like to know what bone is displaced to produce typhoid fever, smallpox, scarletina, measles, whooping cough, etc." We mention this to inform our brother who seems to be laboring in the dark, that at some future time we will attempt to explain to him "how such things can be" although we would not do it from a "bone" standpoint, even if our science is called Osteopathy.

But returning to our subject, we consider constipation like diarrhoea a condition confined in most cases to the large intestine although in a few cases the trouble may begin higher.

The colon is a sacculated tube about five feet in length, extending from the ileum to the anus. It is largest at cecum and gradually gets smaller as far as the rectum where it dilates and forms a pouch-like receptacle and in this descending part of the colon we find the trouble most frequently. The curves, that exist in the lower part of the colon make it more difficult for the passage of the feces especially if the loaded colon is bent upon itself or the part weakened by deranged innervation.

The extrinsic nerves supplying the large bowel according to Langley and Anderson, are from two sources—first from the lumbar spinal nerves, second to fifth, the fibres passing through the sympathetic ganglia and the inferior mesenteric plexus; second, through the sacral nerves, the passing through the nervus erigens and the hypogastric plexus.

Other observers state that the sympathetic fibres to the large intestine and rectum arise in the four lower lumbar and the three upper sacral nerves.

There is also a connection with the higher brain centers since certain psychical states are proven to have some effect on the peristalsis.

This nervous connection through the lumbar region is important since we control, to a large extent, the bowels, by our treatment in this region, and we call your attention to this because through these nerves we treat constipation.

The function of the large intestine is principally that of absorption.

The contents, when passed through the ilio-cecal valve, is in a fluid state with particles of undigested food. The watery parts are absorbed and the waste matter slowly passed onward by the peristaltic action. If peristalsis is increased to any great extent, the contents are forced through with little or no absorption and we have resulting the condition called diarrhoea. If on the other hand there is a decrease of peristaltic action, constipation results. Then to discover the cause of peristalsis, upon what it depended, etc., would be to discover the cause of diarrhoea and constipation, for the one condition is the extreme of the other.

Another function of the colon, upon which we lay great emphasis, is that of secretion. There is an intestinal juice called "succus entericus" which is secreted by the glands in the mucous membrane of the bowels.

Peristalsis depends upon some stimulus acting upon the sensory nerves of the lining membrane of the intestine. The presence of food, if there is a normal condition existing, is equally a sufficient stimulus. If the sensory filaments have been dulled by lessened blood supply it requires a stronger stimulus to excite them, just as soon as there is a lessened blood flow to the intestinal mucous membrane there is lessened secretion, lessened peristalsis.

If there is a catarrhal inflammation, the result of a cold, there is increased peristalsis because there is an increase of blood flow hence an increase of secretion. In typhoid fever there is usually a diarrhoea after the inflammation begins, because there is hypersecretion. The drinking of ice water when the body is in a heated condition, will sometimes bring on cholera morbus. Why? Because there is a congestion produced, inflammation resulting and followed by hypersecretion of mucus. It is a well known fact that when there is an increased blood flow to a gland there is increased secretions and vice versa. In constipation there is a diminished blood flow to the glands of the intestine, hence a diminished secretion.

Certain foods act as stimuli to the secretion of the intestines. Foods that have a great deal of residue are prescribed because the husks and the other indigestible portions act as irritants. Medicines are given for a similar purpose. Unless there is a proper blood supply they cease to act after awhile, since the irritability of the sensory nerves depend on their blood supply. The treatment indicated in such cases is to control the blood supply to the part, thereby supplying life to the sensory nerves, thereby increasing secretion which is necessary to normal peristalsis.

In almost every case of chronic constipation that we have examined within the last six months, we have found a condition that was constant in a large percentage of the patients, viz.: a smooth condition of the spinous processes of the lumbar vertebrae or what is generally designated as a "smooth spine." There are various theories as regards the cause of this condition, one of which is that it is regarded as a result of a previous inflamed condition which caused a thickened condition of the ligaments and almost complete obliteration of the spaces between the spinous processes resulting.

This smooth or thickened condition affects the nerves to the large intestine. As stated before the innervation to the large intestine comes from the lumbar and sacral region. These nerves control the blood supply and as we said before blood supply controls secretion. By taking clinical cases and finding similar lesions producing similar results we reason that this condition affects the function of the colon in the way above stated.

Constipation like diarrhoea, is a vaso-motor and secretory disturbance. The well known treatment for diarrhoea is to use inhibition in the lumbar region. What is the object? To relax the muscles which are producing tension on the lumbar vertebrae and nerves. If we treat diarrhoea in the lumbar region, why not treat constipation there also? The same part of the intestinal tract is affected only in a different way.

By collecting statistics as to the cause, or rather the location of the cause, of both diarrhoea and constipation, we find that the cause in both diseases is in the same region but of a different character. In a few cases we have found constipation due to other causes, that is other than the lesions in the lumbar region affecting the innervation, such as liver trouble, etc.

There is another point we wish to mention in regard to constipation, namely, the relation of the axillary lymphatic glands to constipation, that is, in regard to the treatment.

Since the adoption of the suspensory method of treating constipation we have had quicker results and we attribute it in part to the stimulation of the axillary lymphatic glands. By this stimulation there is an increased flow of lymph and in connection with the lumbar treatment we get an increased flow to the intestines. As we have said before, since a fluid condition is requisite to increased peristalsis, this certainly would increase its motion.

The treatment applied to the lumbar region is one intended to "break up" the spine. There is a lethargic condition to overcome. There is lowered vitality, too little nerve force is sent to the intestines and this treatment is intended to stimulate more nerve force and remove obstructions to its free passage.

We have kept a record of quite a number of cases treated in this manner and with one exception we had but little trouble in relieving the condition. We experimented on a young man whose bowels were normal. One treatment produced a mild diarrhoea. Three weeks later a second treatment was given with a similar result and it was repeated a third time with a result like the preceding. We took a second case and treated him in a similar way with results very much like the first.

We have given these few thoughts along this line because we have never seen them advocated before and perhaps they will be of aid to others. We do not claim to cure all forms by this *modus operandi* but a large majority of cases yield. It will not apply to impactions or anything causing obstruction, a contracted sphincter or those due to poisons.

In summary we will state (1) constipation is a disease usually resulting from vaso-motor or secretory disturbances. (2) Peristalsis depends upon the succus entericus, (3) and since this secretion depends on blood supply, we look for the (4) lesion or disturbance to be in the lumbar region in a large majority of cases, thereby causing direct interference with the intestinal innervation.

SHOULD OSTEOPATHISTS BROADEN THEIR VIEWS.

H. E. BAILEY, D. O., CENTURY BUILDING, ST. LOUIS, MO.

ARE we to be skilled machinists alone? A physician should not only know and be skilled in what to do, but should be able and skilled in how to direct what not to do. In other words, Osteopathy is broadening into a wonderful field as the people are becoming cognizant of its great and true worth. Now and then, and coming more often now the D. O. is employed as the regular family physician. You or I dare not say to those "I am too much employed to wait on this or that complaint or emergency call to members of such family."

You say, well I will lose money by going out to see that case. Well, suppose you will. Look upon the patient's side a minute. He probably, and it very often is the case, lost his family physician when he employed you, Mr. Osteopath, to treat that chronic ailment and too, he possibly lost some business in gaining the former physician's displeasure. Ninety-nine cases out of every hundred, when once Osteopathy is tried through the skill of a competent and regularly made D. O., that family never resorts to indiscriminate drugging again.

I say this family has some claim upon us as physicians that should be recognized. It was their help that made us financially, and their influence socially as well. Nothing but base ingratitude will keep any D. O. from becoming a family physician and broadening his views and be as much to his patronage as a pastor is to his flock. It is your duty to offer them counsel as to health, culture, hygienic laws and many prophylactic measures which they your patients and friends ought to know.

"The human body is a machine." Is there a graduate of the A. S. O., who failed to get that lecture? It is also an infinitely complex, exquisitely delicate piece of mechanism. The harmonious workings of it is health—mal-adjustment, and derangement is disease—the stoppage of that harmonious whole is death. That result may be brought about not only by traumatic lesions, but may be by violating the implacable rules and immutable laws governing that body as well as the whole universe—to obey which means health and to disobey means disaster, disease, pain and if persisted in, finally death.

As one of the practitioners in the field who has had considerable experience in various walks of life and in the study of human nature both well and unwell, I believe it pays and is right to instill into your patients the idea of seeing an Osteopathist after any trying ordeal or mishap that may lessen the vitality of that machine—the body.

The Osteopathist of the future will be not only a "lesion finder," but a physician in every sense of the word. He will teach the rising generation of the twentieth century that if they desire health and strength they must abandon unhygienic habits.

Worry—that thing called by a late writer "the epidemic of today" must be overcome—stimulants and self-indulgence, over-feeding and last of all over-work, must be things to be let alone by the living present. Many and many a time I have directed a pale faced maiden, who on the verge of collapse at the crooking of a finger, suffering from mal-nutrition and having all kinds of worry, to slip out when she felt her "spells of queerness" coming on. Go out doors and whistle, hunt a hen's nest or go a fishing. She missed the fretting and irritation of the home folks "nagging" her being a baby, and in the place she got plenty of oxygen from the fresh air, amusement and a change and her nerves a rest. Worry kills because it devitalizes the body and debility is the play ground of all kinds of germs.

Only last Sunday from the pulpit I heard a minister say it was a sin to be sick. A something the people should be ashamed of, and that the invalid or somebody else was to blame. Was the "man of God" right? Either the sick one, his progenitors or the physician is responsible. Why? Because self-indulgences, unhygienic care, or carelessness on the part of the invalid, his kinsfolk before him or the family physician for not instructing him in prophylactic measures are responsible for two thirds of chronic ailments today. Nearly half of the deaths now in this great christian land are suicides! Not by the leaden ball, not by the keen edged knife or the deadly poison. There are other ways. Every thinking man stands aghast at the horrors of so many suicides recorded in our metropolitan press, but how about the dissipation, the late and uncertain hours, the fast living of the average American, which is just as surely devitalizing the body and making it a fit field, play ground and breeding plantation for bacilli and germs of every nation, instead of a suitable habitation and tabernacle for the indwelling of the soul.

Who can say less than some one is responsible for that shortened life. In Biblical times it was a rare thing for one to die under four score years, while Methuselah lived to be nine hundred and sixty-nine years old.

The average mortality before the flood was at the age of eight hundred and forty-seven and a half years. Abraham when he was sent into the land of Egypt with his wife Sarah, whose age was sixty years, hesitated for fear they would kill him and take his wife. In his own language as he

expressed it to her was "Behold now, I know that thou art a fair woman to look upon," and so beautiful was she at that age that sure enough Abraham's misgivings were none other than well founded, for in the parlance of the youngsters of today, Pharoah, the King, got "stuck on her" and took her from poor old Abraham. Just think of it, a woman of 60 being so pretty that all the men fall in love with her. Today the average age of mortality is 34 years. Dying just mere children. This is appalling.

By proper living, proper diet and consulting an Osteopath every time an accident befalls you and seeking his advice on how to live right, and abhor patent medicines and promiscuous drugging of the body as you would the poison of a viper or a rattle snake, when the body needs something done to it instead of something put into it, we as broad minded physicians, should see in our own time that the age of death will raise several degrees.

SOME FACTS ABOUT OURSELVES.

W. E. GREEN, D. O., GLENS FALLS, N. Y.

IT IS rarely realized what a queer combination of things exist in the human body. The sacred scriptures say, "dust thou art and to dust thou shalt return." At the same time this wonderful machine that walks, eats, thinks, talks, laughs, cries, and fights, consists of a very few simple elements and although we get our building material from a wonderful variety of substances gathered from the four corners of the earth, in the form of meats, fruits, vegetables and condiments. Solid as our body is it is made up of gases. The five familiar gases—oxygen, hydrogen, nitrogen, chlorine, fluorine, and the following known solids, carbon, phosphorus and lime constitute all but a small fraction of our whole bulk. To build a 150 pound man, only fourteen elements altogether, are used. There is enough gas in a man to fill a gasometer of about 4000 cubic feet (we sometimes think there is more than this in some men), nine of these elements are solids, found in almost any handful of clay you might pick up at random. It consists of carbon, calcium, phosphorus, iron, sulphur, sodium, potassium, silicon and magnesium. The most important element in flesh and bone is oxygen.

The bulk of that energetic gas which remains tranquilly within us is something wonderful. In a 150 lb. man the weight of oxygen is about 106 lbs. In volume it would be equal to a beam of wood 1 ft. square and 1200 long, about one fourth mile, measured by the gallon it would be about 7000 gallons. While oxygen, hydrogen and carbon cannot live alone, nitrogen will not live in company if it can avoid it. From this arises not only the action of the brain and strength of muscles, but the force of explosives. When it does enter into union with other things nitrogen becomes the most dangerous explosive in the world. Take chloride of nitrogen, the most explosive

agent in the world, it will go off in the sun or the weight of a fly. In the human body it is the breaking down of nitrogen compounds which actually constitutes life. Nothing can be alive without nitrogen, itself the type of death.

There are about 20 lbs of carbon in man, enough to make about 10000 lead pencils. It is undoubtedly the fuel of the body which both keeps us warm and gives us energy to move, although the above elements are essential. The erect posture of which we are so proud of is due to the few pounds of calcium and phosphorus in our body. Without these we would have no arms, legs, skull or teeth. We should have to crawl like a worm. Phosphorus is very poisonous but the body can contain a quantity of it without injury. There is enough of it scattered throughout the body to kill off a whole village or to supply it with all the matches it required.

Phosphorus with calcium and oxygen gives the bones their rigidity. The amount of other elements are very small but essential. The quantities of elements in different individuals are by no means the same, nor are they always from day to day the same in any one individual. But we need all the elements, without any one of them the machine would come to a stop. Take iron, for instance, without this element the blood could not carry oxygen from the lungs to the extreme parts of the system.

There is only about one tenth of an ounce of iron in the blood of the whole body, about enough to make four tacks, but take it away and the machine would collapse. But the part these difficult elements take in the process of life would take too long to take them up separately and explain them in detail, besides I would not be equal to the occasion, but we will take water as one. It is the most important compound of all, or the most abundant, consisting of hydrogen two parts and oxygen one part. There are about 95 lbs. of water in a 150 lb. man, it has a large number of uses. The greater part of bone and fat is what might be called lifeless tissue. The substance that makes the body alive is protoplasm, which forms the chief bulk of muscles, brain, nerve, lungs, heart, etc. Protoplasm exists in the shape of millions of minute globules, set side by side and more or less welded together, but these could no more live out of water than a fish could, so that wherever in the body protoplasm is and it is almost everywhere—it is submerged in water. Nothing in the body could be done in the body without water, it dissolves the food, carries the blood corpuscles, moistens the living membranes of the mouth, nose and throat, and all the inside of the body, forms a cushion around the heart, lungs and organs of the abdomen, cools it by evaporation as by sweat.

In salt—experiment shows that if salt be withheld from an animal it will die—yet there are only about six ounces in the human machine. Sodium in union with carbon and oxygen is indispensable, dissolved in the blood it travels to every part of the body on an errand, and wherever it finds a particle of carbonic acid it seizes it, carries it to the lungs and dis-

charges it into the air. You cannot perform any action without making carbonic acid, every beat of the heart, closing the eye, bending the finger, gives rise to some of these waste products; it also helps to make bone and teeth.

Hydrochloric acid we find very important, existence would be impossible without it. In the stomach we find it manufactured as required. It kills most of the microbes we swallow in food, it prevents fermentation and helps digestion. We find that the body contains a regular laboratory for manufacturing everything the body needs, such as boric acid, salicylic acid, taken with milk and meat; also iron, copper, antimony, arsenic and many other things. Then we have organic compounds, there are a great many organic acids, though they are present in very small quantities. The salt acids and elements are still more complexly associated. One mixture forms the proteids or albuminous substance which resembles the white of an egg. It is this that lives, it is the chief part of muscle, heart, lungs, brain, nerve, blood, and exists in every fluid and solid of the body except bile and one other substance. What distinguishes proteid from everything else is, that it contains the lifeless gas nitrogen. The proteid is taken into the body readymade, in mild, meats, egg, fish and vegetables. The body can itself make fat. If you give it meat, starch or sugar it will manufacture good fat. In fact the system is the only thing that can manufacture anything for the body, and in order to carry on the manufacturing process it must have wholesome food.

There never has been (or never will be) a chemist that has been able to compound drugs that will make proteid, blood or life. Then we reason from an Osteopathic standpoint, why put drugs into the stomach when the stomach is the only thing that can make blood, and it must have wholesome food in order to do so. No one who has ever eaten a cutlet, a piece of liver, sweet bread, heart, tongue or tripe, can doubt for a minute how various are the different organs in composition. All this variety the body brings about itself, selecting from the one raw material *blood*, the different substances and the appropriate quantities for each kind of tissue, out of the blood the body takes the compounds containing calcium, phosphorus, oxygen, hydrogen, carbon and some other things for the making of the skeleton.

To make muscle the body takes other substances in appropriate quantities from the blood, whether you are weak or strong depends on the selective skill of your blood and not by taking in drugs. The blood is manufactured in the body, and it will not manufacture blood without taking food into the stomach.

The making of blood is not understood, but the body knows when it has or has not a sufficient quantity. And yet we have men in this enlightened land today who are giving a certain kind of drug to make blood. We know that the bulk and weight of blood scarcely ever varies in the same

body, if we lose blood the vessels will take in water from the tissues in a very short time, and soon they have that water loaded with ingredients to bring it up to the standard again, hence we see and know that if the anatomical structure of the body is in good condition that life will continue without a break until the structure is worn out with time or old age.

Our age is retrospective. It builds the sepulchre of the fathers. Progress cannot be shocked by conservation. Osteopathy puts its faith and foundation upon a profound knowledge of the human mechanism, that by correcting the abnormal condition of muscle, bone, ligament, arteries, veins, nerves, or anything else pertaining to the system, that the body will continue to manufacture blood and send it throughout the system wherever it is needed.

OSTEOPATHIC CORNERS.

L. H. MCCARTNEY, D. O.

London, Ohio.

AFTER one has been in the practice of Osteopathy for a number of months, he may have many serious thoughts and consequently arrive at a few conclusions as to the science; how the different classes of people are impressed with it, the opposition we meet, the best way to face it, and in fact many questions that perhaps a few students of Osteopathy fail to think of; or if he does, he has—as I had—a code of rules formulated by which he contemplates ruling his practice, after being set free to proclaim his ability to relieve suffering humanity.

Many air-castles are built while in college; but the owner often finds that these light structures need remodeling after a few months practice.

The writer has not had any occasion for changing his opinion or belief in regard to the greatness and success of Osteopathy: it remains the same as when he frequented the grand old halls of the A. S. O., from 1896 to 1898.

I firmly believe the science is destined to revolutionize the art of healing, and the time is not far off. How many small revolutions have we had already? A few more of these will work wonders in our field, which is fast ripening.

Osteopathy will do all that is claimed for it—providing the D. O. knows his business and the science is given a fair show.

I do not think any one can deny that Osteopathy belongs to all classes of people, but why all classes do not believe in the science is a hard question to answer. It may not seem so at first but the more you think of it, the more it expands.

Much depends upon the Osteopath in his location, not only his

ability to demonstrate the principles of the science; but upon his business relations with his fellow-men. If ever any profession needed honest and upright men and women, it is the science of Osteopathy.

The men or women who prepare themselves in college for Osteopathic practitioners, simply for the financial gain, have—I am afraid—missed their calling. Of course the D. O. must be well compensated for his service, for it is no child's play,—quite different from writing out a prescription—in other words the practice of Osteopathy is hard work, both physically and mentally; and for one to go into the practice not having the cause of the science at heart, or the desire to relieve suffering humanity, is not the one the science requires in its pioneer stage, or any other stage.

We may divide the people into two classes when it comes to the question of Osteopathy: 1st, those who believe in the science. 2nd. Those who do not believe in it.

How easy! Now let us see; perhaps there are a few of the second class we might have classed with those who believe in our science had some of us Osteopaths applied a little more zeal in explaining the science to them, or a little more Osteopathic skill and earnestness. Who knows?

No man is perfect, but let us keep awake.

I appeal, not only to the Osteopaths in the field, but the student as well; let us do our best to push the cause to the front, and to keep it there by diligent work.

The discoverer of the science, in speaking of his past work and study, has said: "I never allowed myself to use the same camping ground twice." What a vast amount of thought in the above expression. How many of us use the same camping ground more than once?

People believe in Osteopathy because they have seen what the treatment has done in many cases; they believe in it because the theory and principles are full of common sense.

When you explain the cause of disease from an Osteopathic standpoint, showing the cause and effect of special lesions and obstructions, using skeleton, charts, your knowledge of anatomy and physiology, it proves to them that you know something of the human machine. These are the kind of common sense people who do not let prejudice and jealousy get the upper hand of their better judgment; they are men and women of reason and not afraid to speak their honest convictions. They are the kind the world needs.

People can understand the theory and basic principles of Osteopathy better than that of drugs. As a rule, the ones who take Osteopathic treatment have given medicine a fair trial and have become dissatisfied with the results. Upon investigating our profession they at once recognize the true underlying principles, and common sense of the science.

Men and women are liable to come to us and make the remark that "they have taken so much medicine that it seems to have lost its effect."

And then ask us if "we think this treatment would do them any good." Remember that a thorough examination leads to a more correct diagnosis: take into consideration the drugged condition of the man's system; explain to him the time required to assist nature to expel the poison substance. Let us be careful and if Osteopathy has not a fair chance to cope with their ailments, explain it so to them. The case may have run so long that the body contains so little vitality that nature has nothing to build upon. The age must be taken into consideration; and in fact many things that we as Osteopaths may easily overlook.

Now comes the test, not of Osteopathy, but of your ability to apply it. You will either make a friend and believer to our cause or you will not.

The class of people who believe in Osteopathy may be divided into three divisions:

1st. Those who have been cured or benefited; they have seen other cases cured that perhaps had given up all hopes of ever experiencing good health again. They see the true principles of the science. They have seen so many good results that they know there is a curative law there.

2nd. There are those who never did believe that medicine contained the healing power that is claimed for it. They never could take drugs on account of their weakening effects, or acting as a nauseant. They have always thought there was something, or some other way if people only knew it. They believe in Osteopathy without hesitating.

There may not be any difference in the earnestness of the two above divisions, but the first will prove more valuable of the two to the D. O., in his profession. Their shoulders will seem the stronger as they assist you to turn the wheel of truth one turn nearer the goal. They are the kind of men and women that give you courage. A man's true friends gives him strength.

3d. Those who believe Osteopathy is a science and can cure diseases, but do not come boldly out and say so; they have relatives who are medical men. They seem to be afraid of being ridiculed by those who scoff at followers or believers in "the new way of doctoring." They may call you in after dark some evening to see some of the household who remains unrelieved by taking medicine. Not all of these kinds of people I am glad to say, remain in this state of mind; but come out and stand for us and Osteopathy.

Those who do not believe in Osteopathy may be divided into two classes:

1st. Those who never had any protracted illness either acute or chronic; when their attention is called to the question, they do not become serious enough to give it deep thought. The fact that the "theory" of medicine having been established so long; the legality of its practice so long founded seems to be sufficient to them; hence they condemn, and thus dismiss the subject from their minds. Many of them will not listen

to reason or an explanation; if they do they would rather form a definition of their own, rather than to accept ours.

Many of these people are very prominent; they hold responsible positions in life, and are leaders of their fellow men. A few ministers of the Gospel are not excepted. I am afraid some of them do not take the time and pains to find out that even the State Legislatures are legalizing the science throughout the United States. They may be influenced by another body or set of men. The time is coming when they will be convinced that they are wrong.

A great many of our medical friends may be included here. I cannot say that we blame them, for are they not wedded to their cause? Have not many of them—good men too—spent their lives or the greatest part of them with and among drugs? We cannot expect them to abandon their beloved cause—notwithstanding many have done so, and after several years practice, to take up this new "fad." I believe in giving "honor to whom honor is due"; I have known medical men to advise Osteopathic treatment to several. Some have acknowledged that our treatments have done what they could not with drugs.

One thing we can blame, not only the M. D.'s for, but others, is that they do not investigate and see what we as D. O.'s claim for our science, the basic principles, the course we pursue in preparing ourselves for our work, before they condemn us and class us among masseurs, magnetic healers, faith curers, christian scientists, fakes and frauds.

2d. A few can be found who have taken treatment for a short time, but with no cure or benefit; the science is condemned for not making a speedy cure or benefit. With this class of non-believers there may be as much fault with the D. O. as with them.

We should be careful in our examinations; let us be sure that we are correct in our diagnosis; and above all things we must be conscientious, when we find such conditions present which prevent a cure or at least a benefit, make it known to the patient. Explain to them the reason of such a conclusion; do not promise the patient too much; be careful in the length of time given for certain results. We will gain the confidence of the people if we let them know our exact opinions in regard to their cases.

When a person commences treatment, having been told it will require a given length of time for certain results, and discontinues before the time expires, then he has no cause for uttering condemning remarks.

I have found a few who cannot understand the theory of Osteopathy, even after a very thorough explanation; reading upon the subject does not seem to dispel the mist. They cannot understand how an Osteopath can influence the vital forces of the human body, or readjust the mechanism so as to get the required results. They take this world with such a degree of ease that they do not trouble themselves to understand the theory of our science.

The D. O. has much with which to contend, and he must keep a cool head. Let him saw wood and think much. He is somewhat like a huge cell, the protoplasm being his knowledge of Osteopathy and understanding of the true principles of the science. The nucleus is simply his or her diagnostic ability. The attraction sphere consists of his ability to apply the Osteopathic principles.

Students now in their respective colleges among hundreds of enthusiastic men and women may find it quite different when launched out upon the world for a life time study and practice. Let us do our duty as an Osteopath, keep a bold and upright path behind us. Let us be men and women! We will win! Success will crown our efforts and the world will be glad we were led to a fountain of truth.

Athletics.

The season of '99 has been eventful in the athletic field. There has been a marked increase of interest in physical culture all of which augurs well for a brilliant record in 1900.

Every young man should join the Association at the beginning of his college course and thus show his interest in athletics and help hold up the reputation of the American School of Osteopathy. Baseball, foot-ball and track athletics are under charge of the athletic association. Every man has an equal chance to try for a position on any of the teams.

The foot-ball season of '99 for the A. S. O., while not characterized by brilliant victories, is nevertheless remarkable for the number of close struggles. Only one team succeeded in scoring more than one touchdown; all teams, except one, refusing a return game because of the probability of defeat.

Our foot-ball record for '99 is as follows:

- A. S. O. 0; Central College, 6.
- " 0; Quincy, 5.
- " 43; LaGrange, 0.
- " 0; Unionville, 8.
- " 46; C. M. A., 0.
- " 0; Quincy, 23.
- " 16; Des Moines School of Osteopathy, 0.

The A. S. O. had an exceptional share of misfortune, some of her best men being injured early in the season. All things considered, this has been a successful year for the A. S. O., and next year she will rank well up in state foot-ball circles.

Much interest was manifested in Lawn Tennis last fall. The authorities of the school kindly prepared a court on the college campus. This gave rise to enthusiasm among the students, and tournaments were held between the different classes; the Juniors being successful in a contest with the Seniors, and the Freshmen in a struggle with the Sophomores. The winners in these two played the final game which resulted in a score of 6 to 3 and 6 to 0 in favor of the Freshmen.



Kirk, Davenport, Cleary, Kennedy, Eastman, Smith, Miller, Gates, Elmore,
 Belsie, Kirk, (Coach), Swigert, Jones, Cleary, Peck, Crawford,
 Dobson, Novinger, Peck.

The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE
AMERICAN SCHOOL OF OSTEOPATHY.
KIRKSVILLE, MISSOURI.

Entered at the Post Office at Kirksville, Mo.,
as second class matter.

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At the meeting of the Ohio Association for the Advancement of Osteopathy (Second Annual meeting, held at Columbus, Dec. 31, 1899,) officers for the ensuing year were elected as follows: Dr. H. H. Gravett, Piqua, President; Dr. T. F. Kirkpatrick, Vice President; Dr. M. F. Hulett, Columbus, Secretary; Dr. Tacie Beal, Mansfield, Treasurer. Executive Committee—President and Secretary Ex-Officio: Dr. J. T. L. Morris, London; Dr. C. M. T. Hulett, Cleveland; Dr. N. O. Minnear, Springfield; Dr. Laura J. Wilson, Urbana; Dr. L. H. McCartney, London.

* * *

The Journal of the Science of Osteopathy is the title of a bi-monthly publication edited by J. Martin Littlejohn. It is a Journal for the profession, and it is the intention of the publisher to include nothing but what is scientific. The field has long been open for such a publication and it no doubt will be appreciated by the profession. It is the intention of the American School to publish a similar Journal entitled "The Osteopathic Arena." This publication will appear about June 1, 1900. A complete announcement will appear in the April number of the JOURNAL OF OSTEOPATHY.

* * *

July 5th, 6th, and 7th, 1900, has been chosen as the date of the next annual meeting of the A. A. A. O., which is to be held at Chattanooga, Tenn. The American Association for the Advancement of Osteopathy, as the name implies, is an association devoted to the cause of Osteopathy. A large attendance is expected, not only of members of the Association, but of

those Osteopaths who have not as yet joined. Certainly a visit to Chattanooga at that time will prove to them more conclusively than anything else the work that the Association is doing. Every Osteopath should make it a point to be present if possible.

* * *

Ex-Gov. Bob Taylor, of Tennessee, lectured at the State Normal Chapel on the evening of Jan. 25th. His subject was "Love, Laughter and Song. The Governor is a very distinguished gentleman, having been a member of Congress and for three consecutive terms Governor of Tennessee. He held his audience spell bound for an hour and thirty minutes. His flights of eloquence in paying tribute to love in humble homes, his description of the happiness of innocent boyhood, his amusing stories of the old southern darkies—all made his lecture highly entertaining. After the lecture he called on the Old Doctor as he is much interested in Osteopathy. While Governor of Tennessee he signed the bill legalizing Osteopathy in that state, he also has taken Osteopathic treatment with good results. He and the Old Doctor are distant kin.

* * *

THE JOURNAL OF OSTEOPATHY is designed for the people as well as the practitioner. The people must be convinced before they will believe. Mere statements won't do. They must have facts backed up with proof and that's what the JOURNAL wants. We say as Osteopaths that if the anatomical structure is correct health will ensue—that's correct but explain it. How must this be done? By your accurate and correct knowledge of physiology and anatomy. In the abnormal this or that physiological function is disturbed—point it out and demonstrate it. The JOURNAL solicits articles and clinical reports from practitioners in the field but we make this suggestion. Osteopathy as a science is physiological and if your articles are upon *diseased conditions* follow along physiological lines. As to clinical reports, always point out the cause of the disease. Don't say Mrs K—aged 40, came to my office

uffering from paralysis and after one month's treatment was cured. Don't send testimonials from patients. Write out the reports yourselves, giving name or initial, age, occupation of patient if it has any bearing on case, describe the case and locate the cause, give manner of treatment and explain the results following. Send us your clinical reports, we want them.

* * *

Osteopathy as a science is based upon a correct knowledge of the structures of the body and their functions. Of course, this knowledge is largely derived from the study of text books but as far as possible it should be the policy of every Osteopath to make his own investigations for the purpose of convincing himself as to the truth of whatever statements set forth by text books or taught by instructors. Experience is man's greatest teacher. When the anatomical and the physiological are understood, the conclusions of your own investigations in abnormal conditions will certainly be the most useful and practical part of your professional knowledge. A student in any school spends his time and money, in return for which he is instructed in the various branches in the course of study. At the completion of his course he owes the school nothing and the school owes him nothing, except the support that every graduate should be proud to render his Alma Mater and in turn, the support that every institution should render its graduates. When in the practice then it is not wise, nor should practitioners feel under any obligation, to quote from their professors, the Old Doctor or other authorities and depend upon that alone, but when the conditions are so that you can—make your own investigations and draw your own conclusions.

* * *

Y. W. C. A. Notes.

Officers for ensuing term: Pres., Mrs. Walker; Vice Pres. Miss Burbank; Sec'y., Miss Scott; Treas. Miss Wyckoff; Cor. Sec'y., Miss Hord.

Special services for day of prayer for colleges were observed.

The Freshman class were delightfully

entertained on the afternoon of the 17th at the home of Mrs. A. G. Hildreth.

At one of our Sunday afternoon devotional meetings we were privileged to listen to Miss Alice Otto, missionary to Japan, who spoke on the life of young women in Japan. Her address was very interesting throughout, and brought before her hearers the contrast of privileges enjoyed by American girls compared with those in heathen darkness, and the rewards of those carrying light to the dark places of earth.

A joint meeting with the Normal Association was held in the M. E. Church Sunday the 18th. The program was very interesting and helpful, consisting of a paper on "Inter-collegiate Relations" by Miss Rule and Reports of Lake Geneva Conference by delegates, Misses Sparling and Huston.

* * *

COMMENCEMENT EXERCISES OF FEBRUARY CLASS, A. S. O.

One Hundred and Thirty-five Students Graduating.

On Saturday, January, 27th, at 9 a. m. in Memorial Hall, Dr. Andrew Taylor Still, the founder of Osteopathy, and President of the A. S. O., delivered his address to the graduating class. The talk was one of the ablest ever delivered by the Old Doctor. The Baccalaureate sermon was preached Sunday at 11 a. m., by Rev. J. T. Pierce of the M. E. Church. His text was taken from Luke 22:27—"I am among you as he that serveth."

On Monday Dr. Hildreth delivered an address on "Professional Etiquette" to the graduates. On Tuesday at 2 o'clock occurred the Class Day Exercises. The class Poem was read by Stephen Woodhull and Class History by Francis A. Eaton. J. Martin Littlejohn, Ph. D. LL. D., as class representative, delivered the address of the afternoon. It was an able effort. At 8 o'clock Tuesday evening the Faculty gave an informal reception to the graduating class and visiting alumni. About two hundred were present. Dr. Still made

a half hour talk which was roundly applauded, afterward refreshments were served. Music was furnished by the A. S. O. Orchestra and everyone present had a royal good time. On Wednesday evening one hundred and thirty-five students received diplomas from the hands of the Old Doctor. Dr. Chas. W. Proctor, Ph. D., delivered the address of the evening on behalf of the Faculty. His address was well received, being brief, scholarly and witty; Judge Ellison acted as master of ceremonies in his characteristic distinguished manner. The Old Doctor made his farewell address to the class, which was listened to with rapt attention. The same evening a large number of the class left on the midnight train.

* * *

Personal Mention.

Prof. S. S. Still of Des Moines, Iowa, attended the

graduating exercises of the Feb'y. 1900 class.

**

Miss Josephine DeFrance, graduate of the Feb'y. 1900 class, is a member of the operating staff.

**

Dr. Chas. Still and wife are spending a short vacation in New Orleans, La., the guests of Drs. Ligon.

**

Mr. H. M. Vastine, who graduated in the Feb. 1900 class, has been retained on the operating staff of the Infirmary.

**

Dr. Jos. Osborne, of the firm of Osborne & Gebhart of St. Joseph, Mo., is taking a post-graduate course in his alma mater.

**

Dr. A. G. Hildreth spent a few days in Ohio lately in the interests of the Osteopathic bill now before the legislature. Dr. Hildreth is very sanguine of an Osteopathic victory.

**

Miss Minnie E. Dawson, graduate of the late class, has been retained in the A. T. Still Infirmary as managing editor of the *Journal of Osteopathy* and member of the operating staff.



Clinical Record.

REPORTED BY M. B. HARRIS, D. O.
ST. LOUIS, MO.

Eczema:—**CASE 1.**

Lady 40 years of age. This case is of 15 years standing (to make a long detailed description short) the scales of skin were so bad that after the patient had undressed *every night*, it looked like some one had taken a hand full of corn meal and scattered it where she had been standing, the worst affected parts being around the waist and the feet, one foot being so bad that four nails came off. Nails grew back on and she was cured in one year's treatment.

She never had a perfect menstruation,

until after she commenced treatment; and had a very inactive liver; no marked lesions in spine. Some of the best M. D.'s in Chicago had treated and given up the case.

CASE NO. 2.**Tuberculosis of Hip (So-called).—**

A girl 16 years of age—This case had suffered about two years when coming to me; she had been to four of the best Chicago M. D.'s, they pronounced it tuberculosis of the hip but did not help her in six months' treatment so she was taken to Denver for the climate and to consult the best authority there. It was called tuberculosis of hip and spine there and put in a cast, which she was taken out of in the

spring, after four months of imprisonment but had to wear a corset when asleep as well as awake. When I examined her I found an anterior inferior dislocation of the right hip, that leg being one and one-half inches longer than the other, the 3d and 4th lumbar vertebrae a little anterior and softening of the bodies of these vertebrae, and an unhealthy condition of the muscles on the right of the spine in the lumbar region. I asked very particularly about injuries; but they didn't remember any at first but in a few days they did remember a little twist she had had 2 years ago; and I attributed the trouble to that and cured her entirely well in 4 months. She quit limping at the end of 3 months treatment. The corset was removed after the 3d treatment.

CASE NO. 3.**Congestion of Brain.—**

Lady 50 years of age—Was called out of bed to this case. Two M. D.'s had been treating her for three weeks; her temperature was 105 degrees, she had found no rest except when under the influence of morphine which she had been taking regularly for two weeks. I diagnosed the case as congestion of the brain and liver, and found the muscles of the neck so contracted and tense that the return circulation from brain was *very poor*. I gently relaxed those muscles, and she soon fell asleep, slept a good part of the next day and all the next night (this treatment only took ten minutes.) I treated her daily for six days, the third day she was up and walked around in her room and had a natural movement of bowels; for which she had used enemas all during her illness. The next two weeks she was treated three times a week at the end of which time she was well.

CASE NO. 4.**Spinal Curvature and Prolapsus Uteri:—**

Lady 40 years of age—Had suffered with spine, and painful menstruation since she was fourteen years old and later with prolapsus of uterus; when she came to me had been taking *local* treatment for uterine trouble, twice a week for two years. After

taking Osteopathy three months (and in that time only took five local treatments) she was entirely well of the uterine trouble (and the accompanying leucorrhoea), in 12 months' treatment the spine (remember this spinal trouble was of 26 years standing) had come from one and one-half inches out of line, until, it was only one-fourth inch out of line. This lady says she can do almost anything without getting tired now.

CASE NO. 5.**Hemiparesis:—**

Lady 60 years of age—had been treated by M. D.'s for two months; they called her trouble nervous prostration (she had the prostration part of it) had been in bed unable to walk for about six weeks when I was called, right side being almost useless. I found a bad slip at the 3d cervical, and at the 5th lumbar vertebrae, and muscles all along the spine badly contracted; after the 3d treatment she walked and was entirely well in six weeks treatment, and was also cured of constipation for which she had used enemas for over a year; medicine having lost its effect.

* * *

REPORTED BY J. H. JEFFERSON, D. O.,
OSKALOOSA, IA.

CASE 1.**Sciatic Rheumatism:—**

Mr. S., prominent business man, had been confined to his home for two weeks, couldn't walk over a block without resting, having tried several doctors with no good results, he decided to try Osteopathy, and in a week was able to go to work and to walk ten blocks to place of business.

Mrs. C., 72 years old, fell 27 years ago, causing partial dislocation of hip, resulting in lame back, pain and stiffness of hip and limb, and a shortening of two inches of limb. After one month's treatment limb was lengthened one inch and pain in back, hip and limb almost entirely removed.

CASE 2.**Stomach Trouble:—**

Mrs. L., 56 years of age, after suffering for ten years with stomach trouble, and severe pains in back, and having tried

various doctors, and all kinds of patent medicines only to find her condition growing worse, was induced to try Osteopathy. One month's treatment in December, riding twenty-four miles per day three times a week, has removed her backache and stomach trouble.

CASE 3.

Harry Edson, seven years old, swallowed two pins June 13, 1899. Dr. B. O. Jerrell was called same day but neck was so sore and swollen he could not tell whether or not pins had been swallowed. For three weeks he suffered severely, growing worse. He was taken to Dr. Lukens (specialist) who was unable to give any relief. Dr. Beaudry was next called and tried to quiet Harry by giving strong medicine, continuing to grow worse. X-Ray was used by Prof. Gifford, and pins located on left side of neck about 3d cervical vertebrae. Next day pins were ejected, while coughing and immediately following the ejection he became totally paralyzed. Dr. Beaudry continued his treatment for two weeks during this time he said he would not live twenty-four hours. Dr. Pouers was next called but could do nothing and said he would have to outgrow it as medicine could do nothing for him. During all this time his suffering was intense, he could be heard most a block away screaming with pain. It was thought for three weeks he would die any time. On August 8th, I was called to see Harry. I found him entirely helpless, cervical region and in fact, entire length of spine swollen, tender and painful to the slightest touch. All control of bowels and kidneys lost, arms and legs atrophied and wasted as though he had been sick for months, the slightest movement and he would shriek with pain. Motor power gone, sensation almost gone. When asked what I could do, I said there is a chance, only one thing sure, if anything in the world will help him Osteopathy will do it, and if enough vitality is left to keep him up until the treatments take effect, I think I can help him. They said take the case, and no sooner said than I went to work. After a few treatments he began rest better and continued to improve and

in spite of all talk and opposition he grew better gradually and on Nov. 20, he could walk and now and for some six weeks, he is able to run anywhere, climb up and down stairs, has no pain, his neck is yet some stiff but he is daily growing stronger. I diagnosed his case as Disseminated Subacute, Cervical and Lumbar Myelitis. A condition in which the motor impulses through the pyramidal fibers the anterior cornua, and anterior nerve roots are effected. A form by best of authority said to be more grave than any other and more liable to cause death, because origin of disease is in cervical region causing paralysis of intercostal muscles, and close to origin of phrenic nerve on which life depends. Paralysis due to pressure and inflammation of the cord.

* * *

REPORTED BY H. P. ELLIS, D. O., CANTON,
ILLINOIS.

CASE 1.

Nervous Prostration:—

Mrs. N. has been afflicted with neurasthenia for ten years. Given up by all other practice to die with floating kidney. Called me Dec. 4, 1899, gave her one treatment at her home and after that she finished the month by calling at the office, suffered constantly with a severe pain in left side. After the first treatment no more pain, and sleeps as smoothly as a healthy child. Mrs. N. says the first treatment did her more good than \$500 paid previously for drugs and hospital practice.

They say Osteopathy is good enough for them.

CASE 2.

Hemiplegia:—

Mr. M. had a stroke of paralysis eighteen months ago, has not been able to work or take any exercise since. Has tried Osteopathy one month and says he feels fine and is able to walk all over Canton and advertise the Osteopath, he has good use of his hand and arm. The first day he came to the office I had to assist him getting his coat off and on, but in four or five treatments did not need my assistance.

CASES REPORTED BY SENIOR STUDENTS.

CASE 1.

Mr. Seymour Guernsly, age twenty years, residence Confidence, Iowa, was assigned to room No. 4, for treatment on Dec. 4, 1899. In 1897 he suffered from a severe attack of measles which acted as the exciting cause of his main trouble, diplopia. He had been treated by the medical profession and had taken a large amount of medicine but they failed to give him any relief. He then consulted and was under the care of an eminent eye specialist, but the result was the same as when under the care of the M. D.'s. His case had been diagnosed as diplopia, due to hemorrhagic retinitis. Upon examination here the predisposing cause was located in the upper cervical region, and the exciting cause was in all probability, the severe attack of measles as his trouble first appeared after the sickness and had steadily grown worse until he was obliged to stop school. His pulse rate was 106 per minute, and the second sound was markedly accentuated. The cause of this trouble was found in the dorsal region and was cured by the first treatment. His neck, face and shoulders were covered with pimples. He received his first treatment Dec. 4, 1899, and was treated three times a week up to Dec. 18, when he returned home. After the second treatment a change for the better was seen, the pimples were noticed to be disappearing and the eyes were somewhat stronger, although he was unable to use them for more than five minutes without the double vision appearing. He steadily improved up to the time of leaving for the holidays and expected to return about Jan. 2d, 1900, but a letter from him under date of Jan. 5th, says that he considers that he is cured and needs no more treatments as he can now use his eyes for two hours at a time and no double vision appears. The pimples have been greatly reduced in number and the heart's action is normal.

FRANCIS EATON.
JOSEPHINE DE FRANCE.
C. B. CANFIELD.

CASES REPORTED BY SENIOR STUDENTS.

Locomotor Ataxia:—

J. O. Cummings of St. Louis, Mo., aged 29 years, came under the care of room 22, July 1st, 1899. He had just finished a 7 months, course of treatment in St. Mary's Hospital of that city for Locomotor Ataxia. Had been before the clinic of St. Louis Medical and Missouri Medical Colleges of the same city, all of whom pronounced his case one of Tabes Dorsalis or Locomotor Ataxia. He had all of the characteristic symptoms, gait, loss of patellar reflex, could not stand with his eyes closed, could walk with great difficulty but one block with crutches, showing that the posterior columns were undoubtedly involved. Upon examination we found a marked complex curve, being lateral to the right from about the 5th dorsal to the 2d lumbar, the lower lumbar being markedly posterior. The thorax was thus very materially distorted, the lower ribs upon the left side falling into the left iliac fossa while the right hip was entirely obscured by the ribs of that side. The right limb was withered to one half its normal size. We are pleased to report that the curve is reduced to a minimum at this writing, the thorax is almost normal, the withered limb is normal. He has not used crutches for five months, can walk 35 blocks without the use of cane or crutches and not fatigue himself, general health fine and the minor symptoms fast abating.

HARRY M. VASTINE.
LULU B. HAMILTON.
FRANK H. SMITH.

* * *

Mr. William Keat, aged 18 years. I was called to a case of Quotidian type of Malaria that had been running for two weeks, the chill and fever being severe. The type of Malaria (Quotidian) meaning that the attacks occur every day instead of every other day. He had the characteristic chill, then fever, followed by the perspiration or 3d stage of each attack. Upon examination found the liver and spleen much congested and very tender, the 8th and 9th dorsal slightly lateral and the lower ribs thrown down. I corrected

the lesions at the 8th and 9th and also the lower ribs, and after 4 days, one treatment each day completely cured the case, with no return.

HARRY M. VASTINE.

* * *

Chronic Diarrhoea:—

Mr. M—aged 25, had been suffering for nearly five years from chronic diarrhoea. Upon examination of the spine we found a lateral lesion of the 7th, 8th and 9th dorsal. Viewing this condition from an Osteopathic standpoint we reason that the splanchnic nerves were irritated, these nerves as we know containing vaso-motors to the mesenteric vessels. By stimulating in this region the peristaltic action was lessened and after a little over one month treatment the watery evacuation which had been occurring from 8 to 12 times a day was almost completely cured. Special treatment was given to the solar plexus and the sacral region. The patient now has an alimentary tract which performs its functions in a normal manner.

V. P. URBAIN,
MARY A. URBAIN.
W. B. LINVILLE.

Room No. 6

* * *

REPORTED BY MRS. EMILIE GREEN, D. O.

Mrs. A—aged 46, applied to me for treatment for severe eye trouble. Great pain at the base of the brain and severe

pain in the eyes, being the chief symptoms, also photophobia to a marked extent. I found that the general health was very bad. Extreme constipation was present, which the usual treatments did not relieve. I sought for a *mechanical* cause which was found in a prolapsed and retroflexed uterus lying back against the rectum and blocking the passage of the feces. There was a slight slip of the innominate bone, so slight as to be hardly perceptible, but which impinged upon important nerves to those organs, causing a paralysis. I set the innominate, replaced the uterus, gave a treatment to strengthen the ligaments and to free the nerve and blood supply to the parts, and repeated the treatment once a week for four weeks, as the muscles and ligaments were so relaxed at first that they would not stay in place. I also dilated the rectum. For the eyes I treated the cervical region and upper dorsal, finding lesions at the third and first cervical. The left eye was starving for nutrition, as the blood and nerve supply was almost entirely cut off by these slips. The eyes are almost entirely cured, she having discarded her glasses. She has no pain and no trouble in bearing strong light. The other troubles have been *entirely* cured and that condition had existed for several years too, so long that a smooth, hardened spot like a callous was found on the wall of the rectum where the uterus had been so long. Osteopathy is surely a boon to suffering women.

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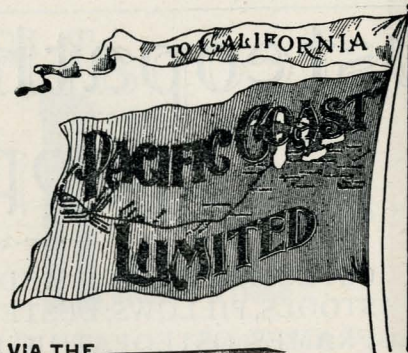
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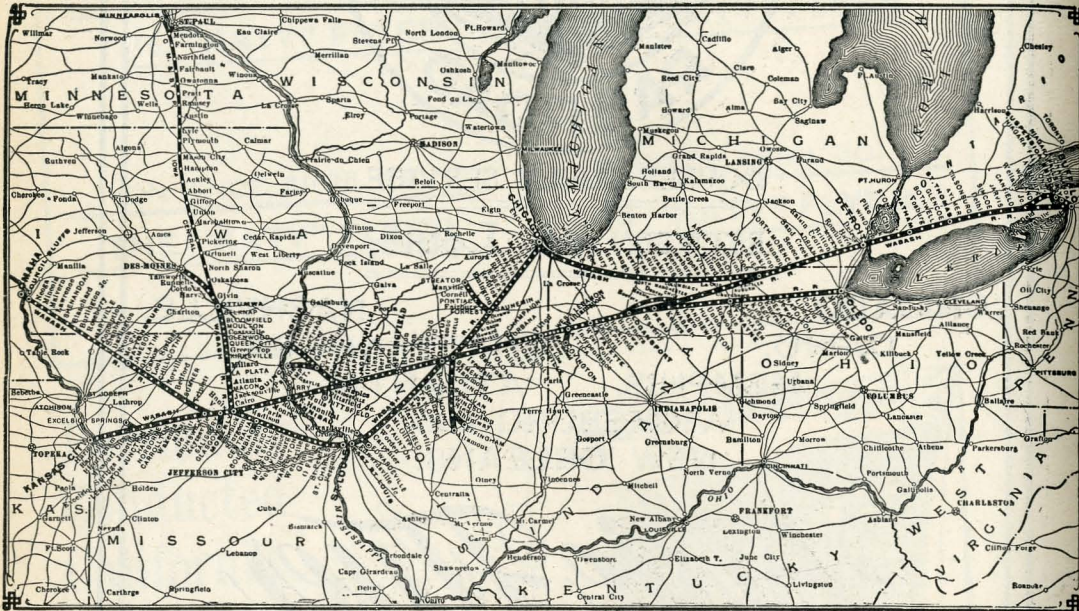
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