

The Journal of Osteopathy

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THE JOURNAL OF OSTEOPATHY

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OSTEOPATHY; ITS THEORY, HISTORY AND SCOPE AND ITS RELATION TO OTHER SYSTEMS.

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DEFINITION : For a preliminary, working definition of osteopathy, we may employ the following words—Osteopathy is a system of treating disease in which the curative agents employed are the natural fluids and forces of the body, and in which the distribution and application of these agents are accomplished, chiefly, by external manipulation.

OSTEOPATHIC REASONING : The fundamental principle of osteopathy is not that manipulations are good or that other methods are bad. It is simply that the human body is a perfect machine. The osteopathist has observed that when the muscles are exhausted, they rebuild their cells from materials prepared for their use in the body ; when the skin or flesh is cut, the process of repair is immediately begun by forces acting from within ; when the heart has been disturbed in its rhythm some mysterious regulating device brings it back to its normal rate ; when the composition of the blood has been altered, the lungs and kidneys and liver immediately set to work to restore ; and when the temperature of the body becomes, for a moment, too high, millions of cells pause in their heat-producing activity, and some two millions of sweat glands pour water upon the surface to remove heat by evaporation.

With such a machine before him, the osteopathist reasons that it ought to be able to restore its equilibrium in those more grave irregularities which we call disease, as well as in these minor ones which pass unnoticed. The two chief agents by which the body cares for and controls its various organs are the blood and the nerve impulses.

In regard to the blood, it is known that it possesses a certain uniform composition, that, propelled, by the heart, it travels through the body in well defined blood vessels and that it is necessary for the existence of every part of the body.

In regard to the true nature of a nerve impulse, very little is known. It is known, however, that these impulses pass along the fixed paths furnished by the nerve fibres, that they have their source of energy in the brain and spinal

cord, and that like the blood, they are essential to the healthful existence of every part of the body.

It is perhaps a pardonable digression to mention the mutual dependence of these to vital agents. Nerves cannot act or live without a proper blood supply. The blood cannot be properly propelled, distributed or purified without the influence of the nerves.

If then we could insure to every organ of the body its proper supply of blood of normal quality, and its proper supply of nerve impulses of normal strength, the problem of health would be solved. Moreover if the body is diseased and we can restore these two essential conditions we have solved the problem of treatment.

But why should the body become diseased? In other words, what could interfere with the normal production and distribution of these vital agents?

We saw that they pass in the normal body along the fixed paths furnished by the blood vessels and nerve trunks. These paths wind in and out among bones and muscles and ligaments. These structures are frequently movable or variable in size and could hardly fail to cause more or less pressure upon the blood vessels or nerves about them. Under ordinary circumstances, any such pressure is of very short duration and the vessel or nerve very readily adapts itself to this interference. But in certain parts of the body such an interference may become more intense or prolonged and, hence, a much more serious affair.

The nerves which connect the spinal cord with other parts of the body pass out of the spinal column through small openings between the bones. These openings are always larger than the nerves, but when the ligaments which connect the bones are in place, and the blood vessels which also pass through these openings, the space is completely occupied.

If, now, as a result of a sudden strain or long continued stooping or exposure to cold, the bones are ever so slightly moved or the ligaments thickened or the muscles made stiff, the soft blood vessels and nerves are the parts to suffer. The nerve fibres are compressed or, at least, irritated. The blood vessels which supply the spinal cord are interfered with and the organs which are connected with this particular part of the cord receive abnormal nerve impulses or none at all. The blood in these organs is not properly distributed and there exist all the essential conditions of disease.

To a less degree, the muscles alone when exposed to cold or strain may interfere with these vital agents, but the first named condition in which slight movements of the bones play a part is probably much the most important. It is the habit of attentive examination to discover these irregularities of bones that has given this system its name, osteo-pathy. [Greek, ὀστέου, bone.]

If, then, disease is simply an interference with the normal supply of blood and nerve force, and we have found the probable point of interference, the obvious method of treatment is to remove the obstruction. Slightly displaced bones can be replaced by sufficient patience and attention to the mechanics of

the problem. Shortened muscles can be made to relax by gentle manipulation. Even thickened ligaments can be stretched by firm but cautious tension. These are the things which the osteopathist aims to accomplish. When they are accomplished, the body forces and fluids pursue their normal course and upon them the osteopathist depends to perform the healing of the disease.

HISTORY: These principles were first put forth by Dr. A. T. Still in 1874. Dr. Still has also devised many of the manipulations which are employed in putting these principles into practice. In 1892, he began teaching these manipulations and the necessary anatomy to a small class in Kirksville, Missouri. In the last decade this class has grown to a school of over five hundred students. Of this, the "American School of Osteopathy," Dr. Still is now the President. Graduates of this school have opened other schools in various parts of the country. Several of these institutions have adequate equipment and competent instruction. Others are little more than offices for selling "diplomas." Men who represent the latter class of schools have little training in osteopathy or the science upon which it is founded and they have done great harm to the good name of the system. In the first-class schools the course of study is identical with that in the regular medical schools save that, for materia medica, is substituted osteopathic theory and practice.

RELATION TO DRUGS: The osteopathist admits the utility of the following chemical agents: (1) Anæsthetics such as ether and chloroform when surgical operations are necessary. (2) Antidotes when the patient has swallowed a dose of some active poison; and (3) antiseptics in case of external injury, as a means of protecting the wound from external contamination.

In place of purgatives, the osteopathist restores the secretion of the natural purgatives intended to keep the intestinal contents in motion. In place of tonics, he restores the circulation and the body cells build themselves up and perform their work without external goading. Instead of giving drugs to combat high temperature, he increases the action of the sweat glands and ultimately seeks to remove the cause which makes the existing high temperature necessary. In place of opiates he either removes the cause of the pain or makes it more tolerable by pressure over the nerve paths from the diseased part to the brain.

In the words of our original definition, he uses as healing agents the natural fluids and forces of the body.

RELATION TO SURGERY: Osteopathy recognizes the great value of surgery and the great skill and ingenuity of the world's great surgeons. But no surgical operation, however skillfully performed, is free from the serious possibility of unhappy consequences. Hence, it is very gratifying to record that thousands of cases have been cured or relieved by osteopathic treatment where in a severe surgical operation had been advised as the only hope of recovery.

RELATION TO BACTERIOLOGY: Along with all other students of the human body in health and disease, osteopathists recognize the strong evidence tending to show that bacteria are in some way related to many of the common

diseases. But the most advanced students of these subjects hold that, in order for a germ to cause disease it must find a body or organ or cell that has been weakened by some previous disorder or exposure. It is also known that fresh, pure blood is the most efficient germicide. Therefore the osteopathist finds no contradiction of his view in the study of bacteriology. On the contrary, he finds that the control which he is able to exercise over the circulation and the blood purifying organs puts him in a position to fight bacteria by the most efficient means.

RELATION TO MASSAGE: The osteopathist and the masseur are alike in two respects; they both place great confidence in the value of the proper circulation of body fluids, and they both work with their hands. Beyond this point the likeness ceases. The masseur discovers a congested or badly nourished area and proceeds to mechanically propel the blood out of the organs into which it is crowded, and into the parts to which it should flow.

The osteopathist believes that if he can find the point of obstruction of these currents and open the channel, the heart will propel the blood and the nervous system will attend to its distribution in a manner that makes any rubbing or pushing on his part unnecessary.

THE SCOPE OF OSTEOPATHY: Like all things of man's devising, osteopathy probably has limits to its field of usefulness. At the present, however, no one can tell just where those limits are going to fall.

During the last seven years, the writer has seen this method applied to more and more of the acute and chronic and even the infectious diseases with very satisfactory results. For these diseases, it has passed the experimental stage and become where it is best known, a matter of routine procedure. As to the untried fields into which it may go, only the coming generations can tell.

TYPHOID FEVER.

Charles Hazzard, Ph. B., D. O., Kirksville, Mo.

People not acquainted with the scope of the practice of osteopathy are sometimes surprised to learn of the very general use to which it is being put in the treatment of all manner of acute diseases. Osteopaths are coming, more and more, to occupy the position of family physicians in the homes of those whom they have treated, and the list of victories won by osteopathy over acute disease is growing very fast.

In the treatment of typhoid fever osteopathy has been unusually successful. The mildness or the severity of the attack of this disease is no index of the probability of death or of recovery. One writer puts it this way: "No case is too mild to prove fatal, and no case is too severe to recover." Every case must be treated most carefully. At first thought some people shrink from placing a patient ill with so serious a disease under the care of a physician who does not use drug medicines, but the well-informed person needs but to consider the fact he is already familiar with, that drug doctors use practi-

ally no drugs in this case, but depend almost entirely upon careful nursing, dieting, bathing, etc., to show him that it is rational to trust to sensible, natural means, without the use of drugs. The osteopathic physician uses the careful nursing, bathing, dieting, etc., and adds to these certain osteopathic measures which call into effective use the resources of the body to enable it to carry on its organic activities, and to better resist the effects of the disease. This is clearly the right thing to do, and the logic of the proposition is correct; viz, the drug doctor prefers to depend, not upon his drugs, but upon certain sensible hygienic and dietetic measures to preserve and increase the vital resources of the body; the osteopath does likewise with regard to hygiene, diet, etc., and goes still further in the use of common sense remedies by his treatment to rouse more active function in the body and enable it to oppose greater vitality to the effects of the disease. As a single, but important, example of such a result, we point to the fact that the majority of cases treated by osteopaths show a marked moderation of the temperature chart. This fact is more important than it may seem at first glance. The temperature course in typhoid fever is very characteristic, so much so, indeed, that the peculiar course of the temperature serves to distinguish this fever from any other. The temperature rises gradually, though with daily remissions, until in ten days or two weeks it has reached a maximum of 104° or 105°, where it remains for another week or two, after which time it gradually falls, taking a week or more to reach normal. Both the duration and height of the fever are important factors in consuming the vitality of the patient. It is the vitality upon which he must alone depend to triumph over the disease. Any case may come to the point at which the supreme test rests upon what remnant of vitality remains. It is evident that any method of treatment that modifies the duration and height of the fever saves the vitality and gives the patient a better chance to recover. It is a fact that osteopathic treatment does this. Few cases are treated thus that do not show a surprising alteration in the temperature chart. The fever does not go so high, nor does it last so long. Cases taken after the height of fever had been reached have shown immediate fall of temperature. The result of osteopathic treatment in thus modifying the fever and preserving the vitality is that many cases are saved that must otherwise have been lost. This alone proves the case for the osteopath, and demonstrates the superiority of this treatment.

Typhoid fever is a disease of the small intestine. Here it has its seat in certain anatomical structures, known as Peyer's patches, which are invaded by the disease, become inflamed, ulcerated, and may thus become the seat of a perforation of the bowel (by ulceration). This disease occurs mostly in the Fall of the year, and in young adults, though young children are often sufferers from it. It is attended by fever, flushed face, a peculiarly coated and reddened tongue, a peculiar odor of the breath, distention of the abdomen by gas collecting in the bowel, a rose-colored rash about the ninth day, various nervous symptoms, and diarrhoea. This diarrhoea is a peculiar symptom of

typhoid fever, and is composed of a thin, greenish mass of fluid, that resembles pea soup, and has therefore been called "pea soup" stool. The course of the disease, under medical treatment is from four to six weeks, and the mortality is estimated at 10 per cent. The course is much lessened and the mortality lowered by osteopathic treatment.

The causes of death are exhaustion, hemorrhage into the bowel by reason of the ulceration of the patches involving blood vessels, or perforation of the bowel by ulceration, followed by fatal peritonitis. It is important to notice that all of these dangers are greatly lessened by osteopathic treatment. The danger of exhaustion is much less by reason of preserving the patient's vitality. This ulcerative process is limited by the special osteopathic treatment directed to the nerves controlling the circulation to the bowel. The ulcer, like any sore, for that is what it is, must be healed by supplying the tissues with plenty of good blood. This is the great aim of treatment of the bowel. By this process the ulceration is limited, the chances of erosion of important blood vessels are lessened, as is also the tendency for the ulcer to eat through the bowel wall. These are facts worth considering when it comes to a choice of the best method to fight the disease.

Perhaps the most important matter of all is that the osteopath holds that he removes the true causes of the disease by his peculiar way of correcting anatomical irregularities in the part of the spine whence nerves pass to the bowel, controlling circulation in its vessels. Here the greatest difference of opinion lies, as between the osteopathic and drug systems. The cause of the disease is regarded, medically, as being a germ that is carried into the system by means of impure drinking water, milk, ice, etc. The osteopathic theory regards the germ as of secondary importance, holding that it could do no harm were the system in normal condition throughout, and especially if the state of the bowel were one of absolute health. It is certain that a great number of people take the germ of typhoid into their systems, and yet do not contract the disease. In what condition, then, is this disease contracted? Osteopaths find in this case some anatomical cause why the vitality of the system, particularly of the bowel, is below par. For this reason the gaining of a foothold in the tissues by the germ cannot be successfully opposed.

The anatomical fault may be of various sorts. It is common to find either a derangement of the abdominal viscera, by which all are not in their proper positions and relations, and thus suffer abnormal conditions to arise favorable to the disease, or, what is more common, various disturbances of the spinal parts in the regions whence come the nerves governing the circulation in the bowel. Thus the blood circulation is impaired, the tissues of the bowel are not kept up to par of vitality, and the germ has a chance. It is reasonable to take such measures, both for cure and for prevention, as will correct these causes and allow the processes of nature to fortify the system. This is what osteopathy does.

SOME THINGS TO THINK ABOUT.

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It seems that man is continually trying to improve on nature's methods. He is thus found continually experimenting, for good or bad, trying to improve on that which his Maker has done. In this article I wish to deal with

a few of man's improvements (?) over that which has been done for him. I wish to speak first of the *natural stimulants* of the body and compare them with *abnormal ones*.

Nature has provided man with; first, a central nervous system, which consists of the brain and spinal cord; second, a peripheral nervous system, which consists of twelve pairs of cranial nerves and thirty-one pairs of spinal nerves; third, a sympathetic nervous system, which is a gangliated chain and branches. These nerves control the action of every muscle, every movement of the body, and the function of every organ of the body. These systems of nerves are closely connected the one with the other. The natural stimulations of the body are carried over the nerves. Those sent from the brain, controlled by the will, result in voluntary movements. Those impulses to the different organs not controlled by the will are automatic. We find the latter constantly being manifested. The former, only when we exercise our psychic influence. The blood is the stimulant of automatic action. Thus in impure blood we have the nerves overstimulated; in an excess of impure blood we have pain resulting. Pain, as defined by the physiologist, is the cry or prayer of a nerve for pure blood. Thus when the blood is impure in any part of the body, the carbon dioxide which becomes the stimulant, irritates the nerves and thus more nerve force is sent to that part thus irritated. This extra amount of nerve force results in more blood being sent to the part and the carrying out of the impure blood which is there, for the nerves control the circulation of the blood. Thus we find the nerve force and blood supply being more in that part as the demands are more. That part of the body that is used most, would, according to nature's laws, get the most nerve force and blood supply. Non-use of a part of the body causes that part to atrophy to the extent of the non-use. Nature does not supply that which is not needed. Now for the abnormal stimulants. Man sees fit to improve on nature's methods. He takes a stimulant, sometimes just for the stomach's sake. Those impulses which should be automatic are not needed. They are not given unless they are needed. The abnormal stimulant has taken the place of the normal. Repeat this abnormal stimulant again and again and every time you do you weaken the normal. Finally the normal gives way to the abnormal and you have so weakened the normal that you find that the abnormal is now a necessity. It may be you are taking something to stimulate digestion, heart action, a torpid liver, or a sluggish action of any part of the body. But says one: "These parts or organs are inactive or sluggish and we have to take the stimulant." And you are going to make them more sluggish for the next time. Doesn't it require a stronger stimulant now than it used to? Then says one: "What are you going to do about it?" There is some obstruction either to the nerve force or the blood supply to the part. Why not remove such obstruction and let nature or the nerves free to act for themselves? Man is provided with a chemical laboratory which cannot be duplicated. If there is a stone in the stream leading to or from the brook, causing a stagnant pool, have it removed, then the germs of disease will disappear.

Think about these things and see if they do not appeal to reason. Now, says another: "Suppose this impure blood or this nerve irritation is resulting in excessive pain, are we not forced to take something to relieve the suffering?" The call is made for pure blood. Shall you deaden the nerves to ease the pain or give it that for which it calls? In the former case you make it content with the poison blood and weaken the system against nature's cries. In the latter you aid nature by removing any obstruction and your pain will cease, leaving the part stronger.

Did you ever see a person who had used coffee, tobacco, whiskey, medicines, both to stimulate and deaden, until he could or would not quit? Had you ever thought that you buy and pay for that which the seller would not take himself? My purpose will be reached if I can get you to think on these things.

OSTEOPATHY IN NERVOUS DISEASES.

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INFANTILE PARALYSIS.

THE disease commonly known as infantile paralysis, and by the technical term of anterior poliomyelitis, is one which occurs with considerable frequency. It begins quite suddenly in most cases, but it may become gradually worse for a period of several days, or a few weeks. A fever of very brief duration precedes it, and sometimes convulsions. There is often headache, loss of appetite and sometimes vomiting. While these symptoms precede the paralysis, they must not be confounded with the cause.

The cause may be a fall affecting the spinal cord; or a chill which causes contracture of muscles along the spine, thus affecting nutrition to the cord; or a strain caused by lifting, or by twisting the body in some way. It occurs usually in children, but may develop in adults.

The paralysis may be general, affecting the voluntary muscles of the whole body; or it may affect only the legs, or even one leg only. Motion is lost in the muscles affected, but it may be later regained in some or all of these muscles. Sensation is not lost, as a rule. Soon after the power of motion is lost, the muscles begin to atrophy and the contractions produce some distortion of the limbs.

The anterior portions of the spinal cord are the parts affected. The centers are not found to be degenerated at first; the beginning seems to be in the blood-vessels distributed to the nerve tissue. These become congested with blood and gradually the tissue around them is changed.

With a person so affected, the question of utmost importance is, "Can this be cured?" The usual medical treatment is strychnine to stimulate the circulation to the cord, applications of ice to the spine, tonics and massage.

Whatever may be said of osteopathic treatment, it certainly has the advantage of working at the source of the trouble. Whether it be a fall, a chill

or a strain, the work is done by the osteopath at the point of the spine where the injury occurs. If the nerve cells have not degenerated so that life in them has ceased, there is hope of their recovery.

If the lesion in the spine is a plainly marked one, and if there is not too great atrophy of the muscles, there is hope for improvement or cure.

The results of the treatment are usually of great value, even when there is no cure. The recovery, after other treatment has ceased to produce improvement, is sometimes marked.

In almost every case that I have observed there has been some gain. In a case of nearly complete paralysis the back and arms recovered use after two years of helplessness. In another, the muscles of both legs gained so that crutches could be used to walk with; and in some there has been complete recovery. It is useless to try to avoid facing the fact that this form of paralysis is a very serious one, but it is folly if not sinful to make no effort to regain what has been lost, when there is some hope.

In making the claim for osteopathy, then, in these cases, we can justly say it has produced marked improvement when all other treatments have ceased to produce any effect.

The sooner the treatment begins after the paralysis, the better. Every day that the nerve centers are deprived of proper nourishment weakens them. But life remains in the nerve cells so long, that hope should not be given up until it is demonstrated that cure is impossible.

LOCOMOTOR ATAXIA.

Locomotor ataxia, or tabes dorsalis, is another disease of the spinal cord showing itself in partial paralysis of the legs, but it is different in every way from the former. The approach is gradual. Sharp darting pains in the legs and later around the body indicate its onset. Motion remains, but the power to balance one's self is gradually lost. The feet are swung forward and planted with considerable force, and cane or crutches have to be used to aid the individual to maintain his equilibrium. Although the progress is slow, the disease steadily advances until the patient becomes helpless, unless it be checked by treatment.

The cause of this disease may be an injury to the spine, muscular contractures or strain, but it is apt to occur in persons weakened by some disease as syphilis. In cases where the disease preceding the attack is syphilitic, there is less probability of recovery; but I have known such cases to make marked improvement under osteopathic treatment.

It is a question whether the mercury treatment for syphilis does not affect the spinal cord more than does the disease itself; and a similar question may arise in infantile paralysis. Does not the strychnine or other powerful alkaloids used in treating infantile paralysis, or the fever preceding it, affect the cord more unfavorably than otherwise? These questions have not yet been satisfactorily investigated.

This much is clear, it is a question of proper spinal nutrition. The cen-

ters in the cord become affected and the treatment is directed to those parts of the cord involved.

A man or woman afflicted with locomotor ataxia has been regarded as a doomed person; but our experience goes to show that that is too dark a view to take. While not every case is cured, and some cases are not helped, enough is done to give every person so afflicted much encouragement to try osteopathy.

The following are recent cases and fairly typical:

CASE NO. 1.—A man about 40 years of age was unable to stand with eyes closed, unable to walk except supported or aided by two canes, and having frequent sharp girdle pains; after four months' treatment he was able to walk without support of any sort, tho' there was still a noticeable swaying; he could stand with eyes closed, and pains were rare and much less severe. He could attend to ordinary business.

CASE NO. 2.—This was a man who had been dissipated. He had had syphilis, and drank heavily at times. This case was a serious one and yet in spite of the unfavorable conditions, he improved materially. He took treatment nearly a year, and became able to attend to business about as usual.

Other cases could be cited, but these two suffice to illustrate the possibilities of the treatment, tho' sometimes results are more favorable, and sometimes less, as I have already stated.

OSTEOPATHIC TREATMENT VERSUS DRUG TREATMENT.

Interviews from a Number of Osteopathic Physicians who were Formerly Drug Doctors. Reasons for Abandoning Drugs and Adopting Osteopathy.

THE science of osteopathy today is represented by about 2500 qualified practitioners. From among these quite a large number formerly practiced drug medicine. It is greatly to the credit of the science that it has attracted to it practitioners from other schools of medicine and at the same time has lost none of its own members by desertion. So far as we know no osteopath has abandoned osteopathy to take up the practice of drug-giving. To be sure, a few osteopaths have since graduation pursued their studies further at medical colleges but not for the purpose of preparing for the practice of medicine. All have remained true to the cause both in theory and practice. Certain it is that the relative merits of osteopathy and medicine cannot be more justly compared than by those who have practiced both systems.

Dr. C. H. Conner of Albuquerque, New Mexico, writes the Journal why he prefers osteopathy to drugs as follows: "This subject appeals to me in a most striking manner. After a thorough training and investigation both in college and actual practice in the old school of medicine, my attention, by observation, was called to the practical demonstration of osteopathy by cures performed after the very best old school physicians had failed. I was at that

time practicing medicine in the village of Gibbs, Missouri, sixteen miles south of Kirksville, the home of the founder of osteopathy. At first, my curiosity was aroused upon an occasional interview with the Old Doctor and the many questions propounded to him whereby he invariably referred to the great book of Nature for his answer and the convincing value of the new school of healing.

"My curiosity developed into the deepest interest and I determined at my earliest possible convenience to study osteopathy. Why?

1st. To increase my usefulness in the world.

2nd. To increase my usefulness to myself and family.

"Osteopathy treats the cause from which disease originates.

"Medicine treats, by its poisonous vials, symptoms which are the results of diseased conditions and destroys Nature's forces.

"But I was not thoroughly convinced of the value of osteopathy when I entered the A. S. O. as a student. At this period I expected to take up the study as an auxiliary to my other work; but alas, before the day of my graduation, to my mind, osteopathy was a power in itself and I have made it my exclusive work, fighting its battles and rejoicing in the victories."

Dr. L. M. Brown of Denver, Colorado, engaged in the practice of medicine for over twenty years before he "threw physic to the dogs." Today osteopathy has no more faithful and ardent supporter than he. In reply to our query "Why do prefer osteopathy to medicine" he said: "You ask me why I prefer osteopathy to medicine in my practice? Hear my objections to osteopathy and see if I do prefer it. 1. The practice of osteopathy is hard work, and I never was much in love with hard manual labor. In acute practice it is much more sweat-provoking to give an osteopathic treatment on a low bed, especially if the doctor is six feet tall, than to deal out pills and powders; still, I have not yet given any medicine since I left college. 2. Again, osteopathy is not generally very popular in polite circles—don't taste bad enough I suppose—and I like to be in the swim. Now, are not these objections sufficient to condemn osteopathy?

"It is proper to say just now that in the acute practice which I have taken under osteopathy, my patients get well in from one-half to one-fourth the time they did when I gave medicine; and that simple fact might off-set some of the above weighty objections. (There it is again, I am considering the two systems from the *patient's* standpoint, not the doctor's, forgetting that the doctor by giving medicine might have a larger bill against the patient). For instance, whooping cough lasts from three to five days; dysentery two days, though patients were having thirty to forty discharges of pure blood and intestinal scrapings in twenty-four hours; typhoid fever on patient for three weeks broken up in ten days; tonsillitis in patients subject to it broken up in one or two daily treatments—but why mention more diseases, for people not accustomed to such results will not believe my testimony though I was never in a penitentiary in my life.

"When medical doctors ask me why I prefer osteopathy to medicine I

answer, because most of my patients are old chronics that you drug givers have filled up full of medicine for years past and there is no room for any more; besides, the patients are now sick and tired of medicine and want to give Nature a chance to assert herself; so, I simply set Nature free to do her work, and she does it and I get the praise, when common sense says Nature unobstructed should have all praise."

Dr. Wm. Smith of St. Louis, Mo., a man of wide experience in both medical and osteopathic practice, says: "As long ago as the 18th of January, 1893, more than ten years ago, I went upon oath and testified that osteopathy contained within it truths in advance of anything yet known to the medical professions. After the lapse of ten years I can only say that I have never found reason to believe that I testified incorrectly. I do not claim now, any more than I did then, that osteopathy is perfect, it is still young, it may not be perfect for many years, but every day gives us more knowledge, every day increases the ability of the thinking osteopath, and the time now is when the medical professions regard it with a certain amount of respect and when their practitioners realize that osteopathy has come to stay and that it behooves them to know somewhat of it. Their position now is different from what it was then; then the fight was by ridicule, now it is by argument; but as the osteopath has a record to go upon of cures in cases pronounced incurable, he has a sure foothold and argument against osteopathy does not avail much. I do not deny the efficacy of drugs, they have their power, but if we have a means of healing without their use, as we have that means, I consider it infinitely preferable. I do not deny that surgery has a great field, but if we can lessen the number of cases requiring surgical intervention, as we can, is there not a great field for the proper, the intelligent practice of osteopathy? Eleven years of experience in osteopathy have given me a confidence in it, a knowledge of it, which I would not exchange."

Dr. J. A. Vance of Chillicothe, Ohio, gives the following reasons why he abandoned the practice of medicine for osteopathy: "To say that I prefer the practice of osteopathy to that of medicine is putting it exceedingly mild.

"Osteopathy is reasonable because it is practical, it is right. Medicine in theory is unreasonable and the best informed and educated medical men say it is not practical, therefore wrong.

"After practicing medicine twelve years it was my observation that drugging was injurious, dangerous and largely as practiced deceptive, therefore morally wrong to continue. I am sure I know of a number of people who died from over-drugging. Observations of this character were appalling to me. I was not satisfied to practice a system so defective. Surgery is just as fatal unless judiciously and skillfully practiced.

"When osteopathy was explained to me, it impressed me as reasonable and I soon observed that it was practical. Senator Foraker's child's case attracted my attention and some of my own patients went to Kirksville, returning cured. Under strong protests of relatives and friends, I took up the course of study in osteopathy.

"The secret of medicine is now out. The profession is practicing deception upon a credulous people. Doctors pretend to give specific drugs for all diseased conditions, when in reality they themselves do not believe in them.

"The highest medical authorities whose words are unimpeachable say drugging is uncertain, dangerous and wrong.

"My experience of five years, studying and practicing osteopathy, has stirred my very soul. The suffering I have seen relieved, the tears of joy I have seen shed because hopeless invalids have been released from a life of helplessness, impress me with an intensity of faith and enthusiasm in that giant of these new times, osteopathy."

Dr. S. M. Pleak of DuQuoin, Ill., in stating his reasons for practicing osteopathy instead of medicine said: "Many times have I been asked, 'Dr. Pleak, why do you practice osteopathy instead of medicine, since you are a graduate in medicine as well as osteopathy?' or 'Why did you quit medicine and take up osteopathy?' To the latter question I reply, 'Because an osteopath did some work that I was unable to accomplish with the assistance of an allopath of thirty years' experience.' This experience opened my eyes to osteopathy and I no longer said 'there is nothing in it.' To the former question, I answer, 'After taking the full course in osteopathy and entering upon the practice of it, I meet with fewer disappointments in practice than when I practiced allopathy.' Now, while I hold there is good in medicine, I get better results from osteopathic work at the time and none of the bad after effects we get from drug medication. To illustrate: A patient with insomnia (sleeplessness) as a rule readily responds to our treatment. One or a few osteopathic treatments will usually correct the trouble, the cause, and with no bad after effects; whereas, in the same condition, treated by drugs only temporary relief is obtained, and we have the deleterious effects of the bromides, chloral or opium administered. The same I have experienced in treating the lagrippe at different times, by both systems, separately, of course, for I am no "mixer." The greater my experience and the longer I practice osteopathy, the more thoroughly I am convinced that osteopathy is right."

An interesting reply came from Dr. W. D. Bowen of Washington, N. C. He is now practicing osteopathy at the place where he formerly practiced medicine, and in a number of instances, upon the same patients. His opportunity for comparing and demonstrating the relative merits of the two systems has been exceptional. In answer to our question, "Why do you prefer osteopathy to drugs?" he replied: "After engaging in the medical practice for nearly eight years, I found many cases, unaided by natural means, could not be restored to health, therefore, they became what we call chronic sufferers. Drugs gave no relief. My first knowledge of osteopathy was knowing one of these chronic patients cured. I was as most medical doctors are, disposed to say, 'Well, he would have gotten well anyway.' Nevertheless, I investigated and learned of its merits. I saw the osteopaths had something that I had not been taught, so I closed up my medical practice and took the course in oste-

opathy. It took a good deal of will power to overcome the persuasion of many friends who thought I was doing the wrong thing, but I will never regret the step taken for many reasons.

"In my opinion, osteopathic diagnosis is more accurate than medical diagnosis. One of my professors in the medical college used to say, 'A case correctly diagnosed is half cured.' More true words were never spoken. I know I have treated many cases with drugs, when my diagnosis as to the cause of the condition was not correct. I thought then such cases could not be benefited, even if my diagnosis had been absolutely correct. I could not have benefited them with drugs, as drugs could not have removed the cause of the disease. I worked as faithfully then as I do now, but I can get good results now on the same persons that I totally failed on with drugs. I am now practicing osteopathy where I practiced medicine and have a good chance to make a comparison of the relative merits of the two systems."

Dr. C. P. McConnell of Chicago, although a graduate in both osteopathy and medicine has practiced only the former. In discussing the relative value of osteopathic and drug treatment he said:

"A short time ago I had quite a lengthy conversation with a representative of a proprietary medicine concern, who was interesting physicians in the good qualities of an iron preparation, as to the merits of iron in cases of anemia. He advanced the idea that the osteopath should use such drugs, and that osteopathy especially prepared the digestive and assimilative systems for the retention and assimilation of iron. He even was so good as to say that he thought osteopathic treatment was scientific treatment in many cases, but that in anemia osteopathy supplemented by an iron preparation would certainly be *par excellence*. Now, what a bait for the unthinking and unsophisticated osteopath! Certainly a shrewd snare.

"It was my pleasure to enlighten him that it was not more iron that the alimentary canal required in anemia, but simply the ability to take care of and assimilate what was already being ingested provided the food was of proper quality. Of course, it is a well known fact that the blood does not contain a sufficient quantity of iron in these cases, and as a consequence the tissues are not thoroughly oxygenated. Still on the other hand it is as well known that an examination of the bowel contents may reveal a sufficient amount of iron. Thus what is wanted is not more iron to be taken into the digestive organs but the ability, as stated, to assimilate what is already in the intestines.

"The foregoing has been given simply as an illustration of the unscientific and illogical principle of drug giving. In reality this example is even more than a typical one, for iron has been considered for years as one of three or four sheet-anchors in drug practice. During the past year or two even this drug is on the wane. Why? Because more thorough and careful laboratory blood examinations have shown, in at least many instances, that the ingestion of iron preparations has no effect whatever. Thanks to modern scientific medical methods.

"Drug treatment is in no sense a direct or specific treatment. From the very character of disease, (disease is a condition, nothing else, of the body) drugs can do no more than strike at an effect; they do not deal with the cause or causes of a disease. Medical doctors do not hesitate to proclaim that drug therapy is unscientific treatment, and in many cases actually harmful. In many instances they prescribe drugs simply because the patient demands it (a wonderful example of inherited tradition and superstition.) The major part of any treatment outlined by the drug practitioner to day is attention to personal hygiene, diet, fresh air, rest, exercise, etc. They know full well that drugs are unreliable and deal only with symptoms and diseased tissues, and at most to only a slight extent, which conditions are only effects. True it is, certain drugs may inhibit or stimulate nerve action but always at the expense of the vitality of the patient; drugs do not contain curative or vital principles.

"Osteopathic treatment is a rational treatment because it never antagonizes physiological laws. It contends that the body is a vital mechanism containing all curative and remedial properties within its tissues, and in diseases liberation of these forces is necessary. Consequently the logical method to cure disease is first to set aright the various parts (anatomy) of the body so that there is perfect freedom of all nerve currents and blood streams. Scientific and specific manipulative readjustment must then be the key to relieve and cure bodily ills. A disease can never be purged, vomited, etc., out of the system, as drug therapy has often attempted, for disease is a condition not an entity."

APPENDICITIS.

J. R. Bullard, D. O., Marshalltown, Iowa.

APPENDICITIS is the word now universally used to imply any one of the common inflammatory conditions so often met with in the lower part of the abdomen, especially so, if the pain is localized on the right side. Inflammation of the vermiform appendix is considered by the "regulars" almost invariably as the primary lesion in all of these conditions known as appendicitis, typhlitis, perityphlitis, etc.

In the light of osteopathic research, these terms no longer imply pathological entities, and may well be relegated to obscurity. The etiological factor in every instance, barring traumatic cases, being a vaso-motor disturbance of the part involved.

In order to have a clear understanding of a disease and the cure of it osteopathically, we must first acquaint ourselves with the anatomy of the part. The vermiform appendix, so called from the worm like appearance, is identical in structure with the larger intestine. It usually measures about three inches in length, but may be any where from one and one-half to four and one-half inches. The diameter is about one-fourth of an inch. It has a triangular shaped mesentery with a small lymphatic gland at the base. The blood supply is derived from a small artery, a branch of the ileo-colic, which

passes along the free edge of the mesentery. Its nerve supply is from the superior mesenteric of the sympathetic which is a continuation downward of the solar plexus. So when we come to study this interesting little portion of the human body we find that its equipage is complete for life and function, it being well supplied with blood and lymph vessels, also sensory, motor and or trophic nerves. Disease of any part of the body cannot co-exist with an uninterrupted blood and nerve supply. No more absurd statement could be made or erroneous idea could exist, than that the vermiform appendix is a superfluity in the human economy, or that nature has not made ample provision for the regulation and preservation of that organ as well as for other parts of the body. Inflammation of any part of the body, from any cause, can only be cured or the organ restored to normal by the natural forces within the body. But conditions may arise which will interfere with the action of some of the various parts of the organism to such extent, that unaided, the body will not be able to meet the emergency. From some interference with, or undue pressure on the nerves or vessels supplying nourishment to an organ of the body, we will say the vermiform appendix in this instance and the surrounding parts which are most always involved in these cases, we may have congestion of the parts, followed by inflammation and the accompanying conditions of pain, increased temperature, etc., sufficient to constitute what is called a genuine attack of appendicitis. Now what is to be done. Shall we cut off the appendix? That would end the trouble so far as the appendix itself is concerned. But what about the other organs involved? I am sorry to say that the tendency of modern surgery is to do the same with these.

That is bad reasoning; there would never be a stopping place. Rather than cut off every diseased organ better regulate the body so that each part will get its portion of vital forces and we will have no inflamed parts to cut off. Bacteria will find no suitable soil for their propagation and we will have no disease brought on by their poisonous products. This is osteopathy. The osteopathic physician is the one who has made a special study of the human body from this standpoint and who has been specially trained in detecting such abnormal conditions and in correcting them. This is not done by rubbing or massage or by the administration of drugs. He removes the cause of the disturbance and controls the function of the organ by scientific manipulation which is possible only by an efficient anatomist and physiologist who has been trained in a thorough osteopathic school. If you have been under the impression that osteopathy is a system of superficial rubbing as some have expressed it, investigate for yourself. Learn what diseases it is curing and how it is doing it. The principles on which osteopathy does its work are so plain that any careful reader may grasp them. Unlike drug medication, which is secluded and barricaded behind a fortress of Latin and Greek words representing diseases and remedies, it is based on a thorough knowledge of structure and function. The treatment consists in determining any departure from the normal relation of structure and in removing all interference with the

course of nature. If the bones, ligaments, blood and lymph vessels are in their proper position and condition, and the body is properly fed with such material as can be assimilated and converted into living tissue, it must follow that health will ensue. If these conditions do not exist disease is inevitable.

[Where the obstruction is local and cannot be removed by manipulation or where there is much pus formation, surgery should be resorted to as early as possible in this disease.]—Ed.

A NATIONAL EVIL.

U. M. Browder, D. O., Beatrice, Nebr.

THERE is no public question which deserves more consideration than that national evil, the excessive use of drugs. The thousands of evils annually attributable to alcoholism seem to enlist both pulpit and pew, platform and the public press, legislation and all the elements of moral reform. However, neither legislation nor moral reform has succeeded in diminishing to any extent worthy of mention, the evils due to alcoholism. The thoughtful man shudders at the one hundred thousand deaths due to suicide among intemperate drinkers of alcoholic stimulants, but little however, is said of the still greater number of deaths wholly due to the use of drugs. This stupendous evil, this appalling degenerative force operative throughout western civilization, has behind it both the pulpit and the pew as well as the public press.

To be sure, there are many exceptions to this rule, but the drug habit is really popular with the great majority of the people. The time is near at hand when the masses will be forced to face the fact that the world is replete with diseases produced by the use of drugs. Whatever may be said in truth in relation to the evil effect of alcohol upon the human system as a poison, may be said just as forcibly in relation to all the other poison drugs in the common practice or medicine throughout the civilized world. If one hundred thousand lives are annually sacrificed to alcoholism against the influence of a legislation and all the elements of moral reform, what must be the sacrifice this country makes to the drug habit, annually, with both church and state in its favor? The untold misery, the deterioration in nerve-force and the slow destruction of vital energy, among the American people, due to the use of strong and poisonous drugs, is more destructive of human life and energy than the saloon itself. No physician, learned or unlearned, has yet been found who can give a reason why a sick man should be poisoned any more than should a well man. That drugs are poison to the human system, none but fools would call in question. Hence, we say, the medical fraternity owes it to the scientific world at least, to show a reason for administering poison to a man when he is sick, which if administered to a well man would make him sick.

Dr. Trall says, "Drug medication, no matter in what disguise nor under what name it is practiced, consists in employing, as remedies for diseases, those things which produce disease in well persons." Again, the same gentleman says, "Its materia medica is simply a list of drugs, chemicals, dye-stuffs—in a

word, *poisons*. They may be vegetable, animal, or mineral, and may be called apothecary stuff."

All systems of drug medication—the allopathic, homeopathic and the eclectic, are essentially the same in principle, being founded on the *basic* principle of "CURING ONE DISEASE BY PRODUCING ANOTHER." They believe in the doctrine of producing a drug disease to cure a primary disease. That the practice of drugging the human system to cure disease is a dangerous fallacy, is as unquestionably true as that drugs and "dye-stuffs" are *poison*. There is not a member of the medical profession in this entire country who dares to take a position on this question and publish it to the world. Suppose we formulate the argument in a tangible manner:

1. All drugs are *poisonous* to living tissue.
2. The *principle* upon which drugs are administered to cure disease is that of producing a drug disease to cure the primary disease. *Curing one disease by producing another.*
3. These same drugs given to a sick man to cure him, *will make a well man sick.*
4. That a sick man is less able to endure poison drugs than a well man, no sane man will deny.
5. That physicians of marked ability who have given their lives to the relief of suffering humanity, have declared, after careful observation that drugs neither *cure* nor *aid* nature in recovering herself from diseased conditions.
6. That a still larger number of learned physicians have, on careful demonstration, established the *fact* that, in every case of *scarlet fever, croup, pneumonia, cholera, rheumatism, diphtheria, measles, smallpox, dysentery*, and all forms of *typhoid fever*, where they had abandoned all drugs and dye-stuffs their success in handling these diseases has been marvellously increased.

HIP-JOINT DISEASE.

A. L. McKenzie, D. O., Kansas City, Mo.

If the osteopath does no more than to relieve the excruciating torture that follows what is commonly known as hip-joint disease, white swelling, or tubercular hip, he deserves the approbation of many suffering mortals. The object of this brief article is to relate some personal observations and experiences in treating this disease.

Every parent should know the early symptoms and, at once, secure an experienced operator to remove the real cause before it is too late to avoid the fearful anguish and suffering that will surely follow.

In the treatment of the following reported cases I used extreme caution and hence did not accomplish as much in some cases as I otherwise might.

CASE I. Boy, fourteen years old. Disease about twelve years standing. I could not determine whether the head of the femur was out of its socket or not until the X-ray was used. It showed dislocation and atrophy of head of femur. He had gone through the usual course of treatment including stretch-

ing of limb by weight suspended by cord passed over pulley. I was satisfied a cure could not be perfected so did not encourage his parents to have him treated.

CASE II. Boy, six years old. Affected limb two and one-half inches too long. After hurried examination pronounced it a downward dislocation of head of femur. After carefully studying the case and making a more thorough examination, my diagnosis was, a tipped pelvis. On account of this change of opinion, the mother lost confidence and an M. D. was given charge, who said three years treatment would effect a cure. The boy's home being in Arizona I do not know the outcome of this case. A competent osteopath could have cured him in less time.

CASE III. Boy, sixteen, who had two abscesses of the hip. I told him I could not cure him.

CASE IV. Boy, six years old. Disease three months' standing. Three acute attacks. Afflicted limb two and one-half inches too long. On first examination I diagnosed the condition as a downward dislocation. He was brought back next day for treatment. I discovered I had made a mistake in diagnosis. I admitted my mistake and mentally resolved I would never make another similar one, and have not, so far. The mother accepted my explanation. I corrected the tipped pelvis in a few treatments. After nearly three years there has been no return of the disease.

CASE V. Boy, ten years old. Characteristic symptoms; second attack; limb one and one-half inches too long. Cured in a few treatments.

CASE VI. A little girl of seven. All the characteristic symptoms were present. Third attack. Dismissed after three weeks' treatment. Returned after six weeks for examination at my request. I pronounced her cured.

CASE VII. A druggist's boy, seven years old. This case has been diagnosed by an M. D. as tubercular disease of over one years standing. Cured in four weeks' treatment. No return of trouble one year since.

I have treated a number of cases which I am confident were tending toward hip-joint disease, but the characteristic symptoms had not yet developed. They yielded readily to the treatment.

I shall relate two cases which illustrate the methods sometimes resorted to by the "Old School:"

Some two months ago I was called to see a man thirty-six years of age. The history was this: As a boy he had gone through all the torture of a diseased hip. His parents were wealthy and had spent thousands of dollars to effect a cure. Failing in that and unable to relieve his suffering, it was decided to remove his *entire* limb, which was done when he was about fifteen years old. His suffering, at intervals, since its removal has been beyond description.

I was called three weeks ago in consultation with an osteopath, who had just been called to see a little boy four years old. The boy had been under treatment by a very prominent physician for two years. Any one who has never seen a patient suffering with this disease in its worst form can not realize

the torture gone through. I call attention to this case to emphasize the barbarous and unreasonable treatment sometimes employed.

In this case the afflicted limb was three inches too long; yet, for months that little boy had been forced to lie in a little bed, head downward, cord tied to foot of limb already too long, passed over pulley with sack of sand tied to end, in such a way as to constantly stretch the limb. For two years, the parents had implicit confidence in the ability of that doctor to cure their child but when they became worn out, the mother almost frantic, said, "Doctor, can't you do something to stop the suffering of my boy?" She received the consoling (?) reply, "I guess I will have to remove some of the bone from the head of the femur and may have to take some of the pelvis out. It may be necessary to remove the *entire* limb."

It was then the parents consulted an osteopath. I have just called up the osteopath who is attending the case and he informs me the boy is getting along nicely and not suffering, and believes he will be able to cure the patient.

It is essential to make an accurate diagnosis in order to pursue the proper treatment. Errors in the treatment of this condition sometimes occur and are invariably followed by bad results.

The following points in diagnosis will be of use in locating the exact cause of the trouble:

1. Eliminate partial or complete paralysis.
2. Eliminate partial or complete dislocation of hip.
3. Difference in length of limbs can be accounted for, by muscular contraction, relaxation, slipped innominate, dislocation of hip and by tipped pelvis. Careful measurement shows which.
4. Locate cause of difference in length of limb.
5. Observe the following symptoms: Restlessness and broken sleep. The affected limb, when walking, abducted with somewhat dragging movement, lengthened in early stages, later shortened.

In the early stages the symptoms appear, remain a few days and seem to pass away, to return again in a month or six weeks, each return attack is more marked. Very sensitive conditions exist at the fifth lumbar, and contractions of lumbar muscles make the spine bend forward when limbs are extended.

Severe pain exists above the knee in front, due to tension on anterior crural nerve. A tubercular hip is a result following a disturbance to the blood supply of the hip. The muscular contractions cause stagnation of blood in the joint and a tubercular condition *may* follow. It will be seen that irritation of certain nerves causes a loss of co-ordination of muscles. To rotate the femur at that time may increase the irritation. If the manipulation is properly given the pain will be decreased, and *not* increased, at once. Locate the point of first irritation at nerve and remove it. Let force be applied if need be to correct and *not* increase deformity. I believe this disease can always be cured if properly treated in the early stages.

Chronic Rheumatism.

ELIZABETH M. INGRAHAM, D. O., ST. LOUIS MO.

Rheumatism is one of the most widespread of diseases, and its sufferers can be found in all parts of the world, no race or climate seeming to be exempt, as even in the tropics there is what takes its place and is commonly supposed to be an acute form of it, termed dengue, or acute epidemic rheumatic fever.

Mention of rheumatism is made early in the history of the ages, and as early as 1358, A. D. accounts are given of people going to the different hot salt and mineral baths, then known in England and on the Continent, for relief.

The people of England are said to be among the most rheumatic of those of all nations, owing to the damp climate and the consumption of an excess of nitrogenous food.

In our own country from the New England States, through the variable climate of the Middle and Northern States, and even in balmy California, its sufferers can be counted by the score.

The etiology of rheumatism is a mooted question, though the old physicians agree as to its being a constitutional disease; but many of them do not hold to the theory of an excess of uric acid in the system being its origin, repudiating it altogether, claiming that uric acid causes gout only, and scouting Haig's theory of it producing rheumatism and many other ills. Again, lessened alkalinity of the blood is termed the cause, and not an excess of acid. Some of the modern French schools are of the opinion that it is of microbic origin (and arthritis deformans also), as microbes have been found in the fluids of the joints of rheumatic subjects, and acute rheumatism is said to be infectious and from a micro-organism. But these theories have not been satisfactorily verified.

In Paris in 1828-1829 there was a severe epidemic of acute rheumatism fever, termed acrodynia, and had it occurred in the days of bacteriological research, no doubt some microbe would have been found as its cause, so prone is this age to the microbe theory.

Sudden changes of temperature causing an interference with the nerve centers, from

exposure to cold, wet and dampness, *errors in diet*, worry and care by lowering the tone of the nervous system, are exciting causes of this malady.

Lithaemia and traumatism are frequently followed by rheumatism. Back of the climatic conditions and exciting causes, from an osteopathic standpoint, lies the real cause—the interference to the nerve and blood supply, and there is where we have the advantage of other methods of treatment—we can, in the majority of cases, remove that interference, whether it be from a muscular, ligamentous, arterial, venous, or osseous lesion. (The word lesion, being used in the sense of derangement of structure, not necessarily a traumatic one.)

In connection with rheumatism, Osler says, "Sometimes when a joint is distended, wasting may be due to pressure, either on the muscles themselves, or on vessels supplying them."

The cases following make a good illustration of osteopathic treatment for interrupted nerve and blood force, the resulting disease being the same in the several cases, but each having a separate and altogether different starting point—and also show that osteopathy does not have to wait to name a disease to cope with it, but by careful examination can find the source of the derangement, and through anatomical and physiological knowledge, put the enemy to flight, pursuing it over the battlements to annihilation.

In treating rheumatism, of which I have had more cases than any other disease, I find that there is often a history of some liver trouble, and that constipation is nearly always an accompanying factor. So far, I have not had a case where a chronic diarrhoea has been an existing condition.

Of seven cases of rheumatism of the left knee, treated some time ago, with the usual symptoms of pain, stiffness, crepitus and swelling, no two presented the same lesion.

Unilateral rheumatism, especially of the knee, might be thought to give evidence of a possible gonorrhoeal origin, but no history could be traced to any such cause in these cases. Of the seven cases there were six women and one man, all middle aged and in well to do circumstances.

No. 1. Articular rheumatism of left knee,

crepitus and swelling, could hardly bear weight on knee. Lesion at second lumbar vertebra, it being posterior and very sensitive.

No. 2. Left knee: pain and stiffness, the origin of trouble, at left sacro-iliac synchronous.

No. 3. Left knee: Extreme pain and swelling—knee constantly gave way. Lesion entirely muscular, in lumbar region.

No. 4. Left knee: crepitus, great stiffness and pain, could not bend knee. Lesion left innominate, tipped upward and backward.

No. 5. Left knee: swelling and severe pain, trouble, following attacks of gall stones, but no lesions to account for the gall stones.

No. 6. Left knee: pain and swelling. Lesion, a very rigid spine from cervical region to coccyx.

No. 7. Left knee: severe pain and crepitus. Lesion, lumbar vertebrae posterior and lateral to the left.

Not one of the above cases could get up or down stairs, except by moving one foot up or down at a time, and then the other following it, like a little child, or "crab fashion." These were cured and so far have remained in good condition.

The treatment given was directed toward removing the lesions, and in every instance thorough treatment was given to the liver, and also to the innervation of the liver, kidneys, and stomach.

Diet should be carefully prescribed for some cases, and exposure to inclement weather avoided, when possible.

When rheumatism is combined with neuritis, as occasionally occurs, it is very difficult to accomplish much, though some relief may be obtained.

All cases of so-called rheumatism, are not rheumatism, but slight slips or dislocations of bones, or severe contraction of muscles, which a few treatments may remedy and the pain disappear; but the real old-fashioned rheumatism of our grand parents, and which people fifty years ago thought a concomitant of middle and old age, and something simply to be borne with patience to the end, can, with the majority of people, be cured or helped, and the arsenal of pain removed by persistently fighting it from two to six months, or more.

PROGRAMME.

Illinois Osteopathic Association to be held in Bloomington, Ill., Friday and Saturday, June 26-7.

FRIDAY EVENING, JUNE 26th.

8:00—Reception to visiting D. O.'s, parlors of the "Illinois" Hotel by local members of the association.

SATURDAY MORNING, JUNE 27th.

9:00—At convention hall, "Illinois" Hotel. Address of welcome—Mayor Morrison. Response—A. S. Melvin, D. O., President Illinois Osteopathic Association.

Discussion of questions by members of the association.

Business meeting.

Election of officers.

Adjournment.

SATURDAY AFTERNOON, JUNE 27th.

(Open Meeting.)

Music—Ashton's Orchestra.

2:00—Invocation—Rev. N. H. G. Fife.

Theory, Principles and Practice of Osteopathy—Charles Hazzard, Ph. B., D. O., Prof. of Practice of Osteopathy in the American School of Osteopathy, Kirksville, Mo.

Music—Ashton's Orchestra.

2:30—The Position of Osteopathy in the field of Therapeutics—J. Martin Littlejohn, Ph. D., M. D., LL.D., D.O., Pres. American School of Osteopathic Medicine and Surgery, Chicago, Ill.

Music—Ashton's Orchestra.

3:00—Specific Treatment—A. G. Hildreth, D. O., Prof. of Clinics in the American School of Osteopathy, Kirksville, Mo.

3:30—Lorenz Method of Reducing Congenital Dislocation of the Hip—Carl P. McConnell, M. D., D. O., formerly Prof. of the Practice of Osteopathy in the American School of Osteopathy, Kirksville, Mo.

Music—Ashton's Orchestra.

4:00—Applied Anatomy—M. E. Clark, D. O., Prof. of Gynecology and Obstetrics in the American School of Osteopathy, Kirksville, Mo.

Music—Ashton's Orchestra.

4:30—State Organization—S. S. Still, D. O., Pres. of the S. S. Still College of Osteopathy, Des Moines, Iowa.

SATURDAY EVENING, JUNE 27th.

8:00—Banquet, "Illinois" Hotel.

Toastmaster—Charles Hazzard, D. O.

OFFICERS.

President, A. S. Melvin, D. O., Chicago, Ill.; vice-president, Anna B. J. Pitts, D. O., Bloomington, Ill.; secretary and treasurer, Mary E. Kelley, D. O., Chicago, Ill.

TRUSTEES.

W. A. Atkins, D. O., chairman, Clinton, Ill.; Canada Wendell, D. O., Peoria, Ill.; Walter Dressel, D. O., Toulon, Ill.; Fred Bishoff, D. O., Waukegan, Ill.; J. D. Cunningham, D. O., Bloomington, Ill.

Programme for the Next Meeting of the M. O. A. to be Held at St. Louis, June 4th and 5th, 1903.

THURSDAY, June 4th.

2:30 p. m. Report of Secretary, committees, etc.

1. Paper, Dr. Homer Bailey, St. Louis, Mo. Subject, Headache.

2. Paper, Dr. W. T. Traugher, Mexico, Mo. Subject, Bladder Trouble.

3. Paper, Dr. M. Schaub, St. Louis, Mo. Subject, Rheumatism.

Paper, Dr. M. E. Clark, Kirksville, Mo. Subject, How to prevent Lacerations and Puerperal fever.

8:00 p. m. 1. Paper, Dr. Chas. Hazzard, Kirksville, Mo. Subject, Some points on the Atlas.

2. Paper, Dr. C. E. Still, Kirksville, Mo. Subject, Throat Diseases in Children.

3. Paper, Dr. Herman Goetz, St. Louis, Mo. Subject, Indigestion.

4. Paper, Dr. Wm. Thomas, Sedalia, Mo. Subject, An Acute Practice.

June 5th, 2:30 p. m.

1. Paper, Dr. A. G. Hildreth, St. Louis, Mo. Subject, How to Manage an Office.

2. Paper, Dr. Geo. M. Laughlin, Kirksville, Mo. Subject, Osteopathy Unadulterated.

3. Paper, Dr. Josephine De France, St. Louis, Mo. Subject, Female Diseases.

Discussions will follow each paper.

4. Election of officers and unfinished business.

W. J. CONNER, Kansas City, Mo.
President M. O. A.

Join Now! And be Ready for the Great Cleveland Meeting. Membership fee paid now will carry you Through to the '04 Meeting.

At a meeting of the board of trustees at Milwaukee it was decided that all who made application for membership and were elected three months before the next annual meeting should be exempt from dues for the following year.

This means that you will get the Journal of the A. O. A. for fifteen months as well as any other publications issued during that period and enjoy all the privileges of membership.

You will also be in a position to take part in the deliberations of the association meeting which would be hardly possible if you wait until your arrival at Cleveland, for you will not be in touch with the questions under consideration.

You will get all information relative to this convention as soon as published and will be in position to get the greatest possible benefit from it.

These points are emphasized because a number have written to say that they would apply for membership after their arrival at Cleveland.

Don't wait until then but send to Dr. Irene H. Ellis, secretary, 178 Huntington Ave., Boston, Mass. for blanks and get your application in early.

The battle cry is "We are coming Father Andrew, 1000 strong."

CHARLES C. TEALL, Pres.

The Kansas City Osteopaths Organize.

The Kansas City osteopaths met on April 13th and organized The Kansas City Osteopathic Association.

The object of the association is to promote the science of osteopathy in every honorable way to encourage sociability among the members, and to be prepared to meet emergencies as they arise. There were sixteen in attendance who signed the constitution and by-laws as charter members, as follows:

Drs. J. W. Parker, W. J. Conner, Mary E. Harwood, Carrie Ashlock, J. R. Collier, L. J. White, Clara B. Moffett, Bertha L. Whiteside, Hezzie C. Purdom, Theodesia E. Purdom, W. B. Fellows, C. C. Bunting,

R. H. Williams, Emma S. Cooper, Geo. Moffett and A. L. McKenzie.

The officers elected were, J. W. Parker, Pres.; Mary E. Harwood, V. Pres.; Geo. Moffett, Sec'y.; J. R. Collier, Treas.

The association gave a dinner at the Midland Hotel on the evening of April 17th, in honor of Dr. C. E. Still of Kirksville, who was the guest of the association.

GEO. MOFFETT, D. O., Sec'y.

A Protest.

JOURNAL OF OSTEOPATHY, KIRKSVILLE, MO.

MR. EDITOR:—I want to enter my most earnest protest against the public sale of such illustrated books on osteopathy as the Barber book and the new book, Principles of Osteopathy, by Dain L. Tasker, D. O.

Only yesterday an agent came into my office to get subscriptions to Tasker's book, offering it to any body who has the five dollars to thus invest. Just as Dr. Barber put out his illustrated book of how to practice osteopathy and thereby sent into the field a host of fakes utterly ignorant of the human body to prey upon a gullible public and injure the name of osteopathy; so Dr. Tasker has now permitted his love of money to urge him on to prepare another book, highly illustrated, to show the uninitiated just how they can do it to a T, and I have not yet come across one of these would-be osteopaths using such books who could get past the pictures of 'how to do it.' I am treating an M. D. now who would be exceedingly glad to find such an illustrated book, for that he no doubt thinks is all he lacks of knowing osteopathy. I verily think if Dr. Tasker had been in Denver two years ago and thus among those of us who suffered shame on an account of Barber's book being used by an ignorant, red-headed barber from Kirksville palming himself off in Denver as an osteopathic physician, taking hundreds of dollars from the sick for his wonderful services as a noted physician, his conscience and feeling of shamefacedness would not have permitted him to prepare another such book. By this new and more elaborate exposition of the manner of giving certain treatments, only as Dr. Tasker gives them, the M. D.'s will consider they have all the secret manipulations of the best trained osteopaths who have

spent their full two years in digging out his principles and methods of work. There was no occasion for such a book as this of Dr. Tasker's; all such instruction is only suitable in the operating room after the class preparation coming up to it; otherwise its presentation to the public can only do irreparable harm to an innocent and injured and ignorant public who expect something better from what claims to be a scientific profession. This again gives a wide-open door to correspondence schools to exploit their vicious claims upon a suffering people. I cannot see how the publication of such books can be defended.

L. S. BROWN, M. D., D. O.

Enemies of our own Household.

It is a fact, as much as we may regret to confess it, that not all who leave the school with diplomas are osteopaths, by any manner of means. There are those who are wholly disloyal to every principle of osteopathy, all of which is due to the fact that, they do not know the first principles of the science, much less the philosophy of those principles. And it is to be regretted that these superficially educated osteopaths are now doing the cause more harm than 'our friends, the enemy.' There are now four osteopaths located in this city of about eight thousand people, three men and one woman. One of this number recently had an attack of sickness and at once employed Dr. Brash, M. D., who is the man who championed the fight against Dr. Little and osteopathy in Nebraska, and he is now the secretary of the state board of health.

This has done us a world of harm in this part of the state. The people are now making capital out of it. The writer is disposed to the opinion that until the leading schools establish more rigid entrance requirements and thus get only the better class of men and women into the schools, the cause will materially suffer from its enemies. Our schools, if they would protect the science from that disloyalty born of ignorance, will be forced to give more attention to the graduates sent out into the field to practice.

U. M. BROWDER, D. O.,
Beatrice, Nebr.

The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE

AMERICAN SCHOOL OF OSTEOPATHY.

KIRKSVILLE, MISSOURI.

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THE A. S. O. will have ready for distribution before June 1, an illustrated catalogue, a new directory of graduates, a pamphlet revised and complete to date containing the laws of the various states and territories regulating the practice of osteopathy. All will be furnished gratis upon application. Send for them.

* * *

THE article by Dr. C. P. McConnell of Chicago, on "Goitre," which we intended to publish in this issue will appear in our June number instead. This article will contain an outline of forty-four cases treated osteopathically. The arrangement of the article having taken considerable time, the doctor was unable to get it ready in time for this issue.

* * *

DATES to bear in mind—July 14, 15 and 16, the A. O. A. convention at Cleveland. June 4 and 5, the M. O. A. convention at St. Louis, the programme of which is published in this issue. June 24, the A. S. O. Alumni association meeting at Kirksville; see the programme herein published. June 26 and 27,

the I. O. A. convention at Bloomington, Ill.; the programme of this meeting also appears in this Journal. July 6, the A. S. O. opens a six weeks summer school in St. Louis for advanced students and graduates.

* * *

THE Alumni association of the A. S. O. will meet at Kirksville, Mo., afternoon and evening of June, 24, 1903, and we wish it understood that this announcement is an urgent invitation for all the graduates of the A. S. O. to renew old bonds of friendship and loyalty for their Alma Mater. The meeting will be interesting and instructive, and we assure will well repay an effort to be present from this point of view. The programme of the meeting will be found published elsewhere in this issue.

* * *

THERE are osteopaths and there are osteopaths—there are lesion osteopaths and there are rubbers—there are osteopaths who correct structure and there are those who follow a process termed inhibition and stimulation. Apropos to the question of the lesion osteopath, the following extracts from letters recently received at this office are to the point:

"In my opinion the only true followers of osteopathy, as taught by Dr. A. T. Still, are the lesion osteopaths." W. D. Bowen, D. O., Washington, N. C.

"Business is very good, and am finishing up the largest year's work since practicing. My success is due, not to studying adjuncts, but anatomy, and practicing strictly lesion osteopathy. It pays every time." Chas. F. Bandel, D. O., Brooklyn, N. Y.

In a recent letter to Dr. A. T. Still, Dr. E. C. Pickler of Minneapolis, Minn., said: "The more I see of osteopathy and the more I practice it, the more I am persuaded that our salvation lies in sticking to the natural truths you taught us in the beginning. I fear that we are allowing our thirst for 'scientific' measures to blind us to a certain extent to the great underlying principles evolved by yourself. I wish you would give us an article along these lines if you think proper. I am hungry and thirsty for some of the straight old osteopathy."

A good one comes from Danielson, Conn., where one W. H. Judson resides. Mr. Judson is somewhat of a wag. He recently read one of the thousands of ads that fill the columns of the press these days of quack prosperity, which advertised a "cure for consumption." The ad said: "Send a sample of your sputum and we will tell you about your case, etc." Forthwith says a press report, Judson went down to the city fish market and secured a quantity of oyster liquor which he diluted with mucilage and sent on to the "consumptive cure firm," the Kalamazoo Tuberculosis Remedy Co., at Kalamazoo, Mich., the advertisers in this case. A few days later Judson received a letter containing an analysis of the "sputum" and among other things, these words: "The specimen of sputum was turned over to our bacteriologist for analysis which was completed on this day and the report with bill for same is enclosed with this letter. I have talked with the doctor who made the examination and he tells me that the analysis of the sputum would indicate that the patient was well along in the first stages of consumption, and that there had been some ulceration and formation of pus. * * * I would advise that there be no delay in your beginning the treatment, for this is a disease that never stands still, and shows no mercy. The reason that it is so fatal is on account of its mild symptoms in the beginning of its attack, for the person does not realize it until they are firmly within its clutches." Outside of the letter's bad grammar, what a farce! The analysis of sputum as given to Judson was: "Sputum has been found to contain streptococci pyogenes, epithelial cells, pus, tubercle bacilli in considerable numbers." The letter to Mr. Judson was signed by "the Kalamazoo Tuberculosis Remedy Co., per Freeman Hall, M. D., consulting physician;" and the analysis of the "sputum" was signed by "C. F. Snyder, M. D.," and the company.

What a revelation! And what a fake! Fathered and conducted by M. D.'s, there's the rub. Thousands, probably tens of thousands similar snide "cure companies" flourish through the country. The patent medicines are in the same class "almost to a man." It is only now and then that the true colors of

these "fakes" are given to the public. Their innocent victims, numbering thousands every year, in the search for relief from physical and mental sufferings, squander their money and swallow the nostrums and compounds thus sent out, and if they survive the doses, ashamed of their gullibility, keep secret from their friends the fact that they were duped. Mr. Judson of Danielson is a wag. He is also a public benefactor. It will be interesting to know the sequel of the incident. Watch it.

Legislation.

There will be no more legislation this season on the subject of osteopathy as nearly all legislatures have adjourned. Legislation effecting osteopathy in one way or another has been proposed in nearly one half the states during the recent session of their legislatures. In a number of states osteopaths failed to secure favorable legislation, but in no case was any ground lost nor could you consider it a losing fight in any way. In no less than four states and two territories, straightout osteopathic measures were passed. In the states already having laws regulating our practice, no unfriendly legislation tending to repeal them could be secured, although such measures were attempted in several states by the medical profession. In fact, every particle of favorable legislation enacted was secured in spite of the strenuous and united opposition of the medical profession.

About June 1, the JOURNAL will have ready for distribution a pamphlet containing every law that bears upon the regulation of the practice of osteopathy in the various states and territories. A copy of which will be furnished upon application.

Osteopathy has gained more ground in every way and secured more favorable legislation during the present year than any previous year or two years in its history.

In Utah, the osteopathic bill passed both branches of the legislature but Governor Wells vetoed it. It seems from his veto message, it was the form of the bill and not osteopathy that he objected to. Although legislation failed, the fight greatly advanced the interests of osteopathy and favorable legislation will, no doubt, be secured two years hence.

In Colorado, a medical bill was passed by both branches of the legislature but was vetoed by Governor Peabody.

The bill contained provisions as follows:

"The Practice of Medicine," was defined as including the use of the terms, "Doctor," "M. D.," "D. O.," etc., or any term used to indicate occupation as diagnosing disease and prescribing or recommending any form of treatment, or the cure or alleviation of any physical or mental ailment. The old medical board was to be abolished and a new one appointed by the governor. The new board was to consist of nine licensed physicians, irrespective of school or practice. Graduates of colleges recognized by the board are to be admitted to practice without examination, all others to be examined in all subjects common to all the schools. There was to be no examination in materia medica or therapeutics. No licensee was to use the name of any school or system in his practice, without a certificate of qualification from the state association of that school or system.

In his veto message Governor Peabody said:

"A careful consideration of the bill meets with the conclusion that many of its provisions are unjust and oppressive, and that its general effect would be to curtail rather than to expand the means applied to the alleviation of the ills human flesh is heir to.

"Guided by the late experience of similar legislation in other states the conclusion is irresistible that all such legislation has a tendency to restrict the citizen in the employment of whomsoever he pleases in the treatment of his disease, and it also has a tendency to build up under the protection of the state a trust or combination of certain schools or systems of medicine, to the exclusion of all others, equally meritorious.

"In my judgment, this (bill) invests the board with powers which might, and probably would, become autocratic and oppressive.

"The principal objection to the bill lies in the fact that, in the treatment of contagious diseases, the practice of religious tenets shall not be indulged in, which is clearly contrary to our bill of rights."

The osteopaths in Colorado are now legally

where they were before the legislature met, without recognition.

In Virginia, the Harvey Medical bill has passed the legislature and is now ready for the governor's signature. By its provisions all osteopaths at present located in the state will be licensed to practice without examination. All who locate in the state after April 1st, 1903, must pass an examination before the board (materia medica not included) before receiving a certificate to practice.

Independent legislation will be attempted next November when the legislature reconvenes.

In Arizona, the legislature passed a bill regulating the practice of medicine which requires any one coming into the territory to pass the medical board, no matter what method of healing he wishes to practice.

In Arkansas, the osteopathic bill passed the house March 31, by a vote of 59 to 7. April 15th, the senate passed it by a vote of 17 to 12. To date the governor has not signed it, but he is expected to do so within a short time.

In Minnesota, the osteopathic bill passed both house and senate and the governor is expected to sign it immediately. It is a straight osteopathic measure and names a board of five osteopathic examiners.

In Pennsylvania, an osteopathic bill was introduced in the house on Feb. 11, but it failed to pass on 3rd reading April 1st, by a vote of 67 to 89.

On March 11th, Harry Walter was granted the floor of the house to speak against the bill. Drs. Wm. Smith and Walter Novinger were on hand to reply to him, but he failed to appear, and what was originally intended for an anti-osteopathic meeting became an enthusiastic pro-osteopathic meeting. Although the Pennsylvania D. O.'s failed on independent legislation, no adverse legislation was secured although it was attempted by the medical fraternity.

Reports on legislative matters from states not mentioned in this article have been made in our previous issues.

P. A. Johnson Dead.

Phay A. Johnson, a member of the senior class of the A. S. O., died April 18, at the residence of Fred Wilson where he had made

his home for the past two years. Cause of death was acute diffuse peritonitis, following ulceration and perforation of the vermiform appendix, due to fecal obstruction in it. Deceased was one of the best known and most popular students in the school and in his death the prospect of a useful life was cut short. The remains accompanied by Wm. Craig, a personal friend, were taken to his home at Elmira, N. Y., where burial took place. The faculty and entire student body extend sympathy to the bereaved relatives.

Programme of the A. S. O. Alumni Association Meeting
To be held in Memorial Hall, Kirksville, Mo.,
Wednesday, June 24.

AFTERNOON SESSION, 2 p. m.

Music.

Invocation—Rev. J. A. Grow.

Address of welcome—Dr. A. T. Still.

Address of President of Alumni—Dr. Herman F. Goetz, St. Louis.

Music.

Paper—Miss Margaret Sheridan, senior class, 1903.

Paper—Dr. Arthur Hildreth, St. Louis.

Practical Experiences, Clinics. {
Dr. Chas. E. Still,
Dr. Chas. Hazzard,
Dr. G. D. Hulett,
Dr. E. C. Link.

EVENING SESSION, 7:30 p. m.

Music.

Invocation—Rev. A. L. Wilson.

Introductory Address—Dr. A. T. Still.

Paper—A. L. Ovens, senior class.

Music.

Paper—Dr. Geo. M. Laughlin, Dean A. S. O.

Paper—Dr. M. E. Clark, A. S. O.

Music.

"Establishing a Precedent," by Dr. Herman F. Goetz, retiring president of the A. S. O. Alumni association.

Installation of new officers.

North Carolina Osteopaths Organize.

The osteopaths of North Carolina met at Winston-Salem, April 4, and organized the North Carolina Osteopathic society. The officers elected were: Dr. Walter H. Harrington, Wilmington, president; Dr. Calvin H. Grainger, Winston-Salem, vice-president; Dr. W. B. Meacham, Asheville, secretary and treasurer. At this meeting Dr. A. T. Still was elected to honorary membership.

New Jersey Osteopaths Meet.

The New Jersey Osteopathic society held a special meeting in Newark on Saturday, April 18th, although this meeting followed close after the adjournment of legislature (the legislature that failed to report our bill out of committee) it was by no means a consolation meeting.

The society is now incorporated. Incorporation is in the air in New Jersey. Drs. J. H. Murray and F. P. Smith were elected delegates to A. O. A. in July. The society will be well represented as four or five other members will also attend.

The delegates will go to Cleveland with \$5.00 for every member of our society; we intend to have every member of our state society also a member of A. O. A.

A committee on ethics was appointed to report at next meeting. The necessity for a definite set of rules to govern professional conduct grows, as the number of practitioners increases.

The society has started a fund by making small monthly assessments; this fund will be used to defend osteopathy in the courts or elsewhere.

GEO. D. HERRING, D. O., Sec'y.,
Plainfield, N. J.

Athletics.

On April 11th the A. S. O. Base Ball team was defeated at Macon, Mo., in an eleven inning game by the Brees Military Academy; score 6 to 5. April 25th the A. S. O. was defeated at Kirksville in an eleven inning game by the Still College of Des Moines; score 10 to 9. May 2nd, the A. S. O. will play the Still College at Des Moines.

Book Notices.

"Quiz on the Practice of Osteopathy," is the title of a little work of 140 pages compiled by E. H. Laughlin, a senior student at the A. S. O. This book is not intended to take the place of a complete work on practice but is intended as "a compendium of ready reference." It is the only book published on the practice of osteopathy in the question and answer form. Price \$1.25. For sale by J. F. Janisch, Book Co., Kirksville, Mo.

"More Light," by James R. Bailey D. O., of Ashland, Wis. This work is a treatise on

the sex question. The initial chapters deal with the anatomy and physiology of the generative organs. Following this are chapters on Social Conditions, Marriage, Abortion, Pregnancy, Children and kindred subjects. This book is written for the education of the people, through the physician. While it contains several matters which may be new to many of the profession, the first three chapters are particularly intended for the patient, and should not be looked upon as a demonstration of the subjects handled for the benefit of students. The book is well worth the purchase price which is \$1.25. Order from the author at the above address.

"Physicians, their Patients, Pills, Paregoric and Poisons," by Earle Willard, D. O. This is an extremely clever book of 100 pages of wit and satire portraying the mistakes of the medical profession. Every one interested in osteopathy should read it. One copy post paid 35c; three copies \$1.00. Order from E. S. Willard, D. O., 688 Nostrand Ave., Brooklyn, N. Y.

PERSONAL MENTION.

Dr. H. F. Illgenfritz has recently located at Muscogee, Ind. Ter.

Dr. H. S. Bunting of Chicago, recently made the A. S. O. a pleasant visit.

Dr. J. G. Leslie, formerly of Slater, Mo., is now located at Chippewa, Wis.

Dr. E. C. Cookson, formerly of Hanover, Ill., is now located at Carlinville, Ill.

Born, to Dr. and Mrs. A. L. Evans, of Chattanooga, Tenn., on April 9th, a son.

Dr. C. E. Shifflett of the last graduating class recently located at Coffeyville, Kas.

Dr. H. A. Glenn, formerly of Pittsfield, Mass., has recently located at Dover, N. J.

Dr. Maude Conkle has changed her location from Nashville, Ill., to Plymouth, Ill.

Born, to Dr. and Mrs. Homer D. Bowers of Frankfort, Ind., on March 28th, a daughter.

Dr. W. H. White, until recently of Moberly, Mo., is now located at 2253 Grand Ave., St. Louis.

Dr. G. W. Coonfield has changed his location from Westpoint, Ia., to Dodge City, Kansas.

Drs. F. B. and Sarah E. Apperson, formerly of Jefferson, Okla., have recently located at El Reno, Okla.

Dr. F. R. Haile has recently located at 274 S. Ervay St., Dallas, Tex., for the practice of her profession.

Drs. Falkner and Ganong of Paris, Texas, announce the removal of their offices from the Preston Bldg. to the Scott Bldg.

Drs. H. E. and Anna Watson Deputy report a successful practice at Riverside, Calif., where they have recently located.

Dr. William Hartford of Champaign, Ill., announces the removal of his office from the Beardsley Annex to the Illinois Bldg.

Drs. C. L. Rider and A. O. Gates announce the removal of their offices from the Ferguson Bldg., to the Stevens Bldg., Detroit, Mich.

Dr. W. J. Giltner of the firm of Giltner & McGinnis of Morris, Ill., has recently opened an office at 313 E. Broadway, Monmouth, Illinois.

Dr. Anna Hadley of Brooklyn, N. Y., announces the removal of her office from 80 Hanson Place to The Roxbury, 119 Montague Street.

Dr. A. L. Miller of Cleveland, Ohio, announces the removal of his office from the Central Trust Bldg, to Suit 711 New England Bldg.

Dr. A. T. Still is about the school again as usual, after recovering from a slight illness which confined him to his room for several weeks.

Dr. A. E. Braden, formerly practicing at La Grande, Ore., has recently opened an office for the practice of osteopathy at Waitsburg, Wash.

Dr. L. D. Hickman of Princeton, Ill., gave the students of the A. S. O. a very instructive lecture on X-radiance on the evening of April 27th.

Dr. C. T. Smith of Aberdeen, Wash., informs us that he has been appointed examining physician for the Knights of Pythias lodge at that place.

Dr. Mary Wheeler Walker of New Bedford, Mass., recently spent several weeks in New York City visiting the city hospital,

where she spent much time observing the methods employed in taking care of a practice of that character.

Dr. John C. Herman has closed up his winter office at Daytona, Fla., and returned to his home at Magnetic Springs, O., where he will continue the practice.

We are informed by Dr. C. F. Bandel of Brooklyn, N. Y., that his wife, Dr. Marthine Bandel, has been compelled to retire from practice on account of ill health.

Drs. R. H. and Margaret B. Dunnington have opened a branch office for the practice of osteopathy in the Hotel Ponce De Leon, South Virginia Ave., Atlantic City, N. J.

Dr. Howard Kretschmar of Chicago announces that he has removed his offices to a larger suite in the Trude Bldg., where he has practiced osteopathy for the past four years.

Dr. Benj. Hoefner of Wentzville, Mo., and Dr. Lavina Thompson of Ottumwa, Ia., were married Feb. 22nd, at the last named place. They will locate permanently at Wentzville.

Dr. A. B. Clarke of Buffalo, N. Y., announces that his residence address is 228 Summer St., and his city office at 750 Elicott Square, with branch office at North Tonawanda, N. Y.

Dr. F. A. Turfler of Seward, Nebr., and Dr. Anna Francis of Rensselaer, Ind., were married April, 14th. Dr. and Mrs. Turfler will practice osteopathy in Rensselaer, making that place their future home.

Dr. Geo. H. Tuttle of Portland, Me., reports that he is treating a number of insane patients in the State Asylum at that place. The superintendent of that asylum granting him the same privileges as physicians of other schools.

Dr. L. E. Wyckoff and Dr. Grace Albright were married at Salem, Ore., Feb. 3rd, the latter having practiced at that place for a number of years. Dr. Wyckoff was formerly of Bay City, Mich. Dr. and Mrs. Wyckoff have recently located at Los Angeles, Calif., with office in the O. T. Johnston Bldg.

Col. Shaw of the Des Moines School accompanied the ball team of that institution on their recent trip to Kirksville. In the evening after the game, Col. Shaw and his

students were received by the Old Doctor and afterward entertained by the A. S. O. students at Miller's Hall.

Clark Morris, a third term student of the A. S. O. recently returned to his home in Helena, Ark. He reports that he has successfully passed the state board examination including materia medica. This entitles him to a physician and surgeon's certificate, under which of course he can practice osteopathy.

Mrs. John D. Cunningham, wife of Dr. J. D. Cunningham, died March 21st, at Bloomington, Ill., after a lingering illness of Bright's disease. With her husband she graduated from the A. S. O. two years ago and up to the time of her last illness assisted him in the practice. She was highly esteemed by all who knew her.

Dr. A. P. Hibbs of Ogden, Utah, in his recent report on legislative matters in his state, among other things, said: "The board of directors of our state organization unanimously decided to ask for Dr. Young of the A. S. O. to help us, and the school kindly sent him. He proved to be the right man in the right place. It was clearly demonstrated time and again that none of the physicians here were able to cope with him. Dr. Young saw at once that heroic measures were indicated and cut them down at every turn. The doctor spent three weeks with us, making many friends for himself and for osteopathy. The osteopaths here will always have a 'kindly place' for Dr. Young and for the A. S. O. for sending him."

The following alumni visited the A. S. O. during the past month: Drs. P. D. Holloway, Independence, Kan.; Maggie Vernon, Lewistown, Mo.; J. L. White, Henry, Ill.; B. F. Morris, Little Rock, Ark.; O. L. Buckmaster, Chicago, Ill.; R. L. Price, Jackson, Miss.; Henry Snedeker, Cincinnati, Ia.; C. V. Kerr, Cleveland, O.; Minnie Potter, Memphis, Mo.; R. B. Wood, Glasgow, Mo.; H. M. Cobb, McFall, Mo.; A. L. McKenzie, Kansas City, Mo.; I. E. Scobee, Denison, Ia.; Job Dodson, Milan, Mo.; Geo. J. Eckert, Cleveland, O.; E. E. Giltner, Osceola, Ia.; Wm. Sigler, Salem, O.; F. W. Hannab, Indianapolis, Ind.; Lola Hayes, Wyanett, Ill.; Chas. Sigler, New Castle, Pa.; C. E. Ross, Fort Smith, Ark.; Ford Finch, San Antonio, Tex.; Mollie B. Hutchison, Plevna, Mo.; James F. and Daisy Walker, Quincy, Ill.; Nellie A. Runyon, Beaver City, Nebr.; W. S. Mills, Ann Arbor, Mich.; J. R. Gilmour, Mount Ayr, Ia.; Nellie S. Wilcox, Plainfield, N. J.; A. D. Morrow, Wapello, Ia.; H. D. Norris, Marion, Ill.

Clinical Reports.

REPORTED BY DRs. BRAGG & RYON, LOWNDES BLDG., ATLANTA, GA.

Constipation:—

Mr. B., formerly a member of the Bar Association of Chicago, but at present with the Southern Adjustment Co., and a resident of Atlanta, came to us suffering with constipation and nervous headaches of five years standing. On examination, found the eighth dorsal to the right, muscular contractures through upperdorsal region, rectum greatly dilated, internal sphincter without tonicity, stools very hard and dry, abdominal muscles weak.

Treatment directly applied to correction of eighth dorsal, with stimulating treatment to lumbar and sacral regions and abdominal manipulation.

Results: From third treatment bowels have acted from two to three times in forty-eight hours, headaches have entirely disappeared, stools moist and natural. Discharged cured after six weeks of regular treatment.

Primary Lateral Sclerosis:—

Mrs. B., age fifty-nine, has suffered for three years with spinal affection. M. D.'s pronounced it sciatica, and gave treatment for same, consisting of drugs, electricity and baths, without any results for the better. Upon examination, we found twelfth dorsal posterior one-half inch, all the spinal muscles below this point rigid from contractility, muscles of legs atrophied, increased knee jerk, pronounced ankle clonus, fleeting pains in back and legs, general health good.

After three months' regular treatment patient suffers little pain, and is able to walk from room to room. Legs becoming natural; lesion in spine has yielded satisfactorily. Patient is still under treatment and the prognosis is favorable for a complete cure.

* *

REPORTED BY C. H. CONNER, M. D., D. O., ALBUQUERQUE, N. M.

Female Disorders:—

Mrs. P., age twenty-three, pregnant with second child at seventh month of term, for some time had suffered severe pain in

the axilla. On examination, I found third rib subluxated. One treatment was all that was given until date of labor when I was again called to attend her. After two hours baby was born without any laceration and very light labor pains. Treatment during first stage was inhibition of clitoris and a thorough relaxation of lumbar muscles; second stage, treatment was directed to the support of the perineum; third stage, the placenta or afterbirth was removed in ten or fifteen minutes after the child was born. Patient suffered with no after pains, had an abundance of milk for her offspring and was able to be up in nine days. The first labor had resulted in a laceration of the perineal body and the patient was confined to her bed for thirty days. There was also no secretion of milk at that time owing to the subluxation of the third rib.

Miss B., age fifteen, had been suffering with amenorrhœa for two years. Medical treatment had been resorted to, also change of climate but to no avail. I treated the case seven times when the flow appeared. She received six weeks treatment in all and has been regular ever since. Treatment was directed to lesion at tenth dorsal vertebra which was obstructing the development of the ova.

Miss O., age thirteen, suffered with what is commonly known as "green sickness." Womanhood was fully developed except the flow; skin of slick greenish hue; health run down. She had been removed from school. Menstrual flow was established after four treatments. Three weeks treatment was given and the case was discharged. She has had her regular monthly function ever since.

Mrs. W., age thirty-five, residence Iowa, suffered with lung trouble, also cessation of menstruation. This case was due to run down condition of the system, owing largely to the condition of the lungs. The ribs were displaced downward on both sides, also lesion of third dorsal vertebra. The first month's

treatment was directed to the above lesions and resulted in a gain of nine pounds, restoration of menstruation and cessation of night sweats.

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REPORTED BY DRs. W. T. AND BEHTHA L. THOMAS, SEDALIA, MO.

Phlegmasia Alba Dolens (Milk Leg) :-

Mrs. A., age twenty-six, third child, came to us Jan. 16, 1902, on crutches with a well defined case of milk leg, affecting mainly the left leg; the right was also involved. She wore rubber bandages on each leg from foot to above the knee, on account of swelling. We found a quick heart, first four dorsals flat, from fourth to the tenth dorsal posterior, a break between fourth and fifth lumbar, left innominate forward and down, eleventh and twelfth ribs on left side down and muscles contracted. Our work was to reduce these lesions. The case responded from the first, and was dismissed cured after six weeks treatment.

Dislocated Hip :-

Mrs. H., age fifty-six, October 1901 fell down stairs dislocating left hip and shoulder. Hip up and back, the left innominate was forward and had been so for some time, had given trouble since the birth of her first child thirty years before.

February 5th was the date of our first call, on the 7th we set the hip, and at the fourth treatment adjusted the shoulder. In all we treated this case six times, dismissing it Feb. 15th.

Cervical Injuries :-

Man, age sixty, weight 250 pounds. October 19, '02, his team ran away overturning the carriage and throwing him violently to the ground. He fell upon left side, shoulder and head which rendered him unconscious for nearly a week. He suffered with pain in the head, neck, lumbar region and hips, eyes would not focus and tongue seemed to be paralyzed or enough so that he could say only a few words. Attending physician pronounced it softening of the brain. This case was brought to us January 1st, 1903. We found atlas anterior and to right, axis posterior and to left with spinous process tipped up, third and fourth cervicals to left, cervical muscles tense and tender, break

between third and fourth dorsals, muscles over lower dorsals and upper lumbar very tense, right innominate forward, left backward, heart skipped ever second to fourth beat. After three weeks treatment, eyes improved, heart regular, can talk very well. He now comes to the office alone.

Impacted Colon :-

Woman, age sixty-two, impaction in transverse colon. Patient had an uneasy feeling in this portion of bowel for some weeks and at times the pain was quite severe, was also bothered with constipation and stomach trouble. She took with violent pains one evening and suffered twenty-four hours before we could succeed in giving permanent relief. By the use of two high enemas of warm water and sweet oil (water 3 quarts and 1 ounce oil), with hips elevated and at same time manipulating bowels, lifting sigmoid flexure, working upon descending and transverse colon as well as relaxing tissues in lower dorsals and upper lumbar regions, we succeeded in reaching the trouble and giving relief. The treatments were continued for about two weeks. Three months have elapsed and the patient is now in better health than for many months.

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REPORTED BY W. D. BOWEN, D. O., WASHINGTON, N. C.

Partial Dislocation of Hip :-

Mr. W., saw filer at a pine mill, age twenty years, had a fall on Saturday, Dec. 6th. On reaching home that evening, he retired with slight pain in the knee. On the next day the pain in his knee was so severe that he called his regular physician who said the pain was from a slight bruise from the fall. He gave morphea, a dose of calomel and put a blister plaster on the knee. His condition not improving, I was called to examine the case on Tuesday night. I found the knee very red, swollen and sore from blister and injury, foot turned well out, and limb one-half inch longer than normal. I could not set the hip just then as his muscles were so much contracted, but treated him to stretch muscles. I set the hip at the fourth treatment, and discharged him after five days treatment entirely well.

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Diseases of the Blood and Ductless Glands:—Leukemia; Anemia; Chlorosis; Exophthalmic Goitre, and other forms of Goitre.

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Infectious Diseases:—Typhoid, Malarial, Scarlet, and other Fevers; Measles; Chickenpox; Smallpox; Erysipelas; Diphtheria; Whooping Cough; Mumps, Dengue.

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Spinal Diseases:—Curvatures; Old Dislocations, and all Deformities; Lumbago.

Diseases of Women:—Irregular, Painful or Suppressed Menstruation; Displacements of the Womb; Leucorrhoea; some forms of Barrenness; Milk Leg; Ovarian Disease.

Diseases of Men:—Spermatorrhea; Sexual Debility, or Impotence.

Some Forms Of:—Deafness; Blindness; Atrophy of the Optic Nerve; Retinitis; Weak Eyes; Short or Long Sightedness; Astigmatism; some cases of Cataract; Granulations; Discharges from the Ear; Noises in the Ears.

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Dislocations:—Of the hip, knee, ankle, shoulder, elbow, wrist, etc.

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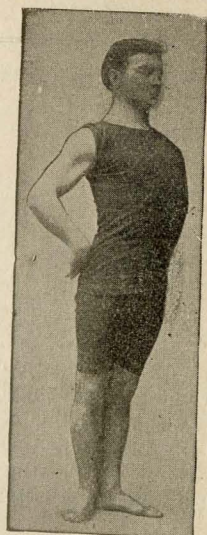
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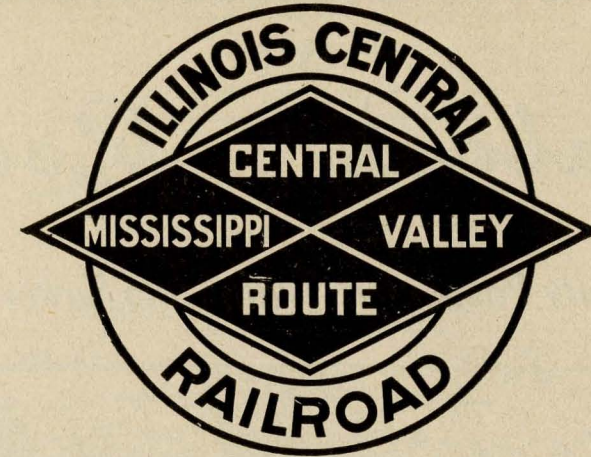
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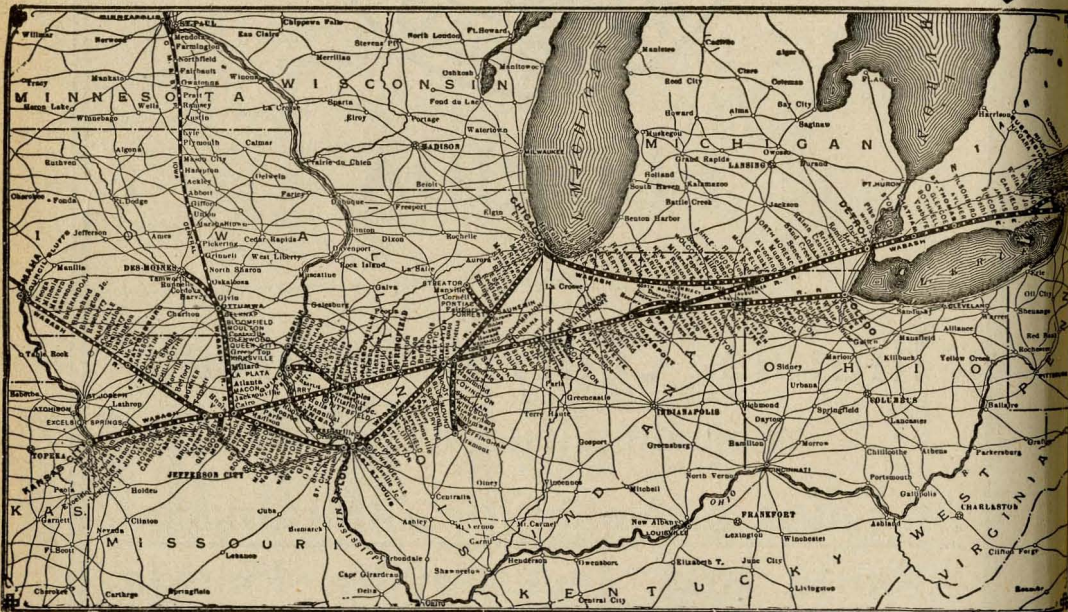
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