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PHYSIOLOGICAL EFFECTS OF MECHANICAL THERAPEUTICS.

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The various mechanical methods used to influence function or structure in the body may be classified in the following groups: Exercise, the Swedish "Heilgymnastik," Massage, Orthopedics, and Osteopathy.

Of exercise there is little need to speak. It consists in active movements which the subject himself by his own strength performs. Swedish "Heilgymnastik" consists of movements of resistance, in which either the patient performs the movements, while the physician makes the resistance suitable to the strength of the patient, and the desired effect, or the physician performs the movement with part of the patient's body, while the patient makes resistance.

Massage consists of passive movements performed by the physician with or on some part of the patient's body, the patient being always passive.

Orthopedics is that branch of surgery which has to do with the mechanical correction of body deformities.

Osteopathy accounts for disease by bony displacements, especially in the spinal column and attempts to correct the same and thereby bring about a cure.

The history of modern mechano-therapy practically begins with the middle of the nineteenth century. Says Kleen, in his hand book of Massage, "Its history conveys the same impression as the history of medicine in general; namely, that the greater part of what has been gained has been gained within this period. Prior to this time, beyond receiving slight attention from a few scattered physicians it was in the hands of laymen who were unable either to comprehend its real significance or to introduce it to the scientific world. Mezger of Amsterdam, first gave it a strong impulse in the early sixties, and, through his pupils, has exercised a powerful influence upon the standing of massage in the medical world. The hitherto so little heeded mode of treatment was now taken under the protection of certain of the foremost German and Austrian physicians. The result was that it became fixed as an integral part of the healing art in all German lands, and that its practice is now almost entirely in the hands of educated physicians who either practice it in connection with other specialties or devote themselves to it as an exclusive specialty.

TECHNIQUE.—The technique according to the Mezger school and most German masseurs may be arranged in four divisions, namely;

1. Effleurage, or stroking,
2. Frictions, or rubbings,
3. Petrissage, squeezing or kneading,
4. Tapotement, or striking.

STROKING consists of centripetal movements, made with varying degrees of pressure, usually over a considerable surface of the skin, and frequently over the larger veins with the flat of the hand, its ulnar or radial edge, base of the hand, or thumb and forefinger. Its chief effect is to accelerate circulation the blood and lymph vessels.

FRICTIONS are rubbings which are most frequently made with the volar side of the thumb and with the last phalanx of the middle three fingers. The finger tips move in small circles over a small area often exerting considerable pressure. They are employed chiefly to promote the regressive metamorphosis of exudations and infiltrations and to press the refuse so arising into the most external lymph canals. Example—sprains, strains, rheumatic affection of joints and muscles.

KNEADING is performed by grasping a part of the tissues to be acted upon between the thumb and fingers and making a series of pinchings. The tissues are frequently lifted somewhat out of their ordinary position. Its action is the same as that of rubbing, furthermore it acts as a mechanical stimulus to the muscles.

STRIKING consists of blows, raps, or choppings given by the flat of the hand, or by its ulnar edge, or by the tips of one or more fingers. It is a powerful means of mechanical excitation. It is performed in different ways according to the different organs operated upon, thus the skin and peripheral nerve endings are best treated by blows with the flat of the hand; the nerve trunks by the finger tips; and the muscles by choppings made with the ulnar side of the hand.

This classification is based upon the physiological effects of the different manipulations.

THE PHYSIOLOGICAL EFFECTS OF MASSAGE.

CIRCULATION.—By measurements Colombo (a) found that general massage raises blood pressure from 65 to 100 m. m. Massage of the abdomen alone, on the contrary lowers the pressure from 50 to 65 m. m.

Edgecombe & Bain (b) found that general massage caused an initial rise of brief duration, but produces as an after result a fall in arterial pressure. Deep massage and compression of abdomen caused an immediate rise in pressure by dispersion of the blood accumulated in the splanchnic veins into the systemic circulation. The venous pressure was always relatively raised.

Brunton & Tunnicliffe (c) found that during massage of muscles the flow through them is increased. That immediately after an accumulation of blood

occurs in the massaged muscles which is rapidly followed by an increased flow through them. Massage of a large area causes at first a slight rise in pressure followed by a fall which in some cases amounts to one-fifth of the initial blood pressure. Their method was the determination of the amount of blood issuing in a given time from the efferent vein. A cannula was inserted into the femoral vein and all branches except that coming from the extension muscles were ligatured. The routine was to ascertain the amount of blood lost in a given time. 1st, during simple bleeding, 2nd, during massage of those muscles; and 3rd, after massage.

Cautru (d) found that deep massage lowers peripheral arterial pressure and diminishes the pulse rate. Superficial exciting massage increases temporarily the blood pressure and number of heart beats. By different movements therefore, the circulation can be regulated and the equilibrium rendered normal. This principle he applied to diseases involving arterial hypertension with excellent results, i. e., migraine, abdominal plethoras and angina pectoris.

Ekgren (e) in eleven cases reports that abdominal massage lowered the vessel tone and quieted, slowed and regulated the heart's action.

Kleen (f) experimented with purely skin and purely muscle massage and with mixed massage. The first caused a rise, the second a fall of blood pressure, and the last varied according to the kind of massage used.

Dolega (g) found that light massage increases pressure and heavy massage lowers it. Abdominal massage at first increases and later lowers pressure. His explanation is that the splanchnics are stimulated to constriction, thus driving the contained blood into the general circulation, while by a longer massage relaxation of the vessel walls takes place, due to disturbed tonus.

Golz (h) opened the abdomen of a frog and applied percussion over the stomach and gut. The peritoneum at first became paler from constriction of the vessels. Later the paleness was replaced by dilatation and redness owing to the subsequent relaxation of blood vessels. At the same time the heart's action was retarded owing to the reflex influence on the vagus.

Hasebroek (i) showed that the influence of rhythmic shakings, both on the heart and between the shoulders caused a slowing of pulse in cases of pathological increase; increased tension and greater height of pulse wave and more energetic dilatation of the arteries. The cause, he thought, lay in the increased heart tonus and in the contraction of the peripheral arteries, through excitation of the vaso-motor centers. He measured the respiratory exchange and found a decrease in the CO₂ output, hence the slowing of the pulse, he attributed to a more or less direct excitation of the vagus and vaso-motor centers and also to their excitation by reason of the increased CO₂ in the blood.

Eccles (j) found that light friction on cutaneous nerves produces acceleration of the heart beat, if followed by harder rubbing, rolling and squeezing of the skin, the effect is reversed, and a slowing of the pulse occurs.

In general then, the effects of general massage is at first to constrict the peripheral vessels through the excitation of the vaso-motor nerves and thereby

increase the peripheral resistance. The venous flow is also increased. This throws more work upon the heart and increases its beat and the pulse rate temporarily. Later, the rise in venous pressure causes a fall in the arterial pressure, hence a slackening of the heart beat and of the arterial pulse. Meanwhile, too, the tonus of the peripheral vessels has become weakened owing to the constant irritation, therefore dilatation occurs, thus again throwing less work upon the heart. Abdominal massage causes a determination of the blood to the abdominal vessels, thus lessening the peripheral supply and, as Eccles has found, even causing the feet and hands to become cold. Also in some cases the patient has fainted owing to anemia of the brain.

Effects of massage on the blood forming organs.

J. K. Mitchell (k) made observations on thirty five subjects, a few of who were well, but most were suffering from anemia. After massage he found great increase in the number of the red cells, and in about one-half of the cases the hemoglobin was also increased.

Effects of massage on body heat.

Under direction of Prof. Witernitz (l) of Vienna, Dr. Pospischil made some calorimetrical studies, in which he showed that friction or rubbing of the skin increased the heat loss about 95 per cent, hence the value of massage in fevers with the excessive retention of heat, that is cooling of the skin through radiation is favored.

Eccles (m) states that as the axillary and surface temperature rises under massage, the rectal (internal) temperature falls. Exactly the opposite effects are produced by kneading the abdomen.

Effect of massage on muscles.

By means of experiments with the ergograph, Maggiora (n) came to the following conclusions:

1. Massage applied to resting muscles increases their power for work and retards fatigue.
2. The beneficial effects is within limits proportional to the duration of its application. Beyond this no augmentation occurs in work done.
3. Massage prevents the accumulation of fatigue products in a muscle and permits the muscle to do more work than with equal periods of repose.
4. The various movements of massage influence the muscle differently as regards its power to work.
5. In a muscle enfeebled by fasting, massage increases notably its power for work.
6. In a muscle fatigued by any cause that acts on the general muscular system, such as forced marches, insomnia, excessive mental work, and the like, massage exerts a restorative action.

The effects of massage on the flow of lymph.

Genersich (o) measured the flow of lymph through the thoracic duct and found that massage increased markedly the flow.

Reibmayr (p) inserted a small glass cannula into the lymphatic vessel

which accompanied the saphenous vein of a dog and found that no flow of lymph took place so long as the leg was quiet. As soon as the leg was massaged however, the lymph flowed freely.

Hough (q) states that the amount of lymph leaving an organ varies greatly under different conditions, and is especially influenced by the activity of the organ. The flow from a working muscle has been observed to be five or six times that of a resting muscle. The lymph movement in a resting muscle is almost nil.

Effects of massage on absorption.

Von Mosengeil (r) injected India ink into the knee joints of an animal then massaged one of the joints thoroughly and opened them for examination. He found that the ink had almost all disappeared from the massaged joint, leaving only a little discoloration, which was also evident in the neighboring lymph vessels as far up as the hip. The injection in the other joint had undergone no change.

Reibmayr & Hoffinger (s) found that the absorptive power of the peritoneum was increased by massage. Measured quantities of water were injected into the peritoneal cavity of rabbits. The animals were then killed at the end of one and two hours respectively, and the quantity of fluid remaining was ascertained. The process was repeated, the animal being massaged after the injection. The result was that twice as much fluid was absorbed during the first hour under massage.

Ewald (t) showed that salol is insoluble in the acid gastric juice, but that it is decomposed into its two constituents in the small intestine when subjected to the action of the alkaline duodenal contents, which render it soluble and readily absorbed. Shortly after its absorption into the circulation, it passes to the kidneys and is eliminated in the urine as salicylic acid and sulpho-carbolic acid. Its presence is demonstrated by the production of a red-violet precipitate, when the urine after acidulation with hydrochloric acid and shaking with ether is tested with a solution of per-chloride of iron. As a control experiment, he ligatured the pylorus in a number of dogs and gave them large quantities of salol without obtaining its characteristic reaction in urine.

In thirty-nine cases he found that the average time of its appearance in the urine, under normal circumstances was forty-five minutes:

After 30 min. in 1 case; after 45 min. in 32 cases; after 60 min. in 6 cases.

Eccles found in fifty cases after massage of the abdomen for fifteen minutes, the following: After 25 min. in 12 cases; after 30 min. in 36 cases; after 60 min. in 2 cases.

The cause lies in the dilatation of the abdominal blood vessels producing a determination of blood to the abdominal vascular area, and hence an increased activity, and also by mechanically increasing peristalsis.

Hirschberg, Brunner & Huber (u) found that one gram of salol given to chronic dyspeptics required from two to two and a half hours before the

reaction could be detected in the urine. After ten minutes of massage the reaction was obtained in an hour and five minutes.

Finkler (v) treated fourteen cases of glycosuria by massage and obtained a marked decrease in the volume of urine and quantity of sugar excreted.

Effects of massage on glandular secretion.

Graham (w) massaged the salivary glands and obtained a secretion in five minutes. After ten minutes the maximum secretion was obtained. The secretion was similar to that obtained through the normal excitation of the chord tympani nerve.

Beaumont (x) by means of a stomach fistula, and Thury by a fistula of the gut, found that the stomach secretion was increased after massage. Graham (w) reports a case in which massage caused the quantity flowing through the fistula for two hours to be double the normal amount. In fifteen minutes the maximum effect was produced; thereafter the hydrochloric acid and pepsin did not increase proportionately.

Weynrich (y) has shown that friction of the skin causes the excretion of water through the skin to be increased about sixty per cent.

Effects on metabolism.

Dunlop (z) gave a fixed and measured diet to a thin subject for seven days; on the fourth day, the patient was twice subjected to strong massage for an hour. There resulted an increase of urinary flow for two days thereafter.

Keller (aa) found that general massage augments the metabolism and the excretion of nitrogen containing products, sulphuric acid compounds, the chlorids and lime salts.

Eccles (ab) obtained an appreciable increase in the volume of urine and quantity of uric acid excreted by general massage.

Polubinski (ac) noted an increase in volume and in solids of urine after abdominal massage.

Gopadse (ad) experimented with four patients over a period of three months, taking into account the nitrogenous income and output. He found that under massage all four patients had increased appetite, heightened power of assimilation and an increased conversion of nitrogen containing material. He also found a lessening of the dyspeptic phenomena, an increase of HCl, and a decrease of the general organic acids and mucous of the gastric juice.

Bendix (af) gave a measured diet to three persons for six to eight days. Massage of these caused a constant increase in urine and nitrogen output. The cause of the latter he attributes to the quickened circulation whereby the cells are excited to more energetic action, and hence an increase in the breakdown of the albumen and of the circulation products. The fat output in the feces was lessened about one third.

Von Poehl (ag) tested one hundred urines of neurasthenics, for leucomaines in the form of phospho-tungstates and found them increased after massage.

Effects of massage on the movements of the alimentary canal.

Boas (ah) by kneading and rubbing the abdomen from the right hypo-

rium towards the median line, induced a relaxation of the pyloric sphincter and the entrance of intestinal juices into the stomach, whence they were drawn by a stomach tube.

Zabludowski (ai) proved that abdominal massage caused strong peristalsis of the gut and regular stools in a series of patients which he treated.

Effects on the nervous system.

Goldscheider (aj) states that a large part of the influence of massage upon the nerves rests on its excitatory and inhibitory effects on the condition of nervous excitability.

Dolega (ak) found that weak pressure increases the excitability of nerves and strong pressure weakens it or does away with it altogether.

Examples:—Pressure upon the phrenic in the neck relieves cramp of diaphragm; pressure on peripheral motor nerves stops cramps and tremor in the responding muscle region. Irritation of motor nerves produces contraction of muscle supplied by it. Sensory irritations as in neuralgia can be stopped strong pressure upon the nerves involved.

Eccles (al). Stimulation over a healthy nerve produces pain, whereas it relieves the pain if already present in the nerve. For example: In non-inflammatory abdominal pain, relief is obtained through nerve vibration.

Head's observations (am) make it possible that pain in deep organs may be modified by manipulation over the superficial region, corresponding to the distribution of the cutaneous sensory nerves, derived from the same segment of the cord that also supplies the disturbed viscus.

Eccles (al) found that in palpitation and other disturbances in cardiac action, asthma, and dysperistalsis the pain was relieved by vibration over the skin areas corresponding to the organs affected.

General conclusions.

In general the venous and lymphatic circulation are stimulated and the flow increased, causing a corresponding decrease in arterial pressure and hence a slower heart beat together with a slowed pulse. The circulatory products have in consequence a freer circulation causing a heightened nutrition to the parts, and increased removal of waste products from the parts.

The absorptive and assimilative processes are increased, as is evidenced by the quicker appearance of salol in the urine. The bettered metabolism, too, is seen in the increase of the waste products in the excretions and in the conservations of the food products, that is in the diminution of nitrogen in the urine and of the fat in feces.

Finally the nervous system is regulated, a normal tonus being brought about in pathological conditions, and this either as cause or effect, is intimately related with the welfare of the internal organs.

The therapeutic value may easily be deduced from the foregoing. Example, the lessening of the work of the heart and equalizing blood pressure in disease of the heart and circulatory organs; in the causation of resorption, in cases of exudations, dropsy, and the like; in assisting the stomach and intes-

tines when diseased, by aiding the digestive and absorptive processes; in ening the work of the kidney; and in nervous diseases establishing a b the tone through the increased nutrition brought to the nerves, and increased cretion of waste products that affect them injuriously, as well as by the di ned stimulatory effect upon them.

In this brief sketch my aim has been to present the results obtained in mechanical methods other than the osteopathic in order to give our pract tioners a clear idea of their position in the field of therapeutics and in wh their unique position consists. I have striven to show that in no way is oste pathy similar to massage either in theory or practice, if osteopathy is conceiv of, according to its founder, Dr. Still, as a system of healing in which a definit lesion in the form of a bony displacement is the causative factor and a remov of the same, the curative factor in disease.

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RANDOM CASES SELECTED FROM A DAY'S PRACTICE.

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Responding to the request for some description of various cases, I am governed in great degree by a quotation from Ray:

"He that uses many words for explaining any subject, doth like the cuttle fish hide himself for the most part in his own ink."

In exploiting osteopathic cases I find little room for the methods in vogue among the regulars. Rather does our work parallel surgery, and in writing or explaining cases I find that from my point of view, few words suffice to cover causes and effects.

In the following few lines I have tabulated six cases selected at random from those coming under my care in one day. I will so arrange them that they may interest particularly those at present engaged in the study of our beloved science.

No. 1—Mr. H—Age 47—Asthma.

No. 2—Miss P—Age 45—Tic douloureux.

No. 3—Master H—Age 8—Gastric and throat trouble.

No. 4—Miss B—Age 12—Curvature.

No. 5—Miss P—Age 30—Severe neuralgia—occipital.

No. 6—Mr. S—Age 45—Intestinal irritation.

Case number one I first treated and relieved of asthma two years ago. He recently ran to catch an elevated train, and developed a return of his malady. Found decided soreness at first and second dorsal with consequent contractions, second dorsal was slightly anterior.

To treat him I have him sit on a low stool, fold his arms and then with my thumbs stretch all the structures adjacent to the lesion, doing this for perhaps five minutes. I then relax the cervical and upper dorsal condition by bending the head as far forward as possible and working on the contracted condition with free hand, this probably takes five minutes more.

After getting the tissues relaxed I take his right elbow in one hand and direct my treatment to the correction of the first and third dorsal, (ignoring the second) and am able to give relief.

I gave him four treatments covering a period of six days, removed the dorsal lesion, and the patient returned to normal condition.

CASE No. 2. This case I consider one of the marvels in our science. A year ago she came to me suffering with characteristic tic, all symptoms of which were manifested to a marked degree. She was relieved by treatment covering a period of one month. Recently while alighting from an automobile she slipped, and the old condition returned. This case presented a very marked cervical curvature, which dates from childhood, causing the head to drop slightly to the side, and the right first rib and clavicle, in fact, the entire shoulder to be drawn up fully one inch. I think the slipped first rib was responsible for the e. I deduct this from the result of the treatment as the cervical curve could

not be fully corrected and relief came by the replacement of the first rib and clavicle.

In treating the case I had the patient lie on her side, grasped the wrist and made strong traction downward, for several minutes, stretching all the structures in relation to, and adjacent to the clavicle, including the deep muscles and the clavicular and costal ligaments. I then lowered the first rib by the customary traction gained by using the humerus as a lever. Then having the patient lie on her back, holding the replaced rib, motion is made in cervical region enhancing the cerebral blood supply, the result being relief for forty-eight hours or more. This treatment was given every third day.

I considered this case hopeless when first examined a year ago, but relieved her in one month's treatment. In this instance I have given her three treatments and reduced the pain to a minimum.

CASE No. 3. Boy, eight years of age, with great emaciation, severe throat inflammation and large tonsils. The tonsils have been removed twice, when two and six years of age, but returned each time.

Cause for this condition I found to be fourth to eighth dorsal vertebra badly deranged, axis to right and turned, axiod articulation in bad condition. These conditions were no doubt caused by a fall which he sustained when a baby, by being dropped from a hammock.

To correct the dorsal lesions, I found the most satisfactory method was to have patient sit on the table, place his hands on my shoulders and work with both hands to straighten up the vertebræ. The cervical lesions I reached by having him lie on his back and by the customary stretching of the intervertebral structures I tried each time to gain a little towards the normal position, making the point of traction from axis to third cervical, and at the same time with free fingers endeavoring to pull or push on the offending vertebra. I gave this treatment twice a week for three months and have achieved splendid success. It would be difficult to discover a trace of the former conditions. The stomach acts perfectly, and he has gained twelve pounds in weight. The tonsils are normal, and inflamed throat relieved. If it is not irrelevant, I wish to note the stinging rebuke those poor tonsils gives to modern surgery.

CASE 4. A girl, age twelve years, peculiar case of right lateral curvature which developed within a period of two months with no history of violence. Nevertheless, there existed a most marked anterior slip of sixth and seventh dorsal vertebræ. The curve extended throughout the entire dorsal region, embracing this lesion, and bordered the edge of the right scapula when first noted. The position of the ribs of the left side was such as to cause great constriction of the lung on that side causing severe cough, indicative of pulmonary decay.

The method of treating the case was to have the patient lie on stomach, with arms hanging down. It has been my experience that in this position I can get strong traction, and spinal extension, and can get better results on lesions of the nature mentioned than in any other way. In the four months I

treated her the specific lesion were slowly adjusted, the curve keeping pace towards the normal, and in six weeks the alarming cough had subsided. I wish to add, that while the spinal curve has disappeared, the spine as a whole is still poorly nourished, but with care and an occasional treatment this will be overcome, hence these conditions require attention to some extent for some months after the curvature has been removed.

CASE 5. A school teacher, age thirty. Suffered at intervals with neuralgic pains in the occipital region. At times she was compelled to be absent from school for a day or two. The pain always caused great contraction of the trapezius and all tissues beneath it. The case first came under my care during the past week, and has had but one treatment. She appeared with every symptom of a severe onset of the complaint. I found a small goitre, right first rib raised slightly, and clavicle turned.

I had the patient sit on a low stool, and bend the head forward. I then stretched all the cervical muscles and ligaments attached, for five minutes. By taking the right arm in one hand, and by proper work on the clavicle and rib with the other hand, had little trouble in setting these parts in better position, but not in proper place. After about ten minutes treatment the patient remarked that all pain was gone. I am confident that she can be relieved permanently in perhaps one month's treatment.

CASE 6. I have reserved this case for the last in order to present the opposite phase of practice—one of those cases which serves as a balance wheel especially when we are asked, "How long will it take to cure me?"

This man, age forty-five, first came to me seven years ago, and complained of intercostal pain radiating from the sixth dorsal. I found great deviation from normal position of sixth, seventh, and eighth dorsal, amounting to such an anterior position that the spinous processes were a quarter of an inch forward of those above and below, and much tenderness existed.

I treated this case about one year before overcoming the distressing neuralgia. I corrected the dorsal spine so that one can scarcely detect the original anterior position. But as soon as the first condition subsided I had to contend with an excessive peristalsis which manifested itself by the usual rumbling, which, while not causing a laxative condition, caused worry and insomnia, with resultant effects. To overcome these conditions, which I have succeeded in doing for three months at a time, I have adhered to the original lesion, endeavoring to still further correct it. I treated him about once a week for five or six weeks, then waited for several months, or until he showed a return of the trouble. He has spent several months at Battle Creek, Mich., has undergone all forms of treatment but has to fall back on osteopathy for the only relief he experiences.

I offer the case for what it is worth. I do not believe a complete restoration to normal condition is possible, but his condition is certainly better than it was seven years ago. However, I have had to treat him about five or six months out of every year for seven years—hence, my reluctance in answering whether or not I can certainly cure.

TWO AUTOPSIES IN WHICH THE RELATION OF OSTEOPATHIC LESIONS TO DISEASE IS DEMONSTRATED.

E. G. HOUSEMAN, D. O., NAMPA, IDAHO.

In the following reports it will not be the writer's intention to indicate the treatment given nor the results obtained as in each case the osteopathy was not called until the disease had progressed so far that relief could not be hoped for.

It will rather be our aim to endeavor to point out the relation between the bony lesions found and the conditions resulting therefrom; since it was the writer's privilege to assist at an autopsy upon each case.

CASE 1. A merchant, forty years of age, had been treated for gastric ulcer by two of the local medical physicians. Septic symptoms began to be noticed and the case was pronounced hopeless. The writer was called and before the patient's death was able to note the following lesions: 7th, 8th and 9th ribs on the right side depressed and twisted so that upper edges could be readily palpated; 5th to 10th ribs on left side prominent and well separated. When seen by the writer the patient's condition would not permit of satisfactory examination of spine but from position of the ribs a lateral swerve to the left was suspected. After death the lower thoracic region was found to be slightly swerve to the left. An autopsy revealed three small ulcers on the posterior wall of the pyloric end of the stomach, multiple abscess of the liver and abscess of the spleen.

Medical authorities differ as to the probable cause of gastric ulcer. However, their theories are of little value to us. In this case the rib and vertebral lesions above mentioned impaired the nerve supply to the stomach, liver and spleen, i. e., they both impinged directly upon the branches which go to the ganglia from which spring the great and lesser splanchnics whose area of origin is from the 5th or 6th to the 11th thoracic segments of the cord, and interfered with the blood supply to and the drainage from this area, by setting up muscular and ligamentous contractures which pressed directly upon the blood vessels passing in and out through the intervertebral foramina.

Nerve fibers from the above mentioned region pass via the rami efferentes, the prevertebral ganglia, the great and lesser splanchnics, the semilunar ganglia of the solar plexus and the aortic and celiac plexuses to the coronary, hepatic and splenic plexuses which supply the stomach, liver and spleen. Impairment of function of these nerve fibers results in lessened resisting powers of the organs mentioned.

The activity of the hydrochloric acid glands in this case was impaired. A lessening in the amount of this acid probably permitted a partial digestion of the mucosa in that part of the stomach having none of these glands. The vitality of these tissues was already lessened in the manner before pointed out.

The multiple abscess of the liver was probably due to infected emboli which found their way from the stomach through the portal circulation to the

liver. Since the portal vein begins and ends in capillaries it may readily be understood how this material found lodgment in the liver.

The abscess of the spleen was probably secondary to those in the liver. Such a large area being involved that the entire blood stream was polluted with septic material, and since the tissues of the spleen were weakened by their impaired nerve supply, the poisons found a favorable field for their growth.

CASE two was that of a boy ten years of age, who died of poliomyelitis following grip. When patient was about five years old he was run over by a man on a bicycle. From that time until his death, he frequently suffered from severe headaches. Examination revealed lateral swerve of the thoracic vertebrae to the right from the second to the sixth, left fourth and fifth ribs depressed, also the atlas and third cervical to the right. As in the preceding case the writer was called as a last resort and the condition of the patient would permit of little specific work upon the lesions found. The bony lesions noted probably resulted in part directly from the injury and partly from the contractures of muscles and ligaments set up by the primary disturbances in the relations of the bones to each other. The fact that the frequent headaches so closely followed the injury shows that the condition resulting from the injury caused a predisposition to congestion of the head, by impingement upon the branches coming from the cord in the cervical region, containing vaso-motor fibers which supply the vessels of the head via the carotid and cavernous plexuses. Here we have the predisposing cause of the trouble. Then it remained for the grip, the exciting cause—a disease which also affects the vaso-motors to the head—to produce the results noted.

As there was some doubt as to what condition really existed an autopsy was held which revealed a badly congested condition of the brain and meninges, some inflammatory products, a small cyst in the longitudinal fissure; these conditions all resulting from the abnormal circulation to the head and hypertrophy of the heart due to pressure of the overlying ribs and lastly a slight condition of endocarditis due to conditions in the brain.

SOME CAUSES OF PROLAPSED ORGANS.

M. F. HULETT, B. S., D. O., COLUMBUS, OHIO.

Since outlining this article I have had great pleasure in reading Dr. McConnell's thorough treatise on "Prolapsed Organs," in the April Journal, and if I encroach sufficiently upon his domain to be justly charged with plagiarism I hope my readers will concede the aptness of the statement that an oft repeated truth is not only not harmful but helpful.

The primary condition of a prolapsed organ, outside of torn or lacerated supports, is the elongation of the muscles or ligaments which are its natural attachments. This elongation may be the result of one of several conditions, the most common of which is a deficient nerve supply to that support. You will bear in mind that a muscle, in itself—leaving out the element of nerve sup-

ply—is longer than the actual distance between its two points of attachment—its natural, flabby, lifeless condition. It is the nerve impulse which gives life—tone—and puts it on a stretch. The live condition—elastic—then, is one of health, while disorder—I prefer this term to disease—represents the opposite. We have naturally, therefore, a prolapsed organ when the nerve supply is insufficient, and an aggravated condition when that force is completely cut off—paralysis of the part.

I would like to emphasize Dr. McConnell's statement that "bandages and braces are poor makeshifts" in correcting disorder resulting from interferences of this nature. You certainly would not for an instant consider putting your strong arm in a brace to develop the muscles. Activity develops strength. The bandage prevents activity and interferes with circulation—nutrition. Then why bandage a weakened part to develop it? Yet thousands of cases are thus treated, and it seems to me with an utter lack of common sense.

The condition under discussion must be corrected by "building up the nerve supply." This expression is a common one in osteopathic literature. It is general in its nature, and obscure in its meaning, and the results must depend upon several things. Why is the supply lacking? Where lie the causes of the deficiency? As in most conditions there is the primary one of spinal lesion. The nerves make their exit from their source of supply—the spinal cord and brain—through foramina formed by semi-circular arches in the vertebra above and below, the two arches being vertically opposed and forming the opening. In the natural condition there is no interference with the nerve. But strains, muscular contraction from colds, and other contractions such as diseased conditions like fevers, etc., will often leave slight disturbances of the bony articulations, these being technically termed lesions. These lesions may be sufficient to bring direct bony pressure upon the nerve at its exit, but experience has led to the belief that the irritation is more likely to be the result of a disturbance of the ligaments and muscles which surround the nerve exit, and thereby impinge upon the nerve in a taut condition.

This hypothesis is nicely illustrated in a case of sciatica produced by a "slipped innominate," what is commonly called the hip bone—but falsely so—being disturbed in its articulation with the sacrum. The sciatic nerve being formed from the last lumbar nerve and the sacral plexus, passes through the lumbo-sacral and ilio-sacral attachments and the muscular structures anterior to the posterior pelvic bones, being especially subject to irritation of this nature.

In the discussion so far I have dealt altogether with the nerves which spring especially from the spinal cord. I might just as logically consider the twelve cranial nerves, although they are perhaps less subject to irritations at their exit from the cranial cavity; and also with the sympathetic nerves, in their close proximity with the spinal column. In fact, in the later case I am of the opinion that they are more easily affected by these same spinal lesions, as the chain of ganglia of that system lie upon or very near the bodies of the vertebrae, and are thus easily interfered with.

Another cause of depleted nerve supply of considerable importance is an interference with the nutrition to the spinal cord itself. The food to the cord comes largely from the blood vessels which pass through the openings above described, and the same interferences to the nerves may apply with equal force to the obstruction of the circulation. A nerve becomes weak through lack of food, the same as any other structure.

Another point mentioned by Dr. McConnell of especial importance is that direct treatment of the organ itself—manual attempts at replacement—while it may be an aid, is not the essential treatment for cure. As indicated before in this article "tone" must be re-established in the supporting parts. As an apt illustration let me call attention to a case in my own experience. A young lady suffering from prolapsed pelvic organs and consequent sluggish circulation and pelvic congestion was treated locally for one year by the family physician without beneficial results. Spinal examination revealed sufficient lesions to account for the disorder, and a cure was effected by treatment of the spine alone in about three months. Here the tone of the supports was re-established by breaking down the obstructions to the nerve supply.

From the above one may readily surmise the method of treatment. "Remove the cause," correct the lesion, bring the vertebrae into proper alignment; reduce the contractions. This is all done by the application of proper manual operations, depending upon the condition. I might add that treatment is secondary to diagnosis. If there is a proper understanding of the relation of parts, treatment is easily adapted by the trained osteopath. If that is lacking, then treatment is of little avail.

OSTEOPATHY, ITS PROGRESS AND DEMANDS.

EMMA PURNELL, D. O., LOS VEGAS, NEW MEXICO.

Osteopathy is a product of the latter part of the nineteenth century, the product of one of the greatest minds of this wonderful age—the mind of one whose name we reverence, Andrew T. Still. He of whom it has been said, "He was born one hundred years before his time."

This mind developed, fostered, and then under prevailing difficulties had the moral courage to present the science of osteopathy to the world.

It was a reasonable, a rational treatment of the abnormal conditions of the human system that appealed to the minds of the thinking people.

It was an educator of the human race, a defense against drugs and their baneful effects, nature's aid to natural conditions, the product of scientific thought and love of humanity.

It is only when we thoroughly comprehend the wonderful perfection of this organism, the human body, that we can begin to realize the depth and breadth of osteopathy. It lives and grows as all truths will. It came to the world not to fight any other school or profession or pathy, but to take its place as one of the permanent fixtures of development in this wonderful age.

Its progress has been remarkable. The morning star heralds the dawning of another day. About thirty years ago a morning star dawned in a central western state to herald the dawning of another day in the medical world. To-day there are, approximately, three thousand stars shining throughout our land. Dr. Harry Still recently said there is room for all the doctors of osteopathy in Greater New York. Every state in the union now has a representative from the school of osteopathy, and they have penetrated Canada, Mexico, parts of Europe and the Islands of the Seas.

To-day a large majority of states of these United States have laws governing the practice of osteopathy, and the law makers in other states are gradually coming to see the necessity for such action. The protection of the law is coming due, laws that will allow only the qualified to practice. We, as osteopaths, stand upon our merit. We court no favor and ask no quarter. We know what has been done in the realm of osteopathy, and we see the horizon of our achievements gradually widening. We know what we can do to alleviate and cure human ailments and suffering without the use of drugs or nostrums and we stand before the world recognized by well-framed laws in twenty-seven states and territories, and we are still advancing. Our usefulness is practically in its infancy, but it is a husky child.

It has been said that the New England States plus Pennsylvania and New Jersey could be placed within the boundaries of the territory of New Mexico. We are proud of its magnificent distances, and while we were not granted statehood, we may console ourselves with the pleasant thought that the last legislature gave us one of the best laws governing and protecting osteopathy that can be found upon any statute book. Those who made this law are entitled to our hearty thanks and congratulations. Probably no better or more prolific field than New Mexico is now open to our scientists. To be sure the great majority of its population is native and more or less superstitious and quite likely to cling to the "family doctor" and his prescriptions, but even among these the writer has had good success, and we may look forward to a bright future in a large field for useful labor.

The demand in New Mexico for competent osteopaths is the demand the country over. No greater evidence of the growth of osteopathy can be cited than the fact that since the establishment of our alma mater, the A. S. O. at Kirksville, about twelve new institutions have sprung into existence and bid fair to become worthy children of the parent school. And why should not this demand still more increase? Where in the realm of creeds, science or religions can there be found more of honesty, more of truth, more of intelligent thought and successful application of tried and true principles? Where can humanity find less of danger, less of quackery, less of imposition and less of egotism, than in osteopathy—a science which appeals to sober judgment, that is rational and reasonable, that can be demonstrated and applied as well to the finest and most sensitive organism as to the sun-browned and toil-bent?

Then let us go forward practicing the genuine osteopathy as we were taught,

pure and undefiled. True, it requires patience, thought and assiduous attention, but we are in the work to benefit humanity as well as to represent the science of sciences, and we must be loyal to the trust imposed. We must be honest with ourselves and the people. Let us bear the colors of old A. S. O. with a dignity and earnestness that will command respect and honor and thus fulfill our mission to humanity. Osteopathy in its progress will meet the demands of the people.

Texas Osteopathic Bill Fails in the House.

The Texas legislature adjourned, sine die, on April 15th, leaving the law applying to osteopathic and other "drugless systems" as it has been in the past. This settles the matter for two years, when we shall hope to renew the fight for our rights.

Our bill passed the senate February 5th and every effort was made to kill it in the house committee, composed of a majority of M. D.'s. who had a few weeks previously, unanimously voted for favorable report to the house on the same bill. Meantime, however, the house had been besieged by a large delegation of medical men and thousands of letters from all over the state, protesting against the passage of the bill. This resulted in a recalling of our bill which had been reported favorably once, and the committee proceeded to use every tactic possible to cause delay. The bill from the senate, together with the house bill was held in committee room while Dr. Miller, the medical chairman, could draw up a substitute which was to give us representation on a composite board of all schools. We were offered several opportunities to compromise with the opposite, on such a basis, but we understood that these tenures were but baits to delay action, and were not made in good faith.

The bill was finally ordered printed by request, and was given a place upon the calendar. Our bill was No. 61. and the house only reached senate bill No. 59 in the regular order, before adjournment. We did our best to get 61 called up out of its regular order but lacked the necessary two-thirds majority to carry the point. We felt sure from our poll, that we had a safe majority of the house if we could ever get to a vote. One more day for the consideration of senate bills would have passed our bill, we believe.

No bill was more strongly opposed than ours. The subject was new in the house, and we found but two men out of 130, who had had any personal acquaintance with osteopathy. It meant much work to convert these men to vote for us, when they had to vote against the requests of some of their strongest friends who had been pressed by their M. D.'s to take issue against us. We feel that the campaign was sufficient education so the members will know us next session and will help us to get the legislation we need.

As president of the T. O. A., I feel like publicly expressing our thanks to the A. S. O. for her aid in the fight. Through your influence, we believe we had the assistance and advice of Dr. Hildreth for several days, and we shall not forget your advice for us to command you when we needed your aid. The A. S. O. has borne more than its share of these legislative fights, it appears, and we desire to express our commendation of the loyalty which it continues to manifest.

The T. O. A. now has a membership of 35 and we had a pretty general co-operation from all members and quite general concerted action from the 70 or more non-members. We are considerably in debt and hope to meet next month and raise the funds to meet obligations and plan to renew the battle. In connection with this, we desire to acknowledge the valuable aid given to our cause by Mr. A. L. Randell, of McKinney, Texas, who, as a law student at Austin, devoted much of his time in the last six weeks of the session in endeavoring to get the bill called up. No practitioner could have shown more faithful devotion to the cause than did Mr. Randell.

April 22, 1905.

PAUL M. PECK, D. O.,
San Antonio, Texas.

A Victory In Colorado.

The Dixon Medical Bill was signed by the governor yesterday, and as it contained the emergency clause, it becomes a law at once. The section in which we are most interested contains the following clause: "Nothing in this act shall be construed to prohibit—nor the practice of osteopathy when not prescribing medicines nor administering drugs;" also, "Every applicant for license shall name his system of practice, and no person shall use the name of any system except upon possession of certificate from the state association of such system."

This exempts practitioners of osteopathy from the provisions of this bill and the medical board have agreed that a certificate from the Colorado Osteopathic association shall be sufficient evidence that the holder thereof is a practitioner of osteopathy. Therefore those using our name without legal right to do so can be prohibited by the medical board.

We had a great struggle in the legislature to get our amendment through, the bill was introduced in the house by the speaker. As it passed the house it would have required all osteopaths to pass the examination under the State Medical Board, but in the senate we succeeded in putting in the exclusion clause and with the strength developed there, the medical men were obliged to accept our amendment or see their bill defeated. In fact some of them would have preferred the latter, as the doctor on the floor of the senate moved to strike out the enacting clause when he saw we were about to win. But it was carried over his head, the house ratified the amendment, and now the governor has signed it. The osteopaths feel a great advance has been made for our profession in this state, and we are proud to say that Colorado is alright.

NETTIE HUBBARD BOLLES, D. O.,
April 22, 1905. Denver, Colorado.

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HOSPITAL FACES A STRIKE.

Elgin Physicians Resent Presence of an Osteopath at the Sherman Institution.

Elgin, Ill., April 26.—(Special.)—Elgin Sherman hospital, the only institution of this character in the state which is managed and

operated entirely by women, is threatened with resignation from every physician now upon the medical staff.

Two days ago Dr. Murray, an osteopathic doctor, was given the privilege to bring his patients to the hospital. The regular practitioners look upon this act as an affront to the entire medical fraternity. At a meeting of the local medical association several of the hospital staff announced that if Dr. Murray is not removed they will resign.

A meeting of the board of lady managers has been called for tomorrow afternoon. The doctors have withheld their resignation until tomorrow night, but at that time drastic action will be taken unless the affair is adjusted.—Chicago Tribune.

* * *

A Poetical Combat.

EDITOR JOURNAL OF OSTEOPATHY,

Kirkville, Mo.

DEAR DOCTOR:—Having recently gotten the force of the Houston Daily Post interested in osteopathy and succeeding in causing considerable comment among them in regard to our science, the following piece of poetry appeared in the columns of a Sunday issue some few days ago, having originated in the brain of J. M. Lewis, the famous humorist of Texas.

This is the latest growing fad,
If you are mad, or sad or glad,
Or full of booze, or full of wrath,
Go get rubbed by the osteopath.
If you don't like your honey's tones,
Have him manipulate her bones,
For ills of spines or arms or pegs,
The osteopaths are pulling legs.

Not being particularly well pleased with the "rubber" part of the poem, I undertook to inform Brother Lewis that we are bone-setters—doing so in the following poem(?)

Oh, no! 'tis not a growing fad,
But a growing science and, Be Gad,
If you're full of booze, or full of wrath,
You had better consult an osteopath—
You won't get rubbed, or soaked in a bath,
But your bones are set by the osteopath.
We learn it in Missouri; and you bet it's true,
For curing your ills—that we can "show you."

I am informed that the aforesaid Lewis never allows any one to get back at him through the columns of his paper and con-

sequently my "effusion" has never appeared in print.

N. R. LYND, D. O.,
April 13, 1905. Houston, Texas.

* * *

Defeat in New Jersey.

Our bill, after passing the senate on March 29th, was referred to the miscellaneous business committee in the house, and, despite great pressure which was brought to bear on the chairman of this committee by the medical people, after appealing to the governor, our bill was reported out and was put on the calendar for final passage.

A resolution was offered by a medical member of house, to the effect that all bills coming up for final passage, if opposed, should be tabled. On account of the rush of business at closing hours of session, this resolution was accepted, and when our bill came up it was promptly tabled. Had we but one day more for work this could not have happened. It was only by trickery like this that our bill could have been killed—had it come up for a vote we would certainly have won.

We shall continue the good work during this year, confident of victory at the session this coming winter. F. P. SMITH, D. O.,
April 25, 1905. Montclair, N. Y.

* * *

An Act.

Entitled An Act to License Osteopathic Physicians and Surgeons to Practice in the Territory of New Mexico, to Establish a Board of Osteopathy to Regulate the Practice of Osteopathy and to Punish All Persons Violating the Provisions of this Act.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE TERRITORY OF NEW MEXICO:

Section 1. The Governor of this Territory shall appoint a Board within ten days after the passage of this act, and biennially thereafter, and shall fill all vacancies.

This Board to be known as the Territorial Board of Osteopathy and shall consist of three legally qualified resident practicing osteopathic physicians, each of whom shall have been actively engaged in the practice of osteopathy in this Territory for at least one year prior to his appointment, and shall serve for a term of two years, and until his successor shall have been duly ap-

pointed and confirmed by the legislative council.

Sec. 2. Said Board of Osteopathy shall elect a president, secretary and treasurer and shall have a common seal, and its president and secretary shall have power to administer oaths.

Said Board shall hold meetings in the City of Santa Fe, in the capitol building, in the rooms provided for it by the Capitol Custodian Committee, on the first Monday in April and September of each year, and such other meetings as may be deemed necessary, and shall issue certificate of qualification to all applicants who meet the requirements of this act.

Sec. 3. Said Board shall create no expense exceeding the sum received from time to time as fees hereinafter provided.

Sec. 4. The fees coming into the treasury of said Board shall be paid out upon warrants of the president and secretary thereof in payment of the compensation and expenses of said Board in carrying out the provisions of this act.

Sec. 5. Said Board shall make such rules of procedure for the regulation of all matters of applications and hearings before it as it may deem advisable.

Sec. 6. Any person, who at the time of the passage of this act, shall be actually in the practice of osteopathy in this Territory, shall be entitled to receive such license upon making application to the Board at its first regular meeting and paying a fee of five (\$5.00) dollars, and satisfying the Board that he was lawfully engaged in the practice of osteopathy in this Territory, at the time of the passage of this act.

Sec. 7. Any person before engaging in the practice of osteopathy in this Territory, after the passage of this act, shall, upon the payment of a fee of twenty-five (\$25.00) dollars, make application for a certificate to practice osteopathy to the Board of Osteopathy, on a form prescribed by the Board, i. e.

- 1st. Evidence of good moral character.
- 2d. preliminary education equal to a high school diploma or teacher's certificate.
- 3d. the name of the school or college of Osteopathy from which he or she was graduated, and which shall have been in good repute as such at the time of the issuing of di-

ploma, as determined by the Board. 4th, the date of the diploma and evidence that such diploma was granted on personal attendance and completion of a course of study of not less than three full terms of nine months each in three separate years, provided, however, that the Board may in its discretion receive applications for the examination from osteopaths who have graduated from a reputable osteopathic college of not less than two years' course and furnishing evidence of field practice of not less than one year, and such other information as the Board may require. And such applicant shall at the regular meeting of the Board, submit to an examination in the following branches, to-wit: Anatomy, Physiology, Chemistry and Toxicology, Pathology, Gynecology, Obstetrics, Diagnosis, Hygiene, Dietetics, Surgery and Theory and Practice of Osteopathy and such other subjects as the Board may require. The person receiving said certificate shall have same recorded in the office of the Probate Clerk of the county in which he or she intends to practice, and shall pay a fee of one (\$1.00) dollar and the record shall be endorsed thereon. In case a person removes to another county to practice, the holder shall record his certificate in like manner in the county to which he or she removes.

Sec. 8. Any person practicing osteopathy within the Territory without first having obtained the certificate herein provided for, who, for the purpose of obtaining such license, shall falsely represent himself or herself to be the holder of a diploma as herein provided, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than fifty (\$50.00) dollars nor more than one hundred (\$100.00) dollars, or by imprisonment in the county jail for a period of not more than ninety days for each and every such offense.

Sec. 9. This act shall take effect and be enforced from and after its passage and all acts and parts of acts in conflict herewith are hereby repealed.

Southeastern Iowa Association Meets at Mt. Pleasant.

The osteopathic convention recently held in Mt. Pleasant was one of the largest and

most interesting meetings held for sometime by the southeastern Iowa osteopaths. The meeting was called at 10:45 a. m. and the address of welcome given by Dr. E. E. Westfall, president of the association. Dr. C. S. Harper of Washington was unable to be present, but sent his paper on "Orchitis," which was read by Dr. Mary C. Keith of this city. The paper was good and brought out an animated discussion, which was led by Dr. Walker of Burlington.

At the afternoon session the paper by I. J. S. Baughman of Burlington on "Comparative Therapy" was very interesting bringing out as it did the different methods of treating disease. The discussion it aroused was interesting and was led by Dr. E. E. Bond of Montezuma.

"Rheumatism and the Heart" a paper read by Dr. Mary T. Maddux of Fairfield showed a careful study and thought and was indeed a very bright paper. The discussion following the reading of the paper was led by W. A. Cole of Burlington.

The last paper read by Dr. J. F. Byrne of Ottumwa on "Hereditary Transmission of Disease" was exceedingly helpful and the lively discussion brought out by its many excellent points was carried on by all, led by Dr. Walter Maddux of Fairfield. As a whole the papers were very fine, giving as they did the every day experiences and observations of the osteopaths.

The clinics are always a most interesting feature of these conventions and were of exceptional value at this meeting owing to the fact that such a large number and variety of clinics were present.

It was a keen disappointment that Drs. H. W. Forbes of Des Moines and C. E. Still of Kirksville could not be with us as we had hoped; however, the clinic hour was a most helpful one to all who were fortunate enough to participate in it.

At the conclusion of the program, the regular business session was held, at which time officers were elected. Those chosen were president, Dr. J. H. Baughman, Burlington; vice-president, Dr. W. A. Cole, Burlington; secretary, Dr. Mary T. Maddux, Fairfield. It was also decided to hold the next meeting in November at Burlington.

Those in attendance were: Dr. Minnie

Barker, What Cheer; Dr. Ina C. Barker Sigourney; Dr. J. F. Byrne, Ottumwa; Drs. J. S. and Nannie Ball-Baughman, Burlington; Dr. W. A. Cole, Burlington; Dr. J. C. Dailey, Ft. Madison; Drs. W. S. and Mary T. Maddux, Fairfield; Dr. N. H. Smith, Olds; Dr. J. N. Walker, Burlington; Dr. E. E. Westfall, Mt. Pleasant; Dr. Mary C. Keith, Mt. Pleasant.

Proceedings of the Board of Osteopathy of the Territory of New Mexico.

Pursuant to an act of the 36th legislative assembly entitled "An Act to License Osteopathic Physicians and Surgeons to Practice in the Territory of New Mexico, to Establish a Board of Osteopathy, to Regulate the Practice of Osteopathy and to Punish all Persons Violating the Provisions of this Act," approved March 14th, 1905, Dr. C. H. Conner of Albuquerque and Dr. Charles A. Wheelon of Santa Fe, each having duly qualified by filing the oath of office with the secretary of the territory, met at the capitol building in the City of Santa Fe on Monday, April 3rd and organized the Board of Osteopathy of New Mexico by electing Dr. Conner temporary chairman and Dr. Wheelon temporary secretary.

The permanent officers elected by the Board are as follows: President, Dr. C. H. Conner of Albuquerque; vice-president, Dr. A. M. King of Roswell; secretary and treasurer, Dr. Charles A. Wheelon of Santa Fe.

On motion the secretary was instructed to issue certificates to all qualified osteopaths now practicing in the territory upon payment of a fee of \$5.00.

Dr. G. R. Engledow, a dentist of Raton, appeared before the board praying that he be granted a certificate to practice in the territory, setting forth that he had taken up the study and practice of osteopathy, but had never studied in any osteopathic college. The petition was denied.

A communication from Dr. E. W. Christensen of El Paso, Texas, came before the board. The communication set forth that he had practiced in the territory before any laws were enacted governing the practice and prayed that he be given a certificate to practice. The secretary was instructed to inform Dr. Christensen that he would be re-

quired to take the examination if he desires to practice in the territory.

The constitution and by-laws of the board were read, approved and adopted. The board adjourned to Monday, September 4th.

CHARLES A. WHEELON, D. O.,
Secretary.

New Mexico Forms Territorial Osteopathic Society.

The following osteopaths assembled at Santa Fe, April 3rd, and organized the New Mexico Osteopathic association: Dr. C. H. Conner, Albuquerque, Dr. Charles A. Wheelon, Santa Fe, and Dr. Emma Purnell, Las Vegas, by electing the following officers: Dr. C. H. Conner, president and Dr. Emma Purnell, secretary and treasurer.

Dr. Conner delivered an address on the objects of the association which was followed by a general discussion. Dr. Wheelon followed with a discourse on the benefits to be derived from the association and Dr. Purnell read an interesting paper entitled: "Osteopathy:—Its Progress and Demands."

The secretary was instructed to correspond with each osteopath in the territory regarding the conditions in his field, and request him to join the association. The membership fee is \$1.00 per year.

The following were adopted: This association shall meet at the call of the president. The dues shall be \$1.00 per year. All regular licensed osteopaths practicing in the territory shall be eligible to membership. The president shall outline a program for each meeting of the association and shall assign subjects for papers and discussion. It shall be the duty of each member of the association to inform the president or secretary of the board of osteopathy of any violations or infringements of the laws governing the practice of osteopathy in the territory:

RESOLUTION—Resolved, that it shall be the purpose of this association to maintain the high standing which osteopathy now enjoys and to work with united effort for the betterment of the science of osteopathy from a professional standpoint for the mutual assistance of each member of the association and to endeavor to maintain a standard price for treating.

EMMA PURNELL, D. O.,
Secretary.

Program of Missouri Osteopathic Association, Springfield, Mo.

FIRST DAY, THURSDAY, JUNE 8.
MORNING SESSION.

Address of welcome by Hon. B. E. Meyer, mayor of the city.

Response, Dr. T. M. King, president of the association.

Paper, "When to Recommend a Surgical Operation," Dr. A. L. McKenzie, Kansas City. Discussion.

Paper, "LaGrippe; Its Sequelæ," Dr. E. C. Link, Kirksville. Discussion.

Paper, "Osteopathic Obstetrics; A Comparison With Other Methods," Dr. M. E. Clark, Kirksville.

AFTERNOON SESSION.

Paper, "Our Relations to Other Physicians," Dr. A. G. Hildreth, St. Louis. Discussion led by Dr. J. B. Cole, Columbia.

Paper, "Gastro-Intestinal Cartarrh," Dr. S. T. Lyne, Kansas City. Discussion led by Dr. A. B. King, St. Louis.

Paper, "Spinal Curvature," Dr. J. W. Hofsess, Kansas City. Discussion.

EVENING—BANQUET.

Toasts—Dr. T. M. King, Toastmaster.

Dr. C. E. Still, Kirksville, "The Three Year Course."

Dr. J. A. Grow, Memphis, "The Funny Side."

Dr. Martha Petree, Oregon, "Woman's Mission in Osteopathy."

Dr. H. E. Bailey, St. Louis, "Do We Progress."

Dr. Lou Tuay Noland, Springfield, "The Treatment Habit."

Dr. Josephine DeFrance, St. Louis, "The Old Doctor."

Dr. J. H. Crenshaw, St. Louis, "Our Alma Mater."

Speeches limited to ten minutes.

SECOND DAY, FRIDAY, JUNE 9.
MORNING SESSION.

Demonstration.

"Diagnosis and Treatment of Pulmonary Tuberculosis," Dr. F. P. Young, Kirksville. Discussion, General.

Demonstration.

"Differential Diagnosis in Hip Joint Disease, Congenital Dislocation, Traumatic Dis-

location, Fracture of the Femur, Infantile Paralysis, and Slipped Innominate," Dr. G. M. Laughlin, Kirksville.

Discussion, General.

Question box, conducted by Dr. C. E. Still, Kirksville.

AFTERNOON SESSION.

Clinics, Dr. William Traugher, Mexico, "Hepatic Cancer."

Dr. W. J. Conner, Kansas City, "Constipation."

Dr. W. H. Nuckles, Marshall, "The Eye Osteopathically Considered."

Clinics will also be given by Dr. A. B. King, St. Louis, S. W. Longan, Kansas City, and Dr. T. L. Holme, St. Joseph.

EVENING SESSION.

Business Meeting.

Secretary's Annual Report.

Treasurer's Annual Report.

Selection of place of meeting for next year.

Election of officers.

Miscellaneous Business.

Northwest Missouri Osteopaths Meet.

The osteopaths of northwest Missouri held their first meeting at Albany, April 13, 1905. There was a good attendance at this, the initial meeting, but many who had intended coming were detained at home.

The meeting was called to order by Dr. C. A. Lane, of Albany. Dr. R. H. Beets of Bethany was chosen temporary chairman and Dr. Smith of King City, secretary pro tem.

At Dr. Lane's suggestion the name "Northwest Missouri Osteopathic Association" was unanimously adopted. The following staff of officers were elected to fill the various chairs:

President, Dr. C. A. Lane, of Albany; vice-president, Dr. E. Ewing, Grant City; treasurer, Dr. Edwards, King City; secretary, Dr. Smith, King City.

Dr. R. H. Beets of Bethany was appointed reporter for the meeting to furnish each of the local newspapers with copies of the proceedings of this meeting, and also send a copy to each of the leading osteopathic journals for publication.

The president appointed the following committee on constitution and by-laws: Drs. Lane, Edwards and Smith.

Their report will be submitted at the next

meeting, which will be held at Albany, Missouri, May 10, 1905, and at which time an interesting program as follows, will be carried out:

Paper—Cholera Infantum, Dr. R. H. Beets. Discussion—Dr. Ewing.

Paper—Typhoid Fever, Dr. Edwards. Discussion, Drs. J. C. Beets and Smith.

Paper—Pneumonia, Dr. Ewing. Discussion, Dr. R. H. Beets.

Paper—LaGrippe, Dr. Smith. Discussion, Dr. Edwards.

Those present feel highly gratified by the interest taken, and the indications are that the result of this organization will be of great benefit to its promoters and members.

A very cordial invitation is extended to any and all interested in this greatest science of modern times, to attend the next meeting at Albany, Missouri, May 10, 1905.

R. H. BEETS, D. O.

A Communication From Nebraska.

There has recently appeared in osteopathic literature a write-up of the attempted adverse legislation in the state of Nebraska, which, in my mind, conveys an erroneous impression. The medical bill known as the "McMullen Bill" was an attempt on the part of the medical fraternity to shut out the practice of osteopathy in the state of Nebraska. But at no time did the bill stand any chance of becoming a law, although they succeeded in passing it through the house before the friends of osteopathy recognized the full object and intent of the measure. All that was necessary for our legislative committee to do was to show the friends of osteopathy in the senate the true purpose and intent of the bill. It was the reputation that osteopathy has in the state of Nebraska and the good work done by the practitioners in the state, that is responsible for the fact that the great majority of our law-makers are friendly to osteopathy, and not to any one or two individuals who spent a great deal of their time at Lincoln during the last session of the legislature presumably in the interest of osteopathy.

The idea that our osteopathic measure was in danger is preposterous. You could no more shut osteopathy out of the state of Nebraska than you could stop the sun from

shining. When truth is once promulgated it does not then depend on any one or two individuals for its protection or development. The osteopaths of the state got all that they asked for. We did not ask for representation on the state board as has been erroneously reported. Our new law as it now stands is identical with the osteopathic law of Iowa.

The old law being amended so as to provide for examination, our amendment passed both house and senate without opposition, even the medical men in both house and senate voting for our measure, which has been signed by the governor and is now on our statute books. That is pretty good evidence that there was no intention on the part of the legislators in the state of Nebraska to hinder or retard the science or practice of osteopathy. Should our state board fail to give our osteopathic physicians a square deal in examinations, we will demand an independent board two years hence.

C. W. FARWELL, D. O., Sec'y. N. O. A.

New York Osteopaths Still Fighting.

Our bill has not failed as yet, and there still seems to be a fighting chance to pass it, though it is getting so late in the session that its passage is rendered quite questionable.

We had another hearing on April 4th before the public health committee of the assembly, and made a good showing, the hearing being quite favorable to us, though evidently it was requested by the M. D's for the purpose of delay.

The bill has been favorably reported from the senate committee and the chairman of the assembly committee promises to do likewise. It is now ready for a vote in senate, but has not yet been reached though it may be any time.

At present the main trouble seems to be caused by the representative of the regents, who having assured us formerly that the regents would not oppose our bill, has himself, being an M. D., been won over to the opposition by the M. D's, and his personal opposition is now making it seem that the regents oppose the bill. This makes quite a serious proposition, as no bill can be passed if opposed by the regents.

Our people are doing their best to slow up

the matter in its true light, and, we hope may succeed.
 CHAS. HAZZARD, D. O.,
 April 25, 1905. New York City.

Later: Today, April 25, the senate voted on our measure.

The vote stood (24) for the measure, (19) against it. The constitutional requirement however is (26) so that we were two votes short. This vote does not necessarily kill the measure but it is laid on the table, and can and will be called up if we find enough of our friends present to pass it.

The assembly is equally favorable, but the hour is late.

The medical society has not hesitated at any means to save their pride, but if we do not succeed now we will next year. Our work has been magnificent, and we have no fault to find with any of our people, or of the legislature. It is simply a matter of overcoming their prejudice just as it is in overcoming the misapprehension of the general public. It has been a campaign of education, and we have won however the final vote may be. The details of the fight would be interesting and instructive, but space is too short to give it here.

H. L. CHILES, D. O.,
 Auburn, N. Y.

Information Regarding Our Convention City for 1905.

The Brown Palace Hotel, on 17th St., and Tremont, has been selected by the local committee as official headquarters for the convention of 1905. The large ball-room will be ample for convention purposes and committee rooms will be furnished by the management.

This hotel is built on a triangle, is absolutely fire proof and has no inside rooms.

RATES: \$2.00 room, (without bath), 1 person; \$3.00 for 2 persons. \$3.00 rooms, (with bath), 1 person; \$4.50 for 2 persons. \$3.50 rooms, (with bath), 1 person; \$5.00 for 2 persons.

Corner suites from \$8.00 upwards—including parlor, bedroom and bath.

It would be wise to reserve rooms at the earliest opportunity, the tourist travel being very heavy in August.

The 17th Street or Park Hill cars in front of the main entrance to the Union Station

take one directly to the Brown Palace Hotel. All trains enter the Union Station.
 NETTIE HUBBARD BOLLES,
 Sec'y. C. O. A.
 Denver, Colo.

Is He Loyal?

Is an osteopath loyal who has an M. D. treat his family, one who is willing to risk his skill on some one else but should a member of his family need the services of a physician he calls an M. D.?

We have some such osteopaths in our profession and those are the ones who do the profession much harm.

If a doctor cannot take his own medicine he should not give it to others, and when an osteopath shows by his actions that he prefers some other treatment for his family then it is time for him to throw up the sponge and quit the practice. A man with a heart of this kind cannot practice osteopathy with a true conscientious mind. It looks to me like disloyalty or incompetency. If a man spends two years at the A. S. O. I can't see why this should be, yet we find him.

I do not mean to say that an osteopath is over stepping when he calls an M. D. for consultation, as a last resort, after his skill has been given a thorough trial and that of his brother osteopath, but the one I refer to is he who consults an M. D. at first, he who calls an M. D. and turns the case over to him at once, he who consults an M. D. in preference to an osteopath, and he who shows by his actions that he thinks an M. D. is superior to him.

The osteopath is capable of handling his case by his method as well as the M. D. by his drug method, and I think a great deal better.

When an osteopath thinks there is a better method of treatment than osteopathy let him take that course and drop the grand science which Dr. Still has given us, as he cannot serve two masters, neither can he treat a disease by two methods and do justice to either.

Brother osteopaths, hew to the line; administer osteopathy, not drugs; talk osteopathy, and not drugs; find lesions and remove them.

J. H. OVERTON, D. O.,
 Dallas, Texas.

The Journal of Osteopathy.

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CONTENTS, MAY, 1905.

PHYSIOLOGICAL EFFECTS OF MECHANICAL THERAPEUTICS. 129
 L. Von H. Gerdine.
 RANDOM CASES. 137
 Joseph H. Sullivan, D. O.
 TWO AUTOPSIES IN WHICH THE RELATION OF OSTEOPATHIC LESIONS TO DISEASE IS DEMONSTRATED. 140
 E. G. Houseman, D. O.
 SOME CAUSES OF PROLAPSED ORGANS. 141
 M. F. Hulett, B. S., D. O.
 OSTEOPATHY, ITS PROGRESS AND DEMANDS. 143
 Emma Purnell, D. O.
 EDITORIALS, PERSONALS, ETC.

WORK on the new A. S. O. hospital has already begun, and arrangements are being made to lay the corner stone on June 22nd. The hospital will be located directly west of the main school building.

We are authorized to announce the consolidation of the Still College of Osteopathy at Des Moines with the American School at Kirksville, to take effect September 1st, 1905. During this summer the A. S. O. main building will be remodeled to provide for more laboratory room and a new heating plant will be installed, this improvement together with the new hospital to be completed by September next will provide ample accommodations for the increased number of students.

At the present time the A. S. O. has the largest clinic in its history. Every afternoon during the past month over one hundred and fifty patients have been registered at the Infirmary and treated by the senior students. A new system recently established in the clinic requires all outside treatments to be reported and it is found that an almost equal number are treated daily

about the city. As most of these patients are treated but three time per week, these reports indicate that there are over five hundred patients in the clinic at the present time. There is probably no clinic in this country so large as this one that has as large a percent of non-resident patients.

We are in entire accord with the plan set forth by Dr. H. S. Bunting in the Osteopathic Physician to secure for Dr. A. T. Still as large a vote as possible for the Nobel prize. Although the Old Doctor would appreciate such an honor if it should be conferred upon him, we feel sure that he would appreciate much more the manifestations of good will of his many friends in attempting to have him thus honored.

Dr. Still has but one ambition—the triumph of his science.

We do not believe that legislation providing for a future four years' course for osteopaths is for the best interests of the profession at the present time. We have opposed such legislation for the reason that there is absolutely no need for such requirement, and that if such a law should become operative throughout this country within the next few years there would not be sufficient patronage to maintain our better schools—the ones that require a considerable outlay of capital to properly conduct them. A profession without good schools would certainly not advance very rapidly. If our schools were endowed or supported by the state as many of the foremost medical colleges are, and if our profession were already as over-crowded as the medical profession, the proposition would be quite different. We are in favor of the highest educational standards possible under the existing circumstances and conditions, but no more. It occurs to us that to attempt more than the reasonable thing would be folly. A jump from a two to a three years' course is rapid enough for a young profession like ours. Let us wait for developments and see how we get along. We have not as yet made a success of the three years' course, but we will. We may need a four year law sometime but let us wait till we need it before we legislate in favor of it.

Legislation to suit our present progress is what we want—laws can be changed when needed, conditions are not so easily overcome.

* * *

A number of newspapers and medical journals are still publishing, in some cases no doubt without malicious intent, erroneous reports of the decision of the Missouri supreme court in the case of Granger vs. Still. We suggest that as far as possible these reports should be corrected, and we know of no better way to accomplish this than to have published in the same papers in which an incorrect report has appeared, the true statement of the case as was published in our March issue of the Journal.

* * *

"THE editor will pay his respects to the I-am-holier-than-thouism spirit, as shown so frequently by the graduates of Kirksville toward graduates of other schools in the May number of "The O. P." You may not like it, doctor, but still you oughtn't to miss reading it. It will deal with plain facts that the profession ought to consider."

Dr. Harry Bunting, the editor of "The O. P." is the author of the above promise. It appeared in the April "O. P."

If Dr. Bunting is in possession of sufficient information to substantiate his charge against certain Kirksville graduates we trust he pay his respects to them as promised. Perhaps there are some such graduates from the A. S. O. but certainly not many, of the sort referred to. The editor of this Journal is personally acquainted with practically all Kirksville graduates, and for the most part are a liberal, fraternal lot.

A bigot, though, is an objectionable person and would be the same were he from some other school. No doubt, he can be found there, too. We have our differences of opinions; we may have of preferences for schools; we each possess different degrees of attainments (all little enough); but certain it is that none of these is sufficient reason for one osteopath to assume an attitude towards another that is not characteristic of a well mannered lady or gentleman.

* * *

The program of the Missouri Osteopathic meeting to be held at Springfield, June 8 and

9, will be found in this issue of the Journal. A glance at the program should convince every osteopath in the state that he would profit greatly by attending this meeting. A large part of the time will be spent in demonstrations and clinics, thus making the work practical, in fact, we believe that those who attend will feel as if they were taking a short post-graduate course. The assignments on the program have been made to those practitioners who have had much experience in their special lines of work, and nothing but bed-rock truths will be heard from them. Clinical material for demonstration purposes will be provided for by the Springfield osteopaths, but in order to insure as large a number as possible practitioners throughout the state are requested to bring such cases as they may wish consultation upon from any member on the program, or cases of interest that can be used for demonstration. If a suitable case can be furnished, Drs. Laughlin and Young will perform the Lorenz operation for congenital hip dislocation. All those expecting to attend this meeting should notify Dr. G. L. Noland, Dr. B. L. Dunnington or Dr. T. M. King, the local arrangements committee at Springfield, so that hotel accommodations can be provided for.

* * *

ON account of the seven months' post-graduate course which will be opened by the A. S. O. at Kirksville next September, there will be no summer post-graduate course this year as heretofore. Classes, however, will be conducted this summer at Kirksville in anatomy and dissection, chemistry, pathology and bacteriology, and clinical osteopathy. These classes will begin about June 20th, and continue for six weeks. Graduates who desire to take any of this work should correspond with the secretary of the school for further information.

* * *

Lady osteopathist, of three years successful experience, and expert in use of the X-ray, would take charge of established practice during absence of practitioner, or assist during summer months. Exceptional references. Address, B., Journal of Osteopathy.

CLINICAL REPORTS.

REPORTED DR. J. E. COBB, ELGIN, ILLINOIS.

Post-Diphtheritic Paralysis:—

Master B—, eleven years of age, suffered an attack of diphtheria in September last; antitoxine was administered, recovery was slow and the ultimate result was general paralysis, most marked however in the lower limbs. I was called Dec. 12th, and upon examination found marked swerve to right in cervical region, with compensating swerve to left with rotation in upper and mid dorsal region, spine was out of line laterally about one and one-half inches, and very posterior in the lumbar region; voice was almost entirely lost. Paralysis in limbs was sensory as well as motor. Treatment was directed to adjusting the spine, together with stimulating the emunctories to increased activity, with the result that the patient walked to my office (six blocks) at end of fourth week, and at end of sixth week he was able to go coasting every day. Treatment was continued for twelve weeks, he having received in that time thirty-three treatments in all. Case was dismissed entirely cured, having gained about twenty pounds in weight.

* * *

REPORTED BY DR. KATHRYN TALMADGE, WASHINGTON, D. C.

Insanity:—

Miss W—, aged thirty-six. Standing of case one year. Mother's death and large grippe supposed to be origin of ailment. One of the first symptoms was insomnia, which was followed by marked excitability with homicidal and suicidal tendencies, after which deep depression followed. Change of climate and surroundings and best medical skill of no avail. After three months of continual experimenting, patient was placed in an insane asylum. Patient was not violent but kept relatives continually anxious and frightened. Menses had discontinued when trouble was first noticed. After having been in the asylum for nine months, patient was brought to me. Upon examination, found the following: Entire spine rigid, especially the neck, axis to left, upper dorsal decidedly posterior; suffered with severe headaches in sub-occipital re-

gion; uterus was found to be retroverted. In four weeks improvement was slow but perceptible. After six weeks change for better was noticeable. After the eighth week menstruation began freely and a bright normal expression came to the face and eyes.

She became very much interested in duties about the house and took a new delight in sewing, fancy work, music, etc. Patient is still taking treatments but I hope to discharge her at an early date. This is one of the most remarkable cases I have so far treated. I did absolutely nothing but correct such lesions as are enumerated above.

* * *

REPORTED BY DR. FLOYD PIERCE, HASTINGS, NEBRASKA.

Constipation:—

Miss R— had been constipated for a number of years. Lesions: Muscles in lower dorsal and lumbar region very much contracted, spine rigid. Very little improvement during first month of treatment. At the end of second month was a great deal better and in one more month was entirely relieved of the trouble.

Exophthalmic Goitre:—

Miss H—, age twenty, came to me suffering from a very pronounced goitre.

Had difficulty in breathing, protrusion of the eye-balls, headache, nervousness, and a congested condition of the neck and face. Lesions: Left clavicle depressed at sternal end and contraction of muscles in cervical region on the left side. Treatment was given for the correction of these lesions and continued for six weeks with the result that the goitre entirely disappeared and other symptoms overcome.

Sciatica:—

Mr. M—, came to me complaining of pain in the lower part of the back which ran down the left limb. He was very nervous and at times the pain was so severe in the limb that he could hardly walk. Examination revealed a forward displacement of left innominate, muscles of lumbar region contracted and very sore. Treatment was given for the correction of these lesions and

in two weeks time he began to improve. Treatment was continued for about six weeks longer. All the pain left his back and limb and he was nervous no longer, and I consider him entirely cured.

Paralysis Agitans:—

Mr. G—, age fifty-six, first noticed symptoms of this disease four years ago. When he came for examination was very weak and hands and arms trembled so much that he could hardly write. He had great difficulty in walking on account of weakness and trembling of limbs. Lesions: Spine rigid and muscles in dorsal region very much contracted especially on the left side, twelfth dorsal to the left. Treatment was given for the correction of these lesions and continued for two months. At the end of this time hands and arms were a great deal better and limbs stronger. He could walk a mile without noticing any serious inconvenience.

* * *

REPORTED BY DR. L. N. PENNOCK, HAMMOND, INDIANA.

Constipation:—

Mrs. A—, age thirty-eight, was operated upon six years ago and had uterus removed. The operation was performed per vaginam. For about five years she has been a constant sufferer from constipation. Treatment for the removal on a lumbar lesion had no effect on the condition. Almost despairing of success I found, on a local examination, that the rectum had fallen forward and formed a loop in the cavity formed by the removal of the uterus. Two local treatments cured the constipation.

* * *

Four Year Legislation Attempted In Illinois.

An osteopathic measure has passed the Illinois senate by a vote of 26 to 5, and is at present in the hands of the judiciary committee of the house. The bill is being strenuously opposed in its present form by many prominent Illinois osteopaths, and in all probability will fail in the house unless amended according to their wishes.

The bill provides for an independent osteopathic board of five members, THREE OF WHICH SHALL BE GRADUATES OF A COMPLETE COURSE IN SURGERY.

Among other things it also provides that

ALL APPLICANTS FOR EXAMINATION MUST BE GRADUATES OF SOME RECOGNIZED COLLEGE OF OSTEOPATHY REQUIRING A THREE YEAR'S COURSE OF EIGHT MONTHS EACH YEAR BEFORE GRADUATION, NO TWO OF SUCH COURSES TO BE GIVEN WITHIN ANY ONE TWELVE MONTHS AND AFTER THE YEAR 1908 FOUR YEARS OR AT LEAST SEVEN MONTHS EACH, THAT SHALL REQUIRE FOR ADMISSION THERETO A PRELIMINARY EDUCATION EQUIVALENT TO THAT NECESSARY FOR ENTRANCE TO THE JUNIOR CLASS OF AN ACCREDITED HIGH SCHOOL IN THIS STATE, INCLUDING A ONE YEAR'S COURSE IN LATIN.

The features of the bill that are being opposed are those herein printed in small capitals.

It is proposed to amend the bill by striking out the requirement that three members of the board shall be graduates in surgery, and substituting the following: No instructor or person directly interested in a college having an osteopathic department, embracing any system of osteopathic practice is eligible to appointment; also, to strike out the clause relative to the length of course required and substitute therefor, that the course of study shall consist of at least four terms of five months each, and after 1908 three years of nine months each. With these amendments we consider the bill a good one and would like to see it become a law.

CHICAGO SOCIETY ADOPTS RESOLUTIONS

At a meeting of the Chicago Osteopathic society, at 57 Washington street, April 27th resolutions offered by Dr. Carl P. McConnell were passed endorsing the report of the society's legislative committee—Drs. Melvin and Sullivan—in conjunction with the representatives of various district societies at Springfield early this week, recommended as follows:

(1) That the osteopathic bill, known as senate bill No. 311 (which passed the senate April 20th and is now in the judiciary committee of the house) be amended as indicated in these resolutions, and, if so amended in the house, that it be the effort of the osteopathic profession in the state to pass it.

(2) That if these amendments are NOT secured, the bill should be defeated; and that the attitude of the profession on this point

should be uncompromising, believing that we would be better off without legislation than to have a law forced upon us which we do not want.

Briefly stated, (a) we object strenuously to the demand that THREE of the FIVE OSTEOPATHS to comprise the proposed osteopathic board must be SURGEONS—what have we to do with surgeons? (b) We demand that the members of this board shall not be directly interested in any osteopathic college. (c) We demand that the three-year clause shall not take effect until 1908, so as not to exclude those who are now in school as two-year students from locating in this state.

It was the sense of the Chicago Osteopathic society that osteopaths throughout the state should be informed of this situation in order to protect their interests. Let us have an osteopathic law, by and for osteopaths, regardless of the attitude of medical men and the State Board of Health toward us—or nothing.

ALMEDA J. GOODSPEED, D. O.,
Secretary.

* * *

Governor Pennypacker of Pennsylvania Vetoes Osteopathic Bill.

The Pennsylvania osteopathic bill, after having passed the senate by a vote of 36 to 1, and the house by a vote of 105 to 50, was vetoed by Governor Pennypacker.

The fact that the bill contained many objectionable features to the osteopathic profession in general may have had some weight in causing its veto, as the bill was opposed to the last almost unanimously by members of the profession outside of Pennsylvania. The bill, however, we understand, was approved by a large majority of the osteopaths of that state, who worked hard to secure its passage. The clause in the bill that provided for a four years' course after July 1907, and further that after 1910 each year should consist of eight months each, was the one that causes so much opposition.

All other features of the bill were quite satisfactory. Many prominent practitioners have expressed the opinion that it would be bad policy to establish a precedent for four year legislation at this time, thus

establishing a requirement that osteopathy has not grown up to and does not need for its best development. Many who supported the bill, although not entirely satisfied with it, did so as it was claimed that any measure not providing for a four years' course could not possibly pass the legislature, and that a bill of this character was preferable to no legislation as it provided for the elimination of fakes from the practice who are doing the science untold harm. We trust Pennsylvania will be able to secure a good three year law at the next session of its legislature.

* * *

INDEPENDENT OSTEOPATHIC BOARD FOR TENNESSEE.

Law Requires Three Years' Course After 1907.

I know the Journal will be glad to receive the news that there is a law now in Tennessee providing for a board of osteopathic examiners to examine those who wish to practice osteopathy in Tennessee. We have had a pretty hard fight in getting this law. We commenced early in the session and have worked faithfully until the governor signed our bill yesterday afternoon. We first introduced our bill in the senate and had it referred to the sanitary committee; the chairman of the committee was a medical doctor and tried on two occasions to get the committee to reject our bill. The first time he did not notify but a few of the members, only those whom he thought would reject the bill. This we found out and one of our friends had it postponed. When they did give us a hearing before the committee the chairman, Dr. Massey, and one of the medical board made a vigorous fight; accused and abused us for everything they could very well, and when it come to a vote in the senate he took the advantage of having the bill called when there were only a few present, and by getting as much opposition as he could to fight against its passage. The first vote stood 11 to 11, when it took 18 for a constitutional majority. One of our friends reversed his vote to reconsider, and the following day the bill passed the senate, 20 to 6.

After its passing the senate we only had 14 days more before our legislature adjourned. These same doctors hoped to kill our bill when it reached the sanitary com-

mittee in the house, as they had delayed us about 10 days before the other committee. When the bill was up for second reading and referred to the committee, the clerk in the absence of the speaker referred it to the sanitary committee, but we managed to have it recalled and sent to the judiciary committee which meets every afternoon immediately after adjournment. I went to the capitol and stood right by this committee until six-thirty p. m. when they adjourned. We asked them to hold a little longer and act on our bill. They at once unanimously recommended it for passage. This is where the doctors were worse beaten than at any time. For the only way that we would have ever gotten it out of the sanitary committee would have been to recall it from the committee without action. When it came to a vote the only opposing speeches were made by the members who were doctors. There were several speeches in favor of the bill and when the vote was taken it stood 63 to 28 for its passage.

The day following its passage several of the doctors called on the governor trying get him to veto our bill; their principal argument was that it would prohibit any doctor from giving massage or having his nurse to. They also said we claimed too much; that if we would confine our practice to what the word osteopathy meant it would be alright, but instead we undertook to do everything, which was granting us too much. To make a long story short the governor signed our bill yesterday afternoon, April 11th. The bill passed without a single change in any way.

J. R. SHACKLEFORD, D. O.
Nashville, Tenn.
April 12, 1905.

Extract From Governor Mickey's Message Vetoing Nebraska Medical Bill.

Without in any degree reflecting upon the motives of the legislature it is difficult, too, to avoid the conclusion that the bill was conceived in a spirit of professional intolerance. As originally introduced, the measure bore upon osteopaths with the same rigor that it does upon Christian scientists, and when it is recalled that homeopaths, eclectics and other now well recognized schools of healing, as well as osteopaths, have had to fight their way to existence over legal

barriers raised by their professional brethren who happened to be within the pale of the law, the suspicion may be pardonable that there is more at issue than a consuming zeal for the public health.

Governor Cox Appoints Tennessee Osteopathic Board.

Governor Cox, in accordance with the new Tennessee law which was approved by him April 11th, has appointed the following as members of the first state board: Dr. J. R. Shackleford, Dr. J. Earl Collier, Dr. W. Miles Williams, Dr. A. L. Evans, Dr. H. R. Bynum. The first examination will be held in Nashville, the first of July.

Detroit Society Elects Officers.

At the regular monthly meeting of the Detroit Osteopathic society held April 11th, the following officers were elected for the ensuing year: President, Dr. John Church vice-president, Dr. Edythe Ashmore; secretary and treasurer, Dr. Charles L. Severy Board of Directors: Dr. Herbert Bernard Dr. Minnie E. Dawson, Dr. George B. Clarke

CHARLES L. SEVERY, D. O.,
Secretary.

Texas State Meeting.

EDITOR JOURNAL OF OSTEOPATHY:

Please announce in your May issue that all osteopaths of the state are invited to attend the meeting of the T. O. A. which is to be held at Fort Worth, May 18th. and 19th when an interesting and entertaining program will be presented. Annual election of officers.

PAUL M. PECK, D. O.,
President T. O. A.

San Antonio, April 25, 1905.

FOR SALE:—My practice in capital city of Oklahoma. Will sell at cost of office fixture. Bargain for man and wife.

DR. O. L. LEEPER,
Guthrie, Oklahoma.

FOR SALE:—Practice, three years, two months standing, three days per week. Western Pennsylvania city. Population, 17,000. Everything ready for business. Consideration, \$200. Address, "H.," Journal of Osteopathy, Kirksville, Mo.

Personal Mention.

Dr. Geo. Wenig, of the last graduating class, has located at Bath, N. Y.

Dr. Jones Watson, of New London, Mo., was a recent visitor at the A. S. O.

Dr. Effie Feather of the February class, 1905, has recently located at Laurel, Miss.

Dr. Matilda Loper, of the February class, 1905, has located in Kansas City, Mo., with offices at 207 Deardorf Bldg.

Dr. George Percy Long has recently located at Jamaica, Long Island, for the practice of his profession. He has offices at 309 Shelton Avenue.

Dr. William R. Dozier, of the last graduating class, has opened offices for the practice of his profession in the 4th National Bank Bldg., Atlanta, Ga.

Drs. McDougall & Shove, of Chicago, announce the dissolution of their partnership. They both, however, will remain in the Champlain Bldg., where they have heretofore been located, but will maintain separate offices.

Dr. E. G. Houseman, formerly of Mountain Home, Idaho, has moved to Nampa, Idaho, where he succeeds Dr. F. K. Walsh in the practice of osteopathy, Dr. Walsh having located in his old home at Owensboro, Ky.

Dr. F. J. Marshall has changed his location from Uniontown, Pa., to No. 223 Lewis Blk., Pittsburg, Pa. He has disposed of his practice at Uniontown to his brother, Dr. W. H. Marshall, a graduate of the February class, 1905.

The partnership existing between Dr. S. H. McElhaney and Dr. Violetta S. Davis, of Newark, N. J., for the practice of osteopathy, has been dissolved by mutual consent. Dr. McElhaney has opened offices in the Scheuer Bldg., while Dr. Davis remains at their old location at West Park St.

The following alumni visited the A. S. O. during the past month: Drs. F. K. Walsh, Owensboro, Ky.; Fred W. Gage, Chicago, Ill.; H. P. Ellis, Canton, Ill.; L. N. Pennock, Hammond, Ind.; Josephine Morelock, Lincoln, Neb.; John M. Smith, Carrollton, Mo.; B. W. Sweet, Erie, Pa.; Anna E. Seitz, Greenville, Ohio; Geo. W. Reid, Worcester, Mass.; Nellie A. Runyon, Stewart, Nebr.; Bertha F. Reesman, Moscow, Idaho; Theodora E. Purdom, Kansas City, Mo., and Daisy Denniston, Trinidad, Colo.

Removal Notices.

Dr. Joseph F. Byrne, from Summer's Bldg., to 1st Floor Ottumwa Telephone Bldg., Ottumwa, Ia.

Dr. R. V. Kennedy, from Atlanta, Ga., to Cor. King & Market, Charleston, S. C.

Dr. Louisa Flanagan, from Avon, Ill., to El Paso, Texas.

Drs. Frame & Frame, from 1525 Arch St., to 116 N. 17th St., Philadelphia, Pa.

Dr. H. H. Straight, from Minneapolis, Minn., to 2127 Ellendale Ave., Los Angeles, Calif.

Dr. C. Q. Ray, from Chickasha, Ind. Ter., to Mangum, Okla.

Drs. Bathrick, from 923 Congress Ave., to 822½ Congress Ave., Austin, Texas.

Dr. Wm. Rohacek, from Lomison Bldg., to Cor. E. Otterman St. & Maple Ave., Greensburg, Penn.

Dr. R. A. Bower, from Topeka, Kans., to Eureka, Kans.

Dr. Lina J. Wrigley, from Independence, Mo., to Scandia, Kans.

Dr. J. F. Walker, from Dodd Bldg., to No. 1201 Main St., Quincy, Ill.

Dr. S. V. Crawford, from Swab Bldg., Harrisburg, Pa., to Renovo, Pa.

Dr. C. O. Hoagland, from Waterloo, Ia. to Siloam Springs, Ark.

Dr. Bessie C. Childs, from 814 Goldsmith Bldg., to 803 Grand Ave., Milwaukee, Wis.

Dr. Jesse Willard, from Champlain Bldg., to 400-57 Wash. St., Chicago, Ill.

Dr. T. S. McCoy, from Rogersville, Tenn., to 955 Greene St., Augusta, Ga.

Dr. J. H. Stephens, from Pocatello, Idaho, to White Sulphur Springs, Mont.

Dr. R. E. Smith, from Condon, Ore., to 409 Oregonian Bldg., Portland, Ore.

Dr. Alma Bruce, from Running Water, S. D., to Chamberlain, S. D.

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Iowa State Meeting.

The next annual meeting of the Iowa Osteopathic association will be held at the S. C. O. building, Des Moines, Iowa, May 26-27. We look forward to a rousing good meeting as an excellent program has been provided for.

F. W. BECHLEY, D. O.,
President.

Births.

Born, to Dr. and Mrs. C. O. Goodpasture of Washington, D. C., on Sunday, April 9th, a daughter.

Born, to Dr. and Mrs. T. J. Peet of Monticello, Ia., on April 13th, a son.

Born, to Dr. and Mrs. W. C. Wilson of O'Fallon, Mo., on April 9th, a son.

Deaths.

Died, on April 15th, at Philadelphia, Pa., the father of Dr. Geo. H. Cromie of that city.

Died, on April 26th, at Ottawa, Canada, Bertha Rhodes Lacy, the wife of Dr. John Churchill Lacy.

Marriages.

Married, on April 5th, Dr. H. N. Baker, of Cainsville, Mo., and Miss May Mills, of Blythedale, Mo.

Married, on April 24th, Dr. Frank J. Walsh, and Miss Pauline M. Meinken, both of Owensboro, Ky.

Married, on May 3rd, Dr. E. L. Sevier, of Monrovia, Cal., and Miss Lucile Colson of Moundville, Mo.

Married, on April 12th, Dr. K. T. Vyverberg and Miss Nelle Mae Hubbard, both of Lafayette, Ind.

Eales and Taber's Chart.

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The next annual meeting of the American Osteopathic association will be held at Denver, Colo., August 14th to 18th.

POST GRADUATE COURSE FOR TWO-YEAR GRADUATES.

The American School of Osteopathy will institute a seven months' post-graduate course for two-year graduates to begin Sept. 4th, 1905. The length of this course has been arranged so as to give our practitioners, together with the twenty months they have already had, a twenty-seven months' course, or a course equivalent to three years of nine months each.

Since the American Osteopathic association has demanded a three years' course and all our recognized colleges have complied with that demand by instituting a three years' course, and since three-year laws have been recently passed in several states, and, without doubt, all future legislation regulating our practice will be upon that basis, the advantages of this course are self-evident.

The practice of osteopathy during the past few years has made rapid strides towards a more scientific basis—much of error has been eliminated and much of truth incorporated. It is our intention to give in this course practical instruction along osteopathic lines with special attention to diagnosis and treatment so as to more completely equip our graduates to conduct a general practice.

Our new hospital will be in operation by Sept. 1st so that post-graduate students can and will be given special instructions in the treatment of surgical and acute cases. The course of instruction is as follows:

Applied Anatomy.....	Dr. Clark
Pathology and Bacteriology.....	Dr. Hoffman
Clinical Osteopathy.....	Dr. G. M. Laughlin
Surgery and Physical Diagnosis.....	Dr. Young
Dissection.....	Dr. Young
Physiology of Nervous System.....	Dr. Gerdine
Gynecology and Obstetrics.....	Dr. Clark
Skin and Venereal Diseases.....	Dr. Young
Diseases of the Eye.....	Dr. Young
Diseases of Children.....	Dr. Clark
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Diseases of Skin and Venereal Diseases, 1 mo.			Physiology of the Nervous System 2 mo.	Medical Jurispru- dence, 2 mo.			

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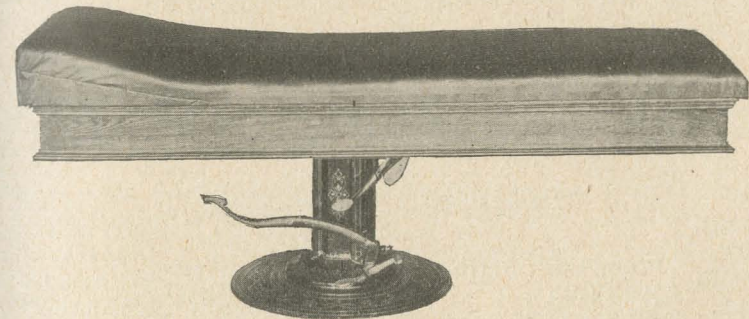
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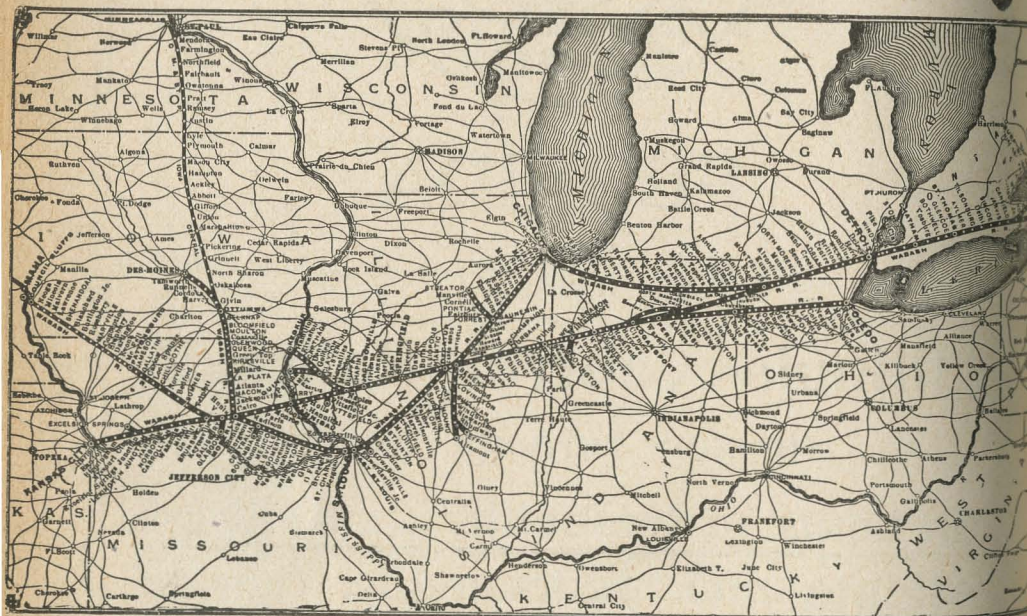
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