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THE Journal of Osteopathy

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The Rational Remedy.

A DISCUSSION OF THE FOUNDING AND DEVELOPMENT OF OSTEOPATHY.

J. L. HOLLOWAY, M. S., D. O., DALLAS, TEXAS.

The origin and development of all new sciences have been due to the discovery of some fact or facts which could not be harmonized with accepted existent theories, and not until these facts persistently refuse to be classified under formulated principles do they lead the honest investigator to cut loose his moorings and venture further into unexplored realms for other data, with which he may verify his unclassified knowledge.

Well has it been said the greatest thing in man is mind, and the greatest thing about mind is its power to discover truth. That the world has been content for ages to accept error is the explanation history offers for the stoning of her prophets and the martyrdom of her truth-seekers.

One must be possessed of more than ordinary courage and stimulated with a fervent conviction of truth to refuse to bow down to the dogmas of ages and face, unappalled, the settled dicta of centuries of thought; and it is well for us that, like mountain peaks from the dead level of the plain, there rise here and there great sentinels of thought to point the way to higher and better things.

To such questioning souls as Galileo, Luther, Newton, Des Cartes, Hunter, Darwin, Spencer and our own Andrew Taylor Still, what critics thought and said, what would-be seers foretold, scientists demonstrated and philosophers proved, made little difference when their eyes caught the effulgence of truth in the midst of ignorance, prejudice and superstition.

A small soul crouches and surrenders in the presence of dogma hoary with years. The sacrifice is too great for a questionable victory. Indeed, the contemplation of such a conflict would make the best of us tremble.

TRIALS OF FOUNDER OF TRUTH.

Did you ever stop to consider what a great discoverer of truth running counter to accepted thought must undergo, when he stands alone and challenges the conclusions long since woven into the fabric of our very life, thus inviting the scorn, indifference and contempt of his fellows, suffering the severance of ties of lifelong friendships, all for the sake of conviction? What must have been the thoughts of Luther when he contemplated the certainty of the anathemas of the church hurled against him upon the announcement of his beliefs based upon a careful study of Holy Writ, or of Galileo when he reached conclusions contrary to the teachings of the church and diametrically opposed by the exponents of so-called science? Do you suppose Dr. Still had thoughts less serious and discomfiting when he realized the enormous forces of prejudice and intolerance the announcement of his discovery would evoke?

When it is remembered that the revelations of the microscope and the researches of the physiological and chemical laboratory had not given us such a fund of knowledge thirty-five years ago as we possess today and that perchance the 'Old Doctor' may not have mastered many phases of the biological sciences, the marvel grows that he should have the temerity to depart from the beaten highway and blaze a new pathway for a more rational system of therapy.

In the historic perspective he grows larger and larger. Through laborious researches into the mechanics of the body, its physiological processes as influenced by structural conditions, through clinical demonstrations without number, he gave to the world what his followers believe to be the greatest therapeutic discovery made since Harvey announced the circulation of the blood. Received at first with indifference, followed successively by contempt, ridicule, misrepresentation, the principles of osteopathy are now being confirmed by the researches of the laboratory and accepted as a permanent heritage of medical science.

PRIMARY CAUSE OF DISEASE.

Rejecting the doctrine that symptomatology constitutes the key that unlocks the mysteries of pathology and affords a safe ground upon which to base a system of therapeutics, he boldly proclaimed that perverted structure through anatomical disorder gives rise to disturbed function, the primary cause of disease. Not refusing to accept truth from any source, he nevertheless could not accept the ordinary theory of etiology of disease and sought to give it an explanation at once rational and scientific. To quote from his own writings, 'A disturbed artery marks the period to an hour and minute when disease begins to sow its seed of destruction in the human body. The rule of the artery must be absolute and universal or disease must inevitably result.'

A RADICAL DEPARTURE.

It may not be unprofitable in this connection to follow up the 'Old Doctor's' thought and examine more specifically some of the scientific data which lie deeper than the palpable lesions which we usually find in clinical experience. For he never uttered a great truth like this without having it bulwarked with proofs from unchallenged sources.

One radical departure from other systems is found in the substitution for the chemical method of action and reaction of extraneous factors (drugs) upon living protoplasm, the biological postulate that remedial agencies are resident in the body and their healthy operation, checked, may be again started by the employment of means to secure natural mechanical adjustment. Instead of a poverty of resources ever in doubtful battle against environment, a new induction based on a profounder study of life processes has been made, to-wit, that living protoplasm contributes not only the requisite amount and quality of pabulum, but in emergencies of pathological derangement, creates a surplusage to be utilized in the recovery and maintenance of health.

EXPLANATION OF LIFE PROCESSES.

As to what this force is that seems to be resident in and emanate from the protoplasmic organization of the cell, we shall probably never know; but the conditions of its activity, which shapes the growth and controls the functions of every organ of the body, give us data which, become at once the explanation of life-processes and the revelation of the causes of disease and death.

We know the cell has two general attributes, viz., vegetative, manifesting itself in metabolism, growth and reproduction—and vital, as exhibited in the power of irritability and motion. It is with the first of these attributes we wish to deal, particularly that process known as metabolism, for upon this growth, reproduction, irritability and motion must in the last analysis depend. What is characteristic of one cell in this process is characteristic of an aggregation of cells up to and including the work of an entire organ. Gould defines metabolism as 'That power which organized bodies possess of continually using up and removing the matter composing the cell.' The process of growth and repair exists side by side with the disruptive process—the twofold work being designated as anabolic and katabolic. Evidently these changes can not take place without a renewal of material from some source. The life of the cell and the condition of its complex processes are dependent on the presence of blood and lymph.

Stewart expresses it exactly when he says: 'Blood feeds the lymph and lymph feeds the cell.'

THE OSTEOPATHIC PRINCIPLE.

It has been said the cause of disease resides in the faulty metabolism of the cell. To be more exact, disease is the deranged metabolism of the cell. Quoting from our lamented Dr. G. D. Hulett, 'It is obvious that numerous forms of stimuli may come into relation with the cell protoplasm to modify its activity. Mechanical, thermal, nervous, electrical, chemical forces, all are known to affect protoplasm; but in every case these influences must be brought over channels that connect cell with periphery. We are thus brought face to face with the fundamental fact in the osteopathic concept, that a free channel between cell and its source of supply, unobstructed blood and nerve, are the normal conditions for protoplasmic functioning. The connection between blood and nerve having been made such that nerve governs blood and blood replenishes nerve, the cell in immediate connection with both is entirely dependent upon the normal condition of these for its proper work. Hence, as long as the channels connecting cell with periphery be kept free, no break in the chain of events constituting the metabolic cycle is possible.' The selective and eliminative power of the cell remains intact. Fatigue will not persist since loss of irritability will enforce rest for reparative work. Bacterial products will not endanger in the face of the resident property of the healthy cell to counteract by the secretion of appropriate anti-toxin; but change the character of nutriment supply, or dam up the sewerage, or disturb nerve discharge to cell, and we shall have an immediate alteration of its metabolism, affecting all its attributes—irritability, motion, growth, etc. Following such disturbance will be pathological tissue changes leading to organic and functional derangement.

BEGINNING OF DISEASE.

If no error has been made in this course of reasoning, we arrive inevitably at the truth enunciated in the 'Old Doctor's' condensed philosophy of disease, viz.: 'That an altered blood and nerve supply marks the beginnings of disease.' The issue then resolves itself at once into an answer to the question of the primary causes that affect the normal circulation and nerve supply of the body.

No one who has studied mechanics to any purpose can fail to recognize in the human body structurally considered the highest type of machine. Here we have illustrated in their perfect principles the lever of all classes, pulley, wedge, the laws of hydrostatics and hydromatics; but, of course, it is more than a machine, being "self-feeding, self-oiling, self-operating and self-regulating." While this is true, it should not lead us to forget that a machine, animate or inanimate, which does the

work for which it was designed, depends absolutely upon its structural integrity. That this is true of the body machine is proved by the fact that any gross anatomical derangement indicates far-reaching physiological disturbances. Any bony dislocation produces nerve pressure, altered circulation, pain, impaired function. Gangrene is due to deprivation of blood supply to part involved. A gravid uterus may produce albuminuria by pressure on renal blood vessels.

CAUSE OF CONGESTION.

A sprain causes congestion and inflammation, resulting in various sensory and motor disturbances. Hill in Schaefer's Physiology says that "even movements of muscles of the neck by pressure on the jugular vein are sufficient to affect cerebral circulation." Hilton, in one sense a pioneer osteopath, in "Rest and Pain," cites hundreds of cases where disease follows structural derangement of parts of the body. These facts are admitted by all schools. If disturbed functioning follows grossly altered structure in all these cases, what violation of the laws of logic obtains when we predicate the same truth upon less palpable structural perversions? What is an ordinary cold but congestion of the mucous membrane of the air passages, due to muscular contraction induced by sudden temperature change—such contraction interfering with muscle metabolism through altered blood supply as a result of vaso-motor disturbances.

That our theory of disease rests upon a solid basis of fact, I quote you the unbiased judgment of an eminent medical authority writing in the Medical News under the title "No Disease Without Spinal Disturbances." The title itself is certainly assuring to us. He says;

'In the physical examination of patients, one very important part of the body is almost entirely neglected, and in general diagnosis this neglected part of the body is one of the most important to be examined, namely, the back.

RESULTS OF SPINAL EXAMINATION.

"In every case of disease, whether acute or chronic, marked indications will be found by a careful examination of the spine in the regions supplied by the posterior primary divisions of the spinal nerves corresponding to those segments of the spinal cord, from which the affected parts derive their innervation. No part of the body can be structurally or functionally diseased without there being a disturbance, either primarily or secondarily, in those segments of the cord from which the part receives its nerve supply, and these diseased conditions invariably express themselves by indications which can be readily detected along the spinal column by a careful examination."

OPINION OF MEDICAL AUTHORITY.

After reciting at some length his method of examination, the writer adds these significant words:

"A very common class of cases which come under the doctor's observation are constipation and disturbances of the digestive apparatus. Many of these cases, of course, are due to injudicious or excessive eating, lack of exercise, bad habits, etc., but in all cases of disturbances of functions of the stomach, indications will be found by an examination of the back between the fourth and tenth dorsal segments of the spinal cord, and in cases of chronic constipation, accompanied as they are most frequently by disturbances of the functions of the stomach, additional indications will be found in the lower dorsal, lumbar and sometimes in the sacral regions of the cord. This class of cases is simply quoted as an example of what may be found in an examination of the back, and is applicable to all of the diseases, acute or chronic, which come under the observation of the physician, varying only in the localization along the vertebral column which corresponds to the disturbed part. These indications are marked by slight lateral deviations of the spinous processes, atrophied erector spinæ muscles, irregularly contracted bundles of muscle fibres, which are nearly always tender to the touch when rolled under the palpating finger, and relaxed interspinous ligaments indicated by prominence or depression of one or more spinous processes. As these indications are always found in the region of the posterior primary divisions of the spinal nerves which arise from the segment of the cord which supply the organ or affected part, it seems logical to assume that they are indications of disturbances of the functional activity of those segments, and this assumption is borne out by our more recent knowledge of the functions of the spinal cord."

In an article in the New York Medical Journal by Dr. John P. Arnold of Philadelphia, in which he admits that the medical fraternity is not much better equipped than our forefathers were in treating a large proportion of cases, especially those of a chronic type, he uses this language:

"We find that internal conditions, no matter what they may be, manifest themselves by certain distinct signs that may be observed by the proper examination of the back. For instance, I have not seen any case of dyspepsia, no matter of what type, in which there were not distinct evidences in the middorsal region of a disturbance of the nervous mechanism controlling the stomach; and here we must recognize the fact that we have not only a nervous mechanism to the blood vessels of the stomach, but one controlling in part the musculature of the walls of the stomach itself. If we examine a case of asthma, we shall find the dis-

turbance in the upper dorsal region between the third and the seventh, and so on throughout the whole list of diseases." He says that "pressure along the spinal column and in certain regions of the neck does produce distinct changes in the circulation in the central nervous system." These facts, he says, are substantiated by actual clinical experience and are borne out by embryological evidence and physiological research.

I quote these two writers to show you that the osteopathic concept is based on scientific ground, admitted by those who practice an opposing therapy. The singular feature to me is that with such admissions, men will not endeavor to correct the machinery of the body by the employment of mechanical means, thus restoring structural integrity, and thereby securing functional harmony—or health, rather than experimenting with drugs, admittedly alien to cell activity and destructive to normal metabolism. Reforms move slowly, but evidences multiply in the shape of legal enactments, public indorsement by people and press recognition by scientific men, that osteopathy is not a passing fad. Even the editorial columns of the New York Medical Journal has the following to say respecting the efficacy and permanence of our system:

METHOD OF TREATMENT CHANGING.

"The treatment of disease, or perhaps it is more correct to say the method of treatment of diseases, is undergoing a process of change which is more or less revolutionary. The era of polypharmacy, with its multitude of drugs, the use of many of which is often in the highest degree unsatisfactory, is passing away. What stronger evidence of the efficacy of osteopathic methods could be afforded than the fact that these physicians, many of whom have had years of experience in using drugs, come to discard drugs wholly for the new method, after testing the merit of both systems? Muscular motion as a means for the treatment of disease has a much greater range of usefulness than is ordinarily supposed. These agencies, which will constitute at least an important part of the therapeutic system of the future, rests upon as solid a basis of scientific fact as anything outside the realm of pure mathematics. Various forms of movements and manipulations are too valuable to be discarded or disregarded, or left in the hands of the half-educated charlatan."

Of course, it is to be expected that they will confuse the treatment but observation will correct these erroneous notions of osteopathy.

In conclusion, let me assure you that there is every cause for encouragement in the study and practice of our profession. Resting as it does upon scientific ground, growing in the esteem and confidence of thinking people, protected by the aegis of law, no power save ourselves can stop our progress, for it is the onward march of truth.

The Fraud of Appendicitis.

A. A. KAISER, D. O., LITTLE ROCK, ARK.

We wish that we might start out by saying that there is no such thing as appendicitis; others have said so, but we do not care to take quite so radical position. Yet, there is no doubt in the writer's mind that more than one-half the cases, yes, two-thirds of the cases called appendicitis, are anything else but that. Appendicitis has been the fad and fraud of recent years, not only among doctors themselves, but among all people. That such is the case is evident to any observer. Osler calls attention to the fact in his Practice of Medicine, in which he lays the blame on the daily press, as follows:

"Through the pernicious influence of the daily press, appendicitis has become a sort of fad, and the physician often has to deal with patients who have a sort of fixed idea that they have the disease. The worst cases of this class which I have seen, have been in members of our profession, and I know of at least one instance in which a perfectly normal appendix was removed. The question really has its ludicrous side. A well known physician in a Western city having one night a bellyache, and feeling convinced that his appendix had been perforated, summoned a surgeon, who quickly removed the supposed offender."

As is the case nearly always in medicine, Dr. Osler does not trace back and find the cause, the source from which the daily press got its "pernicious influence." Evidently the pernicious influence of the daily press invaded the columns of the medical press, for nowhere do we find the subject of appendicitis hashed and rehashed so often. And when it seems that all has been said that could be said, what do we find? As to cause, a great deal that is problematical. As to cure, nothing in medicine; and surgery as the final resort.

Recently a medical doctor, M. J. Rodermund of Milwaukee, caused quite a stir in medical circles by publishing in the columns of the Medical Brief an arraignment of the medical doctor and surgeon. Too long to give in full, we can only select a few of the lesser statements which this doctor claims to be willing to prove:

"I have witnessed and assisted in thirty-four operations of so-called appendicitis, but never have I seen a diseased appendix. A. B. Stockham, M. D., quotes the statement of a physician at a meeting of physicians in Boston. This physician, who is supposed to have performed more operations for appendicitis than any other American doctor, made

the statement: 'That ninety per cent of the cases that he had operated on for appendicitis proved not to be that disease at all.'"

Dr. Rodermund makes charges against the men of his own science of treatment (medicine) and against the surgeons, which stand over them as an unanswered indictment. He charges that the majority of appendicitis operations are for the fee alone, and that in no case has he seen any but a healthy appendix removed!

Osler says of cases not operated on: "It is well to recognize that a large proportion of all cases not operated on recover."

Porter says: "There is about 20 per cent mortality from removal in attack."

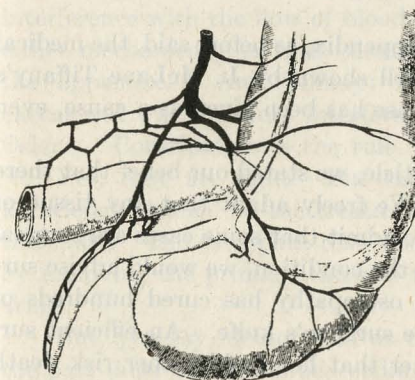
Tiffany, the eminent New York surgeon, says: "Use purges." (To relieve the constipation always present.)

McBurney, as famous a surgeon, says: "Do not use purges."

Osler also said: "There is no medicinal treatment for appendicitis."

Potter also does not mention a single drug for use in appendicitis.

Below is a cut showing the little organ which is causing so much discussion.



By some it is considered as a useless organ, having absolutely no function, a relic of barbaric days, a slowly disappearing organ of a prehistoric man, "its only use being to cause trouble for mankind, etc." Others, particularly the osteopaths find enough in anatomical and histological and physiological research to claim that this little organ, like every other organ in the body, was put there by the

Almighty to serve some definite purpose, that it has a function, that it furnishes lubricant, antiseptic and aid to digestion. This latter claim is borne out by the fact that it has glands similar to those so necessary to the digestion which takes place in the small intestines. These claims are based on proved facts and statements made by recent authorities, who, after determining enough in the way of fact to make the statement, fail then to carry out their reasoning to the extent of considering the cause of diseased condition and its remedy. As shown in the cut, the appendix is the commencement of the large bowel, generally is termed an appendage,

whence its name, and is located just a little below where the small intestine empties into the larger. It is composed of the same tissue as the larger bowel; has peristaltic motion; provides a secretion, being lined with cells similar to those of the intestines. Its opening into the large bowel is protected by a valve, thus exploding the former theory of foreign objects lodging in it and causing appendicitis.

Most noteworthy is its rich blood supply, having a separate and distinct blood vessel which supplies it alone. It is also supplied richly with lymphatics (drains.)

Opposed to the claims that it is without function and man would be better off with it removed, quotations from the latest authorities are of interest:

Cunningham says: "More probably a lymphoid organ having the same function as Peyer's Patches; also Lieberkuhn's glands." (Digestive glands of the small intestines.)

Tiffany writes: "Contains normally mucous. In certain lower animals assists in digestion."

Bailey, one of the most recent histologists: "Its glands are functional."

As to the cause of disease in the appendix, as before said, the medical authorities are at a loss. This is well shown by L. McLane Tiffany's statement: "It is vague; every disease has been given as a cause, even grippe." (!)

In the commencement of this article, we stated our belief that there was such a thing as appendicitis. We freely admit that any tissue of the body may become diseased. We admit that some cases are surgical and when in our judgment such was the condition, we would advise surgery, but only as a last resort, for osteopathy has cured hundreds of cases which were on the road to the surgeon's knife. An efficient surgeon recently remarked to the writer that he would rather risk death from appendicitis than submit to an operation in an acute attack of it. The tendency to surgery is too strong; in recent years it has become the first resort instead of the last.

We have admitted that there is appendicitis; we disclaim its frequency. Where the medical doctor and the osteopath clash, however, and here the osteopath gives no quarter, is in the cause and treatment—not only of appendicitis, but of all disease. When appendicitis is present, we contend that the condition is the result of a cause; the cause is a mechanical one. We go to the medical authorities to prove our point. Both osteopath and medical man admit that in this disease there is congestion and following it, inflammation of the appendix. The cause of con-

gestion is always mechanical. In appendicitis there is nearly always constipation. When present, this, the osteopath takes as the exciting cause of the disturbance to the appendix through interference with the blood supply. (That is what congestion really is). The cure is not in the removal of the appendix, but in the removal of the constipation. The way to remove the constipation is through removal of the cause of the constipation.

The cause of constipation is interference with the nerves controlling the bowels and the intestinal blood supply. This interference is mechanical and generally found at the point where the nerves leave the spinal column. Remove this interference and you've removed the interference that caused the constipation that caused the congestion that caused the inflammation that is the appendicitis. And there you are. Sounds reasonable, don't it?

Read what Cunningham, the foremost of recent anatomists, says: "The course of the artery of the appendix predisposes to interference with the blood to it, due to pressure from fecal masses (mechanical, isn't it), and thus morbid changes in the process." And further: "Hence interference with the flow of blood (Osteopathy again) along this vessel, either mechanically or from disease, predisposes to gangrene (death) of the appendix." And Tiffany: "Obliteration of this vessel at the caecal end will therefore interfere with the blood supply to it." And Osler: "Constipation is the rule."

Yes, they are right. But they stop there and fail to apply the knowledge gleaned to the treatment. If the above are causes, remove the cause. The osteopath removes the interference to the blood supply by removing the primary cause of the condition. This he does without drugs.

But, you say, doctors tell us that osteopathy is massage, and that the part must not be rubbed or kneaded for fear of causing perforation. Osteopathy is not massage, however, neither is it rubbing, nor mental science, nor Christian science, nor Swedish movement cure, nor hypnotism, nor faith cure, nor drug cure. No, indeed, it partakes of none of these, but is a distinct science, founded on the facts of anatomy and physiology. As to what the osteopath may do, just you leave it to his judgment to know what the best thing in his science is for your particular case. THAT'S ALL.

* * *

TOO COSTLY.

The Doctor—Now, Mr. Isaacstein, tell me all your symptoms.
Mr. Isaacstein—I couldn't afford dot, doctor.

—The Circle.

The First Stage of an Obstetrician's Duty.

WM. SMITH, M. D., D. O., PROFESSOR OF OBSTETRICS, A. S. O.

(The first of a series of articles on Osteopathic Obstetrics.)

Text-books on Obstetrics are only too apt to make the "case" begin with the advent of labor, but the duty of the obstetrician is divided into three stages, before labor, during and after labor. With the latter two stages this little article has nothing to do, its purpose is to emphasize to the osteopath a few points attention to which on his part he will find lessens the suffering of the woman and lightens his own labors at the time of delivery.

Most women look upon the external evidence of approaching maternity as indecent, why it should be so I know not, any more than do I know why it is not considered in the least indelicate to expose the shoulder and half the trunk but decidedly so to show the calf. Compression of the abdomen and abnormal methods of poisoning the body are therefore resorted to. Such should be vigorously condemned. Every possible encouragement to development should be given to the abdominal and lumbar muscles, since upon them in the second stage of labor comes the bulk of the work to produce the expulsive force, after proper dilatation of the os by the action of the uterine muscles. The use of corsets should be discouraged; exercises directed to strengthening these muscles should be recommended; the woman should be advised to practice walking in as upright a position as possible, and, in order that she may know the exact angle at which to hold herself so that she is upright, let her balance some light object upon her head, then walk and notice how she holds the body. Among women who carry burdens upon their head as a matter of habit labor is uniformly easy, for example in the rural districts of Italy, in the Islands of the Carribean and in the Hebrides and Shetland. Those women never require or seek the services of other than a "skilly woman," save in cases of distinctly abnormal presentation or the arising of some complication. The women who have never trained their muscles to rely upon the artificial support of a corset do not have to trust to the traction forces of the right arm of an obstetrician armed with a pair of forceps; the expulsive force produced by the contraction of the muscles is so much greater than the resistance that the labor is short, being short the exhaustion is less, the exhaustion being less the pain is far more bearable and so the paradox is explained that the parts are more rapidly dilated with less suffering.

But the osteopath having told the woman that certain gentle exer-

cises, (and these you can think out for yourselves) are advisable should see that they are performed, and about three times a week during the last two months of pregnancy gentle and careful osteopathic treatment should be administered directed to the same end. Let it be remembered that while pregnancy is physiological, tremendous and important changes are taking place in the economy of the woman. The treatment is not only to be directed toward the increasing of muscular strength and activity, it has to do with an organ which, under ordinary circumstances is small and only receives the blood supply of a small organ, is now rapidly undergoing hypertrophy and contains in its interior two entirely new structures each also undergoing rapid growth, the foetus and the placenta. The blood-vessels which carried blood for nourishment of the uterus now supply all three bodies hence they tend to enlarge, and that blood so carried contains elements not carried by it to that extent save in pregnancy. That blood supply must be regulated, not only in its quantity but also in its quality. The French have an old saying "for each child a tooth," alluding to the fact that the demands upon the tissues of the mother for calcareous matter to be supplied to the cartilages of the child commonly causes decay of the teeth. We see this at times in an extreme form, there is at present at Kirksville a woman recovering with great rapidity from an extreme case of Osteomalacia developed during pregnancy; this mainly affected the bones of her trunk, but the deformity produced in three months is astonishing; she is recovering under treatment and appropriate diet, but with treatment and appropriate diet begun before the 7th month of pregnancy, she would have had none of the suffering through which she has passed, would have a living child now in place of the mutilated corpse which was removed and in the future would have been a shapely woman. But the lime was removed from her bones by the blood and carried to the foetus, the softened bones yielded to the weight of the body, until at last the ribs and the spinal column having little more resistant power than so much soft cartilage she, so to speak, simply "crumpled up in the directions of force," vertically and laterally. Diet must then be directed toward giving blood and bone-forming elements to the body, and this diet must not be over-looked. How common it is to hear of women with strange fancies for food in pregnancy, "nature craving" in most instances. We see this "mistake of nature" frequently among girls in their early menstruation; the eating of slate-pencil and other similar substances commonly ceases when menstruation has been established, but blind nature took this congestion of the uterus as a congestion due to the presence of a foetus and the craving for slate pencil was an instinct.

But the diet attended to in such manner that the blood supply is

physiologically right in quality and quantity—and to reach that end it has been necessary to attend in the way of treatment to the digestive and excretory apparatus remembering that where a relatively large amount of nitrogenous matter is being transformed in the system there is an excess of work being demanded of the kidneys; where starches and sugar are being consumed in increased amount the liver is called upon for greater functional activity—we must see to it that the circulation is kept up to par and is free and unobstructed. The mere attention to these few points means careful attention to the entire spine, particular care being devoted to the lower dorsal and lumbar regions. Let it not be forgotten that that area is one which at this period requires less vigorous treatment than when the uterus is unimpregnated, in fact caution is more needed in treatment now than at any other time. Cramped muscles can be relaxed, relieving nerves and vessels from pressure. That sounds unimportant but to one knowing the importance of the branches of the spinal nerves which are distributed among the muscles of the back in the lumbar region in their connection via the sympathetic ganglia with the distribution nerves of the sympathetic to the uterine plexus, it appears palpable how a contracture of a muscle in the lumbar region may mean a vaso-constrictor action brought about in the uterine vessels—an impaired blood supply to that organ of the body requiring the greatest excess.

The obstetrician who waits for the onset of labor to ascertain whether single or multiple pregnancy may be expected, the probable position of the child at birth, the diameters of the pelvis to determine whether or not there is liable to be need for forceps, craniotomy or caesarian section knows not his profession. In every case preliminary examination should be made. From such an examination much is to be learned and what are mentioned above are, of course, only hints as to the importance of such a procedure; more than once it may be necessary, since some facts may be elicited at one time, others at another.

But the obstetrician must encourage the woman to live a physiological life now if at no other time, while observing and noting her own condition with care she must not look upon herself as a sick woman, but rather as a woman in good health conserving that health for a time when she will be sick and need all of the health and strength which she can muster. And if the right diet, exercise in the proper directions and fresh air (with avoidance of chill) all be taken in due amount and then he direct his osteopathic treatment to the production and maintenance of a physiological state he may anticipate the condition of matters at the critical time to be such as indicated as probable in the last lines of the opening paragraph of this sketchy article.

Prolapsus Uteri.

ELIZA EDWARDS, D. O.

Summary of talk before A. O. A. Convention. Will be printed in A. O. A. Journal.

The recognized stages of prolapsus merge so gradually into each other that for practical purposes, the prognosis will depend upon the duration of the case and upon the recuperative power of the patient rather than upon the degree of prolapsus. Of complete prolapsus I will describe three cases.

One in a nullipara, past the menopause, had existed for fifteen years and before consulting me, had received various treatments other than surgical, including three months' osteopathic treatment without improvement. Operation was advised, but was refused on the plea that the general health was good and there was little pain of any kind—the greatest being the discomfort of the protruding tumor. The other two cases were in elderly women multiparæ and were the direct result of unrepaired perineal lacerations. In both there was marked hypertrophy of the organ, especially of the cervix, with excoriations. Various kinds of artificial supports had been tried without effect.

Of five cases of acute prolapsus all except one certainly resulted from strain and that one probably did. The uterus was prolapsed in the lateral position, the cervix against the mouth of the vagina and would have protruded but for the marked contraction of the perineus muscle. This rigidity of the pelvic floor was in another similar case, the prolapse as the result of a strain. It also promptly responded to adjustment of sacral tissues with manual reposition of organ.

Two other cases were much alike, both in young married nulliparæ both gave a history of strain. The fifth case belongs to the sub-acute class. Marked contraction of the pelvic floor and abdominal muscles; uterus anteflexed, retroverted, prolapsed. At first there was tenesmus, vesical irritability (the case had been diagnosed by two M. D's. as "kidney trouble") dragging pains in and retraction of the abdomen and severe pain in the lumbar region. Two attempts at replacement have been unsuccessful but with spinal and abdominal work, the case has made good improvement and the chances for ultimate recovery are excellent.

Most common is chronic prolapsus of varying degrees—from a retroversion with pain in the lumbar and inter-scapular region to a dropping of the cervix to the vaginal outlet with cystocele, rectocele, constant tenesmus, incomplete evacuation of bladder, edema of feet

and ankles, pain along course of sciatic and obturator nerves, coccydynia, menorrhagia, dysmenorrhœa, headache and the thousand and one psychic symptoms to which these victims of "falling of the womb" are subject. Of this class I give 19 cases and in every case the prolapsus was a secondary condition. Eleven were multiparæ who had suffered perineal lacerations. Eight of these had undergone perineorrhaphy with temporary relief, two suffering most inconvenience had also been subjected to ventral fixation. One had also been operated upon for floating kidney. Two cases had refused operation, one having depended for many years upon an artificial support; the other showing such improvement that operation is not now advised; while another case is expecting an operation.

This class of cases has been benefited by treatment, some a great deal, some a very little. One patient became discouraged and on the advice of a surgeon had a hysterectomy done. The one who depended upon the brace has made little progress. In three cases an abdominal support had been tried but it seemed to accomplish nothing. Five, were wearing pessaries which were eventually removed. Two others were married nulliparæ—in both the marked symptoms being menorrhagia and dysmenorrhœa. With same treatment one improved, the other did not.

The remaining five cases are all unmarried and each gives an individual history.

Of the twenty-four cases reported, all, even the acute ones, showed cystocele and the chronic ones rectocele in addition—which raises the question of whether the cystocele precedes or follows the prolapsus uteri. Constipation was a common symptom either as an effect or an associated condition due to the impairment of the sacral nerves which are also involved in prolapsus. Six gave a history of cystitis at some time and three had noticeable edema of the feet and ankles—a marked feature of most of the cases was the wide pubic arch which leads to the conclusion that it is one of the predisposing causes. Interscapular pains, tightness between the vertebræ with faulty alignment of the latter was a customary condition. Sub-occipital pain was common. It goes without saying that spinal lesions were a constant factor and were as would be expected, sacral, lumbar and innominate—especially the first two.

In acute cases the results of treatment were entirely satisfactory, but in chronic variety only partially so. Immediate reposition in the latter seems futile as there is nothing to hold the organ in place until the ligaments are strengthened.

In cases where the relaxation of the ligaments is complete and of

(Continued on page 301.)

Osteopaths to Come Home.

ELEVENTH ANNUAL A. O. A. CONVENTION AT NORFOLK CHOOSES KIRKSVILLE FOR NEXT MEETING PLACE.

Jamestown Exposition Grounds, Va., 8:30.

To DR. A. T. STILL,

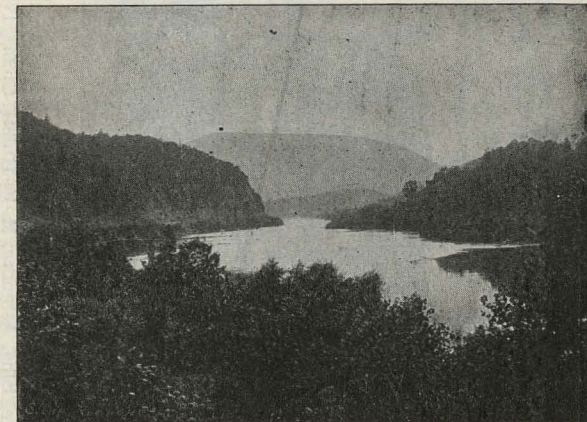
Kirksville, Mo.

Say Pap, all your children are coming home for next meeting.

HEZ. AND MOORE.

* * *

Gathering from all parts of the country, animated by the desire to better themselves and to advance the science to which they owe their present station in life, 300 successful osteopaths left their practices and formed the Eleventh Annual Convention of the American Osteopathic Association. Many were the scenes of interest enroute,



A SCENE EN ROUTE.

Courtesy of Norfolk & Western Railway.

one of which is shown in this accompanying illustration. At the Exposition itself, the osteopaths were just too late to see the fleet, as it left just as they arrived, and there remained but two cruisers.

By Sunday night, a fair crowd had already collected and contrary to the usual experience, there was a good attendance when the convention was called to order Monday morning. The following telegram was authorized:

DR. A. T. STILL, Kirksville, Mo.

The American Osteopathic Association sends greetings. We congratulate ourselves that your noble life has been spared and regret your inability to be present.

Committee: BESSIE A. DUFFIELD, GUY E. LOUDEN.



CONVENTION PHOTO.

First Row—Atzen, Moore, Ellis, Ashmore, M. F. Hulett, Chiles, Ivie, T. L. Ray, Evans, Booth, W. F. Link.

With weather fair and warm, though not nearly so hot as at Put-In-Bay, the opening was very auspicious. The chief drawback was that of all those on the program in the morning, F. A. Turfler, A. S. O., '02, Rensselaer, Ind., was the only one present. He gave a nicely prepared talk and demonstration on cervical lesions. This and the interesting discussion which followed consumed the morning. In the absence of other parties on the program, the afternoon was devoted to a paper on "Prevalence of Innominate Lesions," by F. E. Moore, La Grande, Ore., and the discussion of this



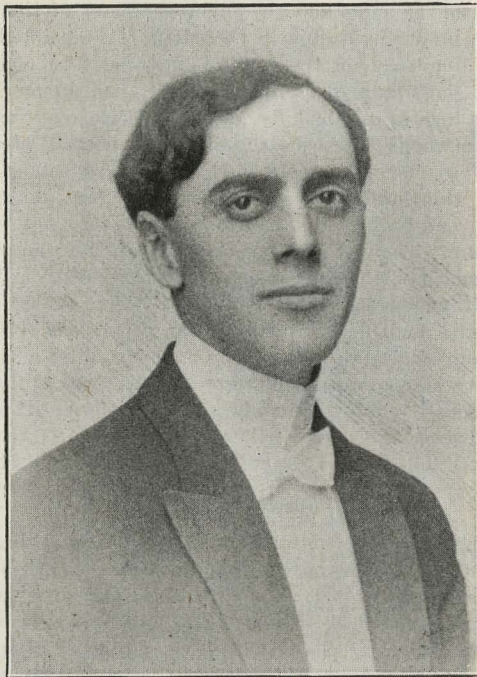
F. E. MOORE.

and technic in general. Dr. Moore's paper in the main, brought out the great variety of malconditions and diseased processes that can follow innominate lesions. Also, how many such lesions are overlooked due to the inaccessibility of the joint, and the slight character of the lesions frequently producing trouble. Dr. Moore also pointed out the modern tendency on the part of anatomists to regard the sacro-iliac joint as a diarthrodial, rather than an amphiarthrodial joint, quoting particularly Morris and also referring to the section in Cabot's Physical Dagnosis which demonstrates the unsuspected frequency of those diseases which affect arthrodial and other diarthrodial joints. A series of very interesting cases which had been treated as innominate lesions was given by the doctor after the main lecture. The first case was that of a woman who had general nervous depression and headaches following an injury to the back. Adjusting a posterior condition of the left innominate, resulted in a cure in five weeks. Another case of a man in whom sciatica had been misdiagnosed when it was simply and obviously an innominate lesion yielding to five weeks' treatment, after all hope of a cure had been given up. A third case was an immediate cure in a case of flooding and neurosis of menopause. Another required three days to cure a supposed appendicitis. A case of neuritis required several months. Other cases of synovitis, rheumatism, ovaritis, neuritis, appendicitis and amenorrhæa were given without one failure.

TUESDAY SESSIONS.

On Tuesday there was a better attendance on the part of those on the program, some sixty or seventy osteopaths having come in on the night boats, and all during the day belated ones kept arriving. One of the special features of the program was the arrangement in two sections, so that where members were absent in one case, there were others to take their places, and yet when plenty of speakers were there, two sections were maintained. H. W. Glascock, A. S. O., '04, gave an interesting paper on experimental pathology, printed elsewhere in this issue. Dr. Glascock has a nice practice at Raleigh, N. C., and yet finds time to delve into the mysteries of the research laboratory.

Joseph Sullivan of Chicago, demonstrated lumbar technic with his usual clearness, being frequently interrupted by questions. W. B. Meacham, of Asheville, N. C., followed with an interesting demonstration on pulmonary tuberculosis. His remarks on the diagnosis and prognosis, and treatment of the great white plague were such as to convince the audience that he is thoroughly conversant with the subjects and that his conclusions were in part, if not altogether drawn from actual experience. Many questions were asked during and following the lecture in the further elucidation of the subject. In all it was a conservatively hopeful prognosis that the doctor gave.



THE NEW PRESIDENT,
F. E. MOORE, LA GRANDE, ORE.

DR. GOETZ ON LESION RECORDS.

Herman F. Goetz, A. S. O., '98, of St. Louis, delivered a very scholarly and scientific address on his pet subject, "The Graphic Representation of Spinal Lesions." Dr. Goetz is an enthusiast on this subject but has the fortune not to be visionary as the average enthusiast usually is. We have heard Dr. Goetz lecture on this same subject three times, and each time we have liked it better.

This last lecture, being the finished product of several years study, was certainly worthy a place on any scientific program. The whole profession needs men with such devotion and enthusiasm to help work out its various unsolved problems.

The gynecological section was in charge of Edythe Ashmore, of Detroit, vice-president of the association. In this section, the only paper that time permitted was by Eliza Edwards, A. S. O., '03, of Cincinnati, O., the summary of which appears elsewhere in this issue. Following this paper, there was a discussion of the subject by M. E. Clark, author of Clark's Gynecology and Percy Woodall, author of Woodall's



HERMAN F. GOETZ.

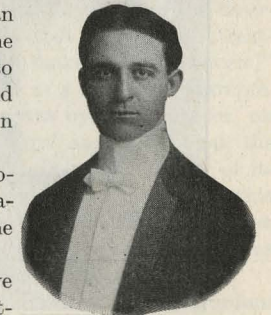


EDYTHE ASHMORE.

Gynecology, the only two osteopathic texts on that subject. G. A. Still, gynecological surgeon to the A. S. O. was then requested to discuss the surgical side of the subject. Dr. Still described cases that had been operated on at the A. S. O. Hospital in the last year, showing that although in some seven or eight cases, an operation of abdominal character had been necessary, these cases represented only a small fraction of one per cent. of those which would have been deemed surgical had it not been for osteopathy, and calling attention to the fact that there are cases in which such an atrophy of the ligaments has occurred that it is impossible to secure tonus. Questions by Dr. Young of Minneapolis brought out the reply that in the cases described the results have been perfect up to the present date. Dr. Ashmore asked for an explanation of the cases in which simple repair of the perineum was not sufficient. Other questions also brought out the distinction between "fixation to" and "suspension from" the abdominal wall, also the effect on a pregnancy which might later occur.

In the absence of those assigned to the afternoon program, C. B. Atzen of Omaha, conducted an open parliament which was one of the most interesting features of the convention.

The proposed open session of the A. C. O. was to have been held at eight p. m., but at the last moment was postponed.



M. E. CLARK.



W. W. Steele, Trustee.



E. H. Shackelford, Vice President.

TWO OF THE NEW OFFICERS.

WEDNESDAY'S SESSIONS.

Wednesday morning was mostly taken up with business, especially the acting on reports of the various committees. While waiting on one of these committees, M. E.



MRS. CONGER,
Retiring Vice-President.

Clark gave a short clinic on a case of cervical enlargement. J. Earle Collier gave a short clinic, as did also, W. D. Willard, of Norfolk. Just before the close of the morning session, Dr. William Smith appeared on the platform, calling forth an ovation from his many friends, and gave an old time osteopathic talk. Following it, he gave a talk on the Patrick case, which excited considerable interest, and which was written up extensively in associated press reports over the country.

In the afternoon, the convention was broken into four instead of two sections, one on practice, one on gynecology, one on seeing the expo, and the fourth and largest, was devoted to a yacht ride around the bay. In the section on practice, H. R. Bynum, of Memphis talked on Malaria; J. E. Hodgson on Exophthalmic Goitre, and M. B.

Walker of Roanoke presented a clinic of a case of female trouble, which was discussed by H. W. Forbes. Dr. Ray acted as president of the section on practice. In the section on gynecology, Dr. Ashmore finished the work with three papers, one by Marie Neeley Adsit, discussing the anatomy and physiology of the uterus and giving osteopathy full credit for the work it has done for woman. G. A. Still gave a short talk on "Pelvic tumors requiring surgical interference" in which he mainly ridiculed the wild statements of cure-all cancer and tumor fakes and emphasized the need of a better understanding of surgical diagnosis. He particularly emphasized the fact that surgery is not to be used just because there is a tumor unless the character of the tumor, or its effect on the patient makes it necessary. Methods were discussed and following the talk various questions were answered of which the most important was the denial of the assertion made by certain M. D's. that "osteopathic treatment of fibroids is likely to make of them cancers," which statement he branded as a malicious misrepresentation. The final paper was by Julia Foster on "Lateral displacement of uterus" and brought out the frequency of this condition and the infrequency of its diagnosis. Discussing the causes and effects of this malposition and comparing it with others, she then gave the technique of treatment. Altogether it was a well written article on a much neglected subject.



MRS. LIGON,
Retiring Trustee.



H. L. CHILES
Re-elected Secretary.

At night, the grand ball, led by Hezzie Purdom Moore, was delayed by the excellent stereopticon lecture on Sectional Anatomy by A. Still Craig, reviewed elsewhere in this issue. On account of the excessive heat, the dancing was early discontinued.

THURSDAY'S SESSION.

After the clinics, the nominating committee reported the following officers: President F. E. Moore, La Grande, Oregon; first vice-president, E. W. Shackelford; second vice-president, Ada A. Achorn; secretary, H. L. Chiles; asst. sec'y, John Bumpus; treasurer, M. F. Hulett. Trustees: F. F. Jones, G. W. Riley, M. E. Clark. All were elected, except Dr. Riley, who refused the proffered office, and W. W. Steele of Buffalo was selected.



C. W. PROCTOR,
Retiring Trustee.

The clinics during the morning included a demonstration of an obstetric case, by M. E. Clark, accompanied by the explanation of technic. H. W. Forbes led in a clinic on Scoliosis. H. M. Still gave a demonstration on dorsum ilii, hip dislocations which made a hit. In the main he showed the technic of reduction, and also emphasized osteopathic success in these cases as compared with the ordinary surgical procedure. The paper made a decided hit.

In the afternoon, the president of the exposition was to have welcomed the osteopaths, but for some reason, failed to appear. It seems that he has "troubles of his own" relative to the management of the Exposition. Drs. Booth and Hildreth addressed the osteopaths, after which adjournment was taken.

COUNCIL OF DELEGATES.

The Council of Delegates met and appointed committees on reciprocity, rules of order, by-laws, and then adjourned. The second meeting, they elected A. G. Hildreth, of Missouri, Chairman, and C. B. Atzen, Nebraska, secretary. The main object which they discussed, was the union of state and national delegates. Twenty-eight states were represented.

The treasurer's report was accepted, but we have not the figures. The report of the committee on investigation of schools, was made before a closed session of the trustees. This precluded a discussion like was had at Put-in-Bay.

CLOSING BUSINESS.

Part of the last days business was the selection of the following committees:

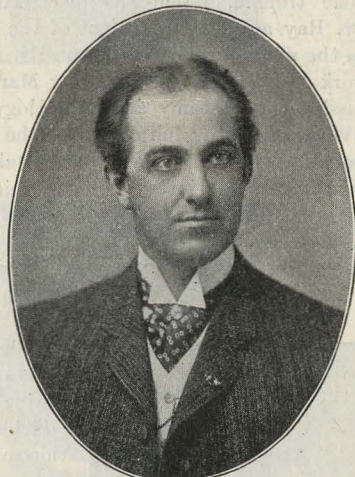
Committee on Publication—S. A. Ellis, Edythe Ashmore, Geo. W. Perrin.

Committee on Education—E. R. Booth, Effie E. York, O. J. Snyder.

Committee on Legislation—F. R. Heine, Chas. J. Fleck, Ralph H. Williams.

Revision of Constitution—C. M. T. Hulett, E. W. Sackett, Joseph Sullivan, Julia Saratt.

The amendment making the state delegates the nominating committee of the convention was adopted.



G. W. RILEY,
Sec'y. of New York Association, who
did not want to be an
A. O. A. Trustee.

The towns trying hardest for the convention next year, were Buffalo and Minneapolis, and as hard as these two together, was Los Angeles, but the fact that the Old Doctor will celebrate his eightieth birthday next year, if God spares his life, stamped the convention for Kirksville, although it was not seeking the honor. So the osteopathic children are coming home to see their father. There will be next year, very likely a materially larger attendance, as the bulk of the osteopaths are located in the Mississippi Valley and the states adjoining.

It does seem that as the Missouri Valley Association meets here, it will be bad for the A. O. A. The comparison of the programs will do the National harm. It may



Convention Hall, Jamestown Exposition, Where the A. O. A. Met.

be however that some of the new blood in the organization will help; it is sure to in a few years. But say! won't it be nice sometime when we can get enough new blood, REAL NEW, to make our national meetings profitable instead of as so many say,—bores.

The largest attendance registered during the convention was 264.

OPINIONS OF THE CONVENTION.

H. F. GOETZ.

Undoubtedly the greatest osteopathic meeting ever held. To Dr. S. A. Ellis and Dr. Kendall Achorn, the credit must go for a live program. It was osteopathy every minute, even dull half-hours being broken with an interesting clinic. Everybody contributed, everybody told the way he did it.

When we get home and look back at this meeting, we can only begin to realize the great amount of real osteopathic technique we have to assimilate and apply in our practices next year. May there be many more sessions as this one has been.

* * *

THE TOO MUCH AND THE TOO LITTLE OF THE NORFOLK MEETING.

EARLE S. WILLARD, D. O., PHILADELPHIA.

The Norfolk meeting was unique; probably there will never be held another meeting of the American Osteopathic Association under similar conditions. Although the surroundings were not altogether ideal and there were many obstacles to prevent the perfection of plans, yet the Norfolk meeting was a success. And the very success of the meeting is significant.

Nothing contributed more to the interest of the meeting than the program, and nothing added more to the zest of the program than the presentation of original development along certain lines. The characteristic and striking feature of some of these departures was the positive way in which they were presented, together with the self laudation which accompanied the presentation. This pleased the audience; they liked to listen to and watch these self confessed discoverers, apparently, because the modest discoverer was so absolutely certain that he was right.

There was too much enthusiasm over apparent achievements and too little respect, reverence and consideration given to the man whose years of profound thought and untiring labor made the science of osteopathy possible. At every national gathering several papers, at least, should be read upon the study of Dr. Still. For example: Dr. Still as a scientist; Dr. Still as a philosopher; Dr. Still as a man; Dr. Still as a friend. This would be honor rightly placed and it would lead us away from the pseudo-scientific. Let us not forget to honor our father, Dr. A. T. Still, that our days may be long in this new field of therapeutics which the founder of our science has given us.

* * *

REVIEWS OF CONVENTION PAPERS.

The papers by Drs. Edwards, Whiting, Glascock, Burns and Craig will be published in full in the A. O. A. Journal.

* * *

EXPERIMENTAL PATHOLOGY.

H. W. GLASCOCK, D. O.

The object of the experiments outlined in Dr. Glascock's paper was, if possible, to arrive at some definite conclusion why a lesion of a single vertebra or structure will cause a variety of disease, and why there is not certainty of what manner the disease will be, or where or in what organ the disease will be found, and why lesions of several, various and remote vertebrae will produce the same identical disease.

The same lesions were produced in all the animals.

A different effect was manifest in each of them.

They showed the same symptoms as the animals experimented on by Dr. McConnell.

Microscopic examination showed the direct effect of the lesion to be only vaso-motor changes, and that paralysis is the only effect of the lesion, and other agencies or combination of effects internal or external determine the character of the disease. No lesion produces a specific trouble.

Various nerves were dissected out and pressures were made on them and the impulses were impeded according to the amount of pressure applied. Some required more pressure to produce the same effect and others required less. Some were very easily excited and others were not.

The nerves and organs which they supply have a different power of receptivity for receiving and transmitting impulses and when a lesion is produced the effect goes to the organ whose receptivity corresponds most accurately with the degree of intensity of the lesion.

* * *

SOME VISCERAL REFLEXES.

LOUISA BURNS, M. S., D. SC. O.

After a summary of her extensive book researches Dr. Burns told the results of laboratory experiments. These were directed to demonstrate that there may be spinal reflexes from visceral trouble and that spinal mal-adjustment will cause visceral troubles. On applying the electrode direct to the upper visceral pleurae, the first intercostals of the same side were contracted, then of the other side. Contractions of the diaphragm, quadratus and abdominals were secured from the lower pleurae. The parietal pericardium gave slight intercostal effects, but constant at third, fourth and fifth thoracic vertebral muscles. The visceral pericardium gave second to sixth intercostal, and second to fifth thoracic effects, most marked and constant at the fourth. The larynx, pharynx, trachea, etc.—the second to third thoracic. Inner wall and peritoneal covering of cardiac stomach—sixth to ninth thoracic. Pyloric—two segments lower. Duodenum, pancreas and gall bladder—tenth and eleventh. Rectum, bladder, cervix uteri and prostate—lumbo-sacral articulation. Caecum and appendix, last thoracic and first lumbar. Ovaries and testes—tenth thoracic. Kidneys—twelfth. Abdominal muscles in relation always contracted. In the thoracic reactions section of vagi above superior cervical ganglion had no effect; below superior cervical diminished and below stellate destroyed. In the second series, destruction of the sympathetic ganglia destroyed reaction, but section of vagi did not.

In the following mechanical stimulation was employed. Deeper spinal muscles, fourth and fifth thoracic—paled the lungs; same result with collapsed lungs, with severed cardiac nerves and vagi above superior cervical ganglion. Section of vagi below s.c.g. or destruction of stellate ganglion with vagi intact, destroyed reaction. Fifth to eighth—increased stomach secretion; eighth to twelfth—increased intestinal activity (splanchnic stimulation caused reverse). Results intensified by section of vagi. Splanchnic stimulation reversed peristalsis. Tenth thoracic—evacuation of gall-bladder. Second lumbar in pregnant cat—uterine contractions. Third to fifth lumbar—urination, defecation and erection.

Steady pressure fourth to sixth thoracic—dilatation of pulmonary vessels. Fourth thoracic—slowing of heart. Eighth to last thoracic—lessened peristalsis, and intestines distended with gas (not from fermentation, nor from previous accumulation, probably from blood itself). Stimulation caused reversal of intestinal condition, the blood reabsorbing the gas.

The following was made on the human being. Vertebral movements, secured by holding spines to secure tension affecting nerves, produced visible effects identical with those produced by bony lesions accidentally produced. These were tried on over fifty people and effects were always secured on normal spines. If spines were abnormal after their correction, effect was secured as in the normal spine.

The paper showed that

- (1) Very important, and probably the only, pathway of viscerosensory impulses enters the spinal cord through its posterior roots;
- (2) somato-visceral reflexes are much less circumscribed and direct than are viscerosomatic reflexes.
- (3) the efficiency of the bony lesion in etiology is demonstrated;
- (4) the value of abnormal viscerosomatic reflexes as an aid in diagnosis is demonstrated.

* * *

SUMMARY OF DR. A. STILL CRAIG'S STEREOPTICON LECTURE.

Osteopathic colleges have made immense advancement in the methods of studying anatomy. Some medical schools score one point ahead in requiring transverse sections, and drawings from these sections, on the part of the student.

Sectional anatomy is superior in the study of relations and this fact is becoming recognized.

Synthetic or anabolic sections are superior to the analytic or katabolic sections made in medical colleges.

They present conditions as in life, not modified by post mortem changes.

Slides were shown proving this superiority and illustrating the advantages that arise from having all parts of a certain region shown in relation to each other.

* * *

SEEKS EASTERN FIELD.

Dr. Forest Crowley, who was a member of the operating staff of the A. T. Still Infirmary from June, '03 to February, '07, will soon locate at New Haven, Conn., for the practice of osteopathy.

By his earnest and successful work, Dr. Crowley has made many friends for osteopathy since he has been in the practice. He is both a student and a practical operator. His work at the Infirmary was noted for his promptness, thoroughness and success in his cases. He will, no doubt, do much to help those already located in New Haven to popularize the practice of osteopathy in that city. We know from a personal acquaintance with his work that his success is assured in his new field.

* * *

CALIFORNIA TRAGEDY.

The sensational shooting of Dr. I. E. Scobee, of Nevada City, Calif., late in July which was followed by the suicide of his slayer, resulted in Dr. Scobee's death, Aug. 23rd. Dr. Scobee had been treating a Mrs. Sigourney for rheumatism, with good results; he had treated her only when summoned and there is not the least suspicion of any improper conduct on his part. Why Mr. Sigourney fired the shot will never be known. He was an expert shot, and had he wanted to kill the doctor, could have done so at first. He had conversed pleasantly with the doctor on his arrival at the house, and after the shooting accompanied the doctor to the latter's home, and had told Mrs. Scobee of the shooting and advised her to hurry home. Leaving the house about the time that the wounds were being dressed, he committed suicide, thus doing away forever with the explanation of the affair. Dr. Scobee had suffered from dysentery as an after effect from smallpox and being weak from this, his system was unable



DR. FOREST CROWLEY.

to overcome the sepsis from an abdominal wound made by a bullet perforating the rectum. Dr. Scobee was a graduate of the A. S. O., 1900, and for three years has been practicing in Nevada City, Calif. He had, early in July, sold out his practice to Dr. Jas. Hegyessy, and was to have given possession, Sep. 1st, expecting at that time to visit his parents in Kirksville. He was a son-in-law of Dr. S. W. Wilcox of Oakland, Calif., and a brother-in-law of Dr. C. E. Dodson of the same place.

* * *

DIRECTORY DEPARTMENT.

In addition to those mentioned in the 1907 directory, we have the following associations, other than state:

- Central New York Osteopathic Association.
- Fifth District (Illinois) Osteopathic Association.
- Indianapolis (Ind.) Osteopathic Society.
- Sandiego (Calif.) City and County Osteopathic Society.
- Tri-State Osteopathic Association.
- Waco (Texas) Osteopathic Association.
- Western Slope Osteopathic Association.
- Wexar County (Texas) Osteopathic Association.

If there are any others, we wish to have the names, names of their president and secretary, and their time of meeting.

From our correspondence we have classed the following among the lost osteopaths. Any information concerning them or their whereabouts, would be appreciated:

Bledsoe, James W., Longmont, Colo.; Bond, E. C., Waterloo, Iowa; Burton, D. E., Ridgway, Penn.; Campbell, A. C., Houston, Tex.; Campbell, Scott S., Colorado Springs, Colo.; Caylor, J. H., Hiawatha, Kans.; Chatfield, C. O., unknown; Chatfield, H. W., Grand Rapids, Mich., New Loraine Bldg.; Conner, A., Flandreau, S. D.; DeWitt, D. E., Minneapolis, Minn., 215 9th St. S.; Dunn, Wade, Centerville, Iowa; Held, Alice, South Bend, Ind., Dean Bldg.; Hill, Edw. L., Boston, Mass., Brookline Station; Hills, W. C., Waterloo, Iowa; Johnson, C. L., Benson, Minn.; Kampf, P. R., Williamsport, Pa., 124 W. 4th St.; Lane, C. A., Albany, Mo.; McWhorter, Mary, Santa Clara, Calif.; Pickler, R. S., New Castle, Ind.; Plummer, W. S., San Jose, Calif.; Rhoads, A. W., Providence, R. I., 385 Westminster St.; Riddle, A., San Pedro, Calif.; Robinson, Thos. B., Minneapolis, Minn., 419 So. 6th St.; Russell, A. T., Jermyn, Penn.; Skinner, E. C., Saginaw, Mich.; Smith, Le Roy E., San Pedro, Calif.; Stott, J. R., Indiana, Penn.; Swain, Dwight M., Hudson, N. Y.; Tarr, Jos. W., Glenwood, Minn.; Vance, C. H., Chillicothe, O.; Vance, H., Chillicothe, O.

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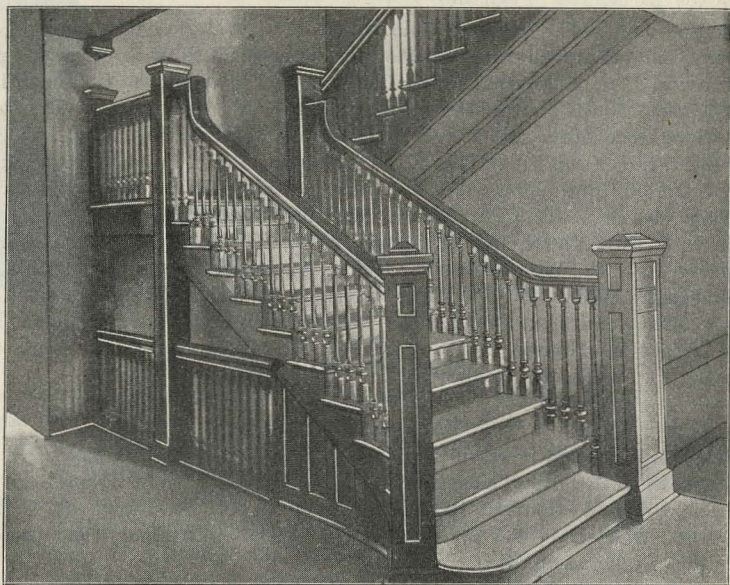
LATE REMOVALS.

Baker, Adam, from Dyersville, to 316 B. & I. Bldg., Dubuque, Ia.
 Chapman, L. R., from Osage City, Kans., to 1020 E. 10th St., Kansas City Mo.
 Crane, Ralph M., from 220 W. 59th St., to 36 W. 35th St., New York, N. Y.
 Glezen, R. A., from 405 Brown Bldg., to 611-12 Sixth Floor Kalamazoo Nat'l Bank Bldg., Kalamazoo, Mich.
 Goodell, Geo. M., from Estherville, to Hampton, Ia.
 Ringler, Drs. Sanford & Mrs. Frances, from Hampton, Ia., to 305 Neville, Blk., Omaha, Nebr.
 Coppernoll, Ori, from Hampton, Ia., to Alliance, Nebr.
 Peebles, R. B., from Pratt Blk., to 504-505 Kalamazoo Nat'l Bank Bldg., Cor. Main & Burdick Sts., Kalamazoo, Mich.
 Snare, Weldon P., from Hampton, Ia., to Alliance, Nebr.

AN ENTERPRISE OF THE PROFESSION.

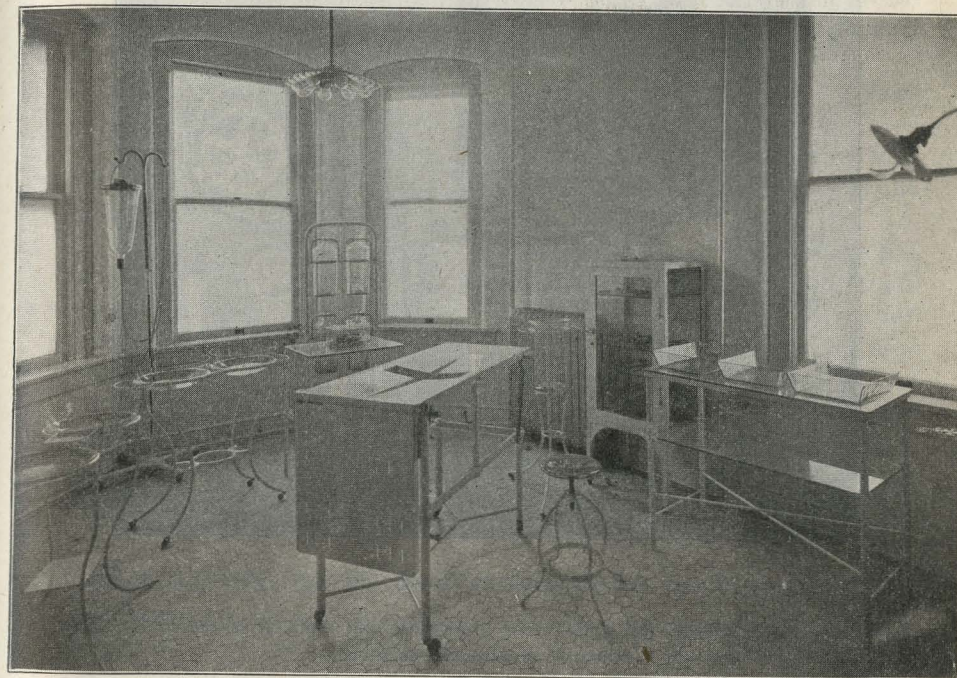
Owing to medical prejudice, osteopaths who desired hospital facilities for their patients have always been handicapped in their efforts to secure them. We have the example at Quincy of the physician who was denied the privilege of bringing his patient to the hospital unless he would turn him over to the tender mercies of the hospital M. D. and his poison drugs. This was not an isolated instance, but was thoroughly typical of the treatment in general accorded our profession. Of course, there are exceptions in some cities where the hospital management is broad-minded and caters to no one particular school of healing. In order to provide a place where practitioners might send their patients and know that they would be treated osteopathically and that no unnecessary surgery would be given, the American School of Osteopathy with the co-operation of a number of practitioners in the field, erected the first hospital to be built by, conducted by, and for the use of osteopaths. That it has been successful has been proved by its making expenses in its first year, even though it did a large amount of charity work. Let us see a few reasons why it has been successful.

The building itself is modern, fully equipped for hospital purposes and commodious. As one enters the large plate glass doors, he is impressed by the long vista of private rooms in the hall-way. Perfect asepsis makes it imperative that ornamentation shall be lacking in the main part of the hospital, but the vista is beautiful in its plainness. Walking down the hallway, the grand staircase to the second floor is



seen. Here the architect was allowed to give reign to some of his ideas and embodied them in this artistic as well as useful part of the building. In a hospital, a large part of the cases are those preparatory to surgical operations, or those recovering from

such, and to be perfect, the private surgical amphitheater must be not only light, airy, and commodious, but absolutely aseptic. Such is the room shown in the accompanying illustration, with its tile floor, steel and glass furniture, and white-washed walls.



In order to secure perfect asepsis, especial appliances are necessary to sterilize the large quantity of surgical dressings. In this aspect as others, the Hospital at the A. S. O. is well equipped.



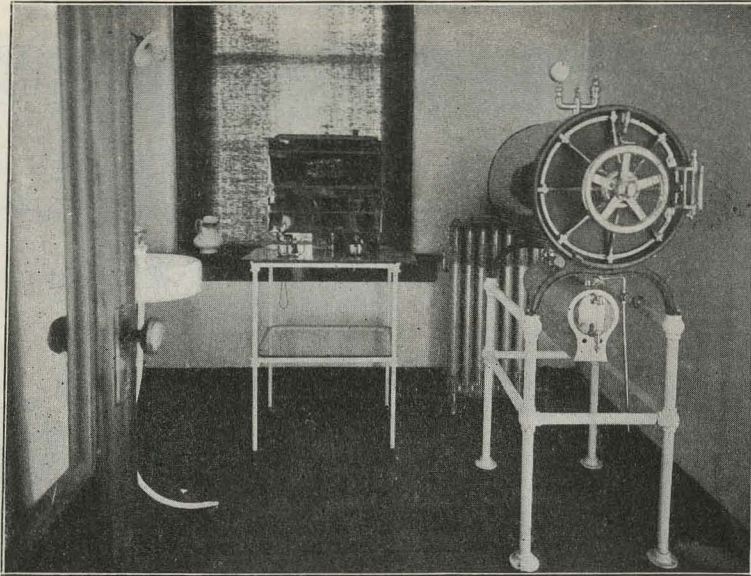
E. C. LINK
Anesthetist.

Along with the staff of every hospital is included a physician whose long experience as anesthetist enables him accurately to judge the strength of the patient and correctly to interpret each fluctuation of pulse, each quiver of muscle during operation.

Diet is an important accessory of hospital treatment, and while on each floor, the nurses have facilities for getting the light lunches for those of critical stage, there are provided ample facilities for supplying the larger wants of the convalescents. Here, as elsewhere, absolute cleanliness is the rule.

In order that a surgeon may know the condition of his patient, he sometimes desires to know more than he can ascertain by the ordinary methods of physical diagnosis, and by means of the magic of X-radiance, he investigates

the interior of the body while it is yet intact. The A. S. O. Hospital comprises in its equipment, the laboratory of X-radiance.



STERILIZING ROOM.

The hospital is truly the pride of the profession, and while it is the first, let us hope that it will not long be the only osteopathic hospital.

* * *

CHANCES FOR LOCATION.

An osteopath with a successful practice in a North Dakota town of over 10,000 wants to take a post-graduate course and wishes a practitioner to hold his offices for him for seven months, taking possession at once. Write at once to the Journal of Osteopathy.

Albany, Mo., is without an osteopath and there are patients there waiting to begin treatment. Address, G. R. Ruby.

Flora, Ill., desires an osteopath. It is a good opening, being a town of over 4,000 in a rich farming community. Osteopathy needs no introduction, the osteopath who was there, and died last year, having had a good practice. Married man would do the best. Address, W. M. Wheat.

The Editor has a letter from a party in North Carolina who will pay a competent osteopath \$100.00 per month and expenses for treatment in his family, and will allow him to make what he can outside. Write at once.

Every Osteopath should have

Byron Robinson's Abdominal Brain

\$3.50, EXPRESS PAID. A. S. O. BOOK CO., KIRKSVILLE, MO.
Large Chart Sympathetic System Free.

PROLAPSUS UTERI.—(Continued from page 300.)

long standing little will be accomplished. Since the most of these cases follow child birth with faulty delivery or a short puerperium the prevention of the condition resolves itself into a problem for the obstetrician. In nullipara the trouble seems to be due to a general lack of nutrition and the prognosis is more hopeful.

Complete prolapsus responds only to surgical treatment. Osteopathic treatment is effective as a preliminary and after measure.

The technique of treatment I have not discussed for the reason that any one can learn it from a text book and because it is ably taught in our colleges.

After all has been said and done, the fact remains that it is the patient and not the disease which must be treated, and if we would attain the maximum result we must teach our patients also how to care for themselves. Women must learn that too frequent pregnancies are productive of harm, that a brief puerperium means subinvolution and its sequelæ, that straining and lifting a weight may mean prolapsus, that tight clothing can cause congested pelvic organs, that health is a duty to be attained by effort on the part of the individual and not a gift to be conferred upon certain of the elect.

* * *

HOW NATURE PROPOSES AND THE DRUG DOCTOR DISPOSES.

Half the drugs used as medicine rouse the nervous system to unusual energy to throw off because they are poisonous. To this category are consigned all the medicines that "cure" by "irritation." The other half deaden pain by drugging the functions of the body into insensibility. These are the opiates and narcotics. Take your choice—or give your body a chance to do its own work in the untrammled way that Nature planned it would without drug handicaps. That means osteopathy.

* * *

Osteopathic treatment, if taken in a timely and proper manner, is both prophylaxis and therapeutics—one is the prevention, and the other is the cure of disease. It is far more sensible and scientific to preserve one's health when well, than to seek relief from disease when sick. It would be worth money in any well man's pocket to have a clean certificate of health from an osteopath. To prevent disaster is better than to repair its breaches. The time will come when people will be professionally examined to be sure that they are well, rather than treated because they are sick. So, then, whether in health or in sickness, osteopathy is the greatest benefit to the people.

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KIRKSVILLE, MO., SEPTEMBER, 1907.

EDITORIAL.

First New York License. The Medical Board paid a fitting tribute to the late Sylvester Hart, formerly president of the State Osteopathic Society, by granting to his wife, Dr. Mae V. Hart, on the 9th of August, the first osteopathic license ever issued in New York State.

* * *

Congratulates the Old Doctor. Dr. Nettie H. Bolles, of Denver, came over three hundred miles to congratulate the Old Doctor, on his 79th birthday. Dr. Bolles is one of the pioneer osteopaths, being the first editor of the Journal, one of the very first graduates, and one of the very first teachers in the school.

* * *

Passes 79th Mile-Stone. Dr. Andrew Taylor Still, in many respects, the most remarkable figure in the nineteenth and twentieth centuries at 79 is still hale and hearty, and still hard at work pursuing his investigations of the science which he discovered over thirty-three years ago. Aug. 6th he entered on his 79th year, and his natal day found him at work preparing a new treatise on osteopathy. In the evening of that day, the students who had spent the summer here, together with the patients, called at his residence and rendered him an ovation. Mr. H. A. Price spoke in behalf of the students.

* * *

Uneducated According to Gould. According to Dr. Geo. H. Gould, Editor of American Medicine, there should be in all states, a medical unity board, similar to that (advocated by the osteopaths, although he would not admit they were in favor of it,) in New York and California, which he says, might "end the whole campaign of osteopaths and other uneducated men to a license to practice." The osteopaths have bought thousands of Gould's dictionaries, and perhaps this is the reason why they are so poorly educated. Perhaps they will take this hint and buy some good dictionary such as Dorland or Dungilson, and then they will no longer be "uneducated."

New Directory to Be on Time. The publishing of the directory of the A. O. A. for 1908, has been assigned to the Journal of Osteopathy Publishing Company, and the book will be placed in the hands of the profession about the first of the year. To the end that this may be possible, much rapid work will be necessary and the Editor asks the earnest co-operation of all schools, societies, and individuals in his endeavor. When a postal reaches you, reply AT ONCE. If you are connected with a school or society, when a list reaches you for correction, CORRECT IT AT ONCE. AND, if individuals, schools, or societies receive scanty or inaccurate description from failure to be prompt, it will NOT be the fault of the Editor.

* * *

TEXAS LAW RECEIVES OFFICIAL CONSTRUCTION.

There have been many inquiries concerning the construction to be placed on the new law in Texas, and the standing osteopaths will receive. The attorney general's department, mentioning the definition of medical practice in the law, states, "I understand that this definition of practicing medicine includes within its terms that class of practitioners known as osteopaths, being included within the definition of the term, they are eligible to be appointed upon the board of medical examiners." This apparently gives the osteopathic colleges standing as medical schools with regard to the persons practicing medicine in any of its branches. Prior to 1885 the osteopaths are not concerned, nor are they between 1885 and 1891. Those beginning practice between January 1st, 1891, and July 9th, 1901, it states, must establish the existence and validity of their diploma and that they were from bona fida colleges in good standing, and they will then receive verification licenses.

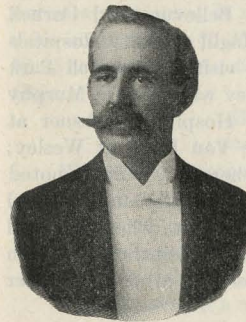
"Those whose right to practice depends upon an examination before one of the boards, under the act of 1901, are not required to secure verification license; neither are those whose certificates are based upon reciprocity, unless such reciprocity had for its basis a diploma recorded between Jan. 1, 1891, and July 9, 1901."

The opinion further states that fakirs selling medicine on the street, must be licensed druggists or physicians qualified to practice medicine, and that a druggist cannot treat by prescription or otherwise, unless he has a license to practice medicine. This sets at ease a good many doubts that have been raised by osteopaths who feared a medical trap.

* * *

DR. HILDRETH RE-ENTERS PRACTICE.

There are several names which are inseparably associated with the founding and development of osteopathy, and among them prominently stands forth that of Arthur G. Hildreth.



DR. A. G. HILDRETH. There are several names which are inseparably associated with the founding and development of osteopathy, and among them prominently stands forth that of Arthur G. Hildreth. Entering the A. S. O. in the first class, that of early 1892, he mastered the essentials of the new science so thoroughly as early to be placed on the operating staff, serving as a regular physician and instructor from 1894 to 1903. In April of the latter year he opened the St. Louis branch of the A. T. Still Sanitarium, conducting it until he retired in favor of Dr. W. D. Dobson last May. After a brief rest he is again at work, this time in private practice at his offices 706-7-8-9 Century Bldg., St. Louis. He still retains an association with the St. Louis Sanitarium, so that his patients from a distance will be cared for there under his direction, the same as if he were yet in charge of it. Associated with him in his practice will be his niece, Dr. Flora Notestine, A. S. O., '99.

"Limitations of Harry Ellington Brook, who conducts the health department of Osteopathy." the Los Angeles Times, is one of the firm friends and constant advocates of osteopathy, but he is not skilled in all the knowledge of the science, as is shown in a clipping from the Los Angeles Times, in which he joins issue with the Journal editor, when the latter said, "Practically all cases of sickness may be traced to osteopathic lesions, as either the predisposing or actuating causes." He says:—"This is the teaching of the Kirksville school, but it is false and misleading. This is where most schools of healing that have merit make a mistake—in taking up a certain important fact, and making the world revolve around it.

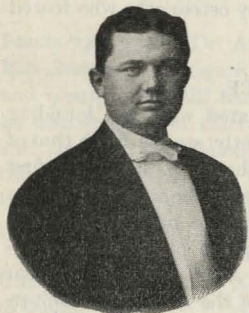
"The primary cause of all disease is the presence in the system of impurities, that in many cases, but not in "practically all," may give rise to a secondary cause, in the shape of lesions. Neither osteopathy, nor chiropractic, nor massage, nor hydro-pathy, nor exercise, nor diet, nor mental suggestion in its various forms, nor any other one thing will suffice—not to cure—to aid nature in restoring health, although all, when intelligently used, will help. The osteopathic practitioner who fails to recognize this truth can never achieve more than moderate success. Those who seek the services of an osteopathic physician should always inquire how he stands on this question—whether he is broad-minded or narrow. The gun amounts to little, if there is not a skilled man with a range finder and clear eyesight behind it."

We raise the point that were it not for lesions, Nature would by herself, take care of those "impurities" and still adhere to our statement before made believing that it is that very "teaching of the Kirksville school" that has made its graduates who have accepted it, successful, and that the lack of such acceptance, has been the cause of failures in the case of those other graduates, who have fallen short of success.

* * *

DRS. STILL AND SMITH WILL VISIT MANY HOSPITALS.

Dr. Geo. A. Still, professor of Pathology at the A. S. O. and Dr. Wm. Smith, professor of Anatomy, are making an extended tour of the leading hospitals of the coun-



DR. G. A. STILL.

try. Dr. Smith will lecture at the Toronto Association Meeting, and perhaps will be assisted there by Dr. Still. Dr. Still conducts clinics at both A. O. A. and Toronto conventions. During their trip, they will call upon Dr. Howard Kelley, the noted gynecologist at Baltimore; Dr. Deaver at the German hospital in Philadelphia; they will visit the hospital of the National Columbian College at Washington; the Vanderbilt, Bellevue, and Cornell hospitals in New York City; the Magill and City Hospitals at Toronto; at Buffalo, they will visit the Roswell Park Cancer Sanitarium; at Chicago, they will visit Dr. Murphy at the Mercy and Cook County Hospitals; Ochsner at St. Mary's; Dudley at St. Lukes; Van Hook at Wesley; Schroeder at Presbyterian; and others of Dr. Still's noted instructors. The remainder of their trip until school

opens will be spent visiting with the Drs. Mayo at Rochester, Minn., where Dr. Still spent last summer. Where time permits, Drs. Smith and Still will visit the city health departments with letters from the department at Des Moines, Ia., where the latter served as pathologist.

DR. DALTON LOCATES AT RACINE.

Dr. Leone Dalton, who since her graduation at the A. S. O., has served in the different capacities of superintendent of the hospital, House physician, instructor in gynecology and staff operator, has severed her connection with the institution and located at No. 1, The Lucius, Racine, Wis. Dr. Dalton was a trained nurse before studying osteopathy, and her experience as such, coupled with the experience gained at the A. S. O. fits her for becoming a successful practitioner. Associated with her, is Dr. Olga C. Beaver, who was also a trained nurse before taking her graduate and post-graduate courses at the A. S. O.



DR. LEONE DALTON.

* * *

BOOK REVIEWS.

The new Anatomy by Henry Morris, published by Blakistons' is deserving of a good reception by the osteopathic profession. This is the first time in the history of the book that American anatomists have assisted in its revision. The illustrations are new, and well adapted for their purposes. The terminology is in accordance with the BNA, in places where the departure is radical, the old terms being enclosed in brackets. In a former number of the Journal, we called attention to the section on osteology which is eminently osteopathic. Like citations can be made with respect to the other sections.— The book is published in two forms, one volume or, each of the five parts separate, as follows: Osteology, \$1.50; Myology, \$2.00; Neurology \$1.50; Splanchnology, etc., \$1.50; Surgical Anatomy \$1.00. Human Anatomy, fourth edition, edited by Henry Morris and J. Playfair McMurrich. Cloth \$6.00; half Morocco \$7.00. Blakistons.

* * *

Many people who have not the honor of Missouri as their birthplace, possess the Missouri characteristic of "Wanting to be shown" hence, the popularity of charts as an adjunct to the osteopathic explanation. One of the latest is by an author who is not osteopathic, but an M. D., yet he so brings out the anatomy, that his product is of use to the osteopathic practitioner. On the front side of his chart are life size, or two-thirds life size lithographs of the various parts of the arterial and nervous system, while on the reverse is the same of the muscular system with the arterial and nervous relations. It is published in two forms. The chart 32x44 printed on both sides in six colors, \$3.25 prepaid. Printed separately on two charts, \$4.00 for set, or \$2.25 sold singly—Anatomical Chart, by G. H. Michel, 2808 Prospect Ave., Cleveland, Ohio.

* * *

SPASTIC PARAPLEGIA WITH A CASE.

E. H. LAUGHLIN, D. O., VISITING PHYSICIAN, A. S. O. HOSPITAL.

What can osteopathy do for those suffering with spastic paraplegia? This question often comes before the osteopathic physician. It depends largely upon the age of patient, cause and length of standing of the case. If it is of short standing, osteopathy can do wonders for the majority of them—if of long standing benefit is all that can be expected.

The following is a report of a case treated at the A. S. O., hospital from the middle of August, 1906, to June, 6, 1907.

History. The case referred to is Mr. P— of Illinois. A young man twenty years of age, of no bad habits, occupation that of farmer. During the summer of 1902 while cutting some large hedge, he injured his spine in the upper dorsal region; soon after while playing base ball, was again injured in the same region. Not much attention was given to these injuries until Nov. 1905, when he noticed a numbness in his toes, which was gradually working its way up the legs, reaching the knees by Christmas and leaving the ankles very weak. On January 1, 1906, he began taking electric treatments taking sixteen in all—these treatments seemed to drive the numbness farther up until January 20, 1906, it reached the waist line. The patient was then taken to a medical hospital in Illinois at which time he exhibited the following symptoms: Dull pain, weakness, severe cramps and stiffness of lower limbs, exaggerated knee jerk, reflex contraction of affected muscles on attempt to use them, ankle clonus, etc. At about this time he lost control of bowels and bladder, also motion and sensation in limbs. While in this hospital he was under the care of a nerve specialist. Here he remained until February 8, 1906, then was sent home, being told that nothing more could be done for him and that he would never be able to walk again. He remained home from Feb. 8, to the middle of August, 1906, without any treatment, with the exception of various patent medicines.

Conditions Osteopathically Found. He was advised to come to Kirksville, Mo., by Dr. A. M. Wiles of Jerseyville, Ill., which he did about the middle of August, 1906. Here he remained until June 6th, 1907. This case was brought to the A. S. O. hospital in a large chair on a dray, patient being unable to move any affected part. The muscular contractures were very, very bad. Upon examination we found a weak, irregular and very posterior spine in upper dorsal region, some signs of inflammation, the upper ribs in a very bad shape. No doubt these conditions were due to the injury he received while cutting hedge and playing ball. One would expect to find a very bad condition in lower spine, but in this case the lower spine was in fair condition. Disease can not exist in healthy tissue and in order for disease to exist there must be a shutting off of the vital forces to the tissue involved, as it was in this case. Now naturally one must remove the cause so as to feed the starved parts that they may thrive and be healthy.

Treatment. As inflammation existed our first steps were to use cold compress with rest, this seemed to do good and then osteopathic treatment was had. In beginning the treatment we always gave most of our attention to the correction of the upper dorsal and rib lesions. A thorough spinal treatment was given in order to influence the spinal nerve connections and the blood circulation about the spine. Springing the spine and separating the vertebrae so as to feed the interarticular fibro-cartilages and keep them from atrophying, which they often do if not given a good blood supply. The limbs and the nerve supply to them were well looked after. The stomach and bowels were also given close attention. A good lumbar and sacral treatment put the sphincters to the bladder and rectum in good shape. The spasticity could be overcome by inhibition of sciatic and anterior crural nerves. Excellent nursing and daily baths were had. The general health and the regulation of the patient's mode of life received our most careful attention during the entire time he remained in the hospital.

Results. The patient did not show much improvement for several weeks; then it was gradual up to the time he took his first step, which was about the 1st of February, 1907. From that time on improvement was more rapid. When the patient left the hospital, June 6, 1907, he was walking around with the aid of crutches.

On July 17, 1907, I received a letter from him stating that he was under the care of an osteopathic physician, at his home town in Illinois; that he had just returned from the hay field and was feeling fine and still improving.

This case is only one of the many that call upon osteopathic physicians to relieve them of their afflictions after having in vain tried practitioners of all other schools of the healing art.

* * *

EPITHELIUM AND ITS INVASIONS OF THE CONNECTIVE TISSUE.

C. A. WHITING, SC. D., D. O.

The paper presented by Dr. Whiting was based upon a critical study of epithelium as shown in a series of embryonic mice, and its object was to lay a foundation for a critical study of abnormal epithelial growths. This study led him strongly to suspect that both cuticular and basement membrane are differentiated from cilia processes of epithelial cells. The difference between the free end of the epithelial cells and the end which rests upon a basement membrane is shown at a very early stage of embryonic development, although it becomes much more pronounced immediately after birth. At a comparatively early period free wandering cells of epithelial origin are found, which later develop into the macrophages. These probably assist in protecting the epithelial membrane from bacterial invasion. Aside from the glandular invasions of the connective tissue by the epithelium, three others are recognized. (1) Dilatations (enlargements of tubes which were once nearly or quite uniform in diameter, as the stomach, uterus and bladder). (2) Diverticula (tubular outgrowths from cavities already existing, as the cæcum, appendix and gall-bladder. Both the dilatations and diverticula differ from glands inasmuch as they are formed by the harmonious growth of both epithelial tissue and connective tissue). (3) Vesicles (formed by the epithelial invasions of connective tissue as are glands, but the epithelium eventually becoming completely cut off from the surface by the constricting growth of the connective tissue. Inner ear, and perhaps central nervous system are examples). The poison glands of poisonous reptiles are of a compound tubular type, and do not differ very materially from the sub-maxillary glands in structure. The "islands" in the pancreatic glands originate in substantially the same way as other portions of the gland, but while the epithelial cells of the other parts of the gland arrange themselves around a lumen, the cells composing the islands experience an arrest of development and a lumen is never established. The supra-renals, the pituitary body, the prostate gland and the thyroid gland constitute a remarkable series, as the supra-renals represent a very primitive stage of development, the pituitary body a more advanced stage, the prostate gland one step further in advance, and the thyroid is a gland in its decadence.

* * *

"PATIENTS' YELL."

There are college yells, academy yells, high school yells, even correspondence school yells, but it remained for Mrs. E. L. Harding of Kansas to construct a "Patients' Yell." Thoroughly drilled by her the patients at the boarding house when she resided would give the yell with a vim. It is:

Osteopaths, kerwhack, kerwhack,
Crack your neck and twist your back,
A. T. Still, of old Kirksville,
He's the man who made the mill,
That cures mankind of every ill.
Long Live Still.

MORE CANCER CURES.

IN WALES—Cardigan (Wales) is still the Mecca of patients who suffer from cancer. They are drawn from all over the world to consult and be treated by the two brothers who have become so famous. On an average there are about 300 patients daily.

IN GERMANY—Professor von Leyden, who, with his assistant Dr. Bergell, has discovered by exhaustive experiments that the malignant growth of cancer is caused by the loss or insufficient presence in the liver of a certain ferment, which is present in adequate quantity in the liver of a perfectly healthy person. The scientific publication of the discovery amplified in an interview accorded to the Daily Mail Berlin correspondent,

The new remedy is supplied by the animal body. Its manufacture at present, Professor von Leyden explained, presents many difficulties, which the discoverers hope to overcome within a reasonably short time. The alleviation of a few cases, or even the cure of 100 cancer patients, as Professor von Leyden specially emphasized, would not at the moment entitle anybody to speak of an infallible remedy. Only long and exhaustive clinical experiments can definitely determine the value of the discovery.—Weekly Scotsman, June 22, '07.

* * *

Numerous inquiries having reached this office since the publication recently of an article relating to Sir Henry D. Littlejohn, we beg to state that he has no relatives in America. This statement is made upon the authority of Sir Henry himself.

W. S.

* * *

Letters to the Editor.

THE NEW ANESTHETIC.

With Observations From Its Use in 150 Cases of Both Major and Minor Surgery.

CLINTON R. LITTLE, D. O., EX-INTERNE, ENSWORTH HOSPITAL, ST. JOSEPH, MO.

In picking up a May number of the Journal of Osteopathy and noticing Dr. George A. Still's article on "A New Anesthetic," as studied from nine cases of minor surgical work, I will offer observations on the Lanphere or Abbott Compound Anesthetic Tablets, as gathered from its use in about 150 cases operated on in the Ensworth Hospital. Its use there having been under the brand of the Abbott Compound, put up by the Abbott Alkaloidal Company, and containing the same identical combination as the Lanphere tablet spoken of by Dr. Still.

Formulæ:

Morphine Sulphate grs. 1-4

Hyocine Hyprobromate grs. 1-100.

Cactin grs. 1-67.

We have endeavored to carefully compare its effects with chloroform, and ether anesthetization, and do not hesitate to say that it has its merits, and we believe it to be deserving a place of more or less favorable recognition among anesthetics, but that its use scarcely brings realization of the ideal.

In the operative work of one surgeon alone, at the hospital in the past few months

we have used it in 93 cases, mostly all major operations and almost invariably in each case the full three doses were administered—one dose two hours before operation—one dose one hour before, and the third a few minutes before going to the operating room. It has also been used by other surgeons here in cases sufficient to make up the total number, in both major and minor work, in doses of one to two tablets in each case, they preferring to take the more conservative position in its use. In the 93 cases we know of but one case that was certain of bad results, such results that convince us that it is not without its dangers. In this case it required artificial respiration from 9:30 until 1:30, or until a sufficient amount of the drug had been eliminated as to cease to embarrass the respiratory center to the danger point. In this case respiration was entirely suspended, face cyanotic, head retracted, cervical muscles rigid, eyes set and reflexes almost entirely lacking. At the end of this period of energetic and prolonged work the patient was given an opportunity for resumption of natural respiration and came through with five to the minute and in a few minutes increased to six and a little later seven to the minute, at which point artificial methods were abandoned. The patient continued in a deep sleep attended by the characteristic slow, deep respiration from four to five hours, when she awakened and gradually regained full consciousness, but was not considered ready for operation until the third day. But two doses had been administered in this case and sufficient time had not elapsed for the second dose to have reached its maximum effect. In defense of the drug, idiosyncrasy of the patient might be here cited, but this does not controvert the evidence of its dangers.

As to the new anesthetic approaching the ideal sufficiently as to dispense with the anesthetic, I think we can scarcely expect it of the Abbott Compound. If narcosis sufficiently profound to be satisfactory to the surgeon is reached by the Abbott tablet, we are in danger of encountering trouble similar to the case referred to, as in all cases where profound anesthesia is produced by the drug a very material slowing of the respiration occurs, and in many instances to the point of five per minute, requiring the closest observation of the anesthetic. Furthermore, even after the maximum of dosage has been administered some chloroform or ether is almost invariably necessary before the initial steps of the operation can take place, as the patient will invariably be aroused enough to embarrass the progress of the operation by the initial skin incision, requiring not only a "few whiffs" but usually a few drachms of chloroform. In a recent test with a fairly robust male subject who had received the full three doses of the compound a test was made as to the minimum amount of chloroform required to put him under and hold him during an operation lasting one hour and twenty-five minutes; it was found that it required six drachms. And in making this combination of the two the anesthetic finds himself almost entirely at sea on the condition of the patient due to the chloroform administration, as the drug previously used destroys his compass of cardinal points which guide him as to the safety of the patient and the limit of his tolerance to the anesthetic; particularly is this noticeable on the reflexes and respiration, two very important diagnostic points to the anesthetic. But it might be said in justice to this form of anesthesia that when the tablets happen to be just the right sized dose for complete narcosis in that individual case that a drachm or two at the start may be all that is necessary, or perchance occasionally a patient will be found that will require none at all, but such instances are not very common.

The present Interne at the hospital reports six out of sixty-three cases which required no chloroform at all in major operations and in each instance three doses

MY ALMA MATER.

REMINISCENCES BY W. R. LAUGHLIN, B. S., D. O., LOS ANGELES, CALIF.

Dr. Clifford Burton, a young M. D., and I were camping one summer at Camp Collet. In climbing over a fence, Clifford caught his foot and fell heavily to the ground. The next instant Dr. Frank Hanna, who was a student of the Old Doctor, came running to us and asked if any bones were broken or dislocated. Although hurt, Clifford could hardly keep from laughing outright, and after we went to the camp out of Dr. Hanna's sight, we simply exploded. The idea of an osteopath offering his services to an M. D. How times have changed!

In the year 1895, after Dr. A. T. Still had built his new school building, I said: "That man is foolish. Why does he not keep his money now that he has enough to last him as long as he lives, for in a little while the bottom will drop out of this 'fad,' osteopathy, and his money will be in a large brick building which will be a white elephant on his hands." This is what I thought before I knew anything about this new science. We cannot be good judges of things we know nothing about. I soon learned the truth—(i. e.) that osteopathy is a science and good the world over. One might as well deny the truths of the laws of gravitation as to deny the truth of osteopathy. There are many people who think that the denying the truth of a proposition destroys its usefulness, and puts it in the class of falsehood, fakes, etc.

The first time I saw Dr. A. T. Still was when he treated my sister's little girl. She awoke one morning and found she could not move her left arm. I secured a horse and buggy and with my sister and the little girl, we started out to find Dr. Still. On our way toward his house we saw a fine looking gentleman with Prince Albert coat and a light hat, coming away from what we supposed to be Dr. Still's house. We stopped and asked if he was Dr. Still. He drew back with a dignified air and said, "No, I am Rev. Haley." He told us where we could find the doctor.

Dr. Still came out to the buggy, took hold of the little girl's arm and set the shoulder, which operation took about thirty seconds. We were thankful, and it made us think.

In the fall of 1896, sixty-eight of us formed a new class in the study of this science of osteopathy. We found at the A. S. O. a course of study equal to a college education, and many a man or woman who thought himself well educated, and that the course would be easy found that there was more than enough to keep one very busy.

EDUCATORS AT THE HEAD.—One day during anatomy hour Dr. S. S. Still announced to the class that Professor C. A. Proctor, of the State Normal, had been secured to teach chemistry in the American School of Osteopathy. A thoroughly educated teacher, a gentleman of refinement and culture, all his students appreciated his scientific teaching. The school began to take a form positive, as it had men as instructors who could defend the science.

Dr. Wm. Smith was one of the first teachers connected with the school. The first time I saw him he was lecturing to a class in anatomy in a building which stood in the pasture back of the Old Doctor's present home. Dr. Smith is a man who will attract attention in any audience of learned men. We students used to say that he would be pointed out as distinguished were he to be in a gathering of the United States senators. Thorough in his work, courteous to all, he was a master mind in moulding the new science, and to-day his old students appreciate his work of a decade ago and congratulate the new students on having him as one of their instructors.

Another of the early teachers was Dr. Chas. Hazzard whose clear thinking and thorough education were great factors.

Dr. Carl P. McConnell, who has written books on osteopathy and is now doing research work along osteopathic lines, was then deep in the work.

The school watches for its best pupils and has secured some of the brightest and best equipped to take chairs in the institution. To-day it has men who are pre-eminent in the profession, as practitioners and as teachers.

There is Dr. Frank P. Young, who now is the oldest in point of service, actively engaged in teaching. Dr. Young holds the attention of his class as well as any actor holds his audience. He entertains as well as instructs. He never loses sight of the osteopathic idea.

Dr. Geo. M. Laughlin has had an especially fine opportunity to get all one man can out of osteopathy as he has been a constant companion of the Old Doctor for seven years. He is a clear thinker along osteopathic lines, and his judgment is good. The students come in contact with him daily and he is looked upon as authority.

Dr. Charles E. Still has been connected with the school "lo these many years." Osteopathy is a part of him and he a part of osteopathy. He has a firm place in the hearts of all the alumni as well as the students. He is always present to give the advice which comes from his ripe development after years of most successful practice.

Dr. E. C. Link is another splendid osteopath, and a true gentleman, who believes in a square deal for everybody. His ideals are high, and he has a most helpful influence upon the student body.

Dr. E. von L. Gerdine is an example of the osteopath recruited from a family of M. D's. Himself an M. D., he points out the falacies of drug giving and demonstrates the value of osteopathy.

Drs. M. E. Clark, Dobson, Ryder, S. S. Still, Fassett, Hildreth, C. M. T. Hulett, and the late Drs. Guy Hulett, and H. E. Patterson are some of the strong men of the profession that have been connected with the school.

Drs. R. E. Hamilton, Geo. A. Still, Pratt, and Fiske are new men in the work, but well qualified.

I love my Alma Mater where osteopathy is pure and undefiled. The ten thousand pleasant memories of the nine years I was connected with the school blot out the misunderstanding that occurred when I severed my connection with the A. S. O., and to-day nothing but the pleasantest relations exist between us. What success I now have as an osteopath, I owe to my training at the A. S. O.

Every osteopath ought to visit the A. S. O. and judge for himself. If once there, he will be caught with the true spirit and force of what our science is. From the very beginning the work has been thorough, and to-day the A. S. O. is enjoying the success which comes from being well prepared to do all she advertises to do. To-day the A. S. O. is better prepared than ever to teach osteopathy. This is true not only of the regular three year course, but especially true of the post-graduate course. The new hospital is all one could desire. No osteopath should be in the practice long without returning to the A. S. O. to learn new truths and be able to explain how osteopathy first started and what it will do.

A spring can rise no higher than its source, its fountain-head. The fountain-head of osteopathy is at Kirksville. What a blessing it is to look back and to be able to say "I knew the Old Doctor and the Old Doctor knew me."

I know people who have never been in Kirksville who put on their cards "Post-graduate of Kirksville." I tell this to show how anxious these people are to enjoy the distinction of that honor. These I have referred to took the post-graduate course in St. Louis when the American School had a branch there during the World's Fair. Of two graduates of equal ability, the one from Kirksville has the greater prestige

"Honor, to whom honor is due."

Dr. A. T. Still and no other, is the discoverer of this science. He is one of the

most original thinkers of the present age, and one of its greatest benefactors. Education means development of the mental, moral and physical man. He possesses them all in a marked degree. To know him is to love him.

It is quite amusing to hear some people talk who have been associated with false prophets. Occasionally we see one who claims to be greater than the Old Doctor, but he stands in about the same relation to the Old Doctor that Dowie did to Elijah. Learn the truth from the fountain-head.

* * *

NEWS NOTES AND COMMENTS.

Repair Offices.—Drs. Meacham and Rockwell are repairing their offices in the Sondley Bldg., Asheville, N. C., and are temporarily at 62 Patten Ave.

Visits Kirksville.—Dr. and Mrs. E. E. Beeman of New York are spending a month at the doctor's boyhood home in Kirksville. The doctor made the Journal office a very pleasant call.

Tours the East.—Dr. E. M. Olds, of Green Bay, Wis., is in the east on an extensive tour, which will embrace the convention at Norfolk. In his absence, Dr. Geo. Chaffee of Sturgeon Bay is in charge.

Dr. Bandel Takes a Rest.—Worn out by the legislative fight in which he made nearly thirty trips to Albany between January 1st and May 1st, in addition to taking care of his large practice, Dr. Bandel left on August 8th for a month's trip abroad.

Osteopathic Insurance Examiners.—Several osteopathic insurance examiners have handed in their names, the companies for which they are examiners, and the date of their appointment, but there are a number that have not yet done so. Please attend to this at once.

Recovered from Long Illness.—Dr. C. H. Conner, Albuquerque, N. M., who was compelled by sickness to abandon his practice for nearly a year, is now completely recovered and is again in practice. Dr. Conner is a recognized authority on the osteopathic treatment of lung troubles.

Locates in Germany.—Dr. and Mrs. H. H. Moellering, who have practiced for a number of years in St. Paul, Minn., have located in Dresden, Germany. They had been abroad sight seeing and fell in love with that city and decided to make it their permanent residence. Elsewhere in this issue, the Journal prints an account the medical practice laws in Germany.

Re-Enters Practice.—Dr. Walter S. Dressell, who practiced for five and a half years at Toulon, Ill., and broke down as result has, after a year's rest, located at Kewanee, Ill. The Kewanee Courier states that while in Toulon, he gave over 21,000 treatments. In addition to his osteopathic practice at Toulon, he was a church worker, being president of the Epworth League two years. He invested his savings in bank stock in the Toulon Bank.

Goes to Kirksville.—The Louisville Courier Journal tells of Dr. R. A. Coke making a motor trip to Glasgow, Ky., in company with his wife and the Misses Nellie and Joanna Ganter, and states that the doctor "will leave the first part of September for Kirksville, where he has accepted a chair at the college of osteopathy" and that "Miss Ganter will enter the Normal School." Dr. Coke will be Assistant in Pathology at the A. S. O.

Osteopaths Heroes In Marine Disaster.—In the disaster to the steamer Columbus, near San Francisco, the only physicians on board the steamer Elder, which rescued the survivors, were Drs. T. J. and Fannie Graffis, of 89 18th St., North, Portland, Ore.

One package of absorbant cotton, and a bottle of peroxide of hydrogen were all the standard surgical dressings they had; the rest were improvised of sheets, pillow cases, etc. Drs. Graffis graduated in June, '06.

Octegenarian Advocates Osteopathy.—One of the Journal subscribers, Mr. A. H. Eldred, of Carlinville, Ill., is one of a family of three, the oldest 82, the youngest 78, who class the Journal as one of the leading publications of the country, and mention that in spite of their infirmities, they read it along with other papers in order to keep posted on the news of the day. They also, having read it, pass it on for others to read, from actual experience, being firm advocates of the osteopathic system.

A. S. O. Student on the Pacific Coast.—Mrs. Emma A. Boggess of the senior class of the A. S. O. suggests "if there be cigarette fiends, why not calomel fiends, when every ill to which human flesh is heir is relieved (?) by a good dose of calomel."

She says that she has many friends at her old home in California who can "only wonder at one daring to get well without drugs." It seems to the editor, that in spite of the numerous osteopaths in California, there is room for a few more.

Annual Conner Reunion.—The Doctors Conner of different points in the United States, six of them and all practicing osteopaths, make an annual pilgrimage to their old home at Kirksville to visit their venerable parents, who reside there. At the reunion this year, all were present except Dr. Anna Conner Lamb, of Ottawa, Kans. Those who were here are, Dr. Sallie M. Conner, Belfontaine, O., who has recently returned from a trip abroad; Dr. Mary Conner, Cincinnati, O.; Dr. W. J. Conner, Kansas City, Mo.; Dr. C. H. Conner, Albuquerque, N. M., and Dr. D. L. Conner, Phoenix, Ariz.

Successful Osteopathic Diagnosis.—Dr. Frank Van Doren, Allegheny, Pa., formerly operator at the A. T. Still Infirmary, writes the following:

"A recent case was submitted to X-ray examination after I had passed an opinion on a fractured arm. Medical men claimed a dislocation at the elbow joint. I thought a fracture had occurred in two places, inner condyle and also lower third of humerus. X-ray proved it to be so, and the authorities at the hospital promised me a photo as they considered it a peculiar case. I have already established some motion. Case is of eight months standing. It was medically treated for dislocation, but kept in a cast for some reason. Anyway, the boy has a very crooked arm. He is ten years old and full of ginger. He needs a little motion for convenience sake."

Famous Doctor Opposes Drugs.—Dr. Fannie S. Parks, Macon, Mo., submits the following clipping:

"Sir Frederick Treves, physician to the king of England, speaking at the opening of a London hospital, expressed the belief that the time was not far off when bottles on doctors' shelves would be reduced to a very small number, and when people would "leave off the extraordinary habit of taking medicine when they are sick." At that time people would resort to simple living, suitable diet and plenty of sun and fresh air. He said the time would come when it would be as anomalous for people to die of scarlet fever, typhoid, cholera and diphtheria as it would be for a man to die of a wolf's bite in England. He referred to the discoveries in bacteriological science as being capable of reducing mortality from infectious diseases to the zero point."

There is one point that Dr. Treves does not take into account, that is, that many, if not all cases of diatheses may be referable to osteopathic lesions, and that conversely unless these osteopathic lesions are corrected, "simple living, suitable diet, plenty of sun and fresh air" will be insufficient to confer on all individuals, immunity towards infection.

ASSOCIATIONS—STATE BOARDS.

The Montana Osteopathic Association meets Sept. 5th at Helena.

* * *

The South Dakota Osteopathic Association will meet in Mitchell, Sept. 26th.

* * *

The Nebraska Osteopathic Association will meet at Beatrice, Sept. 12th, where a good program will be enjoyed.

* * *

The next meeting of the Idaho Board of Examiners will be in Nampa, beginning October 23rd. E. G. Houseman, Nampa, secretary.

* * *

North Carolina Board of Examiners will meet at Charlotte, October 17th to 19th. A. R. Tucker, Durham, secretary. The North Carolina Society will meet at the same place on the same dates. A. H. Zealy, Goldsboro, secretary.

* * *

The Ontario Osteopathic Association will meet in Toronto at the close of the A. O. A. convention at Norfolk. Dr. Wm. Smith will give a stereopticon lecture on osteopathy and its history, and Drs. Smith and G. A. Still will conduct clinics.

* * *

CENTRAL KENTUCKY OSTEOPATHIC ASSOCIATION.

August 7th, a new Osteopathic Association was formed at Lexington, Ky. It is named as above and made up of the osteopaths of the central part of the state. The first meeting had the following program: Paper, The care of tuberculosis of the great omentum, A. Longan, Paris; Success of osteopathy in acute diseases, H. H. Carter, Shelbyville; Address, Martha Petree, Paris; Lecture, The relationship of chemistry to osteopathy, Y. Robertson, Cynthiana. The officers elected were, Harry T. Lee, Carlisle, president; Martha Petree, Paris, secretary. Committee on constitution and by-laws, Drs. Longan of Paris, Vance of Lexington and Amos of Georgetown.

* * *

NOTICE.—We will give 5 copies of this or any one succeeding issue for each copy of Oct., Nov., Dec. 1905, Jan. '06, which is sent us at once.—Journal of Osteopathy Publishing Co.

* * *

SHORT PERSONALS.

Dr. Mabel Vance of Oneonta, N. Y., is visiting in Los Angeles, Calif.

Dr. Geo. Parks of West Plains, Mo., is in Tacoma, Wash., looking up prospects.

Dr. E. A. Plant of Los Angeles is spending his vacation at Coronado Beach, Calif.

Dr. J. T. Penrose, is taking care of Dr. Ida Carpenter's (nee Fox) practice at Springfield, Ill.

Dr. J. T. Gilbert of Paducah, Ky., will take a post-graduate course in New York City after the Convention at Norfolk.

Dr. Coral Crain of Pasadena, Calif., will do post-graduate work the next few months at the Massachusetts College of Osteopathy.

Dr. Julia B. Frey, who for the last year has been taking a vacation and doing post-graduate work at the A. S. O., is again in practice at Alliance, Nebr.

After an enjoyable vacation at San Diego and Coronado Beach, Drs. W. R. and Belle C. Laughlin are again at their location at Los Angeles.

Touring the State of California with an auto and enjoying its beautiful scenery and good roads, is the way Dr. Tasker is spending his vacation.

Still National Osteopathic Museum, Kirksville, MO

Dr. Ella X. Quinn, of Baltimore, has returned from a visit to New York City, calling on the osteopaths and studying in the large hospitals and sanitarium.

Dr. Sallie M. Conner has returned from her trip abroad and after a short visit in Kirksville, will again be at her old location, Belfontaine, Ohio.

There were twenty-two delegates to the A. O. A. from Tennessee points, who assembled at Nashville and made the trip by way of Cincinnati in a special sleeper.

Dr. H. C. Wallace, of Blackwell, Okla., intends to take a post-graduate at Los Angeles. His partner, Dr. Leeper, will continue the practice with the aid of an assistant.

Dr. Kathryn Dersam, who took a post-graduate course at the A. S. O., has, after a visit at her old home, Chillicothe, O., resumed her practice with Dr. C. L. Black, at Johnstown, Pa.

Dr. Jno. S. Allison, of Monrovia, Calif., has returned from a trip to British Columbia, taken in the interest some patients whom he left in the Northland after they had recovered their health.

Dr. Dora Wheat of Louisville, Ky., underwent a severe operation at The Deaconess Hospital of that city in May. She is now at Chautauqua, N. Y., making an excellent though slow recovery.

Dr. F. C. Lincoln and Mrs. Lincoln of Buffalo, accompanied by Mrs. Lincoln's sister and sister-in-law, Miss Brain and Mrs. Brain, spent two weeks vacation during the month of August with friends in Toronto and Hornby, Ontario.

Dr. R. B. Henderson of Toronto enjoyed a ten days' vacation with friends in Granton and St. Marys, Ontario, the latter part of August. Mrs. Henderson and son Hugh accompanied the doctor.

Dr. Asa G. Walmsley has located at 48 Canada Life Bldg., Toronto, Ontario, where he is associated with Dr. R. B. Henderson one of the pioneer practitioners of Canada.

Dr. Fannie Parks of Macon, Mo., has been spending her vacation in Iowa, and while there inspected the State Hospital for Tuberculosis now in process of construction five miles from Iowa City.

Dr. Frank Van Doren, Allegheny, Pa., contemplates taking a course in Surgery at the Western University of Pennsylvania. There is need for more osteopathic surgeons and those who are now qualifying will have an abundance of strictly surgical work in a few years. One of those who is already qualified is Dr. J. Foster McNary of Milwaukee, from whose pen we expect soon to publish an article on surgical diagnosis

* * *

WANTS.

WANTED—An osteopath at Albert Lea, Minn. Address for particulars, Dr. A. E. Vallier, Columbus, Nebr.

WANTED—An osteopath at Baraboo, Wis., who will engage in all around practice including obstetrical work. Address, Miss Ada M. Burnam, 1121 Birch St.

WANTED—An osteopath or medical doctor to join me in running a sanitarium. They must have some capital. Address S. A. Richmond, 221 St. Marys street, San Antonio, Texas.

FOR SALE—A thriving practice at Plattsburg, Mo. No other osteopath in fifteen miles. Wealthiest town in state of its size. Reason, going to Kansas City. Address or call on Wm. M. Thompson, D. O.

WANTED—Someone to take charge of a practice for six months, in a good north west Missouri town. Will sell or lease. I want to do some post-graduate work this fall and winter. Address E., care of Journal.

MARRIED.

Married—At San Francisco, Calif., Sept. 3rd. Dr. Norman D. Mattison, of New York City, and Miss Lillian Saltonstall of San Francisco.

Married—At Festus, Mo., July 30th, Dr. Charles E. Getchell of Johnstown, Pa., and Miss Evelyn Moore of Festus. At home at Red Lodge, Mont.

Married—At Omaha, Nebr., June 26th, Dr. A. E. Pecinovsky of Valley Falls, Kans., and Miss Frances Janda of Omaha, Nebr. At home at Valley Falls, after July 1st.

Married—At Philadelphia, Pa., Aug. 7th, Dr. Norman J. Sickles and Miss Valeria M. Mitchell, both of Philadelphia.

Married—At Philadelphia, July 15th, Dr. T. H. Nicholl, 323 Mint Arcade Bldg., Philadelphia, and Mrs. Eleanor Pound McCurdy, of the lower Senior class, A. S. O.

Married—At Janesville, Wis., June 22nd, Dr. Frederick C. Lindstrom of Janesville, and Miss Marion F. Chittenden, daughter of Hon. G. G. Chittenden of Janesville.

* * *

BORN.

Born—Aug. 6th, to Dr. and Mrs. Gordon G. Ives, Ogden, Utah, a son.

Born—Aug. 16th, to Dr. Guy D. and Mrs. Olive D. Van Halteren, Athena, Ore., a son.

Born—July 14th to Drs. O. F. & S. Etta Heisley, 14 East Main St., Walla Walla, Wash., a daughter.

Born—Aug. 20th, to Drs. J. H. B. and Kathrine McLeod Scott of 502 New 1st Nat'l Bank Bldg., Columbus, O., a daughter.

* * *

DIED.

Died—Dr. Myrtle Hartley, who was practicing with Dr. A. I. Doneghy at Wheeling, W. Va., died Aug. 5th, after only a brief illness. Interment was at her former home at Quaker City, Pa.

Died—Dr. James M. Smith of the January class, '07, was drowned at Long Beach, Wash., Aug. 7th. Dr. Smith and his 13 year old son were in bathing and his son was caught in the under-tow. In an attempt to save him, the doctor lost his life, but the son was saved by other bathers. The body has not been recovered. A widow and two children mourn the deceased.

The Associated Press dispatches concerning Dr. Heberer's death at Vancouver in July, said that the death was due to suicide. This was purely a telegrapher's careless error. The death was caused by accidental drowning.

Died—At St. Joseph, Mo., July 6th, Mr. J. G. Walker, father of Dr. F. P. Walker. Burial July 8th, at Memphis, Mo., his former home. Death was result of a fall received in January, 1906.

* * *

VISITORS.

Among the many visitors at the A. S. O. during the last month are the following: Drs. George Parks, West Plains, Mo.; Esther Whittaker, Cairo, Ill.; A. G. Hildreth, St. Louis, Mo.; A. E. Vallier, Columbus, Nebr.; Geo. J. Eckert, Cleveland, Ohio; W. H. Eckert, St. Louis, Mo.; J. M. Kibler, Staunton, Va.; Ira Collins, El Paso, Tex.; Thos. Ashlock, Morristown, Tenn.; Nettie H. Bolles, Denver, Colo.; I. W. McRay, Trenton, Mo.; B. C. & Dora A. Currence, Tiffin, Ohio; J. H. Robuck, Anadarko, Okla.; Anna E. Seitz, Greenville, Ohio; Orella Locke, Cincinnati, Ohio; T. L. Drennan, Jackson, Tenn.; C. T. Samuels, Baker City, Ore.; E. E. Beeman, New York City; Mary Conner, Cincinnati, Ohio; Sallie M. Conner, Belfontaine, Ohio; C. H. Conner, Albuquerque, N. M.; D. L. Conner, Phoenix, Ariz.; W. J. Conner, Kansas City, Mo.; Everet E. Hannah, Muncie, Ind.; J. D. Heine, Flagler, Colo.

Personal with the Editor.

A Few More Philosophies. A number took advantage of the offer of the Old Doctor's book, the Philosophy of Osteopathy to be given free with a three year subscription paid in advance. There are a few copies left. Do you want one?

* * *

The Best is the Cheapest. We are getting new contracts constantly for the Osteopathic Journal. It is an exception to the usual rule—that the best is the highest price—as it is cheaper than any other field Journal of equal quality. It is also, so our subscribers tell us, better than the field Journals for which you have to pay more. The "Osteopathy a Complete System" and "How Osteopaths Regard Disease," make a fitting opener for your fall campaign. The rest of the contents of Number three are:

Osteopathy a Complete System, Geo. M. Goodell, B. S., D. O.

Advantage of Hospital Treatment, W. H. Ivie, D. O.

How Osteopaths Regard Disease, Franklin Fiske, A. B., D. O.

Why They Studied, Letters from Practitioners.

Pseudo Osteopaths J. A. DeTienne, D. O.

Practice of Medicine in Germany, W. B. Van De Sand, M. D., D. O.

Vol. III, No. 3, Osteopathic Journal, ready for distribution now.

* * *

Osteopathic Journal, Vol. III, No. 4. Although the number three has only just been sent to subscribers, we have been busy planning for number four, and announce the following leading articles to continue your fall campaign.

Obstetrician's First Duty, William Smith, M. D., D. O.

Fraud of Appendicitis, A. A. Kaiser, D. O.

Prolapsus Uteri, Eliza Edwards, D. O.

Spastic Paraplegia, E. H. Laughlin, D. O.

An Early Osteopathic Adjustment, W. R. Laughlin, B. S., D. O.

Notes by the Editor.

Vol. III, No. 4, Osteopathic Journal, ready for distribution Sept. 25th.

* * *

Novel Prize Contest. The Journal of Osteopathy has instituted a novel prize contest in which everybody who qualifies, wins a prize. We want articles, scientific, for the Journal of Osteopathy or popular for the Osteopathic Journal, and will pay in advertising, Journals, or books, for such as we can publish.

* * *

Special Long Contract Rate. Write to us for our special rate on 100 Osteopathic Journals per month for one year, when payment is made in advance.

* * *

Journal Booming. The Journal of Osteopathy since June 1st has experienced a decided boom, not only in material in each issue, in having all the latest news and up-to-date items but also in a large increase in new subscriptions. Have you joined the procession? The issue appears the first of each month promptly, and is, so the subscribers say, the best Journal for the profession, that is published. This month only, the issue is delayed five days to give a complete report of the A. O. A. Convention. While this issue is good, the features for next month are by far better. Don't miss it.

* * *

FOR SALE—Practice and office fixtures, in best town between Kansas City and Denver. Population 2,500. Only osteopath. Practice last year \$2000.00. Reasons for selling given prospective buyer. Address R. M. Cooper, D. O., Norton, Kan.

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A. S. O. BOOK CO., General Agents, Kirksville, Mo. Cloth, \$3; half Morocco, \$3.50; pages 442. Sample pages sent.

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