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THE

Journal of Osteopathy

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OSTEOPAHY vs. DRUGS.

A COMPARISON OF THESE SYSTEMS AS TO PRINCIPLES AND EFFECTS.

J. W. BANNING, M. D., D. O., PATERSON, N. J.

Until the discovery and development of osteopathy, there was no system of the healing art sufficiently powerful to successfully dispute the arrogant claims of the drug system. With little or no opposition the drug system had grown hoary with age and looked with disdain upon the arrival of the young giant, osteopathy. Every conceivable scheme has been used to drive the new science from the field but osteopathy, like Bancho's ghost, will not be downed. It is here by the right of discovery and nothing short of the disfavor of Almighty God can blight or stay its progress. "Truth is mighty and will prevail."

At present there are three great systems of the healing art, all of which are diametrically opposed to each other. In the order of their discovery, they are allopathy, homeopathy, and osteopathy. Allopathy, with its large doses of bitter concoctions, held sway for many centuries but there came a day when heroic doses of purgatives and alteratives were viewed with disfavor and homeopathy appeared upon the field with its sugar coated pills and mysterious potions. The battle between allopathy and homeopathy waged fiercely for many years, finally terminating in a victory for the latter. And just as the smoke of battle was clearing away from the fierce struggles between allopathy and homeopathy, osteopathy came bravely upon the field with a challenge that brought the generals of the previous struggles again to the front, with this difference, however, that the erstwhile enemies had calmly joined forces against the new foe.

A paper read by Dr. J. W. Banning before the New Jersey Osteopathic Society, November 17, 1906.

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The history of drug medication shows a checkered career for that system. It has been one continual medley of therapeutic changes due to its empirical practices and unscientific principles. But few of the drugs of a hundred years ago are being used in the treatment of disease to-day. The nature and size of the doses formerly prescribed have been greatly modified and there is a studied tendency upon the part of all broadminded physicians to avoid the use of drugs. Through the teachings of homeopathy the old theory of the effects of drugs was set at variance, and through the teachings of osteopathy the whole theory of drug therapeutics has been upset and a more practical and commonsense method promulgated.

The word allopathy was taken from two Greek words which mean "other" and "suffering." The allopathic system embodies the theory that disease can be cured by treating with remedies which produce effects opposite to the symptoms manifested. In other words "opposites are the remedies of opposites." This is in direct opposition to the other system of drug medication known as homeopathy which claims that "like cures like." This is a system of treating disease by the use of agents, which if administered in health would produce symptoms similar to those morbid conditions for the relief of which the agent or medicine is given. The supposition expressed by the adage is, "similia similibus curantur."

In the practice of allopathy in its strictest sense, where "opposites are considered as remedies of opposites, the physician aims to prescribe a drug which will produce an effect upon the body different to the effect produced by the disease. For instance, should there be a lack of nerve force, as in muscular weakness or paralysis, a drug, known as an excito motor would be given. A well known drug of this character is nuxvomica which contains an alkaloid, strychnine. This drug is frequently given in atonic dyspepsia, a condition in which there is weakness of the muscular walls of the stomach. Nux-vomica is given as a stimulant to excite the walls of the stomach to increased activity and is usually given in doses of five to ten drops three times per day just before meals.

Nux-vomica is an excito motor and its alkaloid, strychnine, has a special affinity for the motor centers in the brain and spinal cord. There are a multiplicity of motor centers but this drug does not recognize any special center. It affects all motor centers, the stomach center the least of all as it is the least susceptible on account of its weakness. In acting more strongly upon the healthy centers the drug defeats the purpose for which it was administered by exciting to action healthy tissues. The increased activity in other parts of the body naturally draws the blood from the stomach walls, thereby devitalizing and weakening them.

A full medicinal dose of nux-vomica produces a sense of constriction about the jaws and fauces and causes more or less shuddering of the whole body with sudden pains like electric shocks shooting through the extremities. At first it will cause paleness of the face followed by a flush and increased warmth of the surface of the body and there will be startings of some of the voluntary muscles and dilatation of the pupils. From the above described symptoms, it can readily be seen that the effects are general and not specific. And not only is the drug unreliable in its action but it is a rank poison as well, for when a lethal dose is given the whole system of voluntary muscles is thrown into tetanic convulsions. During the paroxysm, a shudder passes through the whole body, the head and extremities jerk and twitch, and a general tonic convulsion suddenly takes place, the hands are clenched, the head bent backward, the limbs extended, and the body arched and rigid. The respiratory and abdominal muscles are so rigid that the body is curved in the form of a bow, resting upon the occiput and heels. The muscles of the face are also affected. They assume a ghastly grin, called "risus sardonicus." The paroxysms produced by this poison follow each other in such rapid succession and are so violent that death soon ends the patient's sufferings. Words fail to describe the tortures caused by an overdose of nux-vomica, and yet, this drug is prescribed in a great many diseases with but little regard for its probable effects upon the body.

Another class of drugs used quite extensively in the treatment of disease is cerebral sedatives. This class of drugs diminishes or suspends the function of the cerebrum after a preliminary stage of excitement. They are narcotic in their effects and expend their force chiefly upon the nervous system; they first stimulate the functions of the brain, but this stage of excitement, which may be of shorter or longer duration, is followed by sopor, coma, or complete insensibility. Well known drugs of this character are alcohol, opium, bromide, conium, and curara. Most drugs of this class are cumulative in their effects upon the system and are dangerous in their immediate and after effects. Who is not familiar with the warning cry against alcoholism and morphinism?

Alcoholism is one of the great scourges of the age, and yet there are many physicians who prescribe alcohol with impunity. Some physicians claim that alcohol is a food, but it is well agreed by scientists that it is not a food, and that its use, even in small quantities, is injurious to the tissues of the body. It diminishes both the physical and mental powers and lays the foundation of disease. Alcohol has a special affinity for the brain. This organ absorbs more than any other and its delicate structure is correspondingly affected. The "vascular enlargement" here reaches its height. The tiny vessels become clogged with blood that is unfitted to nourish, because loaded with carbonic acid, and deprived of the usual quantity of the life-giving oxygen. No physician, in this enlightened age, is justified in prescribing alcohol for the cure of disease.

Opium is a powerful cerebral sedative, the alkaloid of which is morphine. This drug is usually administered subcutaneouly by means of a hypodermic. In a short period after its introduction the symptoms of morphine narcosis begin. Some of the pronounced symptoms are a sense of heat and flushing of the face, followed by fullness of the head, giddiness, tinnitis aurium and nausea. Deep seated epigastric pain is often felt, and loud borborygmi occur. The vertigo may be so great as to render walking uncertain and staggering, often rendering the upright position impossible. At the same time that the cerebral effects are experienced, the pupils are contracted and the conjunctivæ injected. The lips have a bluish appearance, the mouth becomes dry, swallowing is painful, and the voice is husky. In most cases sleep is induced which is deep but not calm. The respirations are noisy, slow, and labored. The heart action is diminished in frequency but there is a decided rise in the arterial tension. An overdose quickly produces profound narcotism in which condition the pulse becomes slow and feeble, the respiration slow and shallow, face pale, the skin cold and sweating, pupils minutely contracted, and all reflex movements entirely abolished. Usually the respiration ceases before the action of the heart, but in some cases sudden death ensues from paralysis of the heart.

The great and common evil, the opium habit, must be laid entirely at the door of the drug doctor. The evils of the liquor habit, which are bad enough, are scarcely to be compared with it. The number of lives that are cut short every year by the reckless and indiscriminate use of morphine, so common among medical doctors, can never be told. It is only a few years ago that one of Chicago's great journalists, in the prime of life and in usual health, went to New York. Feeling a little indisposed after arriving there, the hotel physician was called in and administered morphine. The patient went to sleep and never awoke. The first remark of the unfortunate physician when recalled to the bed-side of the dying man was: "Oh! I have given him too much morphine."

The principles and practice of homeopathy are diametrically opposed to those of allopathy. While the allopath claims that opposites are the remedies of opposites, the homeopath contends that like cures like.

Now, it is utterly impossible for both to be right, and in my opinion neither is right. The theory of homeopathy is: to give a sick person that drug which given to a well person will produce in the well person symptoms similar to those possessed by the sick person. Any drug given in frequently-repeated large, strong doses to a well person for any considerable time, will produce in that person conditions or symptoms not previously possessed, and always deviations in a greater or a lesser degree from perfect health. No two drugs will produce exactly the same set of symptoms; one will act mostly upon one part, while the other acts upon another part. Experimenting upon a healthy person to determine what effect a drug will have, is termed the proving of the drug. The theory is inconsistent. It is hardly reasonable to suppose that a drug that would make a well man sick would make a sick man well. It would seem that if it was an experiment upon a well man it would be a far more risky experiment upon a sick man. It may be that herein lies the secret of so many sick people in the world, and there may be a grain of truth in the story told about a physician who was called into court. "A doctor detained in court as a witness complained to the judge, that if he was kept from his patients much longer they would all recover in his absence." The fact that no two persons are alike susceptible to the effects of drugs renders the administration of drugs an exceedingly risky performance. What is considered a medicinal dose (so called) in one case may prove to be a lethal dose in another. The environments, the mental and physical conditions, and the idiosyncrasies of an individual make it a matter of guess work as to the amount of a drug necessary to produce a given effect. Were it at all possible to know the peculiarities of all individuals under all circumstances, the fatalities and evil results from drug medication would be somewhat lessened, but not sufficiently so to not condemn such practice, for drugs as such taken internally are inimical to health.

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A drug is defined as any animal, vegetable, or mineral substance used in the composition of medicines. Drugs are classified as tonics, alteratives, antiseptics, excito-motors, and depresso-motors. It is a well known fact that drugs taken into the system add nothing to the strength of the body. They do not enter into the formation of tissue and do not become a part of the body in any form, but act as a foreign element in the body and the organs of the body cannot rest until every particle of the drug is eliminated. The following statement from the eminent Dr. Francis Coggeswell of Boston is enough to gladden the heart of any true osteopath. Dr. Coggeswell says: "My conscience cannot withhold acknowledgment of my firm belief that drugs are productive of vastly more harm than good, and were they absolutely abolished mankind would be the gainer."

The blood is the life. No satisfactory repair of diseased or wasting tissue can take place without a suitable supply of healthy blood, and healthy blood is the product of proper food and normal digestion and assimilation; all of which are dependent upon a normal nerve action which is dependent upon a complete bodily mechanism in perfect adjustment. A man puts some ashes in a hill of corn and thereby doubles its yield. Then he says, "My ashes have I turned into corn." Weak from his labor, he eats of his corn, and new life comes to him. Again, he says, "I have changed my corn into a man." This he also feels to be a truth. But such is not the case when drugs are taken into the system. They go in as drugs and come out as such, having undergone no change whatever.

The uncertainty and unreliability of drugs led to the discovery and development of osteopathy. Had they been sufficient to meet the demands as curative agents there would have been no necessity for a more exact and scientific system of therapeutics. Osteopathy is a protest against the pernicious practice of internal drug medication. It offers a more rational method of treating disease and bases its claims upon the fact that in a perfectly adjusted structural body disease cannot exist. The science of osteopathy is exact as it is based upon the laws of anatomy, physiology, and chemistry. It recognizes the laws of nature as immutable and does not go on the assumption that "opposites are the remedies of opposites," nor that "like cures like," but that pure blood evenly distributed and normal nerve action give health. Dr. A. T. Still, founder of osteopathy, struck the key note, when he stated that a "disturbed artery marks the beginning to the hour and the minute when disease begins to sow its seed of destruction in the human body." He also, stated that "the rule of the artery must be absolute, universal, and unobstructed or disease will be the result." Osteopathy maintains that no force outside of the body is capable of sustaining health. It trusts to the liberating and equalizing of forces within the body and to a perfect movement of its fluids and brain electricity for health.

Osteopathy is founded upon correct anatomical relations and normal functional activities of the organs and tissues of the body. It is a system of treating diseased conditions from the standpoint of physical causes and relies principally upon mechanical re-adjustment for its curative effects. The causes of disease from an osteopathic standpoint may be arranged into two classes. Agents acting from within and without the body. Those forces acting within the body are heredity, chemical, mental, and emotional activities, all of which may be materially affected through the outside or physical causes.

The body is made up of a multiplicity of cells and each cell, it matters not how minute, is histologically and physiologically a unit of life. The normal performances of cell function are irritability, contraction, assimilation, growth, reproduction, and excretion. The sum total of normal cellular activity is life and health. Health is maintained by a perfect metabolism. Any irregularity of cellular activity disturbs the metabolism of the body. Abnormal metabolism causes disease. Disease leads to death. The sum total of irregular cellular activity is disease and death.

The body is made up of a network of elastic tubes and soft wires which are subject to pressure from surrounding structures. The greater part of the body is made up of muscular tissue which is capable of contraction under stimulation. Abnormal stimulation produces undue pressure which disturbs the equilibrium of the vital forces of life. Muscular activity beyond the normal presses upon the various nerves and blood-vessels blocking up the avenues of life. It has been conclusively demonstrated that abnormal pressure is one of the greatest factors in the production and maintaining of disease. Undue pressure, however slight, materially affects the function of the nerves and blood-vessels involved, laying the foundation of disease. It interferes with elimination of waste material and disturbs the supply of nutrition to the tissues. Any abnormal condition of any of the solids or semisolids of the body, whether in size or position, press upon and partially or wholly occlude or obstruct the passage of the vital forces through the structures pressed upon.

The recognition of pressure as the cause and continuation of disease, and the adoption of manipulative measures for the relief of such pressure, are the essential characteristics that differentiate osteopathy from all other therapeutic systems. Adjustment is the key note of osteopathy. It is through the liberation of nerves and blood-vessels from pressure that osteopathy obtains results in the treatment of disease. The functional activities are carried on through physiological stimulation and inhibition originating in the nerve centers, which are natural. Pressure from misplaced structures and fluids produce mechanical stimulation and inhibition, which are unnatural. Drugs introduced into the system produce chemical stimulation and inhibition, which are, also, unnatural. Drugs, then, are unnatural because they produce an unnatural effect. Osteopathy is natural because it makes possible physiological stimulation and inhibition by removing the pressure that

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causes the mechanical or unnatural stimulation and inhibition. Effects obtained by drugs are temporary as they do not remove the cause. Effects obtained through osteopathy are permanent as the cause of the disease is removed. Osteopathy is also able to give temporary relief as nerve centers and nerve fibers may be affected by manipulative measures. It is possible to manipulate the structures of the body in such a way as to increase or decrease the activity of the organs. Excessive activity may be temporarily checked by heavy firm pressure upon the nerves supplying the organ or structures involved. The activity of an organ or part may be increased or stimulated by manipulative measures peculiar to the location and nature of the organs to be acted upon. As an example, the heart action may be temporarily increased by stimulating the cervical sympathetic and it may be temporarily decreased in its action by stimulating the pneumogastric nerves. Such effects are not cumulative in their nature, which cannot be said of the effects produced by drugs.

The leaders of the medical profession condemn in no uncertain terms the inefficiency of drugs in the treatment of disease. According to the very best authorities on drug therapeutics, the effects of drugs are indefinite, unreliable, and unscientific and we, as osteopaths, believe with the renowned Dr. Evans of the Royal College of London when he says that "the medical practice of our day has neither philosophy nor common sense to commend it to confidence."

Osteopathy has started a reformation in the practice of medicine and the statement of ex-Governor Taylor of Tennesee is quite prophetic in character. He said: "When a century later historians are sifting the events of this time for the epoch-marking discoveries of science and civilization there will be few chapters more important, I think, than that devoted to the reformation in medicine which will have come about through the acceptance and practice of Dr. Still's system known as osteopathy."

A NEW ANESTHETIC without an anesthetist.

Some recent work at the A. S. O. Hospital, with one of the new "hypodermic" anesthetics. (Intended for last issue.)

BY DR. GEO. A. STILL, GYNECOLOGICAL SURGEON.

Since the epoch-making discovery of chloroform, surgical science has been searching for an anesthetic which combined the good characters of that drug with an entire absence of those properties which cause the occasional heart failure, the postoperative nausea and vomiting, and worst of all, probably, the post-operative nephritis. Ether has its faults; nitrous oxide, although more nearly approaching the ideal, can only be used for the briefest operations; spinal cocainization will not serve in many cases; the different mixtures and new inhalants, such as ethyl chloride (also used as a local anesthetic) have never given the satisfaction of chloroform and ether; in fact, we are a long way from the ideal, perfectly safe anesthetic.

But recently some hypodermic anesthetics have been tried, and of these a particularly good one seems to be a combination prepared by Dr. Emory Lanphear of St. Louis.

Often enough, operations have been done where an ordinary anesthetic could not be used and part of the pain has been relieved by the use of morphine, although operating under morphine is by no means a pleasure, even to the operator. However, the post-operative nausea of any anesthetic can be limited by a previous hypodermic of morphine and the real anesthetics which are now benig given by the hypodermic method are evolutions of this well known custom. Scopalamine and other recent preparations have none of them shown the good qualities of the Lanphear tablets, the formula for which is given on every tube sent out. None of the drugs are new and the effects of all are well known, but it is their combined action that gives them their value. It is a well known fact with pharmacologists that often the combination of two drugs without any chemical reactions, will give results which neither of them possesses and which is unexplainable by the added properties they show as individuals. Such is the case here. The formula for the tablets is:

> One fourth grain morphine sulphate One one-hundreth grain hyoscine hydrobromate One sixty-seventh grain cactin.

Is it possible that this combination, by fortunate chance will prove to be the long-looked-for anesthetic; one that will relieve the patient of his pain and yet in no way endanger him; one that will not irritate the kidneys; one that will limit or eliminate post-operative sickness? Its discoverer claims many things for it that seem almost unbelievable. Is it possible that with this or any other preparation we are going to be able to operate painlessly and then if we wish, rouse the patient and have him walk into the ward or room. Can we converse with a patient while removing his appendix and he not feel it? Can we painlessly reduce a fracture or dislocation while the patient is telling how it happened? Can we expect to be able to give the patient plenty of food and drink immediately after an operation without there being the retching and vomiting so often following the usual anesthesia? We are looking for this ideal. If we have even partly realized it, it is a big thing.

As for this Lanphear tablet, hyoscine is a well known drug with hypnotic properties, while cactin is advertised everywhere in the form of cactinia pellets, for heart stimulation. But the pharmacology of these drugs doesn't interest us in this short article, as much as the results. The originator of the combination claims for it, that any operation can be done with it, by the use of three tablets at most and that usually two is sufficient in any ordinary major case, and that in four hundred cases, a few whiffs of chloroform were given, in only a few; all the others standing the operation without anything else, also that post-operative nausea was practically eliminated in all cases.

In the post-graduate surgery course at the A. S. O. this preparation was first tried on dogs by Drs. Slaughter and Estlack, under my directions, but with no result. Further experiments showed that it was useless on any animals (a property of the drug, which the originator confirms). Later, it has been used on humans on the following illustrative cases, to date, with results as recorded. According to the actual directions, one tablet should be given two hours before operation, and one, thirty minutes before, unless an exceptionally long case is to be handled. Our experience convinces us that in most cases this rule should be carefully observed, as the deepest anesthesia often appears even later than this, and in the only case where we had to use chloroform it was undoubtedly due to operating too soon after administering the drug. (See case No. 3.)

CASE 1. April 1, 1907. Female, aet. 45. One tablet given one hour before operating. Operation private and consisted of dilation of cervix and thorough curettage. No pain, no vomiting, no after effects except a quiet sleep for some hours. CASE 2. April 8. Negro male, aet. 28. One tablet one hour before operation. Operation, a P. G. clinic and preformed by two P. G. students. Consisted in full incision of enlarged suppurating inguinal glands. Complained of some pain, but stood it nicely and had no nausea or after effects. Walked home as soon as wound was dressed; felt sleepy all afternoon, took a nap and came around at seven to have the operators, Dr. Tebbetts and Mackie, examine him. "Felt fine."

CASE 3. April 8, '07. Male, aet. 40. One tablet given one hour and another five minutes before operating. Operation private and consisted in removing neuroma, from left side of forehead and following this, Dr. Earl Laughlin broke up some fibrous adhesions of right shoulder joint. The work was commenced so early because the man had gone to sleep and was apparently "ready." Appearances will not be accepted again, until the time is up. Patient awoke at first cut and struggled, was then given chloroform by Dr. Link and the tumor dissected out. He selpt six hours, soundly, had no nausea, no after effects, and got up at six p. m., and walked home alone, ate supper and "felt fine." There may have been some addition to his excitement by the presence of a number of friends and P. G.'s whom he had invited to watch the work.

CASE 4. April 9, 1907. Girl, aet. 22. One tablet given at eight a. m., and one given at 9:30 a. m. Operation private and begun at 10 a. m. Consisted in dilating cervix, enlarging infantile canal with curette and straightening up an almost unyielding complete anteflexion. No pain; slight feeling and resistance when cervix was dilated, (something that nearly always occurs, even with chloroform or ether); no after effects; no nausea; slept until supper time; "felt fine."

CASE 5. April 10. Male, aet. 21. One tablet given at eight, one at 9:30 and operation done at 10 a. m. Operation P. G. clinic and consisted in dissecting out scar adhesions from branches of median and ulnar nerve in ring finger of right hand; the adhesions having caused constant and severe pain for some time.

Patient felt slight pain during the dissection, but it was only slight. He talked to operator while work was going on and walked from table to his room where he immediately fell asleep. Woke up in few minutes and asked for drink. Had no nausea even after drink and got up at two and went to ball game. Results ideal.

CASE 6. April 11. Female, aet. 24. One tablet given at 8 and one at 9:45. There was considerable disturbance due to previous operation and patient was not asleep as well as the one the day before.

Operation before several P. G. friends and consisted in removing finger-nail from deformed second finger of right hand. Complained of

pain considerably, but stood dissection of this very sensitive area on on finger end and under nail bed, very nicely. Felt a little sick but got up about three and was all right the next day.

In this case the patient was Dr. Valens, a P. G. student, and her interest in the case undoubtedly helped keep her awake.

From this case and others it seems that the personal factor plays quite a part and that one must get used to the drug somewhat as one has to with both chloroform and ether and also any drug.

CASE 7. April 15. Female, aet. 24. Operation private and consisted of lancing and draining enlarged axillary glands. One tablet was given at 10:30, one at 12 and operation at 12:30. No pain, no after effects.

CASE 8. April 15. Male, aet. 28. One tablet at 6 p. m., one at 7:30 and operation at 8. Operation private and consisted in making a Tierch graft of skin from thigh to arm. No pain, no after effects.

From these and other minor cases, we judge that under the best of circumstances the drug is efficacious and as soon as all its peculiarities are mastered it will be used on major cases where the patient refuses the other anesthetics. It is a rule at the A. S. O. hospital to keep thoroughly abreast of the times but not to take any chances on anything because it is new. For this reason the drug has been so fully tested on minor but painful cases where its effect could be thoroughly studied, without the danger there would be in a more major case. All our mistakes and those results that were not just as desired, have been recorded without hesitation as it is in this way only that one can learn the benefit of anything. In a later article, a further series of cases with results and more mature conclusions will be published.

OSTEOMALCIA A CASE TREATED OSTEOPATHICALLY.

WILLIAM S. NICHOLL, D. O., PHILADELPHIA, PA.

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Few osteopaths, and indeed few physicians of other schools, have had any experience with this disease. Fortunately for mankind, it is a rare affection.

It has been my good fortune to treat and study a very typical case for the last five months, and I felt that some of my observations might be of interest to the profession.

Osteomalcia is a disease of the bones characterized by an absorption of the osseous material and a replacement by the softer vascular tissues. This change comes about from within outward, the absorption of the lime salts and the change in the medulla gradually increasing until often there is only a mere shell of the bone beneath periosteum. The bone is usually increased in size and the periosteum thickened.

The medical authorities state that the disease usually affects the vertebræ, pelvis and thorax, although in the case to be described the bones involved were the left tibia, right femur, innominata, especially on the right side, and the lumbar vertebræ.

According to the tables of statistics the prognosis is very bad. Few are known to recover, the disease being slowly but progressively fatal. There is considerable deformity in most cases and fracture is rendered very liable.

There is much conjecture as to the real causative factors in this disease, there not being sufficient cases for really exhaustive study or compilation of dependable statistics. Adults of both sexes are liable to the disease, although women are more frequently affected. Some authorities seem to think that in pregnancy we find the real exciting cause and the fact that most cases yield a history of frequently recurring pregnancies seems to indicate some truth in this theory. But unhealthy environment and frequent pregnancies are really only exciting causes. For a predisposing cause science is entirely at sea.

The patient I refer to, Mrs. M., is a resident of a small country town in a neighboring state, some seventy miles distant from Philadelphia. The family physician, who is a surgeon of considerable reputation in that locality, had been unable to diagnose the condition; although he confirmed my diagnosis when the patient returned home after her first visit.

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Mrs. M. is of Scotch-Irish extraction, forty-three years old and apparently of the strumous temperament. She has been married ten years and during that period has been pregnant seven times. One of these went the full course; the rest terminated by spontaneous abortion.

During the greater part of her life the patient's health has been fair, although she was always troubled with a "weak back." I could obtain no history of another case in her family, and none in the locality, having made inquiries to ascertain if the fact of its being a malarial community had any bearing on the case. Reports show that the disease is endemic in certain localities.

The patient is unable to set the exact date of the onset of the disease, its course having been gradual. It first evidenced itself by weakness and pain in the limbs and hips. Then she began to notice a slight swelling and deformity. When the physician's attention was called to this he simply laughed and tried to persuade her that there was absolutely no change of contour.

When I first examined her there was marked swelling and projection of the left tibia causing a bending forward such as is often seen in rickets, and also of the upper third of the right femur. Both innominata were involved, the crest of the ilium being markedly thickened and somewhat deformed. The sacrum and lumbar spine were also slightly enlarged. All of these areas had a high temperature, feeling positively hot to the touch. This was probably due to the increased vascularity of the bony structures and because the vascular tissues were much more superficial than normal.

Aside from the symptoms referred directly to the bones, the patient complained of a loss of strength, a slight disturbance of the gastric functions and a tendency to vertigo.

Examination of the spine revealed rigidity and extreme tenderness of the spinal muscles. When first examined the weight of one's hand resting on the lumbar spine was sufficient to cause the patient excruciating pain.

Osteopathically, the diagnosis would be one of "straight spine." The normal anterior and posterior curves were almost obliterated. The sixth and seventh dorsal vertebræ were displaced laterally.

The treatment in this case has been to thoroughly relax all the spinal muscles, especially in the lumbar regions and to work on the specific lesions mentioned before. I purposely avoid any treatment of the lumbar spine with the exception of very gentle pressure.

I had the patient get a pair of braces for the deformity in the tibia

and femur. I impressed upon her the fact that rest, as complete as possible, was one of the most important features in the treatment.

At the present time the pain has left the tibia, and has decreased in the femur and pelvis. The temperature of the tibia is normal, and that of the femur nearly so. I am confident that the disease is no longer active in the tibia.

Conditions are such that the patient has been unable to get regular treatment, and considering this fact, there has been remarkable improvement. The irritability of the spinal muscles is greatly lessened and the gastric disturbance has disappeared.

The relaxation of the lumbar muscles and the use of the brace afforded wonderful relief. The increase in weight of the limbs due to the braces, being more than offset by the relief they produced.

As stated before, I consider that the osteopathic lesions in the dorsal area rendered the natural resources of the system insufficient to stand the drain of the rapidly successive pregnancies, hence the absorption of the lime salts from the bones and the resulting pathological changes.

The patient is not entirely cured as yet, but the condition has been so very much improved that I think we are justified in expecting a cessation of the disease, and as nearly a return to normal as is possible, considering the structural changes already brought about in the bones.

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SAN DEIGO OSTEOPATHIC SOCIETY.

The following osteopaths met at the office of Dr. Lena Creswell, San Deigo, Calif., early in April, and organized the San Deigo City and County Osteopathic Society. Drs. Nellie M. Pierce, Isabel Austin, Louise Heilbron, N. D. Laughlin and Paul. The following officers were elected: President, Dr. Lena Creswell; vice-president, Dr. Elliott; secretary, Dr. Louise Heilbron; treasurer, Dr. Nellie M. Pierce. The society, which meets once a month, hopes to be of much help to the osteopathic cause.

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MARYLAND OSTEOPATHIC ASSOCIATION.

The regular semi-annual meeting of the Maryland Osteopathic Association was held at the rooms of the president, Dr. Harrison McMains, of this city, on Saturday, April 13th, at which time the constitution was revised together with regular business. A recess was taken when the members and friends were entertained at 6 o'clock dinner by Dr. and Mrs. Harrison McMains. After dinner Dr. Chas. J. Muttart of the Philadelphia College of Osteopathy gave a very able talk on lesions of the upper dorsal vertebræ, followed by a paper on the subject of the thyroid gland by Dr. Aloha M. Kirkpatrick, with clinic and discussion. F. EDWIN HEMSTREET,

Secretary and Treasurer.

IDAHO OSTEOPATHIC EXAMINING BOARD ELECTS OFFICERS.

The Osteopathic Examining Board consisting of Dr. H. D. Morris, Boise, (5 year term); Dr. E. G. Houseman, Nampa, (4 year term); Dr. J. C. Edwards, Wallace, (3 year term); Dr. G. F Schmelzel, St. Anthony, (2 year term); Dr. W. M. Hatfield, Moscow, (1 year term); met in Boise, Saturday, May, 4th and elected officers as follows: H. D. Morris, president; E. G. Houseman, secretary and treasurer. The first examination will be held in Boise, Tuesday, June 4th.

E. G. HOUSEMAN, D. O.,

Secretary.

WEST VIRGINIA OSTEOPATHIC ASSOCIATION.

The annual meeting of the members of the West Virginia Osteopathic Association was held in Huntington Saturday evening, April 27. More than a dozen members of the organization from different parts of the state were in attendance at the meeting. Local members of the association exerted their every influence for the entertainment of the visitors, and all were well pleased with the courtesies extended by the Huntington people.

A number of highly interesting discussions of subjects of interest to this profession took place.

At the conclusion of the program for the meeting, the matter of deciding the location for the holding of the next meeting came up, and Clarksburg was the successful contestant.

At the close of the formal session officers were elected for the ensuing year, as follows:

President, Dr. W. J. Seaman, of Huntington; vice-president, Dr. W. E. Ely, of Parkersburg; secretary and treasurer, Dr. W. A. Fletcher, of Clarksburg; Trustees, Drs. A. L. Ely, Parkersburg, Emma Wells, Moundsville, Lee Leamsters, Fairmont; C. N. Crouch, Huntington, Roy T. Quick, Charleston.

PROGRAM OF

Missouri Osteopathic Convention

A

Missouri, Illinois and Iowa Tri-State Convention

FRIDAY MORNING, MAY 24.

9:00—Address of Welcome.....Dr. C. E. Still, Kirksville, Mo. Response.....Dr. H. E. Bailey, President M. O. A., St. Louis, Mo. 9:30-Paper. Dr. H. H. Fryette, President Illinois Osteopathic Ass'n 9:45-Paper, "A Tri-State Association, Dr. U. M. Hibbetts, President Iowa Osteopathic Association. 10:00-"Our Ethical Standing and how to Improve upon it," Dr. Frank Walker, St. Joseph, Mo. Discussion-Dr. Minnie Potter, Memphis, Mo. 10:30-" Hygiene, Dietetics and Treatment for Whooping Cough," Dr. W. D. Holmes, Troy, Mo. 11:00-"Blood Pathology in Rheumatoid Arthritis where superinduced by Menstrual Derangement," probably Dr. Franklin P. Fiske 11:30-"The Business Side of the Practice, to get and to hold Patients," Dr. P. J. Bergin, Kansas City, Mo. Discussion-Dr. Josephine De France, St. Louis. AFTERNOON SESSION. 1:30-" Goitre-simple, fibroid and exophthalmic, differential diagnosis and separate technique for each,".....Dr. P. M. Agee, Independence, Mo. Discussion-Dr. Theodore Paul. 2:00-"Contours of the Spine as a causative factor of certain classes of Disease," with charts.....Dr. H. F. Goetz, St. Louis, Mo. Discussion by Dr. Arthur Still Craig. 2:30-"Some mechanical considerations in Scoliosis, with Technique," Dr. Geo. M. Laughlin, Kirksville, Mo.

Discussion by Dr. Benton Gentry.

3:30—"To Osteopathically distinguish what are Surgical Cases," Dr. Geo. A. Still, Kirksville, Mo.

Discussion by Dr. Jas. B. Littlejohn, Chicago, Ill.

3:45—A Question Box—Conducted by Dr. Chas. Cornelius, Carthage, Mo. Answers and Discussion by the Profession.

NIGHT SESSION.

7:30—"Osteopathic Pathology and treatment of Cerebro-spinal and sympathetic Nerve Cells." Lecture, accompanied by lantern slides, by Dr. T. J. Ruddy, Des Moines, Ia. Reception, etc.

SATURDAY MORNING, MAY 25.

- 8:30 to 11:30—Surgical Operations A. S. O. Hospital, Drs. F. P. Young, Geo. A. Still and others.
- 11:30—Unveiling of Memorial Tablets for Drs. Guy D. Hulett, H. E. Patterson and W. L. Riggs.

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A.S. O. Clinia "

AFTERNOON SESSION.

1:15—Report of Trustees and State Editor.

1:30—"Some Philosophy," Dr. A. T. Still (the old doctor).

2:00—Clinics especially demonstrating individual technique. Principals in charge of same to be selected by the faculties of the Osteopathic Schools in the three states, viz:—Central College "Progressive Muscular Atrophy" differential diagnosis from multiple neuritis and progressive Bulbar Paralysis, Dr. B. J. Mavity.

Des Moines College Clinic, "Pneumonia and Neuritis" by R. L. Stephens, B. S., D. O., Still College of Des Moines, Ia.

Subjects below not announced.

	D
Chicago College Clinic "	Dr. Geo. M. Laughlin
3:15—Notes taken on clinics	with discussions and prognosis after patients have
retired, K. C. School	with discussions and prognosis after patients have
Des Moines College	
4.00 ((T) D D	Dr. E. C. Link:

4:00—"The D. O. How best to preserve him," Dr. A. G. Hildreth, St. Louis, Mo. 4:30—Election of officers, selection of next meeting place and miscellaneous business.

NIGHT SESSION.

Iowa Association Meets May 22 and 23.

* * *

The Ninth Annual Meeting of the Iowa Osteopathic Association Meets at Hotel Chamberlain, Des Moines, Iowa, May 22-23, 1907

PROGRAM

WEDNESDAY EVENING.

- 7:30—Invocation by Rev. O. W. Fifer, Pastor Grace M. E. Church, Des Moines, Iowa Address of Welcome—Mayor Geo. W. Mattern. Response—Dr. S. B. Miller, Cedar Rapids, Iowa.
- 7:45—President's Address—Dr. U. M. Hibbets, Grinnell, Iowa.
- 8:00—Paper—The I. O. A. and the District Association, Dr. U. S. Parish, Storm Lake, Iowa.

Discussion led by Dr. S. B. Miller, Cedar Rapids, Iowa.

9:00—Annual Meeting of the Board of Trustees, Parlors of the Hotel Chamberlain

THURSDAY MORNING.

9:00—Paper—The Similarity and Relation of Osteopathy and Surgery, Dr. S. I. Wyland, Chariton, Iowa.

Discussion led by Dr. J. S. Baughman, Burlington, Iowa.

9:40—The Relation of the Practitioner and the School, Dr. S. B. Miller, Cedar Rapids Iowa.

Discussion led by Dr. J. R. Bullard, Marshalltown, Iowa.

10:20—A Box of Lemons—Dr. S. S. Still, Des Moines, Iowa. Discussion led by Dr. J. S. Maddux, Fairfield, Iowa.

11:00-Clinics-Dr. T. J. Ruddy, Des Moines, Iowa.

AFTERNOON SESSION.

1:30—Incipient Tuberculosis, Its Diagnosis and Treatment, Dr. Geo. C. Farmer, Oskaloosa, Iowa.

Discussion led by Dr. S. H. Runyon, Creston, Iowa.

2:10—A Round Table—Dr. Chas. W. Johnson, Des Moines, Iowa.
Informal Discussion on the following subjects: No. 1. Treatment of Varicose Veins. No. 2. Exophtahlmic Goitre. No. 3. Retention of the placenta. No. 4. Non-Malignant Tumors. No. 5. Prostatic Troubles. No. 6. Osteopathy's Great Principle. No. 7. Neurasthenia. No. 8. Lesions, What are They. No. 9. The Main Points in Clinical History and Diagnosis. No. 10. Infantile Paralysis. No. 11. Our Association. No. 12. The A. O. A. and what we owe to it.

4:00-Report of Committees.

5:00—Election of Officers.

EVENING SESSION.

7:30—Take the train for Kirksville, Mo. Informal discussion on Train of Topics of Interest to all Osteopathic Physicians. One and one-third fare for the round trip.

SURGEONS AT THE BARRACKS ARE OFFENDED.

* * *

Consider Visit of Osteopath to Post to Lecture, Almost an Insult.

(From Columbus Evening Dispatch, Columbus, Ohio, Thursday, May, 9th, 1907.)

What is considered by the medical officers at the barracks, five in number, as a slur at the American Medical association and at the medical department of the army and a personal slur at themselves, occurred at the barracks Wednesday afternoon, when Dr. M. F. Hulett, an osteopath, delivered a lecture in the library room at the exchange building, upon the subject "Relation of Structure to Health." Not one of the five medical officers at the barracks attended the lecture, although an invitation was issued to all of the officers, as is the custom for the series of interesting talks delivered in the past few months.

MAY REPORT THE MATTER.

It is hinted that the surgeon general of the army will be informed of the occurrence. One of the officers, who is highly indignant, said Thursday morning: "The osteopathic profession is not recognized by the American Medical association nor by

Still National Osteopathic Museum, Kirksville, MO

the army corps. I consider it a direct slur at the officers of this post and an indirect slur at the medical associations. I am aware that none of the medical officers of this post was present at the lecture, which I am sure we could not have listened to without a feeling of humiliation."

NOT ONE ATTENDED.

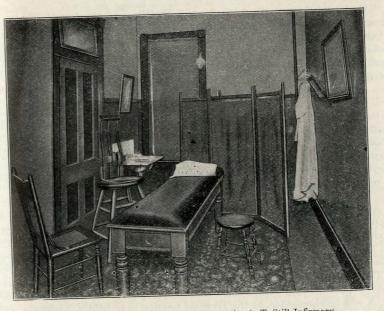
When questioned Thursday, each of the medical officers declared that he was not present, although requested to attend, unless some cause prevented. Each of the doctors found a reasonable excuse. "The medical profession recognizes that massage treatment is a good thing and recommends it, but when the osteopath declares that medicine is not a factor in treating diseases, he goes wrong and that is the reason that the doctors of the world place a ban on him," said one of them.

The medical officers at the barracks are Major Henry I. Raymond, surgeon; Captain E. L. Ruffner, Captain Raymond Metcalfe, Lieutenant Nelson Gapin, Dr. Rex Rhodes.

NOTICE TO MEMBERS OF M. O. A.—The treasurer of the Missouri Osteopathic Association wishes to inform members of that body that dues (\$1.00 per annum) are payable January 1st of each year and that those who have not done so must pay same before the annual meeting. Remit to Dr. W. E. Beets, Suite 4, Hughes Bldg., St. Joseph, Mo.



Dr. William Horace Ivie, recently appointed to the faculty of the A.S.O.



Interior of one of the Treating Rooms at the A.T. Still Infirmary.

L. B. Ligon and Eugene C. Link, was appointed to attend to the selection and placing

This committee has attended to the duties assigned it, and it is expected that the tablets will be unveiled and dedicated with appropriate ceremonies, in which the A. O. A. will be represented, at the Tri-State meeting to be held in Kirksville on May 24-25. Aside from the meeting of the A. O. A., this meeting will doubtless be the largest professional gathering of the year, and this feature will add interest to an already most interesting program.-A. O. A. Journal.

It is edited by Dr. W. W. Vanderburgh of San Francisco, Calif.

The dates for the A. O. A. meeting at Norfolk, Va., are August 26th to 30th, inclusive. The Exposition management has designated Thursday, August 29th, as "Osteopathy Day," and it will be observed accordingly. The program as out-

for the meeting of all minor osteopathic association,-state associations, alumni societies, class societies, etc., that may wish to meet during the A. O. A. convention at Norfolk, Va. This is an excellent idea as it enables the various minor associations to arrange for a meeting knowing they will not clash with the program of the national association. Those associations intending to meet during the convention should

lose no time in beginning to make arrangements for same. At the Put-in-Bay meeting of the A. O. A. it was decided to place in the A. S. O. Hospital at Kirksville, Mo., memorial tablets in honor of Drs. W. L. Riggs, H. E. Patterson, and G. D. Hulett. A committee, consisting of Drs. Chas. C. Teall, Ellen

The Journal of Osteopathy

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KIRKSVILLE, MISSOURI

R. E. Hamilton, D. O..... Managing Editor FIELD EDITORS. G. M. Laughlin, M. S. D., D. O. Editor Clinic Dept C. P. McConnell, M. D., D. O. Practice Geo. A. Still, M. S., M. D., D. O. .. Editorial Writer H. F. Goetz, B. S., D. O. Practice Franklin Fiske, A. B., D. O. Editorial Writer M. E. Clark, D. O. Obstetrics Frank P. Pratt, A. B., D. O. Literary Editor J. L. Holloway, M. S. D., D. O. ... Associations

Subscription, \$1.00 per year in advance.

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The Western Osteopath, published by the Bay Osteopathic Association of California, made its bow to the osteopathic world in May. It is a 20-page journal, six by nine inches, and is neatly gotten up. The first issue contains some excellent articles, and if it is a precursor of what is to follow we predict for it a useful existence.

lined in the April Journal of the American Osteopathic Association promises to make it well worth while attending the convention, and we would advise every osteopathic practitioner to make an effort to be present.

The officers of the A. O. A. have set aside the evening of Tuesday, August 27th,

A QUICK METHOD OF STAINING THE ORGANISM OF SYPHILIS—When the spirocheta pallida was announced, about two years ago, as the long-looked-for germ of syphilis, it was at first supposed that like the bacillus of Sustgarten and other former supposed syphilitic organisms, it was just a coincident infection or an artefact, but when Hoffman, Behring and practically all the big bacteriologists found it and proved it by Koch's postulates it was fully acknowledged to be as certain as the T. B.

Formerly all the staining techniques were so difficult and tedious that it was almost impossible to get it right. A method now in use at the A. S. O. laboratories, however, enables one to stain the organism in short time accurately and with ease. Two and one-half grammes of C. P. borax and one of methylene blue are dissolved in one hundred cubic centimeters of distilled water and allowed to age. Ten minutes application of this solution to the chancroidal secretions, mucous patches or blood of a syphilitic shows the long spirals very readily as blue threads on a dim, almost colorless field, in which only the leucocytes give a plain blue stain besides the spirocheta.

The technique is described also in the new Edward's practice as Siegel's method, and is one of the easiest stains in bacteriology. G. S.

* * *

LEGISLATIVE REVIEW.

The osteopathic fight for legislative recognition for this year is fast drawing to a close, most of the legislatures having decided one way or the other, and by either adjourning or limiting the remaining business to matters already considered, have left osteopathic legislation to fail by reason of time limitation.

Governor New York passed an osteopathic bill in the Senate as was predicted by the Journal last month and the bill was signed by Governor Hughes Hughes May 13th. Dr. G. W. Riley, secretary of the State Association, under Signs. date of May 9th, says, "We had a hearing before the Governor to-day. He gave no intimation in regard to his intentions, so we are on the anxious seat until we hear. He has until Tuesday next to act on the bill." It was generally believed, however, that the signature would be given or that the bill would become a law without his signature. The papers have kept up their talk, even to the last, and the medical opposition, especially from the homeopaths and eclectic side, has been active up to this time. Some of the allopaths, even though supporting the bill at first, have turned against it since the passage of the osteopathic amendments. Our informant, Dr. Smiley of Albany, N. Y., predicted the signature. A resume of the bill was given in the April Journal.

Ouaker The cup of victory was dashed from the lips of the Pennsylvania osteo-Victory paths just as they were about to quaff. Although the Governor had Empty. led them to believe he was favorable to the bill, at the last moment he reversed his standing and said that there should be certain amendments giving the osteopaths merely the practice rights without giving them the general rights as proposed by the Wickersham bill. An indication of his changed attitude was shown from the fact that he refused to return the bill to the house to be amended in accordance with the suggestions he made to the osteopaths interviewing him. This seemed doubly hard in view of the fact that the victory was gained only after such strenuous fighting by the osteopaths. Now having gotten thoroughly together and having once passed the bill they probably will be able to get legislation next session. It was not a life and death necessity in Pennsylvania as the osteopaths are protected by

court decision, but they desired to weed out the fakirs of which there are many.

of the tablets.

One legislative fight which did not occupy the center of the stage on Delaware's account of the interest centering in advertised localities, was that Ouiet carried on by Dr. Patterson in Delaware. Two years ago, Dr. Patter-Victory. son compelled the respect of the M. D's. of Delaware by single-handedly preventing the passage of their bill which would have ousted himself from practice. This time he went to the legislature and, as he naively expressed it, compromised with the M. D's. The terms of the compromise are in fact that he got all he wanted which was an osteopath on the medical council, a three-year requirement, examination on ten subjects, licensing of those already in the state, and equal rights for osteopaths. Since there were but two osteopaths in the state at the time, the result is all the more notable. The osteopathic member of the medical council has not yet been appointed, but the Journal Editor opines that it ought not to be hard to prognosticate the result.

Illinois legislative matters made a few acrobatic turns, several amend-Illinois ments being offered to the bill which was described in the April Journal. Bills which amendments made the bill decidedly more satisfactory to the Killed. rank and file of osteopaths. After advancing to the third reading, the bill was killed in the house by a vote of 70 to 54. The lobby working against the bill has been most powerful and called forth the most scathing rebuke from Mr. Church, the author of the bill, who made the assertion that secretary Egan of the State Board (a state officer) had been actively lobbying against the bill and that the arbitrary methods and false statements of the President, (Dr. Webster) and Secretary of the Board, (Dr. Egan.) should be rebuked by the general assembly. A part of his speech is as follows:

"The state board of health, in my mind, is the most arrogant and arbitrary board in the state. It has absolute power over the standard of medical schools. We seek to put into law a standard that will take away some of this arrogance and arbitrary power."

This disposes of legislation in Illinois for this season.

The Iowa papers have written a number of editorials severely condemn-Editors ing the action of Iowa legislature in killing the osteopathic bill. The Criticise following taken from the Des Moines Leader of April 17th fairly Legislature. indicates the general opinion of the Iowa editors:

RECOGNIZING OSTEOPATHY.

"The bill to recognize osteopathy in Iowa after passing the house was lost somewhere in the capacious waste basket of the senate sifting committee. The physicians of the regular school in the senate feeling that they would be called upon for lengthy debate if the bill should be reported out, and the sifting committee being in a state of panic at the prospect of debate of any sort during the closing hours, nothing was done.

This defeat must not be taken as an indication that osteopathy is not being recognized the country over. Thirteen states have already established boards of osteopathy, and last week the legislature of New York took favorable action, as is indicated in the following legislative letter to the Philadelphia Ledger:

"The assembly this afternoon passed with only one dissenting vote the committee medical bill which gives osteopaths the legal recognition for which they have been seeking. The bill provides substantially for a single board, standard examination on all medical subjects which are recognized as exact sciences, and prohibits osteopaths from administering drugs or practicing surgery. The osteopaths, who have made a hard fight for recognition, were jubilant after the passage of the bill. By the terms of the measure about 350 osteopaths become eligible at once to apply for a license to practice. Those who enter the state following the enactment of this law will have to undergo rigid tests and produce evidence of a certain amount of study.'

Without entering into the merits of the controversy between the various schools of healing, it is worth while to note that osteopathy is holding its own after years enough to test whether it is a healing agency or not.

Des Moines as the home of one of the largest schools of osteopathy in the

world has a direct interest in securing recognition equal at least to that freely granted in other states. Why should Iowa refuse what New York concedes by practically unanimous vote?"

We have received the South Dakota bill and find it is peculiar in one or two respects. The examinations include histology, physiology, South physiologic chemistry, toxicology, osteopathic diagnosis, osteopathic Dakota pathology, osteopathic obstetrics and gynæcology, minor surgery, principles and practice of osteopathy and such other subjects as the board may require, the fee for examination being \$20.00. Application accompanied by fee admits to practice until the next examination. The penalties and requirements are those of the standard osteopathic bill. One point in this bill provides that graduates of or persons holding certificates from osteopathic schools not recognized by the national osteopathic association, but who have been practicing in the state are allowed to take the examination; others, that is those who are graduates from a recognized school and have been practicing in the state, are given certificates on application.

The new Texas law has been received. It provides that all persons practicing medicine in the state of Texas under license issued by pre-Texas vious boards or under exemption from previous laws and who have Prohibits diplomas from a reputable and regular college of medicine shall receive certificates from the board. The new board is composed of eleven men who shall have been in practice at least three years and of whom no one school shall have a majority. This board is given permission to reciprocate with any state and territory imposing equal requirements and is required to give examination to graduates of reputable schools with at least four terms of at least five months each. Examination shall be on scientific subjects only, and shall include anatomy, physiology, chemistry, histology, pathology, bacteriology, physical diagnosis, surgery, obstetrics, gynacology, hygiene and medical jurisprudence. It was especially stipulated "nothing in this act shall be construed as to discriminate any particular school or system of medical practice nor to nurses who practice only nursing; nor to masseurs in their particular sphere of labor, who publicly represent themselves as such."

One very noticeable clause in the bill provides, "This act shall be so construed as to apply to persons other than licensed druggists of this state not pretending to be physicians, who offer for sale on the streets or other public places, remedies which they recommend for the cure of disease." This evidently gets rid of that luxuriant fakir, the street corner patent medicine barker. The word osteopathy is not mentioned in the bill, but medicine is defined as follows:

Any person shall be regarded as practicing medicine within the meaning of this Act who shall publicly profess to be a physician or surgeon and shall treat, or offer to treat any disease or disorder, mental or physical, or any physical

THE JOURNAL OF OSTEOPATHY.

deformity or injury, by any system or method, or to effect cures thereof. Or who shall treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury by any system or method or to effect cures thereof and charge therefor directly or indirectly, money, or other compensation.

Utah's Dr. G. A. Gamble, 431 Constitution Bldg. Salt Lake City, Utah, gives Story Told. the following account of the Utah situation:

Since the final triumph of osteopathy for legal recognition in Utah, we desire to give you a brief account of the struggles and achievements which have marked the onward progress of what we consider one of the most important factors in aiding afflicted humanity that has been given to the world during the past century.

Four years ago, the osteopaths of this state, being few in number, succeeded in getting a bill before the legislature which passed both houses, only to be vetoed by the Governor. But the gallant fight made before the legislature. in which Dr. F. P. Young of Kirksville, Mo., rendered valuable assistance, brought osteopathy before the public and caused many to investigate the science and become ardent supporters of the cause.

Two years ago, another osteopathic bill was introduced, which was bitterly opposed by the M. Ds., who also introduced a bill seriously affecting the osteopaths. The osteopathic bill passed but again the Governor's veto put it to sleep. The defensive work of the osteopaths prevented the passage of the opposing bill. so that in the late contest, the M. Ds. were ready to agree not to oppose our bill if we would not oppose theirs. So both bills passed, the medical bill not being seriously objectionable to the osteopaths, but the Governor refused to sign either bill, hence, all parties were ready for a compromise bill which resulted in the passage of a bill providing for representation of each of the schools of therapeutics, viz: The allopaths, homeopaths, osteopaths and eclectics.

Doctor A. P. Hibbs, who has so ably championed the cause of osteopathy all these years, was duly appointed on the board and will pass on the qualifications of all osteopaths who apply for examination.

There are about eighteen osteopaths in the state and the Utah Osteopathic Association has re-elected officers for the ensuing year and the science of osteopathy is gaining in public favor each day. We are pleased to state that many of the medical doctors, who had opposed osteopathic legislation have become more favorable towards the science and much prejudice and opposition has been allayed.

We join the osteopathic brotherhood in rejoicing over the recent successes of osteopathy in other states and predict that it will not be long till every state in the Union will welcome our science.

Medical In connection with the various accusations made by the envious M. Self-D's., that osteopaths are illiterate and their schools are innefficient, Incrimination. the tirade delivered by Dr. W. F. Means, (the chairman of Judicial Council of Association of American Medical Colleges.) is of especial interest. Dr. Means says among other things:

"The average man qualified as a medical practitioner is deficient in knowledge of bacteriology, chemistry, physiology, anatomy. I doubt if he could make the laboratory test for typhoid fever. I have written to twenty-five state boards and I find that 58 per cent of the men who fail at their final examination, pass on a second examination a few weeks after. In the few days intervening where did they get their knowledge? They did not get it. They were simply crammed with the answers to those questions which it was expected they would be asked and they answered as parrots, not knowing what they were saying."

The osteopathic colleges are constantly raising their requirements for graduation until now the leading schools are even more severe Dr. Egan's than many of the leading schools of the medical fraternity and it is Unintentional a fact that state board examinations conducted without prejudice, show the osteopaths making as good and often much better records than the M. D's. It is a common statement that in Illinois where the osteopaths are given a separate examination, their examinations are often much more severe than those given to the M. D's. The editor remembers in this connection, a statement made by Dr. Egan at the time he was before the Doctor at an examination given in St. Louis. The question for the M. D's. was "describe the tarsus." After being badgered by a number of the medical candidates asking which tarsus was meant, Dr. Egan said, "Physicians attention," of course the osteopaths looked up. Dr. Egan refuses to admit that osteopaths are physicians, so said, "Osteopaths, I do not wish your attention, you may go on with your work, I want to talk to the physicians. Physicians, attention. You have repeatedly asked me which tarsus is meant. Gray's anatomy speaks of the tarsus. Have any of you ever heard of Gray's Anatomy?"

The sarcasm was well justified, as the "Physicians" were constantly asking the osteopaths, after the examination was over, what was the correct answer to different questions that had been propounded, and several of them admitted that they could not possibly have passed the examination presented to the osteopaths although almost all of the osteopathic candidates were successful.

LETTER FROM PRESIDENT OF IOWA STATE ASSOCIATION.

GRINNELL, IOWA, April 30, 1907.

DEAR FELLOW PRACTITIONER:-

I am enclosing you program for the Ninth Annual Meeting of the Iowa Osteopathic Association, and I, as your president, will very much appreciate your attendance at this coming meeting, and can assure you that you will be well repaid for the time spent there.

You will see that there is quite a diversity of subjects assigned on this program, and that they are subjects of vital interest to all osteopathic physicians, and you cannot afford to miss this meeting and take your part in these discussions. Now the Tri-State Association (Iowa, Illinois and Missouri) meets at Kirksville this year, and we are planning to have a large attendance there from Iowa. Will you become one of us at this meeting? The program there will be fine, including the surgical clinic at the A. S. O. Hospital, which last year was well worth your going any distance to see, if there had been nothing else of interest to you on the program; but there was, and you should go and get the benefit of these clinics and hear the best men and women that we have in the profession discuss these subjects. Again I ask, will you join us and go to Kirksville, see and hear the Old Doctor, for maybe you will never have the chance again to greet him and hear him lecture, as he is fast coming to the age when he may be called at any time, and you as an osteopathic physician owe all that you have professionally to Dr. A. T. Still. So join us at Kirksville and greet him on May 24th and 25th, and at Des Moines on May 22d and 23d; and again I say, Fraternally yours, come! U. M. HIBBETTS.

ONE AND ONE-THIRD RATE TO TRI-STATE CONVENTION.

DEAR DOCTOR:-

ST. LOUIS, Mo., May 9, 1907.

In addition to the one and a third railroad rates in Missouri, we have secured the same rate to Kirksville for the Tri-State meeting for the states of Illinois and Iowa, on the same dates as the M. O. A. meeting. Buy your tickets to Kirksville and pay full fare and ask for a certificate of purchase account of this convention.

This certificate will be endorsed at Kirksville and only one-third fare will be charged you returning. All your friends not D. Os. going have the same privileges. These tickets are good beginning May 21st and ending at home May 29th.

A permanent Tri-State organization is to be formed with election of officers, and with the program we arranged you will observe it is to be the greatest meeting of the year outside the National meeting. Be sure and come.

Yours fraternally,

DR. HOMER EGWARD BAILEY, President M. O. A.

AN OSTEOPATH CALLED AS A SURGICAL EXPERT.

The United Railways Company of St. Louis called in Dr. Homer Edward Bailey of that city, as an expert, to determine a condition of an accident which happened to one of their employes, in order that the company might make settlement in the case.

About seven or eight surgeons had been seen, which resulted in a disagreement. Dr. Bailey made a three page typewritten report of the case to the company, and asked for an X-ray examination to confirm his diagnosis and prognosis, which was done with such satisfactory results that settlement of the claim was made out of court, and a \$25.00 fee paid to Dr. Bailey for the report on examination and prognosis.

It was a case of comminuted fracture of the femur, extra-capsular, with the leg so rotated outward that the head of the femur rested flatwise in the socket. There was no creptius and a careful measurement had to be made with a steel tape in order to make positive the diagnosis. At first the X-ray picture did not show all of the injury, but when taken from different angles, it was clearly shown Thus osteopathy wins another point in our teachings along surgical lines.

Dr. Bailey is to be congratulated upon the concise way in which he did his work, also to be congratulated on the announcement in the metropolitan dailies of his receiving the appointment as an assistant to the medical staff of the United Railways Company of that city.

* * *

PERSONALS.

Dr. E. C. White of Watertown, N. Y., A. O. A. inspector of osteopathic schools spent several days at the A. S. O. the middle of the month.

After an absence of eight months, spent in European travel and doing special work in Berlin, Dr. W. B. Van de Sand has returned to Moundridge, Kans., where he will resume practice.

Dr. Thos. H. Spence, who for some months past, has been conducting the practice of Dr. A. M. Keith of Greenville, Ill., has, with Mrs. Spence (also a D. O.), located at 719 East 25th St., Paterson, N. J.

Dr. Annie E. Bell, A. S. O., Jan., '07, is visiting at the home of her brother in Bradford, Ont. Dr. Bell will not open an office until Sept. 1st. Dr. Ella X. Quinn has closed her office at St. Augustine, Fla., for the summer and has returned to her home office, 518 E. North Ave., Baltimore, Md. Dr. Quinn will return to St. Augustine next winter.

Dr. Katherine E. Curtin, of the A. S. O. Jan., '07 class, who has been practicing at Lawton, Okla., has removed to Syracuse, N. Y., and will occupy the offices formerly occupied by Dr. H. L. Bristol, recently deceased.

In announcing the marriage of Dr. Kibler of Staunton, Va., and Miss Lenna Langford of Kirksville, Mo., in last issue we gave the name as "J. H." Kibler, instead of which it should have been James M. Kibler.

Dr. Wilfrid A. Streeter, formerly of Worcester, Mass., and Dr. Georgiana G. Watson, formerly of Haverhill, Mass., are now located at 2 Harewood Place, Hanover Square, London, W., England. Dr. Streeter writes that they are nicely located and about to begin the practice of osteopathy.

Dr. W. R. Byars of San Deigo, Calif., under date of April 26th writes the editor of the Journal as follows: "Dear Sir, I have just received the appointment of examining physician for the Bay View Camp No. 7255 Modern Woodman of America of San Deigo, Calif. The M. Ds. made a fight against me but I have won out at last. So you see osteopathy is all right in California and another score has been made for the D Os." Congratulations, doctor.

Dr. M. Orrin Peters, a member of post-graduate class which graduated March 28, left Kirksville, May 2nd, for San Francisco, Calif., enroute to Honolulu, Hawaii. The doctor is going to Honolulu to take charge of a private case.

Through an oversight the name of Dr. Almeda J. Goodspeed of Chicago is given in the A. O. A. Directory as president of the National Chapter of the Axis Club instead of Dr. A. L. Conger of Akron, Ohio.

* * *

VISITORS.

The following visited the A. S. O. during the past month: Dr. Robt. F. Crowley of Queen City, Mo., who came to be with his father while undergoing an operation at the A. S. O. hospital. The doctor's mother is with Mr. Crowley. Dr. Jas. H. Long of Lancaster, Ohio, who brought a patient to the A. S. O. hospital. Dr. Annette Beckwith of Eureka Springs, Ark. Dr. Lenia Eisiminger of Fillmore, Mo., accompanied by her mother. Dr. Arthur Patterson of Wilmington, Delaware. Dr. Fred W. Gage of Chicago, Ill. Dr. B. L. Dunnington, Springfield, Mo. Col. A. B. Shaw of the Los Angeles College of Osteopathy.

* * * BIRTHS.

Born—To Dr. and Mrs. E. G. Houseman, Nampa, Idaho, April 25th, 1907, a son. Born—To Dr. and Mrs. W. W. Vanderburgh of 1451 O'Farrell St., San Francisco, Calif., April 6th, 1907, a daughter—Virginia Adalaide.

* * *

MARRIED.

Married—Dr. Chas. C. Phelps of Napa, Calif., and Dr. Grace Thompson of Maryville, Mo., were united in marriage at the home of Rev. Grant Robins, Maryville, Mo., March 30th, 1907. They will practice in Maryville.

Married—Wednesday, May 1st, 1907, Dr. Harry T. Lee and Miss Anna Sims, both of Carlisle, Ky. Dr. and Mrs. Lee left for a trip to Louisville and other southern points.

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THE JOURNAL OF OSTEOPATHY.

Married—At the home of the bride's mother, Mrs. M. S. Turk, Idaho Falls, Idaho, Wednesday evening, May 1st, 1907, Dr. G. F. Schmelzel and Dr. Bertha S. Turk. The Drs. Schmelzel will be at home after May 10th at St. Anthony, Idaho. Dr. Schmelzel is a graduate of the January, '07 class of the A. S. O.

DIED.

Died—Dr. Harry Lewis Bristol, of Syracuse, N. Y., died at his home on April 12, 1907, after an illness of but two days. He had been in poor health, having been confined to his bed for a day or two at a time for the past three months, with the acute symptoms due to the final breakdown of valvular incompetency from which for several years he had been a sufferer. Dr. Bristol was a graduate of the Atlantic School at Wilkes-Barre, Pa., in the June class, 1903, being vallidictorian of his class. He was one of the best known osteopaths in central New York, and was on Feb. 14 of this year elected for the second term to the office of president of Central New York Osteopathic Society. He was also a member of the state committee on legislation, being a most heroic and zealous worker in the osteopathic ranks. The death of Dr. Bristol is mourned by his wife and one son, his aged father and one sister to whom the sympathy of his friends and co-workers is extended.

* * *

RESOLUTION.

Whereas, in the providence of a kind and all-wise heavenly father, a worthy and most noble practitioner has been removed from the Indiana Osteopathic Society by the death of Dr. E. L. Manatt, of Newcastle, Ind. And, whereas, we shall miss his cheerful face from our meetings, his counsel and hearty co-operation from our work, his helpful friendship from our associations, and his tender sympathy from our fraternal ministries.

Be it resolved, that we deeply mourn the loss which results to our society and to the osteopathic profession at large from his death.

Be it resolved, that we hold him in affectionate and grateful memory and acknowledge our gratitude to God for the noble qualities of manhood that formed his character, and the deep interest he manifested in his chosen profession.

Be it resolved, that we emulate his virtues and determine to adorn our lives with the excellencies which made him a worthy example for his fellow practitioners.

Be it resolved, that we extend to the wife and near friends of our deceased brother assurance of our sincere sympathy in this time of their great sorrow.

Be it further resolved, that copies of these resolutions be sent to the bereaved wife of our departed brother and that they be sent to the osteopathic journals and that they be spread upon our records for preservation.

Committee:	I	B.	L
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LOCATIONS.

Dr. Louella A. Colvin at 322 Main St., Ottawa, Kans.

Dr. Jas. M. Smith at 513-14 Buchanan Bldg., 2861/2 Wash. St., Portland, Ore.

Dr. Frank L. Goehring at 339 Fifth Ave., Pittsburg, Pa.

Dr. Irene Edwards, 206 Adams St., Fort Worth, Texas.

Dr. J. L. Henry at 11-12 Cooper Blk., Watsonville, Calif.

Dr. Genoa D. Stephens at 349 Century Bldg., St. Louis, Mo.

Dr. Jane E. Lockwood has re-opened her office at So. Dennis, Mass., for the summer, instead of No. 93 Prospect Ave., Buffalo, N. Y., until Nov. 1, 1907.

REMOVALS.

Dr. J. F. Knox from Bellingham, Wash., to Pocatell, Idaho.

Dr. L. E. Lowns from Clinton, Mo., to 628 Main St., Joplin, Mo.

Dr. L. J. Goodrich from Logan, Utah, to Corning, Calif.

Dr. E. C. Smith from Norborne, Mo., to Savannah, Mo.

Dr. Ford D. Finch from Bloomfield, Nebr., to Norfolk, Nebr.

Dr. Della Renshaw from The Tuller, to 208 The Charlevoix, Cor. Park and Elizabeth St., Detroit, Mich.

Dr. Leva Woods from Joplin, Mo., to 108 West 111th St., New York.

Dr. D. P. Kurtz from 106 Gilbert St., to Ruth Blk., Johnstown, Pa.

Dr. Laura F. Bartlett from London, Ohio, to 428-9 Empire Bldg., Denver, Colo.

Dr. Floyd J. Ganoung from Jewell City, Kans., to Olean, N. Y.

Dr. Hugh M. Fraizer from Fresno, Calif., to 12 Ricksecker Bldg., Kansas City, Mo.

Dr. A. M. Smith from Junction City, Ore., to Eugene, Ore.

Dr. Tillie Wismer from Lead, S. Dakota, to Britton, S. Dakota.

Dr. Nellie A. Allen from Tacoma, Wash., to 430 8th St., Chico, Calif.

Dr. A. D. Glascock from Owosso, Mich., to Charlotte, N. C.

Dr. Edward Adams from Independence, Kans., to Dodge City, Kans.

Dr. B. M. O'Donnell from Sioux City, Ia., to Britton, S. Dakota.

Dr. Arthur Kew from Jamaica, N. Y., to 341 6th Ave., Pittsburg, Pa.

Dr. G. H. Yoder from Dell Rapids, S. Dakota, to Vermillion, S. Dakota.

Dr. Alva Edgar McReynold from Stanford, Ill., to Minonk, Ill.

Dr. Florence Brown Stafford from 811 to 625 Clyde St., E. E. Pittsburg, Pa.

Dr Jessie Russell from Lockhart, Tex., to Long Beach, Calif.

Dr. E. L. Osborn from 408 Wall St., Seattle, Wash., to 1415 E. 70th St., Seattle, Wash.

Dr. M. S. Wilson from 136 W. 65th St., to 53 W. 84th St., New York.

Dr. H. M. Ireland from McCook, Nebr., to Kearney, Nebr.

Dr. James Jansen from Park Ridge, Ill., to Fort Scott, Kans.

Dr. C. T. Mitchell from Albany, Ga., to Franklin, Ky.

Dr. U. T. Miller from Moberly, Mo., to Langton, N. M.

Dr. M. K. Cole from Newton Center, Mass., to Needham, Mass.

Dr. Frank Holmes from Kirksville, Mo., to Grangeville, Idaho.

Dr. M. K. Cottrell from 318 Broadway, to 316 Broadway, Paterson, N. J.

Dr. Virgil A. Hook from Lowenstein Bldg., to 406-12 Second National Bank Bldg., Wilkes-Barre, Pa.

Dr. Celia J. Newman from 442 to 465 Arcade Bldg., Seattle, Wash.

Dr. Carrie Parenteau from 6540 Yale Ave., to 6501 Yale Ave., Chicago, Ill.

Dr. J. W. Stratton from Salem, S. D., to Wenatchee, Wash.

Drs. Geo. A. and Almeda McCall-Martin from Wenatchee, Wash., to Suite 10, Wiggett Blk., Coeur D'Alene, Idaho.

Dr. R. D. Mitchell from Chicago, Ill., to Sandwich, Ill.

Dr. Willi L. Buster from 110 Park Ave., to 11 Park Ave., Mt. Vernon, N. Y.

Dr. E. W. Tiffany from 320 Montgomery St., to Rosenbloom Bldg., Syracuse, N.Y.

Dr. H. Neilson from 7 Getty Sq., to 273 S. Broadway, Yonkers, N. Y.

Dr. R. O. S. Shook from Jetmore, Kans., to Sterling, Kans.

Dr. W. G. Chappell from Centerville, Ia., to California, Mo.

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A system of Drugless healing by which a practitioner by a thorough knowledge of Anatomy and Physiology and by appropriate manipulations adjusts structure, so that nature can restore conditions of function to the body.—J. R. Davis.

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