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THE Journal of Osteopathy

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OSTEOPATHY DEFINED.

AN ELUCIDATION FOR THE MEDICAL PROFESSION.

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Criticism is often directed at the word "osteopathy" which was coined by Dr. Andrew Taylor Still to designate the science of drugless therapeutics which he discovered. The term is called a misnomer. An understanding of the basic principles of the science, however, seems to make its correctness and propriety manifest.

A Fundamental Principle.

One of the great fundamental principles of the science is that when the human body is in perfect mechanical order, when every tissue is enabled to do its work without mechanical interference, health will result. The body frame-work is that part of the body upon which order most depends. The osteopath uses the bones as fixed points from which to explore the disorder and as levers to assist him in restoring order to the body. In fact, very little osteopathic work would be possible without using the bones, and it is the osteopathic use of the bones in this work, rather than the treatment of bone troubles, that makes the word "osteopathy" an appropriate name for the practice. The original discovery was only the principle. Its development required years of patient research, study and experiment. After almost a generation of work the founder at last put forth a well-reasoned-out and a well-verified science. One definition of osteopathy is:

A Definition.

"That science which consists of such exact, exhaustive, and verifiable knowledge of the structure and functions of the human mechanism, anatomical, physiological, and psychological, as has made discoverable certain organic laws and remedial resources, within the body itself, by which nature under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial or medi-

cial stimulation, and in harmonious accord with its own mechanical principles, molecular activities, and metabolic processes, may recover from displacements, disorganizations, derangements, and consequent disease, and regain its normal equilibrium of form and function in health and strength."

The osteopathic idea, in other words, is that man is simply a piece of the most delicately constructed mechanism, and that the doctor of osteopathy is a sort of high grade mechanical engineer. One of the primary osteopathic ideas is that there is no waste room in the human body. There may be a subluxation at some point so slight as not in itself to cause serious pain or inconvenience, but the effect of the displacement whatever it may be, is to cause an unnatural condition in some other part of the body, from which a long train of muscular or nervous disorders may arise.

Perfect Structure Means Perfect Health.

The theory on which the science of osteopathy was founded, therefore, is that if every part of the body structure is in place, and the passage of the nerve force and the blood is unobstructed so that each part of the mechanism is receiving its proper nerve and blood supply, the machine will perform its work correctly and the condition known as health ensues, which should continue until the machine is worn out by natural processes. On the other hand, if any part of the frame work or its muscular attachments become subluxated or displaced so that a pressure is put on a nerve, or a blood vessel is partially or fully obstructed, the condition known as disease will make its appearance in that part of the structure supplied by the nerves or drained by the blood vessels involved. The osteopath looks on the latter condition as the result of a mechanical defect, and experience has demonstrated that armed with a comprehensive knowledge of the anatomy and physiology of the structure, and a close acquaintance with the pathological manifestations of disease, he is enabled to trace effects of their causes and remove them.

Ancient Drug Superstition Renounced.

After renouncing faith in the ancient myth that drug medication actually restores order to animal functions once deranged, Dr. Still inclined toward anatomical research and for years experimented on the skeleton as to its normal articulation, and upon the possibility of abnormal position of the long, short, flat and other bones being productive of a degeneration of some of the nervous mechanism of the body, with a consequent interference of function controlled by such nerves, be it cerebro-spinal or in the sympathetic chain, or any of the ganglia in

either tract. Reasoning on this basis and by careful observation, he discovered that, for example, simple pressure with the digital extremities on the superior cervical ganglia, with a rotation of the vertebra in relation would affect pyrexia, and sometimes in two or three minutes normal condition would result. In some cases stimulation by a steady working of the scaleni muscles and cervical recti muscles would bring like results.

Osteopathic Diagnosis.

Osteopathic diagnosis is based almost entirely on what we find as to the adjustment of the skeleton and the muscular attachments, and also we govern ourselves very much by the temperature superficially, both abdominally and along the spine; briefly we take cognizance of all the "straws" in observing the "wind" just as the medical schools do, the point of difference being that we while do not go as deeply into symptomatology as they, we give more attention to physical findings, and, of course, our pathological views differ as a result. We use neither medicine nor the knife in our regular work.

Disease is an Effect.

Disease generally is an effect from our standpoint. The cause is nervous derangement some where along the track of either branch of the nervous system, spinal or sympathetic. In most of the cases we meet, we can trace the endless chain of sudden shocks to which man is heir. We believe at such time an abnormal position of some part of the osseous formation or of some of the tendinous attachments lays foundation for an irritation, greater or less, by simply pressing mechanically on neighboring nerves.

A Case Cited.

To cite a case: We find a case of what is known pathologically as nervous dyspepsia; we find anterior curvature from about the fifth to the tenth dorsal vertebrae, with much hyperesthesia; we relieve the patient of the hyperesthesia by continued treatment, and finally by securing free motion on all the back muscles from the multifidus to the trapezius, reduce the curvature entirely. As the region resumed the normal condition, the digestive disturbance was relieved totally. We have cause for believing that, as in the history of the case a severe fall was had from a horse, the cerebro-spinal branches from the cord, anterior and posterior, were involved by direct pressure, from the vertebrae being either twisted or moved; that the circulation became impeded and degeneration of the anterior fibers set in; finally the splanchnics were involved and the vaso-motor system to the stomach was affected; as a result the stomach was incapable of performing its functions.

Logical Deductions.

Referring to nervous mechanism we think when examining the case, and upon finding a vertebra in an abnormal position—slight though it be—and in addition, when we discover the patient involuntarily recoils on pressure being applied at this point, we think at once this tenderness and the abnormal situation of things are closely related. That a nerve under pressure will make itself apparent, is borne out by physiologists. In Landois, page 664, we read that there exist nervi-nervous, or according to Marshall and Horsley, it has been shown that the nerve sheaths are provided with special fibers by which they are endowed with sensibility, so that we feel sure of our ground for using this expression. Now such nerve being partially or wholly inhibited by pressure, will not its function be affected in like manner?

Mechanical Stimulus.

Mechanical stimulus of nerves is a principle of osteopathic practice. We think the sympathetic chain may be subjected to a partial or complete interruption of its functions through an abnormal position of some viscus, or reflexly through the cerebro-spinal nerves being subjected to pressure.

In the case of sensory nerves, when they are stimulated pain is produced, as is felt when a limb "sleeps" or when pressure is exerted on the ulnar nerve behind the elbow; if the continuity of the axis cylinder be interrupted, the arrangements of the nerves are sometimes permanently deranged; by violent shock the excitability of the nerves may be thereby extinguished. We think constant pressure of a tendon on some of the infinite number of motor or sensory nerves anywhere in the economy will eventually develop serious disorder; in fact, will finally result in the same condition as section of nerve quickly results in. Another point, no doubt of interest to medical practitioners who oppose osteopathy, is that we find in most cases of pulmonary congestion, whether a simple cold or pneumonia, from the occiput to the middle dorsal region a muscular tonus above normal. Why is this the case?

Man, Osteopathically Considered.

Regarding man from an osteopathic standpoint, he is a machine having all parts interlinked with a view to the whole, and a law of the division of labor exists, like unto the classes of artisans in a factory; and we find an admirable correspondence established between this machine and the laws regulating the universe. The machine, by virtue of its marvelous adjustment, maintains the equilibrium necessary to its independence. Every principle of mathematics and physics is illus-

trated in the human make up, not only are there reserve powers in the body but also there is little waste.

The Greatest of all Studies.

Osteopathy calls man toward a closer attention to the greatest of studies, man himself, and to the more thorough study of anatomy and with it physiology; we should like to cause a mighty revival of these studies, as we think—and our results certainly encourage us to think—the human engine, by being studied as such, and worked on from a standpoint such as ours will respond in an astonishing degree to such working. We do not wonder at skepticism regarding our methods. It certainly is a radical departure from past traditions, but we depend on our results for bringing us recognition, and they do not fail us. We lay before our medical opponents the fact that in examination of—say twenty cases of cystitis, we find in nineteen extreme tenderness at the fourth or fifth lumbar vertebra. Each can test this pathological condition in his own practice. Now, some will claim that this hyperesthesia exists in sympathy with the congestion at the peripheral end of the nerve. We believe rather the cause of the cystitis is at this region of the nervous system, and has resulted from a wrench or trauma.

Specific Venereal Infection.

Now the question will be asked, possibly, suppose venereal trouble exists, is the back at fault in such case? We say the inoculation and local condition are not from a like cause, but we would nevertheless handle the case in like manner, endeavoring to stimulate and maintain a normal metabolism in the region which the poisoned condition tends to inhibit.

Our great objective point in pathological research is the spine and its numberless reflexes.

A Remarkable Case of Neuralgia.

A case of great interest to me, and truly a remarkable one, is one in which a woman, nineteen years of age came to our office with most severe spinal neuralgia of some ten or more year's standing. It had baffled all attempts at cure; there was nothing of the "hypo" about the case. From the seventh cervical to the eighth dorsal a slight anterior curve was apparent. The mere touch of the garments was painful. It was as marked a case of hyperesthesia as I have seen in my experience. I took the case under a rather unfavorable prognosis, and treated it by our method, and in two weeks, had made a marked change in the back; I treated her in all, I think, two months. I heard nothing from the case until months after when the young woman's father wrote me a letter reporting complete recovery.

Without doubt people who have such experiences consider osteopathy as wonderful. Perhaps with the limited number of accredited osteopathic practitioners in the field, these advocates of the practice do not number legion but they are rapidly adding to their ranks.

What About Sprains.

Another class of cases which may interest drug advocates and which has afforded us much pleasure in the result of our treatment, are cases of what have been diagnosed shoulder sprains or severe wrenching of the head of the humerus in the glenoid cavity. We have had two marked cases lately, one a railroad conductor, the other a prominent lawyer in this city. The first was thrown from a bicycle three months before, and a very painful condition resulted. He gradually lost free use of the arm, and could only go about his duties as a railroad conductor under great distress. We found no abnormal position of the articulation of the humerus, but did find great sensitiveness of the fifth cervical, and the rhomboids were very sore and tonus very great. He had had all forms of treatment, medicinal, electric, etc., without result. He had been advised by one, to put it in a sling, and by another, not to use a sling; had taken internal remedies prescribed by one, and the next one told him to throw away such remedies, that external applications only, were of use. I found the fifth cervical vertebra distinctly in a twisted position, slight of course, but apparent to my touch. You know that the rhomboid muscles are supplied by the fifth cervical nerve. I treated the case, I think, six or seven times, and he is able to do his work comfortably. He is with the Santa Fe railroad. In the other case, I found the greatest pain in the acromino-clavicular region, and the whole region—scapula, clavicle and all that quarter of the body abnormally elevated; the patient had abandoned all medical treatment, and his wife and servants spent each night in wringing out hot cloths to apply to induce sleep. He had fallen on the deck of an ocean steamer last summer on his way abroad—had fallen two successive days on the same arm on a silppery deck. He had little use of his deltoid; the subclavius was pulling down on the clavicle and the supraclavicular nerves were apparently more than doing their work of conveying sensation. I found great tenderness in the atlo-axoid region also, the third and fourth cervical and a distinct thickening of the tissues on the left side in relation to these vertebrae, and I think the main cause of his suffering was here caused by a most violent straining of his atlo-axoid articulation. However, by paying attention to this region, more than to the shoulder itself, I gave him relief in about two weeks, so that he sleeps all night and is very comfortable and very earnest in his indorsement of osteopathy.

The Surgeon Baffled.

A case, which I was told came to me from two well known physicians of Chicago, having what was called true cancer of the lower right eye-lid, has proved remarkable indeed; remarkable from the fact, that our method has entirely removed the growth with which the eye was incumbered.

The patient had been for examination to the surgeons to whom I referred, and they had pronounced his sore carcinoma of pronounced character, and told him he should have a "V" shaped piece removed at once or serious results must ensue within six months at most. Of course I got the doctor's diagnosis and opinion from the patient, but think it is substantially as it was given. I examined the eye with and without a glass, and truly it was a serious aspect. I made no microscopic examination, but on further examination, osteopathically, I found distinct congestion of the lymphatic chain in the neck and right side—the condition existed only on the right side, from the atlas to the sixth cervical. I told him if he wished to try osteopathy, I would give him my best attention, and from one to two months would show as to the benefit to be derived. I am free to say it looked cancerous, and I had not much hopes of changing its character; but I reckoned wrongfully, for, the last time he called it would be hard to tell which had been the involved eye.

After six weeks' attention the sore had decreased to the size of a pin head, congestion had disappeared in the surrounding tissues and the condition in the neck had changed in character radically; after about two and one-half months' treatment the eye showed only a trace of inflammation on the border of the lid. This shortly disappeared and I saw him and the eye then looked about normal.

The Osteopath Gets the "Incurable" Cases.

These cases are certainly remarkable, but it must be remembered 95 per cent. of our cases are called incurable when they come to us. They do not consult the osteopath until the other schools have exhausted all their arts upon them, and under these conditions, we must surely have great faith in our method upon finding it benefits or cures a large percentage of these cases. To medical men who have old obstinate cases, which medicine does not seem to relieve, let me say osteopathy would like an opportunity at all times to demonstrate to you what it will do, and if we do your "incurables" no good we have done them no harm. Prove our system instead of condemning it untested.

REASONS FOR OPPOSING VACCINATION.

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The interest now centering on the subject of Vaccination is perfectly in keeping with the spirit of the times. In this age of investigation and inquiry everything is on trial. Theories, opinions and dogmas, whether old or new, must be weighed in the balance of reason. We want to know the why of things. The fact that a theory or belief is, or has been, pretty generally accepted, is no guarantee of its truthfulness. Like most people of this age I inherited a belief in vaccination, and my early training served only to strengthen this belief. Since looking carefully into the subject, however, I must confess I now stand firmly opposed to vaccination, and desperately opposed to compulsory vaccination. The following are a few of the reasons why I maintain this attitude.

(1) **Health is always preferable to Disease.** When you are healthy, why infect yourself with disease-breeding matter with the idea of preventing a disease that you are not likely to contract? Why not hold onto your health when you have it, and not voluntarily submit to an operation which you know will make you sick? Disease weakens the body, lowers its vital reserve, and thus renders it less capable of successfully coping with its environment. There are certain well known principles, which, if heeded, will unquestionably conserve health and strength and render a person less susceptible to diseases of all kinds. These principles are certainly to be preferred to vaccination as they have been proved to be absolutely reliable and trustworthy.

(2) **Vaccination Violates the Laws of Health.** Poisons cannot be introduced into the body of a healthy individual without injurious consequences. Vaccine virus is a poison of the rankest type, derived from the pustule of a diseased cow, and its effects on the normal body must necessarily be harmful. You would not plant onion seed and expect to reap sweet peas. Then why plant the seeds of disease in your body and expect to reap health? Like begets like.

(3) **Vaccination Does Not Look Toward the Removal of the Cause of the disease it is intended to prevent.** The conditions recognized by the best authorities as favoring the development and dissemination of small-pox are, a weak constitution, unhygienic habits, foul air, impure water, unsanitary dwellings, etc. Anyone understanding the process of vaccination can readily see that it does not, in any way, antagonize these conditions, and from this standpoint it is therefore worthless. Vaccination was invented at a time when nothing was known concern-

ing the cause or nature of small-pox. There being so much fear, dread and horror of this disease, when Jenner launched his discovery, the practice readily met with favor. People were glad to resort to anything, reasonable or unreasonable, which was reported to offer any protection against small-pox. Now that modern learning has thrown much light upon this disease, once the dread of every individual, it is perfectly natural that we look askant upon the various means for preventing and curing small-pox which have been handed down to us by our early predecessors. We know that small-pox can be controlled and practically prevented from invading a community, not by vaccination, as many well meaning people would have us believe, but by strict observance of the principles of sanitation and hygiene, and the laws of health. It is a well known fact that small-pox has become less common and virulent in proportion to the advancement and enforcement of hygienic and sanitary principles.

(4) **Vaccination Violates the Principles of Aseptic Surgery.** In performing an operation or dressing a wound the surgeon brings into play every detail of the extremely intricate and complex rules of asepsis. He has a special dread of poison. Under the guise of vaccination, however, he will deliberately inoculate the blood of a healthy person with the filthy and poisonous matter eliminated from the body of a diseased cow. It seems strange to me that physicians, thoroughly grounded in the principles of hygiene, sanitation and asepsis, should sanction, much less participate in this blood-poisoning operation.

(5) **Vaccination is Dangerous and Often Harmful.** While every precaution is taken to protect the good name of vaccination by those who promote and practice it, there are, nevertheless, numerous cases on record where it has unquestionably been the cause of diseases of a most disgusting character, deformity and death. Space will not permit me to mention the cases which to my knowledge, have been injured by vaccination, and this is unnecessary anyway, as the reader can satisfy himself in regard to this phase of the question by extended investigation only. We may logically conclude, however, since vaccination violates the laws of health, hygiene and asepsis, that the practice would be followed naturally by evil consequences, their severity depending upon the strength of the virus used and the patient's power of eliminating it.

(6) **The Vaccinators Decline to Give Their "Protection" to the Weak and Sickly.** How many times have you heard an expression similar to this "I applied for vaccination but the doctor refused saying I was not a fit subject." To me this is one of the strongest arguments against the practice. The doctors refuse to give their "protection" to the

very ones who are in need of it, but instead bestow it upon the strong, robust and healthy. Why this inconsistency? Is it not a plain confession of the fact that vaccination is dangerous and does not protect?

(7) **We Have no Good Evidence That Vaccination Prevents Small-pox.** As vaccination has no regard for the conditions which favor the development and spread of small-pox we would hardly expect it to be effective as a preventive. "But, what about statistics, figures cannot lie?", the pro-vaccinationists say. This depends upon who does the figuring, whether the person is biased or unbiased. As stated above, all kinds of schemes have been resorted to on the part of the vaccinators to save vaccination from reproach and make people believe in its efficacy. Facts have been disregarded and perverted. If an unvaccinated person has small-pox it is because he has not been vaccinated. If a vaccinated person has small-pox it is because he was not successfully vaccinated. If a person dies from the effects of vaccination the death is attributed to some other trouble, etc. Thus, statistics have been manufactured which are absolutely unreliable, as has been demonstrated by many competent and trustworthy investigators. (Read the chapter on vaccination in "The Wonderful Century" by Alfred Russell Wallace.) Great money interests are involved in the vaccination industry, and those who profit thereby are naturally adverse to giving up their lucrative business, hence we may reasonably expect that the practice will be strenuously upheld so long as it pays the promoters and those interested in a momentary way.

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OFFICE DIALOGUE.

F. P. WALKER, M. D., D. O., AND C. R. LITTLE, M. D., D. O.,
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A STORY FROM LIFE IN TWO PARTS.

Part I.—The Drug Side.

Patient:—Doctor, your science has been recommended to me by various friends who have seemingly been greatly benefited by treatment, in fact they have urged and almost threatened me if I didn't give you a trial but I have held off for reasons I felt were adequate and sufficient.

Doctor:—If you wish to put your reasons to the test would be glad to have them.

Patient:—“Well, my experience with doctors has taught me that one may be helped readily and permanently and others suffering apparently the same trouble may prove stubborn, absolutely unyielding to the same treatment. This is the way I have sized up my case. These

friends have been helped, yes, cured, according to their testimony and as far as all outward appearances are concerned, but I have no reasons to be assured that your science could smile as graciously on my case and take me into the fold of the saved, as these of my friends. If you will kindly be indulgent I will give you my experiences that have led me to occupy the premises I now hold and if you care to throw any light on my case or why it has not yielded to the treatment I have employed, and wherein it might yield to your mode of treatment of which I know little or nothing, I am interested at once, and it may prove to our mutual interest.

Doctor:—“Very well, I presume it is the same old story but proceed and possibly I may be able to throw some new light on your case.”

Dyspepsia—Hydrochloric Acid and Pepsin.

Patient:—“Well, my digestion hasn't been first-class for several years but by being a little careful with my diet I managed to do pretty well, until about six weeks ago, when I began to have serious trouble. (Symptoms of chronic dyspepsia). I immediately consulted doctors who seemed to regard my trouble as trivial and passing, telling me it was due to some indiscretion in diet and I needed something to aid an embarrassed stomach to do its work. He gave me the following:

Acidum Hydro-Chloric Dil. Oz

Elix. Lacto Peptin (N. Y. P. A)

M. and Sig.—One Teaspoonful after meals.

Informing me that this would assist my digestive functions until my stomach could regain its usual strength. Well, I began to take it and it did seem to help me and I thought I would soon be in my old time condition; but after four or five days I began to lapse and was soon again at the point where I began to take the dope.

Atony—Gentian and Capsicum.

I continued until I had taken the entire bottle thinking perhaps it was but a temporary retardation of my progress, but my hopes were very soon dissipated and I returned and told my story to the doctor. He took a little more time this visit and finally said he guessed there was some atony of the stomach and I needed a tonic to tone up the stomach walls and gave me the following:

R Fl. Ext. Gentian,

Tinct Capsicum,

Ess. Pepsin (Fairchilds)

M. and Sig.—One teaspoonful before meals—L.

Well, I took that as requested and for a time I thought this time I

had really gotten the proper panacea and I said within myself, "Yea verily he is a wise and good doctor." My appetite increased and I improved some in strength, I certainly felt better, but alas my rejoicing was premature and ungrounded and my much lauded doctor dropped in my estimation a few rungs from his place on the ladder of fame. I continued religiously however to follow out directions until the entire bottle was taken and again I was compelled to return and give a disparaging report. I was in real earnest this time and assured my doctor that something very serious was wrong with me and that if he didn't thoroughly understand my case may be I had better try Dr. B—.

Liver Trouble—Bicarbonate of Soda.

He became real interested this time and went quite at depth in my case explained how some cases took time and that while mine was one of the stubborn sort, finished by reassuring me that there was still "Balm in Gilead" for me and that I also had come complication of the liver, he would make a change in the medicine and he was very sure it would meet the needs of the case and I would soon be enjoying my old time good health and to report in about a week. This time he prescribed:

For Liver

R Hydro chor. mite grs. $\frac{1}{4}$

Soda Bicarb. grs. 1

Dispense tablet, No. VIII

Sig. One every half hour until all are taken.

He also advised me that I needed a tonic and gave me a 4 oz. bottle of Elix. Pron. Tannin and Strychnine.

After taking this and the liquid for a week, I was really worse than when I began. You see how I am wasting in flesh. Have no appetite, am getting weak and have no ambition to do my work.

Gastroptosis—Surgery.

Well, yesterday, I thought perhaps surgery might give me some hope. I shrank from the possibility of an operation if such was necessary but concluded at least, to consult Dr. C——, the best surgeon in the town. To begin with, he charged me \$10.00 and after inflating my stomach and going through various methods of examination told me I undoubtedly had enlargement of the stomach and gas—gastro—

Doctor:—Gastroptosis?

Patient:—Yes, that's the term he gave it and as to doing anything for me, he said the operations wasn't the most promising in the world, but "a few tucks" in my stomach would undoubtedly improve my condition and that the operation would be worth from \$150.00 to \$200.00. He also said there was probably some closure of the opening from my

stomach into the intestine and might be necessary to cut another hole in it.

Doctor:—Gastro jejunostomy?

Patient:—I don't remember the term but it sounded fully that bad. Well those "tucks" and that cutting business didn't sound good to me and with the fee for all it promised, so here I am.

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PART II.—THE OSTEOPATHIC SIDE.

Patient:—Now doctor, you have quite a complete history of my experiences, and you will agree with me that I have grounds for being skeptical with the profession.

Doctor:—Yes, I can readily understand why you feel so doubtful about your case being reached and a recovery to health. However, Mr. J., we have to deal with such conditions very often, in fact, such cases have served to help build up the science of osteopathy. Our conception of diseases differs very materially from that of the medical practitioner. We see diseases in many respects very much the same, but as to the cause of it and the remedy, we differ greatly. After examining you I will be in a position to possibly throw some light upon your case and will then leave the matter to your judgment, for your consideration.

(A careful examination followed).

Mr. J., I find the condition of your stomach very much as Dr. A. told you. Did he tell you why it was so or what had caused it to be in such a condition?

Patient:—No. He never said just what had caused it.

The Real Cause.

Doctor:—Now, just why your case has not permanently responded to medicine, and just how it is viewed from an osteopathic standpoint and just what may be accomplished in the hands of a competent osteopath, I will bring out presently. As you have had some of the diseased condition explained to you we will consider that phase of the question first. In a normal condition of your stomach, it is receiving a perfect supply of blood of a healthy quality, to furnish the proper nourishment to the small cells of which the stomach is made—some making up the muscular structures, and other cells making up glands, which secrete the digestive fluid of the stomach. The blood also must be drained away from the stomach taking with it debris and impurities to be taken to other organs in the body which must throw it out of the system.

All these cells must also have fine nerves coming to them to furnish

the nerve power to enable them to do their work—the gland cells to secrete fluid and the contents and aid nature in the changing of the material in the stomach. You can understand that if this supply of blood to these cells in the stomach was either changed in quantity or quality that the cells would suffer and be unable to perform their work properly, or if the nerves were being interfered with that the cells would not get their normal supply of nerve impulses. Also have in mind that the size of the blood vessels is largely controlled by nerves which go through the muscular coats of the vessels—another way in which the blood supply may be involved.

Specific Explanation.

In speaking specifically of your case, I find that in the region of your spine, from whence come many of these nerves which go to the stomach, some derangement, which is evidently the origin of your stomach trouble. You say you don't understand how the back has anything to do with your stomach? Well if you will just recall my explanation of the influence the nervous system has over the secretion and action (or cell life) of the stomach, and my last statements that some of the important nerves come from the spinal cord, of the region, and go to the stomach, you can see that the back as you say, has a very close connection with the stomach, also liver and other organs which may be deranged. As these nerves make their exit from the spinal canal and connect with the sympathetic nerves, they are closely surrounded by the muscles and ligaments which are attached to the bones of the spine. Since these structures are not in their exact relation to each other, they are crowding or pinching these nerves which go to the stomach and liver, thereby interfering with their normal action, hence the reason those organs are not properly functioning.

"Will Massage Help?"

Patient:—I don't see how massage or rubbing will do that any good.

Doctor:—Nor do I.

Patient:—Why, why, don't you massage the parts?

Doctor:—Here's my watch, it isn't keeping the right time, it stops occasionally, etc. Do you think massage or rubbing would do it any good? No. So it is with the human machine. Those parts which are out of harmony must be adjusted to their normal position and the technic of the treatment is such that it requires on your part, a knowledge of anatomy, mechanical principles, etc., to explain how it may be accomplished. After which the nerves will be liberated and permitted to do their work normally. Since this is very chronic and that the tissues

have been trying to readjust themselves to the new relation and partially have done so, it will require some time in getting the structures loosened up in order that they may be adjusted. After derangements are corrected nature will begin to build up the stomach and in time it will be normal and your digestion improved and a perfect health will be the result.

Why "Dope" Was Powerless.

Now as to why the medicine did not cure you. I will not take the time now to explain that but will give you a few thoughts along that line. You improved for a time or seemed to. You can understand how an underfed, fatigued horse may be whipped up and new life put into him for a time, by using the whip as a stimulant tonic? But if you want that life to be permanent, you must feed the horse. So it has largely been with your stomach. The drugs have been dealing with the effects and not the cause.

Patient:—Doctor, your explanation seems at least reasonable, I am sure. My impression of osteopathy was that of massage, but by a glimpse into the science I can understand now that it has practically no relation to massage.

Doctor:—It is to be regretted that occasionally some who have secured the title of D. C. seem to do very little more than massage, but the public by a little experience, soon learn who gives massage and rubs, and who are the scientific skillful osteopaths.

Patient:—I will be interested in the literature you have handed me to read and will make an agreement with you tomorrow. I will give you a final trial in my case.

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PATHOLOGY AND SYMPTOMATOLOGY IN THEIR RELATION TO OSTEOPATHY.

(Continued from June Journal)

First, we have absolutely and definitely established the fact that there are tender spots along the spine, near the center for the organ diseased, or affected in any acute disease, and that these spots represent muscular, fascial and bony lesions, that these lesions are causative and that the actual condition at first consists in an anatomical disarrangement of the parts, with the soft tissues at first infiltrated by small round cells. We have shown that, if the condition is not treated at this time, that there is a deposit of myosin, fibrin and similar products in the tissue, and that later the small round cells become oval cells and as the conditions become more chronic, the oval cells change to spindle cells. We

have shown that as long as the process has not gone into the stage of spindle cell deposit, or in other words, true connective tissue formation that it can be absorbed entirely. We also know that after this, although the connective tissue may be stretched, and although the other elements aside from the spindle cells may be removed by absorption, that this much has become permanent. We have shown that these conditions surrounding the exit of the nerve from the spinal foramina has considerable to do with the vaso motion to the centers to which they come and also with the function of the nerves themselves. We have shown experimentally that these minor irritations or other continuous artificial irritations, to an otherwise healthy nerve, will produce symptoms, on the part of the organ or organs which that nerve supplies, that cannot be produced by the complete severance or destruction of the nerve. For instance, cutting the nerve which passes out of any individual spinal foramen will of course destroy common sensation and voluntary motion to the part supplied, but cutting it, or the sympathetic nerve, after it had been formed, has no permanent affect on the organ, or viscus which gets vaso-motion, and similar functions from this segment. Whereas, the continued irritation of the nerve, while it does not so seriously impair sensation and motion, has a very injurious effect on the viscus. For instance we can greatly disturb the function of the kidney, and produce a disease of the kidney by a constant irritation to any one of the sympathetic nerves supplying it, but if we suddenly sever or remove a part of one of these and then leave it alone, we will get no permanent or serious effect on the organ. This is due to the fact that when we destroy the nerve of this sort of a viscus, we merely remove one of its nerve supplies and this path no longer carries any impulses either good or bad, whereas the constant irritation carries a series of bad impulses which causes the organ to become diseased. I have had the pleasure of working out a set of these differential experiments and hope at some time, when they are more complete, to give them, in detail, but for the present it suffices to establish this rule.

A similar explanation can be given as the reason why a small lesion, a millimeter or so, in extent, will cause disastrous results on the part or an organ, when such a lesion as a Pott's disease with deformity, will have, often times, no effect on the organs supplied by the injured nerves.

Now we must remember that there are thousands of problems connected with the effects of these irritations to the nerve tract and center and that even one of these problems, requires a great deal of time, on the part of a man, experienced in the technic of physiological and pathological experiments, to work out, and we should not feel that we are

backward in working out these problems, merely because there is only a fraction of one per cent. of our profession trying to work them out, nor because it is impossible for any one man to do a great deal in a life time. The dozen or so men who are working along these lines are doing good work and are establishing a foundation for others. In this work as in everything else, we must have a beginning, and it seems to me, that small as it is, we can be proud of the beginning that we have made.

Now another word about the actual tissue conditions that we find present when there is a lesion. They are, to all intents and purposes the same general conditions that you find when we have a scar forming from a wound, or when we have the organization of a blood clot in the tissue. We have the waste material to be absorbed; we have the fibrin, the round cell, the oval cell and the spindle cell, as essential factors, we can absorb, or at least, nature can absorb any of these elements except the spindle cell, which, once deposited, is permanent, and we may say the same thing in general of the changes that take place in the peripheral organs.

Large as the subject is, however it is these spinal lesions and these alone that osteopathy has added to pathology, it has however, subtracted a great many things that were formerly considered as primary etiological factors.

* * *

URINARY DIAGNOSIS.

A Few Tests for the Busy Practitioner.

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This article is intended as a summary of simple methods for the busy practitioner and is not meant to be a complete review of any department of urinalysis. The published works on this subject are both numerous and good. For a detailed description of the various tests the reader is referred to such books as the texts of Ogden, Purdy or Tyson and the standard texts on medical diagnosis.

All practitioners are familiar with the laboratory methods commonly used in urine analysis; but on account of the trouble, more than the expense, of keeping the equipment, many physicians neglect to avail themselves of this useful and oftentimes essential aid to diagnosis.

This article is written to encourage a more general use of the simple methods which require little trouble and at the same time yield accurate results.

Some useful diagnostic hints may be gained from the urine without any special apparatus; these will be described with others following the description of normal urine.

NORMAL URINE.

Useful information sometimes not given in the texts.

	Average	Unusual variations found in healthy urines
Quantity (24 hrs.)	1000 to 1200 c. c.	500 to 2000 c. c.
Color	Straw yellow.	Reddish yellow to watery.
Transparency	Clear or with faint cloud of mucin.	Cloudy
Odor	Aromatic	Odor of drugs.
Sp. Gr.	1.015 to 1.025	1.008 to 1.035
Chemical Reaction	Acid	Neutral or Alkaline
Urea (24 hrs.)	20 to 35 g.	10 to 40 g.
Chlorides (24 hrs.)	10-15 g.	

The figures in this table are only approximations.

1000 c. c.—1.057 quarts
28.31 g.—1 oz. avdp.

Effects of Diet.

Variations in diet have considerable effect on urines. Obviously the quantity will depend largely on the amount of water used. The amount of urea varying with the kind and quantity of the diet, a meat diet producing the highest and a vegetable diet the lowest quantity. Sodium chloride also varies with the amount of salt eaten. Specific gravity varies with both the diet and the quantity, it being roughly a measure of the amount of solids dissolved in the urine.

The normal acid reaction of the urine may change to alkaline with a prolonged vegetable diet and at the same time the urine may become cloudy from the precipitation of the earthy phosphates. Daily variations in the urine are quite considerable so that with a few exceptions no diagnosis of an obscure disease should depend on a single examination of the urine or on urinary examination alone.

Physical Examination.

A physical examination seldom gives positive results but is very useful when taken in connection with other indications.

QUANTITY: The daily quantity, color and specific gravity should be considered as they are largely interdependent. Large quantities 1800 c. c. to 4000c. c. would cause one to suspect either diabetes insipidus,

or diabetes mellitus, while quantities slightly less might be a sign of chronic interstitial nephritis.

In acute nephritis the quantity is very small even to complete suppression. Frequent micturition, without regard to quantity, indicates irritation of the urinary tract and is a valuable symptom of acute cystitis. Frequent micturition usually causes the patient to think that a large quantity of urine is passed.

SPECIFIC GRAVITY: A high specific gravity accompanied by an increased amount of urine is a good indication of sugar in the urine. In other cases the specific gravity is a measure of the quantity of urine and the amount of solids eliminated.

COLOR: A coffee color or tints ranging from a dull smoky red to bright scarlet indicate blood. Bile pigments may also appear and on shaking show more plainly in the foam.

TRANSPARENCY: Normally urine contains a slight flocculent cloud due to mucin. When concentrated urine cools, a cloud of urates may separate out. If urine is alkaline in reaction, a cloud due to phosphates is not necessarily abnormal. All sediments should be examined by the chemical routine given in this article.

ODOR: An offensive odor described as urinous is a sign of decomposition and if given by freshly voided urine is often an indication of chronic cystitis. The presence of a considerable amount of diabetic sugar gives a faint sweetish odor to the urine.

CHEMICAL REACTION: This is usually considered under the physical examination as the physical condition of the urine is considerably affected by the acidity. For testing chemical reaction red and blue litmus paper may be had at most drug stores. If a urine is found to be alkaline in reaction it is of some importance to know whether the alkalinity is due to fixed alkali (from diet) or ammonia (due to decomposition). This is determined by allowing the strip of litmus paper to dry. If the blue color is caused by ammonia it will fade, if due to fixed alkali the blue is permanent. Should the color fade the presence of ammonium carbonate (due to the microbial decomposition of urea) is shown by the production of bubbles of gas described in the nitric acid test (see below).

Chemical Examination.

It will surprise many practitioners to know how much useful information may be gained by a few simple tests also to know how few tests are really useful in an average office or family practice.

NITRIC ACID TEST: For this test concentrated commercial nitric acid is required. The test should be made by the contact method. A large test tube, and a small beaker or a urine glass is the only apparatus necessary. The urine is carefully underlaid with a half inch or more of the acid.

First, heating the urine or acid increases the accuracy. On standing a short time a white cloud in the urine at the point of contact indicates albumin. A play of colors, with a dominant green, shows the presence of bile. A slight effervescence on addition of the acid is due to carbon dioxide. The chief objection to this test is the danger in handling nitric acid and the deleterious action of its fumes on all kinds of fabrics. It should be kept in a glass stoppered bottle and in a case where there is no cloth to be damaged.

TESTS FOR SUGAR: The quickest and most convenient test for sugar is made by filling an ordinary test tube to the depth of about an inch with Haines solution. Heat the solution to boiling and add drop by drop not more than ten drops of urine. Boil for a minute or two. In the presence of even very small amounts of glucose a red precipitate is formed. Haines solution is recommended instead of Fehling's because it may be kept mixed ready for use.

The following formula will do very well in case it is to be made by one of little experience. Dissolve three parts of copper sulfate in three hundred parts of water. Add 100 parts of glycerine. Dissolve separately nine parts of potassium hydrate in three hundred parts of water and mix the two solutions. This will keep for six months or even longer.

Milk sugar and several preservatives sometimes placed in urine also reduce Haines solution.

Another test which is useful, because of the ease of obtaining material for it and because it is not given by lactose and the common reducing agents, is the fermentation test. It is performed as follows: Take three small beakers or other vessels and label them 1, 2 and 3. Fill 1 with the urine, 2 with a solution of glucose and 3 with water. Stir into each vessel a small amount of compressed yeast (may be had at almost any bakery). Fill three test tubes or bottles full one each from 1, 2 and 3 and invert them in their respective vessels without allowing air to enter them. Set in a warm place for a few hours. If 1 and 2 contain gas above the liquid in the tubes the urine contains sugar. 1 is of course the tube to be tested and 2 and 3 are control tubes to test the activity and purity of the yeast.

TEST FOR BLOOD: In testing urine it is convenient to remember

that albumin is always present when the urine contains either blood or bile and a negative test for albumin renders the tests for blood and bile unnecessary.

There is no convenient test for blood though the "guaiac and old turpentine" test is easily performed. The material for this test consists of: Tincture of guaiac 10%. Ozonized turpentine (turpentine which has been exposed to the air for some weeks or shaken up with a little hydrogen dioxide).

To perform the test, mix a few c. c. of the turpentine and guaiac and overlay without the urine to be tested. On standing a blue color develops at the point of contact. Pus also gives a blue color but this is destroyed by heat while the blue due to blood is intensified.

Chemical Test for Sediments.

Comparatively few physicians possess microscopes and the determination of a urinary sediment (which frightens so many of their patients) is consequently difficult. The following schedule of tests I have found quite useful.

Warm a portion of the urine, containing sediment, in a test tube. If it clears the cloud was due to urates. If it does not clear add a few drops of acid; should the acid clear it, the sediment is phosphates: if not filter, if filtrate is cloudy the cloud is due to micro-organisms. Any sediment left on the filter paper should be tested for pus by adding a few drops of strong sodium hydrate which will cause pus to adhere in a slimy gelatinous mass.

The materials necessary for the above tests are simple and easily obtained. They consist of the following: Funnel, filter paper, test tubes, beakers or wine glasses, a few bottles (bottles with measurements in ounces may be had of druggists for five or ten cents), litmus paper, red and blue; gas or other flame, Squibbs urinometer, (very useful but not a necessity), nitric acid, concentrated Haines solution or a bit of yeast, sodium hydrate 10%, Tr. guaiacum 10%, old or ozonized turpentine.

To summarize: The practitioner should have always on hand the means for making tests for albumin and sugar, and should be able to judge the physical condition of the urine accurately.

The other tests will depend somewhat on his needs and his ability to make urinary diagnosis.

A microscope with the proper equipment is an almost invaluable aid to diagnosis but its uses cannot be discussed in the scope of this article.

DO WE INCREASE THE BLOOD SUPPLY?

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A Rational Objection to a Common Statement.

It seems to be the generally accepted theory among osteopaths that in the majority of chronic diseases (of non-bacterial origin,) the spinal lesion causes a condition of diminished circulation or decreased blood supply in the tissue or organ innervated from the corresponding segments of the spinal cord, this decreased (?) blood supply causing the associated pathologic tissue changes. The saying, "increase the blood supply" has become thoroughly ingrained in our phraseology.

Upon submitting this theory to a critical examination from the standpoint of anatomy, physiology and pathology, it would seem not to accord with scientific facts. That the pathologic changes found in the majority of chronic diseases do not harmonize with this conception cannot be denied. Upon referring to the morbid condition of the tissues in the cases under consideration, one is impressed with the frequency of the occurrence of the arterial hyperemia, (accompanied by increased connective tissue growth, and in the case of the mucous membrane such as the respiratory, gastro-intestinal and genito-urinary tracts, also a mucous catarrh). Here the blood supply is evidently already increased beyond the needs of the tissue and further to increase it would cause greater damage to the organ or tissue affected.

How Hyperemia is Caused.

How reconcile this condition of arterial hyperemia with our spinal lesion theory of disease. First, let us determine upon what causes local hyperemia depends, (excepting collateral hyperemia).

"It depends upon a relaxation of the muscular coat of the arterioles, which may be brought about either by paralysis of the vaso-constrictors or through stimulation of the vaso dilators." (Zeigler.)

According to this definition dilatation of the arterioles lessens the peripheral resistance and allows the blood to flow more rapidly and in increased quantity and under higher pressure in the vascular territory whose vaso-motors are involved.

Does this definition accord with the teachings of physiology? Physiologists are agreed that besides the vaso-motor centre in the medulla that there are secondary centres in the cord corresponding to the second dorsal to the second lumbar anatomical cord segments and that it is the function of these centres to maintain a tonic influence on the arterioles to which the vaso-motor fibres from these segments are distributed. In regard to the manner in which the average spinal lesion

produces its effect in chronic cases, the generally accepted theory is that the "bony-lesion" so-called in some manner diminishes the blood supply of the cord segment or segments corresponding to the vertebrae involved. The writer's opinion (in the average case), in regard to the mechanism of lessened blood supply to cord segment is:

The Writer's Theory.

The function of the joint is movement. (M. E. Clark). In nearly all cases we find the range of movement in adjacent vertebrae very much restricted. It naturally follows that the muscles whose function it is to move the joint tend to become atrophied and fibrous from disuse. These muscles during their functional activity (and they are active during every movement of almost any group of muscles even during inspiration on account of the centre of gravity changing, thus bringing into play the erector-spinae group) aid the circulation to the cord by assisting the venous return toward the heart, owing to the intimate connection between the posterior spinal plexus and the intra-spinal plexus of veins, a factor of very great importance. (The pressure on the venules during muscular contraction is the principal factor in carrying away the venous blood and returning it toward the heart during functional activity of all muscles.)

(During visceral activity the cord segments receive more blood.) The venous return from the various cord segments would be inadequate to the needs of the organism during functional activity of the viscera were it not for the aid of the spinal muscles. Produce movement in the joint and all tissues in relation with the joint "will tend to the normal."

The Explanation.

Since it is one of the functions of the cord segments (second dorsal to second lumbar) to maintain a tonic influence upon the arterioles to which its vaso-motor fibres are distributed, a long continued diminution of its supply of nutrient material would necessarily result in a lowering of the muscle tone in the corresponding arterioles, thus resulting in a relative hyperemia of the organ or tissue affected by the lesion. It is conceivable that the relatively increased hyperemia would not do much damage during functional activity of the organ involved, but as all organs have regular periods of rest, during which time the circulation should be diminished through constriction of the arterioles, here (that is in chronic diseases) owing to the lowered tone of the arteriole permitting of increased blood pressure in the capillaries, a greater amount of nutrient material than is normally required during rest, will pass through the capillary walls to the tissues, causing an increased connective tissue growth and secretion of mucus without causing an increased

growth of parenchymatous tissue (in the early stages). For it is a physiologic law that increased growth of a tissue performing an active function necessitates increased functional activity—but connective tissues and mucous membranes seem to require only an increased supply of arterial blood to increase growth or augment secretion. Increase of connective tissue while a conservative process in the repair of wounds, is in this instance productive of harm to the organism, for in time the blood vessels become surrounded and pressed upon, which ultimately results in shutting off of the greater part of the blood supply to the organ,—(unless other causes are operating as in tumors—but here we also have hyperemia)—causing atrophy and disappearance of the parenchyma of the organ itself as in cirrhosis of liver, kidney, chronic gastritis, etc.

Remove the spinal lesion and thus restore the normal circulation to the cord and we restore the function of the cord segments, (which is to maintain tonic influence on the vessels) thus “decreasing the blood supply” in the tissue or organ whose vaso-motors are involved.

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CONCERNING CONSTIPATION.

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

A New Explanation Based on Experiment.

Really, there is very good reason to call constipation the most common of complaints. If people do not complain of this thing they are very apt to complain of something else which is really caused by it. And there is scarcely any other disorder which is met by so great and so varied a class of therapeutic measures.

While several of us were performing some experiments upon animals for a different purpose, we noted some phenomena which may, perhaps, throw a little light upon some phases of this subject. The animals were anesthetized, as usual. The abdomen was opened carefully, in order to avoid shock as much as possible. The vertebræ in different regions were placed in abnormal positions, and the effects upon the circulation and movements of the viscera were watched. When violent movements were used in this work, the viscera in relation with the spinal segments affected were usually thrown into increased activity. In the case of the intestines, increased peristalsis was noted. In some cases which were subjected to unusually violent stimulating movements, instead of the mere increase of the normal peristalsis we noticed the occurrence of circular contractions forming rings which were so greatly constricted as to render the intestine apparently bloodless and occluded. These rings were somewhat like those formed in normal peristalsis, by means of

which the food mass is cut into segments, but while these normally formed rings are relaxed almost as soon as they appear, those formed under the influence of the abnormal stimulation resulting from the vertebral movements were very persistent. The application of irritants to the intestinal wall directly also produced rings of the same appearance, which were subject to the same conditions.

Condition Observed.

These rings of constriction remained present much longer than nearly any other effects of vertebral mal-position. Efforts to cause peristaltic waves to pass the ring, from above downward, were not often successful. After very intense stimulation, such as that from an electrical current, peristaltic waves passed the ring, but the ring almost immediately formed again in the same place. Occasionally intense stimulation caused waves of peristalsis, initiated above the ring, to “jump” the ring without affecting it, as such waves pass over sectioned intestines. Efforts were made to relax the rings by placing crystals of various salts upon the intestines above the constriction, by manipulating the intestines, by stimulating movements near the spinal areas in connection with the affected viscus, and in other ways employed in the treatment of persistent constipation by different doctors, but nothing appeared to relieve the condition. Increase of peristalsis above the ring only caused the more intense contraction. Only rest, after the removal of the condition causing the abnormal contraction, was of the least value. After some rest, the visceral muscles relaxed very slowly, provided the tests of therapeutics had not been too long continued.

This condition was brought to mind lately by reading some accounts of surgery performed for the relief of total intestinal occlusion, in which nothing in the nature of an obstruction was found upon laparotomy. In one case, nothing operable was found upon the first laparotomy, but the condition of the patient was better after the operation. The same symptoms reappeared about a year afterward, and a second laparotomy was performed. After this, the symptoms were not so greatly relieved, and death occurred. The post-mortem in this case showed nothing in the nature of obstruction. In other cases, at the operation, nothing was found to indicate the cause of the apparent occlusion, but the patient was better afterward.

Evidence From Post Mortems.

There are some reports of post mortem examinations upon patients supposed to have died of intestinal occlusion in which no findings appeared which could account for the symptoms of occlusion. I found most of

these cases in reports from the insane hospitals, though some were found in other reports.

Now in such cases as these, it may be that the condition in the intestines was like that observed in the intestines of our dogs, cats and white rats. That is, in these patients the rings of abnormal constriction may have been caused originally, as in our tests, by abnormal stimulation resulting from accidental forced movements of the spinal column, or from mal-position of vertebræ, or from the presence of unusually irritating substances in the food, either when taken or during intestinal putrefaction. Possibly the use of strong purgative medicines caused the constriction. In any event, the ordinary methods of treating the condition would only increase tension of the rings, and the symptoms of intestinal occlusion would soon appear. If such a patient were subjected to a surgical operation, the slow and careful anesthesia of the operating room would probably cause the muscles to relax. The subsequent rest in bed and enforced fast might prevent their reappearance. Perhaps in this way we may account for the relief which does sometimes follow laparotomy, even though no cause for the abnormal condition was apparent. To an unprejudiced observer it would seem that a fast and a rest in bed does not necessitate a previous laparotomy.

When death occurs, the autopsy is not usually performed until after the death of the muscle cells has rendered their further contraction impossible.

Conclusions.

Perhaps my pathology may be at fault in this matter, but when I consider the reports of these cases, plus the reports of these post mortems, plus the things we saw happening in the intestines of many animals, I am inclined to think that some, at least, of the cases of obstinate constipation are due to this condition. I do not, of course, exclude intussusception, neoplasms, and others operable causes of intestinal occlusion from consideration.

If the ring of constriction be a cause for such an appearance of occlusion, the treatment is evident. So far as is possible, all conditions which cause or perpetuate the constriction must be removed. All purgative medicines and all foods which are in the least degree irritating must be stopped. Many points of hygiene and therapy must depend upon the condition of individual who is suffering.

The important point in the whole matter is this: In every case, a most careful diagnosis must precede the decision to advise either for or against surgical interference.

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ABSTRACT OF AN ADDRESS BY HON. J. M. GREENWOOD.

Class of 1908, Members of the Faculty, Ladies and Gentlemen:—The subject on which I will present a few thoughts may be stated in this form: "Big and Little Thoughts.

It is a recognized principle in practical life as well as in thinking and in investigation, that those who make the largest contributions to civilization are those who give precedence to principles over everything else. But every science, however far its boundaries may be extended, always leaves a balance of unsolved problems. There are two orders of questions springing out of every science—those that are fundamental, and the practical application of these principles. One of the most difficult things for a man or a woman to do, is to change his or her view-point, and to look at things from the other side. Let me illustrate:

The founder of the School of Osteopathy, Dr. A. T. Still, had, after he had become a regular physician, a successful practice, but he found it necessary to change his view-point entirely in regard to the treatment of diseases and the remedial agents to be applied when the human body is not in good working condition. To effect this revolution in his mode of thought, was of the same nature as the question that confronted Copernicus when he proposed to place himself at the sun as the center of the entire solar system, and watch the planetary bodies move around the sun. This change in Dr. Still's manner of dealing with diseases was just as revolutionary as was the change from the Ptolemaic conception to the heliocentric.

There are some persons that can look at the other side of a question because they are openminded. This is the best attitude of mind for man or woman. Let me illustrate by an anecdote: It is said that in the State of Ohio there was a gentleman who had never been known to give a direct answer to any question, however simple it might be. It was agreed one day that he and two of his neighbors would ride horseback to the county-seat the next morning, and the two neighbors decided the evening before that they would get a definite answer from their evasive friend on the journey. So after they had traveled some distance, they came to a beautiful pasture in which a large flock of sheep were grazing, and as they rode by this pasture, one of the men said to Bill Williams: "These sheep have just been sheared." Bill looked at the flock a long time and said, "Yes, it looks like it on this side." Now the person who must be shown the other side all the time and all of the other side, is not open-minded. A hint, or a half-view, will open up sometimes a tremendous train of thoughts to an active, receptive mind.

Any student who goes out into life believing that all the great problems have been solved, will be mistaken. Life is a continued growth, and education is a continuous process from the cradle to the grave. Some eighteen or twenty years ago, Dr. Still and I were in a hay-loft one hot day resting on the new-mown hay—but we didn't have a jug with us, and as we lay there talking, I said to him, "Doctor, on what theory are you fooling these people, anyway?" He answered me by saying, "You used to drive cattle, horses and mules. You know when you went along a muddy road and the wagon wheels or the buggy wheels were clogged with mud, it was heavy pulling. God made the human body better than any machine is made, and if it becomes clogged, WE UN-CLOG IT AND LET IT WORK. That is my philosophy." In these few words, I had the key to osteopathy from its founder.

Truth is the simplest thing in the universe, and the greater the principle, the simpler it is. Now the fundamental principles that underlie every science are what we should master, whether as school teachers, doctors, lawyers, or scientists. The greatest truths are like a magnificent river whose source we never know, and we don't even know perhaps, its mouth; but we see its swift current moving ever onward, and it is with this movement we have to deal.

There have always been a few rare minds in every age of the world that have gone forward and made discoveries, and we have had some of these minds in our own country. These men are the schoolmasters of race that carry their messages to humanity for its elevation. Such men give us the light that tells us in what direction to look, and they are the investigators in the great departments of human knowledge. I would class the man who has taken a wide and deep view of humanity and of its betterment, as a benefactor of the human race. When Our Savior came on earth he brought a new dispensation,—a message of love to all the world.

In-wrought prejudice works havoc with one's thinking. When I was a little boy, I had read about the American Revolution, and had heard a great deal said about it, and I felt that should I ever see a little English boy, I would lick him. Why? Because England and America had once been engaged in a war! But in the second school I went to, there was a little red-headed English girl that attended it, and I liked her. She was so pretty, and I used to walk along the road with her sometimes, and after that, I would have tried to lick any American boy who would have dared say a hurtful word to little Polly Fowler.

To-day we are a great nation, and we speak a world language, and all the great nations are working with world problems; and it is this

kind of open-mindedness that I want to impress on this audience. We may differ in little things. The problems that England, France, Germany, and all the other forward nations are trying to solve, are the problems that we are trying to solve. The nation that is just a nation counts for little, so the man who is just a lawyer, or a doctor, or a preacher and nothing else, moves in a narrow groove. The man who practices osteopathy should be a man among men. If he merely sticks out his shingle and waits and vegetates, don't you know he will be a very small man, indeed, and he will grow smaller each year. Another thing, then, is to improve all one has in his nature. Let one have no waste places in his mind.

You have taken a long course of study—twenty-seven months—but when you go away, if you will take the advice of one older than you, I would say, take up each year some important subject and study it. This is material growth.

I will not dwell on this phase of the subject longer lest you class me with a scientist who once delivered a lecture on the oyster to an audience of Massachusetts farmers. He took two hours to tell them all he knew about oysters, but when he said that if there was anything he hadn't told them about an oyster, he would be pleased to have them question him, one old farmer in the audience who had listened patiently, said,—“Mister, one question I would like to ask about the oyster that you have not explained, how did it know when to shet up?” Now I am not going to work that long with you.

Let me urge you to see things at a different angle each day. First, it is a little view we have, but we can take in more and more as life expands. At last we come to the conclusion that all truth is One. We need to keep pace with the world's progress. Movements and changes are rapid,—and the one that sits still is lost in the whirl. Only a few years ago Missouri was called an agricultural state, and now 52% of her citizens are living under some form of municipal government. We are passing from an agricultural to a manufacturing state. History never repeats itself, despite what Mr. Freeman says. We are no longer a people who can afford to shut ourselves up and remain ignorant of what the world is doing, especially in our own department of activity. Every country is trying to solve its industrial, commercial, agricultural, manufacturing and educational problems; but no other country is nearly so fertile in resources as ours. The personality of our men and women is what makes us one of the greatest nations that the world ever had, and makes it sound and powerful and wholesome to the core.

Among us and with us the greatest problem after all, is the problem

of INDIVIDUAL PERSONALITY. Strength, honesty, and stability of character count. High ideals through life I sincerely hope will actuate the one hundred and twenty-five men and women who will now receive their diplomas from the hand of Dr. A. T. Still, the founder of the School of Osteopathy and a benefactor of mankind.

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THE LAW OF THE MOVEMENTS OF THE SPINAL COLUMN.

W. L. GRUBB, D. O., PITTSBURG, PA.

At the outset, I wish this fact to be clearly understood, that in this discussion, I do not attempt to deny that osteopaths get results, for they do, and sometimes they are almost phenomenal. We know also that the medical doctors, chiropractors, christian scientists, irregular osteopaths, etc., get results; but we question the way they get them, and I feel that I have the same right to question the way we treat the spinal column and its joints to get some of our results, to say the least of it. I want to say emphatically that there is no excuse for us not knowing more about the spinal joints and the structures involved in the movements than we do, when we have access to so many works on anatomy. I make the above statement for the reason, that so many osteopaths do not seem to grasp the thought I am trying to convey, or even try to differentiate between getting a result and the scientific principle of HOW. It is not the results we are questioning, but the way of doing the work. Is it a scientific way based upon the movements of the joint or joints? As a concrete point for serious consideration, do we know what part or parts of the erector spinae group of muscles are used for extension, flexion, rotation and lateral movements? It is knowledge we are striving for under this subject and not results.

Movement is the *sine qua non* as far as the pure mechanics of the osteopathic system of medicine is concerned.

We wish to keep this thought constantly before our minds, that in dealing with this question of the "Law of the Movements of the Spinal Column" or the basis for a scientific technique, we do not mean to stretch our law to cover the field of surgical technique, nor the field of psychology of the osteopathic system of medicine, except, perhaps, where there may be an overlapping. I cannot refrain from remarking in this connection the tendency, or would I be overdrawing the picture by saying that it is a lamentable fact, that so many of the medical doctors are going to seed, as it were, and extending the surgical feature to cover all abnormal conditions, or to give a drug or combination of the

same for every condition except the purely surgical cases, regardless of the treatment indicated by their diagnosis. Even the most modern of the schools of healing, the osteopathic, is not exempt from this hereditary and acquired tendency of extending the mechanical feature of our technique to cover the whole field of abnormal conditions, except the surgical. I hope to discuss the psychological feature later.

To take up a detailed consideration of the "Law of the Movements of the Spinal Column," brings us face to face with the limitations of the application of the mechanical factor of the system of the osteopathic medicine to the movements of the spinal joints; therefore, we cannot legitimately carry it beyond this point, however much we may desire to.

As we take up our study more specifically, it will be necessary, however, to understand the mechanical construction of the spinal joints in the three regions of the back, especially the lumbar and thoracic regions and the related structures. We will use tentatively four divisions for our discussion, viz.: First, the construction of the facets. Second, the ligaments. Third, the muscles involved. Fourth, the application.

Facets.

Under the first division we shall not attempt to describe the facets in every detail but refer you to the current anatomies for those details. Piersol says the facets of the lumbo-sacral joint are practically the same as those in the thoracic region, i. e., the superior facets are directed vertically, looking backward, a little upward and outward; while the converse is true of the inferior facets. The construction of this joint makes rotation the characteristic movement. The balance of the facets are peculiar to the lumbar region. We note one peculiar feature of these facets, however, which is very important to keep in mind when we come to the application of the movements, i. e., the distance between the upper parts of the superior facets is a little greater than the distance between the lower parts of the same facets, and of course the converse is true of the inferior facets; this fact coupled with the other mechanical characteristics will make plain to any mechanician the application of the "Law of the Movements of the Spinal Column," and if we expect to grasp the mechanics of the osteopathic system of medicine, we must know these facts for ourselves.

The thoracic facets are different from the lumbar facets in most of their features, and I shall not worry you with the anatomical details that you are perfectly familiar with.

Ligaments.

Under the second heading, the ligaments, there need not much be said further than to call attention to the marked difference in the form and attachments of the anterior and posterior common ligaments, which cuts a very important figure with the movements. The anterior common ligament is made up of several layers of thin fibrous tissue and the attachments between two, three or more vertebrae. This ligament is attached to the bodies as well as to the intervertebral disks. While the posterior common ligament is more dense and thicker than the anterior and is not attached to the bodies of the vertebrae; but is strongly attached to the intervertebral disks, even reinforced by fibres from above and below. Bear in mind also the intervertebral disks and their construction and relation to the movements.

Muscles.

It is under the third division that our weakness manifests itself when put to the test. Instead of being arbitrarily divided into five layers, could the muscles of the back not be divided into a superficial and deep set corresponding to their innervation? We will accept this nomenclature tentatively anyway. We find upon examination that the superficial set of muscles is not concerned with the movements at all while the deep set is concerned with the movements exclusively. The superficial group of muscles is innervated from the lower cervical and upper dorsal ventral rami. While the deep group is innervated from the dorsal rami. According to Piersol the erector spinae group of muscles may be further divided into a transverso-costal group and a transversospinous group, which corresponds to Gray's fourth and fifth layers. This group of muscles is the concomitant of the facets and concerned with the two most important functions of the spinal column, i. e., movement and maintaining the erect position. Suppose for instance, we should ask you to describe the superficial group of muscles, I dare say every reader could give a good description of these muscles; but I fear we could not take care of the deep group as well. How many can give the attachments and actions of the erector spinae group of muscles? I cannot emphasize the great importance of having a thorough knowledge of these muscles too strongly, when we consider the important functions of these muscles. I firmly believe that we have lost cases due to the fact that we did not understand thoroughly the functions of these muscles. For example, we have a case of lateral curvature before us, we know that the muscles on the convex side are weakened, we know or should know that the few treatments given each week, in every case, will not exercise these weakened muscles sufficiently

to overcome the constant action of the more healthy muscles of the concave side. Now, if we understand this feature of our work we can instruct our patient how to exercise these weakened muscles on the convex side, thereby facilitating the recovery. It seems to me that if we expect to make use of all the means at our command, we must wake up to the importance of this fact.

Application.

We will endeavor under the last heading to make a practical application of our mechanics. It is here that I feel my weakness most keenly, while I am perfectly conscious in my own mind of the practical application of "The Law of the Movements of the Spinal Column." But to reduce my experience to understandable descriptive language so others can also grasp it, is a task that I cannot perform satisfactorily, when so many of our practitioners seem to mistake my motives—confuse results with a knowledge of How and Why we do the work.

The movements of the spinal column as a whole are to protect the delicate spinal cord with its multiplicity of functions; and to facilitate the struggle for existence. Any abnormality of movement or movements will affect the spinal cord and its immediately related structures, as well as the center of gravity, which in turn will affect the extraneous structures to the spinal cord concerned in the production of movements, and these will affect the delicate nerves leading to and from the cord, therefore, opening the way for untold abnormal manifestations of structure, physiologically and psychologically.

After we understand the peculiar mechanical construction of the lumbar facets, we are in a better position to understand why by unlocking the lumbar vertebrae, and the actions of the side bending and rotating muscles of the erector spinae group, that the psychological stimulus is apparently transmitted into physical force or energy by which the upper and middle parts of the inferior facets are brought in contact with the corresponding parts of the superior facets, the back parts of the superior facets acting as an inclined plane looking inward and to the left, if the subject is bending to the right, thereby, always characterizing the rotating of the bodies of the lumbar vertebrae to the concavity of a curve in this region. If the structures are normal the actions of the muscles and the mechanics of the facets will be in harmony with each other.

While the lumbar vertebrae are rotating to the concavity of a curve, the converse movement is taking place in the thoracic region. Of course this movement is characterized by the mechanical construction of the facets and a rotating of the bodies to the convex side of a curve in this

region will always take place, if possible for them to move at all. It is the law of their being.

A thorough understanding of the mechanical construction of the facets in the three regions of the back, the origin, insertion and actions of the transverso-costal and the transverso-spinal group of muscles, will make plain and comprehensive to any one "The Law of the movements of the spinal column." Provided first, however, that they understand thoroughly the anatomy involved and I am purposely leaving out details that are more plainly given in the current anatomies than I can give them.

Nature works always unchangeable law throughout the mighty universe; and no less true in the atom, the molecule, the cell, cell group worlds, stars, suns, etc., than evolving a perfectly constructed spinal column for the protection and preserving the intricately constructed and delicately adjusted spinal cord and also for maintaining the center of gravity in the active struggle of the animal for survival. The more we study this marvelously planned and this wonderfully executed piece of architecture, the spinal column, the more we are overwhelmed by its magnitude. Notice how beautifully nature has arranged to maintain the center of gravity, e. g., say for instance in bending to the right, how the lumbar vertebrae will rotate to the right side while the thoracic vertebrae will rotate to left side and the cervical vertebrae will rotate to the right side: All done with mechanical precision to equalize the movements and maintain the center of gravity within the radius of its base.

In conclusion, I wish to say again by way of emphasis that, before we understand "The Law of the Movements of the Spinal Column," and its application, it will be necessary to learn for ourselves the anatomy of the spinal column to the extent of having a mental picture of the mechanical construction of the facets and of all the structure involved in the production of the various movements in the spinal column.

I have reiterated time and again the great importance of understanding the anatomy of the spinal column as found in our various text-books, without even going into the fields of research. To use a common expression, I do not think we are making use of all of the available "thunder" along this line.

I have refrained as much as possible from copying from text-books, taking it for granted, however, that if you are not familiar with the current anatomy of the spinal column, that you would prefer to get it direct from your anatomies. I shall be satisfied, if perchance, "Rip" may be aroused from his long sleep and give us the benefits of his dreams.

A PARALLEL.

BY WM. HANNA THOMPSON, M. D. BY ANDREW T. STILL, M. D.,
LL. D., Physician to Roosevelt Hospital, Founder of Osteopathy. In the January Ladies' Home Journal.
Hospital for the Insane, Formerly Professor of the Practice of Medicine and Diseases of the Nervous system, New York University Medical College, Ex-President of the New York Academy of Medicine, etc., author of "Brain and Personality." In July Everybody's, page 102.

"A specimen of these additions to our knowledge is a fact that among many other things the sympathetic (one division of the nervous system—Ed.) ACTUALLY MAKES DRUGS or true medicine, whose presence in the blood is essential to life. ***It is now generally agreed among physiological chemists that we daily manufacture enough in our alimentary canal to kill us before the day is over were it not that these poisons are neutralized by the liver and other organs before they can enter the blood, and thus reach the brain and other vital parts of the nervous system***extirpating the solar plexus the animal then dying with symptoms closely resembling those of Asiatic Cholera with its profuse rice water discharges. As the micro-organism of cholera never enters the blood, but instead goes in the intestines where it secretes its deadly poison to be then absorbed and thus quickly reach the solar plexus it seems to be a fair inference that it kills chiefly by paralyzing that important nerve center with a resultant intestinal flow which drains the blood of its water.

"I believe that God has placed a remedy for every disease within the material house in which the spirit of life dwells. I believe that the maker of man has deposited in some part or throughout the whole system of the human body drugs in abundance to cure all infirmities; that all the remedies necessary to health are compounded within the human body. They can be administered by adjusting the body in such manner that the remedies will naturally associate themselves together. ***I do not believe that there are such diseases as fever,—typhoid, typhus, or lung—rheumatism, sciatica, gout, colic, liver disease, croup, or any of the present so called diseases, they do not exist as diseases. I hold that separate or combined they are only effects of cause, and that in each case the cause can be found and does exist. In the limited or excited action of the nerves which control the fluid or a part of or of the entire body. My position is, that the living blood swarms with health corpuscles which are carried to all parts of the body.***The result would be a restoration of physiological functioning from disease to health."

A DIFFICULT CASE OF HAIRLIP.



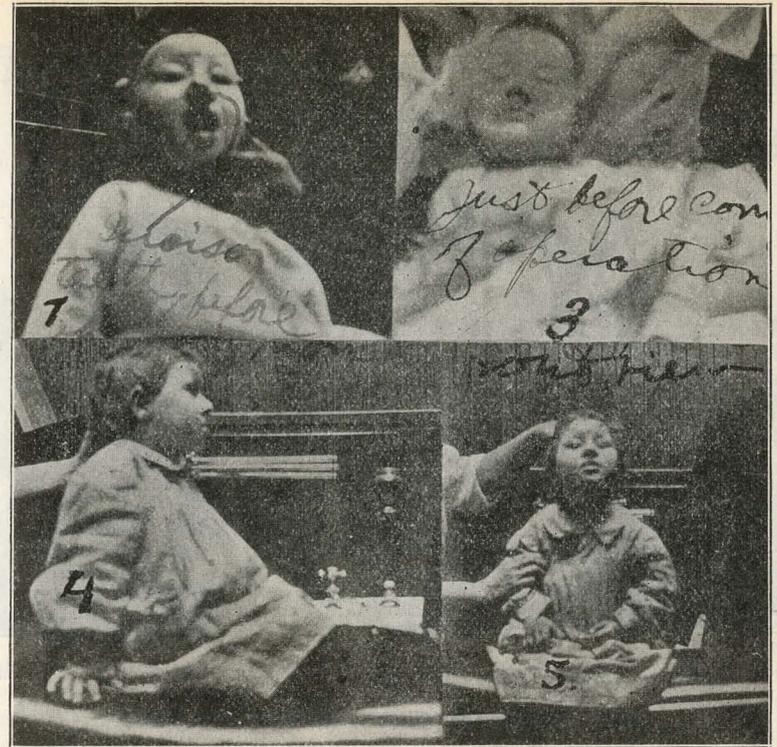
Photo Taken at About Two Months.

The accompanying cuts, from some kodak pictures, by Dr. William Smith show the excellent results obtained in a case of double harelip with snout-deformity, the case having been operated on before the June, '08 class, by Dr. George Still, after it had been refused by several other surgeons, as too difficult. The little patient lives near Kirksville and many of the older classes, for the past

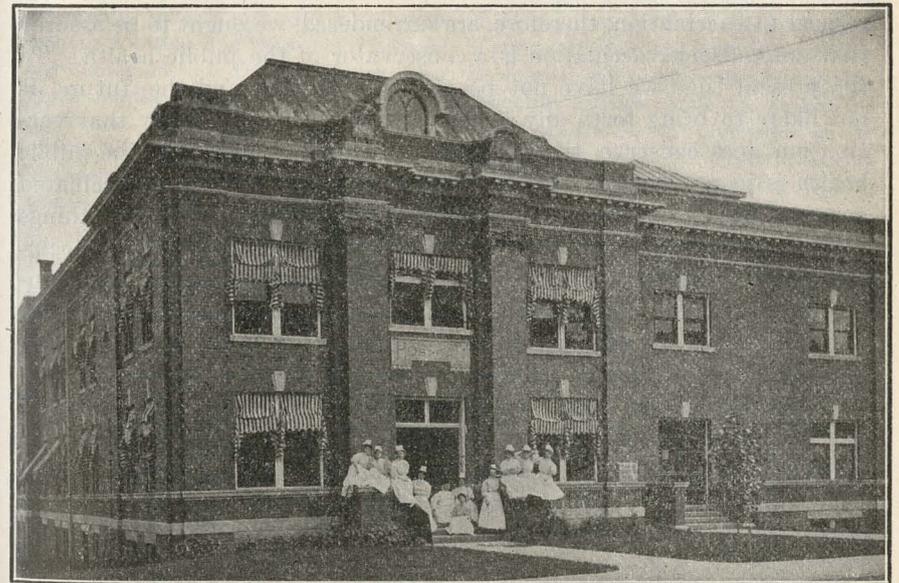
five years have seen it, as a clinic, and pictures of it were sold to one class, as a benefit, for the unfortunate baby. Although practically all modern surgeons agree that every year after the first eighteen months, adds greatly to the dangers of the operation, consent to attempt it was not gained until this year. Further work will be done on the palate but it is too late to make it perfect. Those who saw the horrible facial deformity before the operation however, will agree that the results on the lip and nose are wonderful.



2. Before first operation showing midlip and snout from side view.



1. Incisor teeth before operation. 3. Just before completion of operation.
4. Side view of completed operation. 5. Front view



Where Convention Surgical Clinics will be held, and some of those who will help make them a success.

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KIRKSVILLE, MO., JULY, 1908.

EDITORIALS.

Retrospective—With the present issue, the editor completes his first year at the helm of the Journal of Osteopathy and feels warranted in indulging in a few retrospective observations. One year ago, the Journal of Osteopathy was a forty-eight page magazine. It is now from sixty-four to eighty pages. One year ago, its motto was announced as "Freedom and fairness without prejudice to anyone of whatever school." Pursuant to this policy, it is now publishing each month, the news of the profession, in many instances a month or more in advance of all the other osteopathic periodicals. While the Journal has been handicapped by a number who think that because it has been published in Kirksville it is therefore published to the detriment of other osteopathic schools, and who put obstacles in its way, yet the Journal has refrained from back-biting, and has pursued its policy of giving all a fair deal, even though some were antagonistic. During the next year the Journal will increase its present generous monthly quota of the best and most scientific articles obtainable among the profession. Not an advertising medium, but a magazine for the profession; not to give to your patients, but to be read by yourself from cover to cover,—such the Journal of Osteopathy now is. We wish to thank you for your aid, and bespeak your continued co-operation during the ensuing year.

The Route to the Convention From the West—Summer travel is not the most pleasant thing in the world, and one is fully warranted in seeking and demanding the best equipment to be secured. From the East, the transportation committee has provided solid trains from Chicago coming through to Kirksville without change. From the West, the California practitioners have had under consideration a similar thing. In the western travel one road in particular, is catering to osteopathic trade. This is the Santa Fe, who have detailed a number of their agents to arrange for the best comfort of the western osteopaths, who will make the Kirksville pilgrimage. Elegant through trains will be run to LaPlata, some sixteen miles distant from Kirksville where good connection can be made. Fred Harvey meals and the famous Santa Fe service all join to make this an attractive route.



A group of nurses in uniform, in front of cottage. Dr. Bammert, Night Supt., not in uniform.

ADDITIONAL CONCERNING VACCINATION.

(8) **Compulsory Vaccination is not in keeping with the spirit of our National Constitution.** Personal liberty is the inalienable birthright of every American citizen, and such liberty ceases only when it conflicts with the public well-being. Before personal liberty and freedom with respect to vaccination, therefore, are surrendered, we ought to be assured that compulsory vaccination is a conservator of the public health. To the present time we have not been assured of this, and the future is not likely to bring forth any confirmatory evidence. To say that vaccination does conserve the public health would imply that the public health is jeopardized by the presence of a clean, healthy, unvaccinated person. This, of course, is unreasonable and absurd. All other things being equal, the public health is endangered just as much by a vaccinated as by an unvaccinated person. The pro-vaccinationists being unable to prove that vaccination does conserve the public health, the question resolves itself into a personal one, only, and all compulsory laws should accordingly be repealed. Then if a person wishes vaccination, let him have it, and if not do not compel him to submit to it. If vaccination is dangerous to personal health, as many learned people believe it to be, then it should be dealt with by prohibitory laws. Sometimes it almost seems that re-education and re-legislation are as imperative as education and legislation.

Muldoon Advertised—The Brooklyn Eagle says concerning Root's going to the home of defeated candidates, Muldoon's ranch the following:

The development of a new branch of the art of healing—that of "Mender of Disappointed Ambitions"—ought to command proper respect at once. Osteopathy has had a bitter fight to place itself. Homeopathy went through a warfare that threatened its very existence before it received recognition; but Muldoonism is accepted in this strenuous age.

Optic Atrophy Data Requested—We are requested by a friend in the field to furnish data concerning optic atrophy and would appreciate a report of your experience in the matter. Please send in your reports soon so we may have a symposium.

That Working Dress—We have had a number more communications regarding the working dress, but have decided to let the matter drop; with this observation. Let the osteopath be known as both a physician and a skilled workman, not a masseur, nor a grafter nor a quack. Exercise due regard for ethics and demean one's self as a gentleman and criticism is defeated before it may be formulated.

Some Good Words For the Osteopathic Journal—We are not given to "boosting" ourselves all the time, but think we may be pardoned for quoting an occasional commendation. The following is only one of many which we have received concerning our field magazine, the Osteopathic Journal. "Dear Doctor:—Enclosed find check for \$2.70 (this is the price of 100 copies per month with card, delivered all charges prepaid, on a six month's contract for osteopaths living in the central states.—Ed.) Monthly payment on contract for Osteopathic Journal. BEYOND DOUBT IT IS THE BEST PATIENT GETTER IN THE WHOLE FIELD OF OSTEOPATHIC PUBLICATIONS. Will increase the number shortly."

Board and Rooms During the Convention—Elsewhere in this issue is given an announcement signed by Drs. Hildreth and H. M. Still, concerning the convention arrangements. There will be a properly disciplined force, in which an ex-business college superintendent will look after your arrangements, but you must co-operate to a certain extent. You must send in your name and address that our bureaus will not be swamped in the few hours preceding the opening of the convention. Also if you have made private arrangements for your rooms be sure so to notify the committee. This is imperative. Dr. Hildreth, in charge of a reception committee of twenty-five from the states in the M. V. O. A. will welcome all of you. Let's get together, 3000 strong to do honor to the most eminent figure of the century.

Legislation—Dr. A. G. Hildreth, who without doubt has had more experience in fighting octopus-like M. D's. than any other osteopath, says to look with disfavor on any advance from wily ones looking toward a compromise and a composite board. While 1907-8 was undoubtedly a composite board year, two of the boards have been in hot water already. Other of the compo-board states are having trouble, while in the straight independent board states, all is quiet. All honor to New Jersey for refusing to act as tail to the medic kite. All honor to the little band of brave fighters in Louisiana who almost single handed have spurned the offer of immunity to themselves at the price of forever shutting out new comers. Commenting on this matter in another state, one very prominent practitioner says:

There are some—fools who are so crazy for a bill or recognition don't you know, they would accept anything. If they could only hang on to the tail of the kite, that would make them feel lofty and ready to persecute the next one who dared to present a new thought. I see how some of our apparently secure states are passing through the toils with all their recognition. I want money, but not bad enough to steal it or in any way dishonestly procure it. If I ask for bread, I mean

bread and not a stone. If these wily M. D's. can close up our field in spots and then have the spots run together what more effectual means to annihilate—than starvation of our colleges. They are after osteopathy with their great maw already secreting gastric juice to digest us.

Convention Meals—Rest Room—Kindergarten—The ladies of the Methodist Church, corner of High and Washington, will serve meals in their dining room at the church, during convention, also rest rooms and probably a kindergarten to look after children during convention hours. This is but three blocks from convention Park.

One Kind of Advertising—Headed "For Governor of Iowa" appears in the El Paso Herald of June 8th, a communication from B. F. Carroll, to the Governor of Texas, recommending Dr. Ira W. Collins, as a member of the Texas State Board to which position the ad states that Collins was appointed—but neglects to state that he was afterwards refused the appointment for reasons so well known to the profession they need not here be repeated. In the same paper is published a cut two columns wide of one Rev. A. H. Collins. Accompanying the cut is a write-up taking up the rest of over a double half-column and stating among other things that Rev. Collins is a brother of Dr. Ira W. Collins.

Practicing a Specialty—Several years ago when osteopaths had but a short course, surgery was not taught sufficiently to warrant its practice, although even at that time the course was better than that which has been taken by a large number of the M. D's. and "surgeons" now in practice. But now with our twenty-seven month's courses, and optional fourth year in addition, our osteopathic graduates are better prepared for surgery than the average medical graduate. Why then should we say in our laws only minor surgery, and why should we thus by inference admit that osteopathy is merely a specialty instead of a complete system. In the New Jersey fight one of the speeches of the medics says "and now because the osteopath cannot pass the prescribed examination he seeks to enter the field of medicine through the back door and asks you to give him a special examination, because as he says, he only wants to practice a specialty." It is entirely useless and foolish to expect a fair examination for osteopaths at the hands of those whose ideas on etiology are so radically different from the osteopaths', and whose theory of practice the osteopaths know is inferior and very often extremely fallacious. But we can rob them of one of their best talking points by stopping our now useless assertions that we handle only some cases, or that some cases are not amendable to our form of treatment.

The Deadly Parallel—A section hand earning \$50.00 a month said to the owner of a machine shop "there must be something cracked about him or he wouldn't be wanting to study such a fool thing as osteopathy" referring to an osteopath student who earns from \$100.00 to \$200.00 per month as a machinist. Occasionally an M. D. of similar calibre breaks forth into print with an "expose" of osteopathy. One V. Ulrich, of Richmond, Va., after admitting that all he knew of osteopathy was from what a friend told him, and from what he had read from some literature loaned him, says "that they, by manipulations can affect the nerve centers of the brain and spinal cord is beyond my poor intelligence. I have never tried and never expect to try myself on humanity on such vague speculations." He holds up to ridicule the Old Doctor's statement about the drugs being prepared in the human body for all purposes. On this latter point, notice the parallel quoted in another point in this issue. He closes the arraignment by saying that the Richmond osteopaths are "professional gentlemen, too, but suffering from osteopathic illusions."

編輯 Editors Visit the Journal Office—June 26th the Northeast Missouri Editors' Association met in Kirksville and visited the State Normal School and the A. S. O. While the hospital, with its elegant equipment and pretty nurses, and the school with its large lecture rooms, spacious laboratories, and numerous treating rooms were of interest, yet the Editors seemed most interested in the basement room, devoted to the Journal of Osteopathy, and gleaned many pointers as to how our enormous circulation and large issues can be handled systematically and effectively, and without our owning a stickful of type. Afterwards they paid a visit to the plant of the Journal Printing Co., which publishes the Journal with all its news the latest possible, promptly and with the superlative mechanical excellence, with which you are familiar. The machine which makes this possible is a comparatively recent invention, and is yet known to few, is the Monotype.

This machine, which has revolutionized all methods of type-setting in which a high grade of work is necessary is a marvel of accuracy and speed, both of which are necessary in a magazine of the character of the Journal of Osteopathy. When a product can be said to be really better than hand-set matter, with new foundry type, its superiority cannot be questioned. Being a practical man in nearly all branches of the printing business, the Editor of the Journal of Osteopathy fully appreciates the excellent qualities of the Monotype, and the galleys of bright new type of exact height, perfectly spaced, which are produced as fast and better than six compositors could do the work by hand is an especial cause for joy to the busy Editor who is sometimes compelled to hold a large lot of copy until the last minute, and yet appreciates and exacts perfect type, even spacing and good presswork. This wonderful machine composes, casts and sets into lines of any width, from 5 ems to 60 ems, (or a line of from less than an inch to one of 12 inches) 5½ point to 14 point, (the size of the Journal is 10 point leaded for the body, and 8 point leaded for the editorial and the rest), and casts all kinds of job faces from 14 point to 36 point, making it possible for the publisher practically to cut out the type foundry's bill. The type at the end of a 25000 Journal run prints as well as at the beginning. After a thorough investigation and practical tryout with the Journal for four years, two osteopathic year books, four catalog issues, and watching numerous other work, we feel safe in expressing our opinion that the Monotype is undoubtedly the best machine on the market today, and that any publisher who has as much as 125,000 ems (there are nearly two thousand ems on a single page of the Journal, large type, and over two thousand five hundred on a page of the smaller type) composition per week can own a Monotype at a profit, besides placing his office above competition in the better class of work.

DEPARTMENT OF A. T. STILL.

BONES.

The Normal Articulation: The Abnormal Position and Its Effects on General Health.

If the normal position and relation of every bone from the crown of the head to the sole of the foot is a condition necessary to good health, what variations from a socket, facet, or any joint, will be the cause of some progressive disease, such as the fever, tuberculosis, or inflammation of any joint of the neck, back, loin, hip, legs or arms? Can not you, as an engineer with your knowledge, see that a twist of a bone from its normal position, would carry a muscle that is fastened at both ends, backwards and forwards sufficiently far to produce an unnatural crossing of those fibrous strands, muscles or tendons, that unite a rib with the spinous process and other points?

Don't you see that there is a great strain, and irritation at the point where one muscle crosses another? Don't you reason that normal vital action is suspended from this point back to the spinal cord or ganglion from which the nerve of this muscle is sent off, and beyond this point this vital action is a failure? As an engineer you see friction, as a philosopher you conclude there is an obstruction, and as a mechanic you remove the obstruction by so adjusting the bone that no strain is on the muscle causing it to press on another muscle, blood vessel, ligament or nerve.

When you are combating effects, such as diseases of the scalp, brain, eye, ear, tongue, throat, lung, heart, liver, spleen, pancreas, stomach, bowels, kidneys, bladder, womb, or limbs, you will arise at a trustworthy, conclusion as to cause, if you use the method of reasoning just outlined. There is no part that I have named but which if affected by disease does not present a philosophical question to be answered by the engineer, and not by the imitator or masseur. The friction or cause that has produced the disease must be removed, and normality established, an honest, thoroughbred, well qualified engineer knows from his experience and qualification that all variations from normal action in an engine have different causes, and the friction of a pulley should never be treated at the steam chest. He must have the power of brain to hold perpetually a perfectly normal image of any part of the human system before his eyes, then he can judge just what is the cause of the malady he has to contend with. Here is a list of leading questions to ask the mechanical critic, the philosopher, and the engineer who can trace from the effect or friction to the cause producing such effects: Why do one person's eyes become, by congestion, abnormally large and a constant stream of tears pass from them? Where is the friction responsible for this unnatural appearance of the eye? Would you go to nerve and blood supply of the eye for the cause, or would you cut those eyes out, and throw them away? If you have polypus, or adenoid, tumors of the nose, would you take the prongs and pull out some nose this month and some more nose every other month, or would you go to the nerve and blood supply and the drainage, and regulate them? If you were consulted on a case of enlarged tonsils would you take your knife out of your belt, whack them off, and throw them away, or would you go to the atlas and axis as a sensible engineer, and give nature a chance to reduce the tonsil to its normal condition? You must know first, last, and all the time that if the blood could have passed to and from the head without obstruction there would be no tumor. Suppose there should be inflammation and soreness of the trachea and esophagus, would an engineer account for the friction by imperfect blood and nerve action, or would he swab the throat with destructive caustic and other poisonings? Would an osteopath accept such conclusion or action as the truth, or would he book such procedure as ignorance and malpractice? Suppose an engineer who knows his business is consulted on what is known as pleuro-pneumonia, and the lungs are laboring under much excitement and congestion, would that engineer fire up with hot water bags, administer morphine, whiskey, digitalis, strychnine, or would he explore the spine, and ribs from the diaphragm to the head for slips, strains, and partial dislocations of the bones of the neck to know why this shut off from the blood and nerve supply and to know why the pneumogastric could not do its normal work and allow the blood to pass to and from the brain, pleurae and lungs? An engineer that knows his business does not hesitate to proceed at once to adjust all parts of the neck, and passing down from the head and neck he adjusts all parts to the dorsal. Would he be satisfied to stop his work knowing to a certainty that the clavicular articulation is absolutely correct, or would he leave it sufficiently far back of the acromion process to shut off the jugular vein so

that it could not deliver venous blood to the heart? He knows that he is dealing with a train that is running very fast, and from the condition of the road it will soon be ditched if he does not adjust his engine, and do it very quickly. His object is perfect drainage from the head, face, neck, pleuræ, lungs, intercostals, and all parts of the thoracic division. He knows that if all pressure is removed from the pneumogastric harmony will follow in its action; that when the resistance caused by closure at the point where the internal carotid enters the head is taken off the unnecessary labors of the arterial system will stop because the veins, or mud valves, or doing trustworthy work. Then breathing and heart action becomes normal. Relief and recovery is sure to follow if the engineer knows and does his business.

Mr. Engineer, allow me to ask you in conclusion a few more questions that I think are of the greatest importance to the success of the Science of Osteopathy. I have asked you questions in reference to the head, face, eyes, neck and organs of the thorax, and I think you are worthy and well qualified to take charge and safely run this engine so far as the organs above the diaphragm are concerned. Now a few hasty questions in reference to the liver: When the nerve and blood supply to this important organ is good, is that all that is necessary for it to do good work? You say, Yes. Give me nerve force blood supply, drainage, and plenty of nourishing diet, and I will guarantee the results to be good and satisfactory. Suppose there should be enlargements of the liver, what conclusion would you come to? I would say at once, if there is no mechanical injury to contend with, that a failure of the venous drainage causes this congestion and overgrowth; would you suggest purgatives, stimulants, dietetics, going to the mountain, pukes, blisters, and hot bags? I would not, I would explore all nerve and blood supply and drainage of the whole hepatic system. I would correct all bony abnormalities, give my patients rest, plenty of good wholesome food, and expect soon to have a liver normal in all particulars, provided I am called in reasonable time, and the patient is not exhausted, and disabled from poisonous drugs. The same rule is just as good and trustworthy in diseases of the spleen, pancreas, stomach, bowels, kidneys, uterus, bladder and limbs. The whole of this discourse has been with an engineer, first water, and no superficial conglomerate of unqualified maybe-so's.

* * *

THE HORROR OF HORRORS.

Pap Ate Bacon and Beans for Dinner—This Dream is the Result.

I dreamed that my spirit was about to bid farewell to my old frame, and take its flight to that world of eternal joy. I thought I soon would see all my friends, and dance with them in the great halls of the New Jerusalem, and when I had left my body and looked upon it for the last time I said, "Well done thou good and faithful old carcas, rest in peace for all ages." Then as I thought of meeting Father and Mother and the countless host of millions of great and good persons from my boyhood to my old age my heart leaped with joy, my eyes gushed forth rivers of hopeful tears. Oh, how happy was that moment. I was handed a compass by some angelic friend, stating that this would take me to my heavenly abode, and I would meet Peter at the Golden Gate that would open to joys immortal. After resting awhile from the labors from my spirit getting out of the old body I picked up the compass that was to guide me to the gates of Heaven. I have no language to describe the emotional feeling of my heart. It seemed that I was heart all over, and that it was full of gladness without any further description of the emotional. I examined my compass for a minute and it pointed to a place that was inscribed "Paradise." In the twinkle of an eye I

was at the gate, halted by a guard. He asked my business. I told him I wanted to enter the heavenly city, and would like to see Peter. He conducted me to Peter, who said, "Who are you?" I gave him my name, birth, religion and politics. He asked me what my profession was. I told him I was a doctor. He pointed his finger to a dark room. O! the horror, and said, That room belongs to medical doctors and other feeble minded people. I told him I had nothing to do with medicine, except the drugs manufactured in the laboratory constructed by the infinite. He said, What drugs do you use as a remedy in diseases? I told him that arterial blood was the remedy of the God of the Universe, that Great Architect, whose plan and building was perfection in all particulars, and that I was a mechanic and had studied and treated the human body as a mechanic should, and for forty years I had used the blood of life in all cases and under all circumstances. He says, "Are you an allopath doctor?" I said, "No, verily I make no drunkards, no morphine eaters. I take no human life as an experimenter with the knife of surgery and pretended wisdom. I believe the God of the Universe has the best knife to remove obstructions, and reconstruct from the abnormal to the truly normal living man, and the laboratory of nature to me is wonderful in its preparation, its method of construction, its power and motion, both in mind and body, and the ability of that architect to show the head, arm and hand of intelligence." He said, "What school are you from?" I told him the American School of Osteopathy. He says, "Are you the founder to that school?" I told him, "Yea, verily, I am." He said, "By what name is that school known, and what are the names of the doctors that are educated in that school?" I told him osteopaths. I told him the School of Osteopathy is the place where we teach the structure of the normal man and show the abnormal man also. He says, "A few osteopaths have come, and all had been admitted, and as you are the originator, teacher and practitioner of that great and truthful science, I want you to be seated in my room. I am proud to know that one man has given the Great Architect of the Universe some credit for his ability as an architect and builder of man with perfection in health, in disease and all other particulars that is absolute and says, 'Well done thou good and faithful servant.' I am so proud to know that one doctor is able and willing to give God some credit for intelligence in all places."

* * *

THE TOOLS OF A MECHANICAL INSPECTOR.

It is expected that the mechanic will give a critical examination, and a trustworthy report of such examination. He has a square, a plumb, and a level. By the square he ascertains the fact that all parts are in line, and any variation is told at once when the square is applied to a journal. With a level he ascertains whether all corners are on a level, and equal; so far his foundation is square, and level, he has one more witness, the plumb, that tells whether the superstructure stands perfectly erect, or leans to one side or the other. He squares, plumbs, and levels all foundations, journals, and boxings. Then he plumbs his machinery and all that holds it in place, then he examines all pulleys to know that they are in place and in position, then he examines the belts to know if one side of the belt is longer than the other. He corrects and goes on. When he has finished all parts by the square, the level and the plumb, he then goes to the engine with the same instruments in his hand, inspects, squares, and levels the foundation that supports the engine, then with the square and plumb he adjusts drive wheels, pulleys and journals, he inspects all pipes conducting water to his boiler and all pipes conducting steam to the chest. He is just as particu-

lar to square, plumb and level all parts in this department. He proceeds to examine safety and mud valves to know that they are ready to do normal work. Then he inspects the furnace to know that all is in proper order here, and in condition to throw the greatest amount of heat to the boiler. After having corrected all parts by the square, the plumb, and the level, he fires up, starts the engine, and if the answer is perfect work he knows that he has done his duty. and for fear that something may give away such as a pulley slipping on a journal and not doing good work he keeps his eye on the machinery for a few hours or days, that he may feel satisfied to leave it in the hands of a local engineer. He would tell you at once that no inspector can afford to take charge of any machinery and not square, plumb and level his work when he expects good or normal work. He knows where and how power is generated, how applied, and the uses of all parts of the machinery. Can an osteopath afford to ignore this sacred truth when called upon to inspect and find and correct the cause of such friction as will result in imperfect action of the powers and principles of the human body? As a mechanic I say "No." His talk and work will prove him to be a dangerous personage to intrust with the sacred work of life in all departments of the human body. This subject is too serious not to come under the most crucial and exact requirements that human skill is master of. If a mechanic is so particular as to inspect every part and principle belonging to a steam engine which you see he doesn't detail, for the purpose of getting good results, can you as an engineer, omit any bone in the body, hand or arm, and claim to be a trustworthy engineer, and say this has no importance in a philosophical demand of the greatest engines ever produced—the engine of human life? The student is to remember the responsibility hanging over his head when he is in the sick room. * * *

SUMMER SCHOOL ANNOUNCEMENT.

A number of inquiries have been received concerning the projected Summer Course for the five weeks between the convention and the opening of the A. S. O. Fall term. This is to be given by Drs. Gerdine, Still, Fiske, and Smith, and will comprise courses as follows:

By Dr. Gerdine, a clinical course covering the general field of practice, though with special reference to the nervous system. The cases will be treated from the standpoint of the Differential Diagnosis, Pathology and Prognosis from the osteopathic point of view. All available diagnostic methods, particularly those employed in the laboratory will be used in the examination of patients. If there are enough applicants, a special course will be given on Insanity, in which subject Dr. Gerdine has been making special investigations along osteopathic lines.

Dr. Geo. Still will give two courses, one on Osteopathic Gynecology and the other on Minor and Operative Surgery. His work is known to the profession.

Dr. Fiske will give a course on the Technic of Osteopathic and Physical Diagnosis, including the use of all necessary instruments. This course will include the mechanics of the spinal joint, and of the production and reduction of lesions, and will be accompanied by demonstrations on subjects. Dr. Fiske has been doing research work along the line of the philosophy of osteopathy and is in charge of that department at the A. S. O.

Dr. Wm. Smith's work is too well known to need comment. His courses will be two in number; one in Obstetrics, and the other, Anatomy and Dissection.

For this work a fee will be charged of \$15.00 for each course, or of \$25.00 for two, if taken from the same profession; the complete work will be given for \$70.00. The number of courses is taken optional with the matriculant. There will be no

diplomas given for this course, but on any subsequent work at the A. S. O. a time credit will be allowed and a money credit will also be allowed proportionate to the time credit.

It is imperative that the professors should know as soon as possible just what courses the intending matriculants desire and they will deem it a favor for the intending matriculants to state their intentions along this line definitely at once.

For further information, address Secretary Summer School, Kirksville, Mo.

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CONVENTION ANNOUNCEMENTS.

Representatives of the A. O. A., the M. V. O. A., the citizens of Kirksville and the A. S. O. have formed a joint committee for management of the convention, and have selected a permanent secretary who assumed charge June 22nd, and will serve until after the convention. A canvass of the town has been made and all rooms have been listed with regard to their conveniences and location. Permanent headquarters have been opened and during the convention and immediately preceding it will be kept open day and night. All correspondence with regard to rooms and other convention matters should be addressed to the convention secretary. If you send your request in ahead, reservation will be made and your rooms will be ready for you on your arrival. We are ready to make those reservations for you now, and first come first served. We will care for everybody who comes, whether he has reserved a room or not, but the late comer will not get the pick of the rooms.

A bureau of information will be maintained day and night at the Pool Hotel, one-half block from the Wabash Depot, and all should report and register here immediately on arrival, whether they have made arrangements privately, through the committee or have neglected them altogether. Remember to address your correspondence to the

Convention Secretary, Care Dr. H. M. Still, Kirksville, Mo.

A. O. A. Reception Committee—The reception committee are as follows: Chairman, A. G. Hildreth, St. Louis, Mo. Secretary, Mary E. Noyes, Ottawa, Ill.

Members: **Missouri**—F. P. Walker, St. Joseph, W. F. Englehart, St. Louis, Franklin Fiske, Kirksville, Minnie Potter, Memphis, Mrs. Anna Hurst, St. Joseph. **Iowa**—J. R. Bullard, Marshalltown; J. S. Baughman, Burlington; U. M. Hibbits, Grinnell; Della B. Caldwell, Des Moines; Ella D. Still, Des Moines. **Illinois**—E. M. Browne, Dixon; Almeda Goodspeed, Chicago; Minna R. Boyer, Peoria; H. P. Ellis, Canton; L. F. Curl, Paris. **Kansas**—H. K. Benneson, Clay Center; J. L. McClanahan, Paola; J. W. Shearer, Abilene; Myrtle P. Morrison, Emporia; Annie Stanley, Wichita. **Nebraska**—J. T. Young, Superior; J. M. Kilgore, York; C. B. Atzen, Omaha; Clara Hardy, Beatrice; H. M. Ireland, Kearney. These will meet at the Pool Hotel Sunday morning, Aug. 2.

Railroad Rates—The transportation committee of the A. O. A. announce the following for Kirksville meeting, August 3-10.

Lines represented direct Central Passenger Association to announce concession of two cents per mile flat rate in each direction to western association gatherings (Chicago and St. Louis) good going and returning same route only to be sold July 29th, to August 4th, return limit August 13th. This covers Central Association territory only including south Illinois, Indiana, Ohio, Western Pennsylvania, and southern Michigan, but will be used as basing purposes to other associations in east and south who ticket through central association, local fares will average slightly higher than this flat rate.

Special osteopathic train, between Chicago and Kirksville for the benefit of eastern and northern practitioners using Chicago as gateway will leave over Burlington, Sunday, August 2nd, at 10:15 p.m., arriving at Kirksville at 8 a. m., next morning.

Train will consist of high class standard Pullman and Drawing Room Sleepers and will afford special through service avoiding change of cars and delay.

Literature will be sent to all for whom this train would be available and it is urgently requested that return postal securing reservations be promptly mailed that adequate service may be provided for all.

Regular train service is limited and unless this is attended to no estimate of equipment needed can be made.

California, special rate of \$60.00 round trip, all points in state to Kansas City, St. Joe or Omaha. \$72.50 to Chicago; \$67.50 to St. Louis; \$73.50 to St. Paul. Sales July 28th and 29th only, ten days going transit limit. Return limit 90 days from date of sale. Communicate with Dr. Emery of Los Angeles or Dr. Ivie of Berkeley.

Washington, Oregon or Idaho, special rate of \$60.00 round trip to Kansas City, St. Joe, Omaha, and St. Paul; \$72.50 to Chicago; \$67.50 to St. Louis. Sale dates, July 22-23; ten days going transit limit. Return limit 90 days. Tickets must be absolutely purchased and paid for on dates of sale but according to Northern Pacific announcement may be used on date of sale or any date thereafter, provided going destination is reached within ten days going limit.

This will enable northwest practitioners to join California at Ogden.

Northwest practitioners expecting to go please notify Dr. C. T. Samuels, Baker City, Oregon.

"Wabash railroad just announces sale dates July 28th to August 4th. Return limit August 15th. This extension will apply to other roads in central passenger association."

ALFRED WHEELERYOUNG,

702 Champlain Bldg., Chicago. Chairman.

Axis Club, Attention—Meeting of Axis Club on Monday, August 3rd, at 3:30 p. m. in South Hall of the Atlas Club rooms.

To the Alumni of the Iota Tau Sigma Fraternity—The active members wish to announce to the alumni members that their home will be thrown open to them and their friends during the convention. Room for forty.—Wm. E. Waldo, Sec'y.

Convention Meals—Rest Room—Kindergarten—The ladies of the Methodist Church, corner of High and Washington, will serve meals in their dining room at the church, during convention, also rest rooms and probably a kindergarten to look after children during convention hours. This is but three blocks from convention Park.

ACCOMMODATIONS FOR THE A. O. A. CONVENTION.

It gives me great pleasure to announce to the profession, as President of the M. V. O. A. that after visiting Kirksville and spending a day, I find the matter of taking care of our coming A. O. A. Convention well in hand. Remember the accommodations may not be such as we could get in our big cities, but there is no question but that all can and will be cared for comfortably. The Convention Secretary as arranged for by the committee, will answer all correspondence, make reservations and keep open a regular information bureau located at the Pool Hotel for the benefit of all who come who are not properly cared for. Reservations and arrangements should be made as early as possible in order to lighten the work of this bureau at the opening of the convention. Remember to address all communications to the Convention Secretary, Care of Dr. H. M. Still.

A great many have feared that Kirksville would be unable to care for the numbers who will attend this convention. After spending the day here and hearing the expressions of open-door hospitality by so many of the best citizens of the town, I feel free to say that you need have no fear but that all will be done that can be done for your comfort, and your convenience. This convention marks a historical event in the progress of our profession, and no osteopath can afford to miss it. A glance at the program is enough to guarantee a continual feast of knowledge osteopathic. The celebration of the Old Doctor's birthday should be an incentive to all osteopaths to be present on that occasion. Come and join with us in the greatest meeting of our existence. You will never regret it. You owe it to yourselves; you owe it to your profession; you owe it to the Old Doctor to meet with us in Kirksville the week of August 3rd.

A. G. HILDRETH.

Joint banquet of Atlas and Axis Clubs will be held on the evening of Aug. 4. Members of either club may bring any relative or friend. The affair will be informal. Dr. Henry Stanhope Bunting the first N. C., of the Atlas Club will act as toast master. Plates will cost from \$1.00 to \$1.50 each and over 100 have already been reserved. Members of either club wanting plates reserved write at once to J. C. Groenewoud, chairman of the committee.

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ASSOCIATIONS.

Colorado—At the meeting of the Denver Osteopathic Association held at the Brown Palace Hotel, Saturday evening, June 6th, a paper on Spinal Curvature was presented by Dr. R. B. Powell, discussion was led by Dr. Katherine Westendorf. Legislative matters were freely discussed later during the meeting.

Saturday evening, June 13th, a banquet was given at the Brown Palace Hotel, in honor of Dr. Wm. Smith of Kirksville, Mo. Thirty-three osteopath and friends were present and spent a most enjoyable evening. Dr. Smith gave a talk which was much appreciated by all present.—Fannie Laybourn, Sec'y.

Illinois—The Illinois Osteopathic Association will hold its ninth annual meeting at Quincy, Ill., August 1st, 1908.

It is the duty of every osteopathic practitioner in the state of Illinois to attend and take part in these meetings. We have fixed on this date so that after attending the state meeting we will all come over to Kirksville on Sunday and be ready for the big jubilee meeting for the next week with "Pap."

We urgently request that every member of the association and every other osteopath in the state that can do so, meet with us. A program of interest to all has been arranged by the committee in charge and we will assure all that they will be serving themselves best, by being in attendance. Fraternally, E. M. Browne, Pres., Lola L. Hays, Sec-Treas.

Here is the program for our Illinois Osteopathic Association, ninth annual meeting to be held at Quincy, Ill., Aug. 1st, 1908.

MORNING SESSION, 9 TO 12

Address of Welcome by the Hon. Mr. Beck, Mayor of Quincy.

Response by Fred W. Gage, Chicago.

Business session of the Association.

AFTERNOON SESSION.

Subject: Anatomical and Physiological Structure of the Spine, C. W. Young, of Des Moines, Iowa.

"Osteopathic Legislation," J. Martin Littlejohn, Chicago.

Clinic by A. G. Hildreth, of St. Louis.

An automobile ride as far as we want to go is promised by the Doctors Walker, of Quincy who have the arrangements in charge. The Chamber of Commerce rooms have been secured for the meeting and we expect a whale of a meeting.—Yours fraternally, E. M. Browne.

Kansas—The Topeka papers give good reports of the Kansas State Convention which met at Topeka, the 24th and 25th. Dr. Hildreth is quoted in the Capitol as saying:

"There are cases of appendicitis that need the knife. To be sure, we as osteopaths do not practice surgery. But I believe that when a large amount of pus forms in the appendix, the time has come to use the knife on the affected part. It requires differentiation on the part of the doctor to determine when the condition demands the knife, but that's the business of the osteopath, I believe."

The Capitol further states: The declaration of Dr. Hildreth, himself regarded as a leader in the profession, was greeted with hearty commendation. Others voiced essentially the same belief as Dr. Hildreth spoke.

The association decided at the evening session to go in a body to Kirksville, Mo., to join the National Association of Osteopaths in observing the eightieth anniversary of the birth of Dr. A. T. Still, founder of the school. Annie Stanley of Wichita and J. L. McClanahan of Paola were directed to prepare a resolution of sympathy on account of the death of the late J. T. Floyd of Winfield.

The officers elected were J. W. Shearer, president; J. W. Bower, vice-president; G. D. Wolfe, secretary and treasurer; C. E. Hulett, chairman of legislative committee. Of the 140 osteopaths in the state, 52 were present.

Minnesota—The monthly meeting of the Minnesota association of osteopaths was held at the Ryan, June 5. George L. Huntington, St. Paul, spoke on the Progress of Osteopathy in California.

Missouri—Kansas City Woman's O. A.—The Woman's Osteopathic association of Kansas City, Mo., held its regular monthly meeting, June 2, 1908, in office of Harriet Crawford, New Ridge Bldg.

Papers were read as follows: "Erysipelas" by Matilda Loper and "When is a Surgical Operation Necessary?" by Theodosia Purdom. Both papers were followed by interesting discussion.

The association recently presented to the Kansas City Public Library one copy of Booth's History of Osteopathy."

The meeting adjourned for the summer to meet in September.—Nellie M. Cramer, Sec'y.

Oklahoma—The State Association meeting was called off on account of the flood. We will hold same sometime in July, I think.—J. A. Price.

Pennsylvania—The meeting was in the Board of Trade Bldg., at Harrisburg, the 27th. Addresses were given by J. I. Dufur, "The Nervous Mechanism of Reflex Action." By W. L. Grubb, "The Law of the Movements of the Spinal Column." By E. N. Hansen, "Stimulation." By C. J. Muttart, "Applied Anatomy of the Upper Dorsal Region." The officers elected were: President, O. J. Snyder; vice-president, F. B. Kann; secretary, E. M. Downing; treasurer, W. H. Rohacek. Executive committee: F. R. Heine, Frank Marshall, H. M. Vastine.

Rhode Island—The monthly meeting of the Rhode Island Osteopathic Society was held in the office of Lallah Morgan at the Lapham building, June 3, with many

of the practitioners of osteopathy in attendance. After the transaction of the routine business a paper was read by Clarence Hall relating to the post-graduate work at the Boston College of Osteopathy. Charles Flanagan gave a paper on "The Technique of Innate Lesions," a discussion of the paper by Anna Roberts and others following. A clinic was then held by Louise Flanagan on progressive muscular atrophy. Adjournment was then taken to September.—Journal, Providence, R. I.

Utah—Will you please announce the election of the following officers of the state association of Utah?

President, J. C. Woodmansee, Salt Lake; vice-president, Harry Phillips; treasurer, G. A. Gamble; secretary, Alice E. Houghton. Board of Trustees: Drs. Grace Stratton, E. E. Keeler, W. N. Minear. The election was held at a postponed session of the regular meeting. Yours very truly, ALICE E. HOUGHTON.

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NEWS NOTES AND COMMENTS.

Journals Wanted—To complete a file, the January and October '03 Journals are wanted. One copy of each number. Let us know your price.

Scotch College of Osteopathy—The Mont Rose, Colo., Enterprise in announcing Dr. Smith's lecture advertised him as "a graduate of the Edenburg, Scotland School of Osteopathy."

Add Osteopath to Hospital Staff—The "American" Hospital at Belvidere, Ill., has added to its force, Dr. Ione Pinney, of Chicago. Dr. Pinney is a graduate of the Chicago School.

From the Editor of the Boston Journal—Dr. Howard T. Crawford of Boston, has the following to say concerning the Journal of Osteopathy, "You are certainly getting out a fine magazine."

Dockery Hotel under new management—The Dockery Hotel has been purchased by Mr. Bert Stevenson and Mrs. Mabel Keith Stevenson and will reserve room for the convention.

Another Remarkable Ad—The following ad appeared in a California paper: "Osteopathic Physician—Dr. — treats successfully all diseases. Diseases of women cured without embarrassment, without drugs or operation. Consultation free." The doctor advertised is a graduate in '98 of a school recognized then and now by the National Association.

Billy Sunday Not an Osteopath—Pittsburg dispatches of June 1st have the following statement of the popular base ball evangelist who at that time delivered an address to the Pittsburg clergy on "Why Some Ministers Fail."

"I am no osteopath. I am a surgeon and my line is to cut out the abscess in the side of the church."

Entertain Dr. C. E. Still—June 17th the members of the Portland, Maine Osteopathic Club met with Dr. and Mrs. Geo. H. Tuttle at an informal reception in honor of Dr. C. E. Still and family. In the afternoon, Dr. Still demonstrated some clinics, and in the evening, a banquet was tendered by the Drs. Tuttle. Dr. Francis Cave of Boston was also a guest.

Pacific College Graduates—The Pacific College commencement program was as follows: Monday, June 15th, Senior B. Day. Tuesday, Senior A Class Day. Wednesday, Alumni Banquet. Thursday, Commencement. The addresses were by Mrs. Ida M. Jayne and Dr. Carl H. Phinny. The degrees were conferred by Dr. C. A. Whiting and J. O. Hunt. The class roll was published in the June issue.

Evidence of Much Study—After telling how osteopathy was discovered, the Chicago Index of June 20th, says:

"Dr. Margaret Schramm, who has perfected the study of osteopathy to a remarkable degree, has regular visiting days in Roseland, Tuesdays and Saturdays, and will be glad to consult with anyone as to whether osteopathy is a science which will reach their case.

Mistakes Thumb for a Loaf of Bread—The Napa, Calif. Journal, of June 4th, says: Dr. C. E. McCormick, the well known osteopath, cut the top of his left thumb off on Wednesday morning. The Doctor's wife is visiting relatives at Healdsburg, and he is "batching."

While attempting to cut a slice of bread from a loaf the knife slipped and the end of the thumb was completely severed.

Finds Good Field For Fads—The San Jose, Calif. Mercury says that Dr. N. A. Boles was in that city on a tour of the coast in which he has been "looking into dietary fads and isms especially" it says also "in Los Angeles, Dr. Boles found the broadest field on the coast for the study of fads which have dietary features to a greater or less degree." Perhaps we will soon hear of our friend Harry Ellington Brook of the Los Angeles Times in respect to this.

A New Life Insurance Company—An osteopathic Life Insurance Company, whose beneficiaries agree to employ osteopathic physicians in the event of illness and which company intends to employ osteopaths as examiners is being launched in Harvard, Ill., under the name of the Osteo Mutal Life Insurance Company. Under the law, before a new company can be licensed, 500 applicants must be secured who shall have been examined and have paid \$2.00 per thousand on insurance applied for. They are now at work trying to secure these applications.

Makes Reputation on the Lecture Platform—Dr. Wm. Smith, whose lecture on Osteopathy helped to establish the students' ward, has re-written it and has been delivering it at various points in the West. Very flattering reports have been received from Drs. Peterson, Hawarden, Iowa, where he lectured the 9th, C. C. Reed, Denver, where he lectured the 15th and G. W. Pauley and M. Jeanette Stockton, Colorado Springs, the 17th, and Bertha B. Southworth, Leadville, the 22nd. The various newspapers also gave very flattering notices.

Another Anti-Toxine Victim—The Eugene, Oregon Guard, of June 19th, tells of the death of seventeen year old Clifford Vickers, who with his parents had just moved there from Denver. Clifford was suffering with asthma, and applied to Dr. Geo. O'B. DeBar for treatment and was given the "proper injection" of anti-toxine which the paper describes as "a comparatively new method which many times has been successfully tried, but in some instances has proven fatal, as in this case." Immediately the boy showed signs of weakening, and within a few minutes was dead.

Do You Believe in Signs?—Dr. Hendricks, a Chicago M. D. doesn't at least he doesn't believe in an osteopath sign near his doorway, and accordingly he removed one placed there by Dr. John Mogaard, an '04 graduate of the Chicago School who later taught in the "National Medical University." Dr. Mogaard and his brother certainly believe in signs and when he learned from two women patients that his plain little board bearing the words, "Dr. John Mogaard, Osteopath," had been removed, together with his brother put up another sign. First discussing it among themselves, they later told it to Judge Crow, who fined Dr. Hendricks, after hearing both sides of the story. The Chicago Examiner, on June 25th gave a half-column write-up of the affair. Dr. Hendricks has appealed.

Buy Jerseys—The Kirksville Journal states that Drs. C. E. Still and G. M. Laughlin, of Kirksville, are buying large numbers of fresh imported Jersey cattle, their purchases during the past two months amounted to over \$10,000. That their intention is to found a entirely new herd and that no expense will be spared to secure the choicest animals.

Compliments the A. S. O.—Mrs. Jeanne Byers of the '08 class, who had her earlier osteopathic education at the Franklin School in a recent letter to Dr. Warren Hamilton, Secretary of the A. S. O., says:

"So sorry not to have seen you this afternoon when I called at your residence. I am leaving town and wanted to thank you in person, as I feel sure that 'tis to you in a great measure, or to your influence, that I am indebted for my most pleasant and profitable stay at the American School. I must frankly say that I was never more royally treated in my life, and, notwithstanding my stay has been short the American School of Osteopathy never had a better friend leaving Kirksville than I.

I wish to hand you, herewith, a small amount, \$25.00 for the Students' Ward of the A. S. O. Hospital. Doctor, this is a small amount, but I hope to add to it from time to time, when I am established in a good practice."

The Cause of the Cause—The Journal of Osteopathy says the basic idea of osteopathy is that the human body is an orderly organism, which must be kept perfectly adjusted in order that perfect health may ensue. The writer adds:

"In a word, osteopathy does not strike at effects, but at causes. It does not, as do the helpless old schools of medicines, deal with symptoms, but with the fundamental causes."

"It is true that osteopathy is a long step in advance from drug medication. It helps greatly in aiding nature to restore normal conditions. The statement that it strikes at causes is, however, not true, unless the practitioner fully realizes and warns his patient against the errors that have caused the displacement which he treats—the cause of the cause. In many cases these will be found due to errors in diet, a subject to which a majority of the osteopathic fraternity appear to pay little attention. So long as this is the case, osteopathy can only be a palliative measure."—Los Angeles, Calif. Times, June 21, 1908.

There are two sides to every question, the osteopath is foolish who expects to get results by adjustment alone in all cases, but the dietary expert is even more foolish who expects by feeding alone to cure all diseases. The Editor remembers one case in particular where he had tried all the dietary expedients in his knowledge, even purchasing the most recent works on the subject and some experts had also failed, yet when a twist of the vertebra in the dorsal region was reduced, the patient ate the ordinary diet with no discomfort whatever while previously, even water would cause acid eructations.

Doctor Hildreth's Birthday—A great surprise to the genial Doctor and a most enjoyable evening for the St. Louis osteopaths was June 13th, being Dr. Hildreth's 45th anniversary of his birth. Mrs. Hildreth invited the Osteopathic Society out to their beautiful home in Webster Groves to surprise the Doctor, and it was a surprise, for the Doctor is getting to be a great base ball "Fan," having attended a double header in the afternoon, and attending the wants of a few sick, he did not reach home until long after dark. The orchestra was on hand and many had already gathered, making the Doctor feel that he was forty-five years young on his returning home.

Remember the Osteopathic Journal. Ready July 20.

The house was brilliantly lighted, and the spacious galleries with hammocks and settees every where. There was one round of music, laughter and song. The ladies were dressed in their best and looked their sweetest. The men were all smiles. Dr. Hildreth appeared very young, but that iron-gray hair suggested a man of many years more than he claims. Mrs. Hildreth, an ideal hostess, never looked better when a bride, and had I not known she had a grown daughter—who is one of the belles of Webster—I would say she had at least two score and ten years yet to live. After all had gathered Dr. Dobson presented Dr. Hildreth with a beautiful water set from the St. Louis osteopaths, the Doctor replying most elegantly with much feeling of appreciation and pleasure. Dr. Eckert said, "that was a good speech Doctor; who wrote it for you?"

After this we were given a paper and pencil on which was written the name of a song from Yankee Doodle to Home, Sweet Home, each drawing a picture representing the song given him. The one guessing the highest number of songs was awarded a prize. We were then served most bountifully with ice cream, cake, lemonade punched with big red cherries, and most delightful music.

* * *

PERSONAL MENTION.

Dr. G. Catharine Arnold has decided to re-locate at Porterville, Calif.

Dr. Robert W. Rogers, of the graduating class, has located at El Paso, Tex., where he will be allied with Dr. Ira W. Collins.

Dr. E. G. Herbst, of Buffalo has bought the practice of Dr. Klugherz of Batavia, N. Y., who has moved to Philadelphia.

Dr. Lorbeer of Hemmett, Calif., has moved to Riverside, where he has taken the practice of Dr. Edward Mattocks.

Dr. Harriet Whitehead, of Wausau, Wisconsin, is at her home at Whitewater, sick with typhoid fever.

Dr. Will H. Bruce of Marshall, Mo., writes that he is now recovering from a three months illness, and expects to be present at the convention.

Dr. Benj. F. Still, a relative of the Old Doctor's who graduated in the June class has located in 43 Hersh Bldg., Elizabeth, N. J.

Dr. N. B. Barnes, of Trinidad, Colo., writes that he has found the need of having an assistant and has associated with himself, Dr. J. H. Robuck.

Dr. B. A. Bullock, of Hastings, Mich., was scheduled to read a paper on "Lower Cervical and Upper Dorsal Regions" at Battle Creek, June 6th.

Miss Edna H. Ford, Supt. of jail work of the W. C. T. U. states in the June issue of Motor, the organ of the Wisconsin W. C. T. U. that she is at Kirksville, Mo., at the "A. T. Still Institute of Osteopathy."

Dr. W. H. Johnston of Fort Wayne, Indiana, has opened a branch office in Decatur, Indiana. For the summer he has associated himself with Mr. Homer E. Sowers, of the senior class of the A. S. O.

Dr. Emma DeVries, of 404 The Farragut, Washington, D. C., is on her summer vacation, and in her absence has in charge of her office, her sister Dr. Laura Hawkins, of the graduating class. Dr. Hawkins has a branch office at Carvel Hall, Annapolis.

Drs. Nettie E. and Flora Satterlee of the graduating class, located at 611 Montana St., El Paso, Texas, write "this is quite a pretty place, and think we shall like it here. It certainly was a change, coming from cold, rainy Kirksville to this hot dusty country."

Dr. Truman W. Wolfe, of the P. G. class has returned to Carthage, Mo., where

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he will practice with his parents, as soon as he is able. May 31st he was taken very sick with appendicitis and for several days was in as dangerous condition, but has now recovered.

The Jersey City, New Jersey Journal says Dr. Johanna Young of the A. S. O. graduating class is visiting with Mrs. Emma Strube, of 337 Pacific Ave., and during her stay will conduct a series of clinics.

The Knoxville Sentinel of June 23, says that Dr. J. L. Callahan has returned to the city after an absence of ten months in Chicago, where he took a special course in osteopathic general practice and surgery in the Cooke County hospital.

Dr. Lester A. McMasters, who has been located in Saint Charles, Ill., for the past two and a half years, has opened an office in Geneva and will divide his time between the two places. Geneva is but two miles away, and with half-hour interurban cars and free telephone it is much like having two offices in the same city. His Geneva office is in the new State Bank building and is fitted up in excellent style. Thus much for the Doctor's demonstration of osteopathy in these two towns.

* * *

STATE BOARDS AND LEGISLATIVE.

Idaho—Dr. W. M. Hatfield, of Moscow was reappointed June 6, by Governor F. R. Gooding as a member of the state board of osteopathy.

Indiana—Dr. Barnett, according to newspaper reports, bases his contention for desiring to be examined with only 20 month's schooling on the fact that the "regular" schools have only 24 months and give no more actual instruction than the osteopaths do in 20 and that besides, the law is illegal as it shuts out graduates of all schools of osteopathy. The case was argued, but has not yet been passed upon.

Louisiana—Under date of the 26th, C. G. Hewes gives the following information:

At present the osteopathic bill is in the hands of the senate committee on Health and Quarantine, composed of five M. D.'s and four laymen the chairman who is an M. D. has been pretending to call a meeting for the past four days but strange to say the laymen turn up at the appointed hour, and they are not enough to form a quorum. An effort will be made today by my friends in the senate to take the bill out of their hands and refer it the judiciary committee. Hon. F. C. Claiborne who has fathered our bill this morning asked them to just meet for three minutes and send in an unfavorable report, but they would not even grant us that much, their idea is plainly to hold it up in the committee until it is too late to pass it. The Legislature adjourns on July the ninth, so I think I have plenty of time to get it through yet. The medical bill amended to give us every right of any other physician but denying us the right to examine any osteopaths who may come into the state in the future has passed the Senate and is now before the House for final passage and has been for several days, but my friends fearing that the osteopathic bill may not pass have held it up until ours does go through, then they will amend the medical bill to simply exempt us and let it go through.

Several days ago a large delegation of medics came here and canvassed around among the members of the House and told them that they were going to appoint on the examining board an osteopaths as soon as the new board was appointed by the governor. One who has been sole representative here for the past two weeks, got wise to their scheme and started right in behind them and explained to the medics according to the provisions of the act could not appoint an O. if they wanted to and that it was simply a trick to pull the wool over their eyes and get them to vote

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for a bill which denies us the right to examine our men. Some were highly indignant the word was passed round and the result is the M. D's. have hurt their cause very materially.—Fraternally yours, C. G. Hewes, D. O., Sec'y. La. O. Ass'n.

* * *

New York—As stated by the Journal an appeal was taken from the decision of Judge Dickey, but as predicted, the osteopaths again received a favorable decision. On June 12th appellate division affirmed the decision of the Supreme Court, and confirmed the mandamus. We are just informed by Dr. R. H. Beeman, who is here on a vacation, that his brother, Dr. E. E. Beeman, has been registered with the Municipal Board of Health as a physician. This is taken to mean that the Board has decided to give up the fight and acknowledge the osteopaths are practitioners.

North Carolina—June 4th Governor Glenn appointed Dr. Elizabeth H. Tucker, of Durham, to membership on the State Board of Osteopathic Examiners, to succeed Dr. H. F. Ray, of Charlotte, whose term has expired.

The appointment of Dr. Tucker was made at the request of the State Board, and it was stated that the rotation principle will obtain as regards the personnel of the board. It is said that Dr. Tucker is the first woman to be appointed on a medical board in North Carolina.

Oklahoma—The new board has not been appointed. The Governor has three months from passage of the bill in which to make said appointments, and if he follows previous tactics the new board will not be announced until the last hour. I will notify you at once when action is taken.—Yours truly, J. A. Price.

Pennsylvania—At the convention at Harrisburg, June 27th, a proposed bill was submitted which according to the Star Independent "provides for a board of osteopathic examiners separate and distinct from any other school of the healing art. The board is to be composed of five members who have practiced not less than eight years. Meetings are to be held twice a year at stated times, and as often besides as necessary.

"The board will require applicants for examination to have had a college course of thirty-two months, or three years of nine months each with a post-graduate course of five additional months. The bill will regulate the courses of the colleges granting diplomas for osteopathy. In addition, the preparatory schooling must be up to a standard as high as required by any medical college."

Washington—Mrs. Linda Burfield Hazzard, an alleged osteopath of unknown school training, who was arrested by the State Board on the charge of practicing without a license was acquitted June 8th. A Seattle dispatch says:

"The state based its charge on the fact that Mrs. Hazzard displays the title that Mrs. Hazzard displays the title "Dr." on the door of her office contrary, it was alleged, to a statute governing and defining physicians and surgeons.

Judge Frater held that section of the statute is invalid as it infringes on the personal liberties of the individual.

"Should Dr. Matthews' a Presbyterian minister, place a sign upon his window under the medical law as written in the statute, he could be arrested and prosecuted," said Judge Frater. "There is no evidence that Mrs. Hazzard wrote any prescriptions or practiced medicine. The state says she exhibited a sign. There is no law to prevent me or any one within my hearing doing the same thing. I consider that section of the law invalid."

Dr. W. T. Thomas, of Tacoma, says concerning the case: "I do not know the party, she however practices some osteopathy as picked up, fast cure, etc., but the good news to the D. O's. of this state is the decision of Judge Frater. The M. D. board have been striking here and there and striking some for use of Dr.

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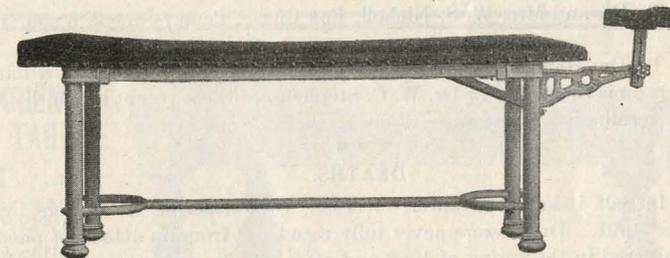
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For Sale—Good practice in good Idaho city of 2500. Good reasons for selling. Address Idaho, Care the Journal of Osteopathy.

For Sale—I have a \$5,000 practice for sale at first cost of furniture, \$500. Reasons for selling, I must either have my appendix removed or take a year rest. I made \$4640 last year and \$2600 since January this year. Population of town, about 5000. Address, Appendix, Care The Journal of Osteopathy.

For Sale—Good practice in Missouri town of 2500. I paid off all my debts and made enough more to pay all expenses for a years' rest and P. G. and then some, and I want the rest and P. G. Address, Rest and P. G., Care The Journal of Osteopathy.

Wanted—Position as Assistant—I wish to work as assistant for the remainder of the summer. I can do the work. Address, Lady Summer Assistant, Care The Journal of Osteopathy.

VISITORS.

Among the visitors during the past month were Drs. G. T. Nuckles, Marshall, Mo.; Nannie A. Johnson, LaBelle, Mo.; A. G. Hildreth, St. Louis, Mo.; R. H. Beeman, New York; Nellie Evans, Akron, Ohio; J. J. Pearce, El Paso, Tex.

* * *

BIRTHS.

Born—To Dr. and Mrs. A. E. Pecinovsky, Valley Falls, Kans., April 18, a son, Albert.

Born—To Dr. and Mrs. W. S. Nicholl, Fox Chase, Penn., June 2, a son, Thomas Hugh.

Born—To Dr. Harriet Boles-Stephenson, of Alma, Ill., May 24th, a daughter. Mrs. Stephenson is the widow of Dr. W. C. Stephenson whose recent death the Journal readers will recall.

* * *

DEATHS.

Died—In Salt Lake City, March 11, 1908, Dr. Catherine M. Bowers, A. S. O. class of June, 1901. Dr. Bowers never fully recovered from an attack of pneumonia which she suffered in the spring of 1906 and after spending about a year in the sanitarium at St. Louis, she tried to resume her practice in Lincoln, Nebr. She was obliged to give that up and came west for the sake of her lungs.

The immediate cause of death was the rupture of a large gastric ulcer.—Alice E. Houghton.

Died—At Kokomo, Ind., June 12, Kathleen, the seven year old daughter of Dr. and Mrs. Frank P. Smith. For a common childhood malady, Mrs. Smith had administered a solution of carbolic acid. The acid not mixing well, the enema was of too great strength, causing death by poisoning, before the symptoms had scarce been noticed.

Died—At Humansville, Mo., June 20, Mrs. Fanny Miller, the mother of Mrs. H. M. Still.

Died—At St. Cloud, Minn., June 17, Mrs. S. S. Jones, the mother of Dr. E. D. Jones, of St. Cloud.

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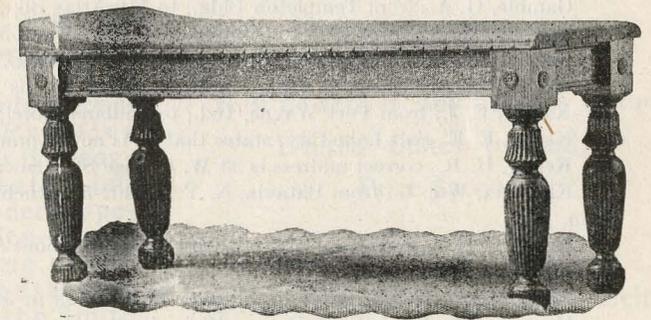
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Died—At St. Louis, Mo., June 17, the father of Dr. O. S. Miller, of St. Louis.

* * *

MARRIED.

Married—At Cameron, Mo., June 17, Mr. C. W. Burt, of Valley Junction, Ia., and Dr. Emma Talbot, of Cameron. At home after Sept. 1, at Valley Junction. Dr. Burt was a member of the January, '04, class, A. S. O.

Married—At Brooklyn, N. Y., June 10, Dr. Geo. S. Smallwood and Dr. Harriet Cornell, both of Brooklyn.

Married—At Peterborough, Ontario, June 8, Dr. E. J. Kampf, of Ft. Wayne, Ind., and Miss Mabel Waram of Peterborough. After June 20, they are at home at Midland Hotel, Kansas City, Mo., where Dr. Kampf will engage in practice.

Married—At Trinidad, Colo., June 6th, Dr. Ora M. Walker, of Medina, N. Y., and Dr. Caroline Spangeberg, of Trinidad. Dr. Walker is a graduate of the last class, while Dr. Spangeberg is of the January, '07 class, A. S. O. They will be at home at Silver City, N. M.

Married—At Kirksville, Mo., June 2nd, Dr. Meade G. Beslin and Miss Gladys Browning, of Kirksville, Mo. Dr. Beslin is a member of the graduating class at the A. S. O.

Married—At Riverside, Calif., June 11th, Mr. Albert E. Gooden, and Dr. Alice Skyberg, of Riverside. Mr. Gooden is a member of the Junior class, A. S. O.

Married—At Dexter, Mich., June 24, Dr. Frank G. Carlow and Dr. Eva I. Mains, both of the graduating class, A. S. O. Temporary address, Jonesville, Mich.

* * *

LOCATIONS AND REMOVALS.

Clapp, Carl D., has opened a branch office at Thousand Island Park, N. Y. for the summer.

Denny, A. C., St. Paul, Minn., has retired from practice, to travel.

Gamble, G. A., from Templeton Bldg., to 510 Atlas Blk., Salt Lake City, Utah.

Gravett, W. A., from 1003 to 602 Conover Bldg., Dayton, Ohio.

Harrington, J. S. and Dalton, Rose, at 305 Altman Bldg., Kansas City, Mo.

Horne, Mary B., from 76 Arlington St., to 504-6 Adams Bldg., Haverhill, Mass.

Kampf, E. J., from Fort Wayne, Ind., to Midland Hotel, Kansas City, Mo.

Keeler, E. E., Salt Lake City, states that he is not in practice.

Kellog, H. R., correct address is 33 W. Orange St., Lancaster, Pa.

Klugherz, Wm. L., from Batavia, N. Y., to 402-5 Rothchild Bldg., Philadelphia, Penn.

McMains, H. A. and Grace Ramsay, from 837 N. Fremont Ave., to 1805 N. Charles St. Baltimore, Md.

Mills, David, from Detroit to Alpena, Mich., (was in June Journal as Miller)

Montague, E. A., at South Haven, Mich., for the summer.

Moseley, J. R., from DeLande, Fla., to 720 McClelland Bldg., Lexington, Ky.

Parmelee, Cora G. located at 519 Temple Court, Denver, Colo.

Sisson & Sisson, from Delger Bldg., to First Nat'l. Bank Bldg., Oakland, Calif.

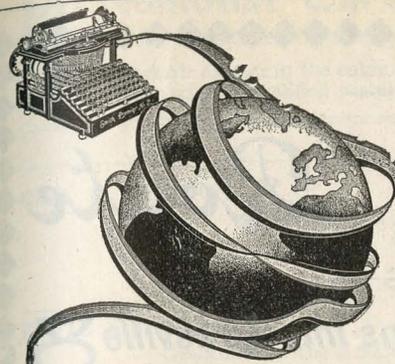
Veazie, Ella B., from Kirksville, to 521 Commerce Bldg., Kansas City, Mo.

Walker, Caroline Spangeburg, from Trinidad, Colo., to Silver City, N. M.

Waters, E. Burton, from Virginia, Ill., 601-3 Murdock-Caldwell Bldg., Wichita, Kansas.

Wolfe, J. M., M. D., from Franklin, Ky., to Chilhowie, Va.

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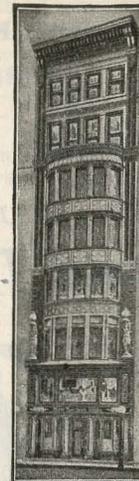
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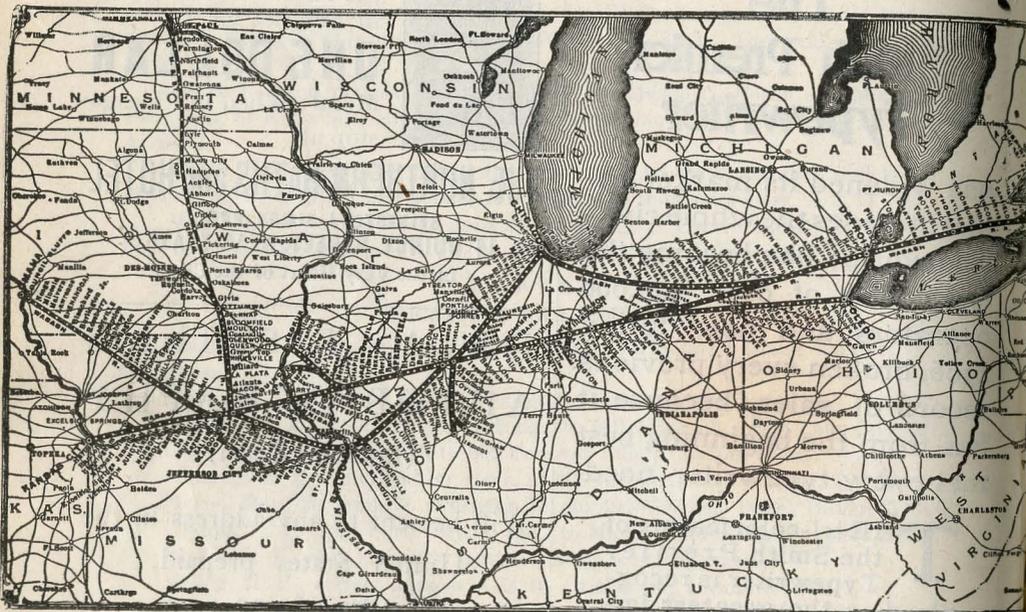
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GLEANINGS.

Vegetables Fix Emotions—Girls who eat green peas are bound to flirt; they can't help it. Cabbage and cauliflower make people vulgar and stupid. And the cure for a bad-tempered husband is to fill him with boiled carrots.

These are a few of the laws of vegetable therapeutics as laid down at the recent Pathological Congress of Paris. The pathologists studied and discussed at great length the best manner of utilizing vegetables for the physical and moral welfare of the human race.

They pointed out that although some vegetables are a preventive against dis-

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eases of one sort or another, there are many experiments the investigators laid in case of over-indulgence, death. After many experiments the investigators laid down broad laws of vegetable therapeutics.

Potatoes, for instance, should be eaten by judges, magistrates, editors and those engaged in similar occupations; they develop the reasoning faculties, give great mental balance and calmness of reflection. Over-indulgence, however, produces apathy, indifference, laziness. Confirmed potato eaters are likely to possess more reasoning powers than warmth of heart.

Carrots will cure bad temper. They are especially good for bilious and peevish folk. Persistent eating of boiled carrots will cure jealousy, melancholy, feelings of wrath and revenge; and, in short, the carrot eater will become in time easy-going, good-natured and placidly affectionate.

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Those who yearn for poetic thoughts and artistic ideas should go in for French beans. They create poets.

Sorrel, on the other hand, tends to sadness and discouragement, and those who persist in eating it become victims of the dream habit, of nightmares and delusions.

Green peas, as has been said, are dangerous in the extreme. They develop fri-

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volity. They make women capricious and reckless. Men and women who eat green peas are given to flirting and—if they eat many—are not to be trusted. According to the pathologists, green peas are responsible for the majority of divorce cases and similar scandals in high life.

The white haricot bean is all right. He is the king of the vegetable world. He gives brain and brawn. White haricot beans, however, should never be eaten save with butter or oil. Thus prepared they provide a food far more strengthening than butcher's meat. They restore the nervous system. They are good for the day laborer and the brain worker. All men distinguished for physical prowess or great brain power have been bean eaters, and the pathologists cited Carlyle, Gambetta, Ibsen, Disraeli and score of others.

A judicious combination of these vegetables will, in time, produce a perfectly well balanced man.—Cleveland Leader.

* * *

Guess Work Guides City Quarantines, Doctors Declare—That there is ignorance or dereliction in the department of bacteriology in the Philadelphia Bureau of Health, of which Dr. A. C. Abbott is president, and that bacteriological examinations as conducted there are "an absurdity," was the charge made by Dr. W. N. Bradley and Dr. S. W. Gadd before the regular meeting of the Philadelphia County Medical Society in College of Physicians last night.

"In diphtheria cases," said Dr. Bradley, "the quarantine is too long. The examination of cultures is not reliable and is often farcical when made by the city laboratories."

Dr. Bradley did not mince matters. He told how the Bureau of Health will not

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lift a diphtheria quarantine until it has received at least two negative cultures taken three or four days apart, which is to say cultures from the patient's throat that, under bacteriological tests, show no diphtheria bacteria. Then he told how he had exposed these "tests" as made by the board's "experts."

Early this month he took six cultures from the throat of a patient who had recovered from the disease and sent them to the authorities. He was convinced that his patient was well, but in each case the reply came that the cultures showed the presence of bacteria.

Then, with the patient's mother as a witness, the doctor unsealed a fresh tube, took out the cotton designed to swab the patient's throat, dipped it in the medium and put it back in the tube without once bringing it near the patient.

This sterilized cotton Dr. Bradley sent in the sealed tube to the Bureau of Health, and, despite the fact that it did not come within a yard of the patient, he received a reply from the board telling him to continue the quarantine because "the cultures showed the presence of diphtheria bacilli."

A few days later Dr. Bradley repeated the experiment without removing the cotton from the tube, and received the same reply.

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Dr. Bradley made it plain that he believed in the bacteriological tests when properly performed, but does not believe in them as conducted by the Bureau of Health, and would prefer a return to the old method of quarantine two weeks after the disappearance of clinical symptoms.

He is chairman of a body of scientific men who agree with him. This is a committee of the South Philadelphia Branch of the County Medical Society, which has been quietly investigating the matter for two years. They wanted to compare Philadelphia results with those in other cities, so Dr. Bradley wrote to Dr. Abbott, stating his purpose, and asking Dr. Abbott to send them the names of ten cities and their diphtheria-guarding methods.

He never got a letter in reply.

After patient waiting, he said last night, he called up Dr. Abbott on the telephone. The latter, declared Dr. Bradley, said his reply must have been mislaid. Could he suggest any cities now, over the phone? No, he couldn't. The regulations everywhere were so much alike that Dr. Abbott didn't care to specify any particular ones.

In spite of this, the committee wrote anyhow, and the answers confirmed Dr. Bradley in the sentiments he expressed last evening.

Dr. S. W. Godd, president of the South Philadelphia Branch of the society, indorsed Dr. Bradley's stand. He said he knew of one physician who, when about to marry after treating a case of the disease, sent, although convinced that he was well, a culture from his own throat to the city "experts" and was immediately quarantined for two weeks.

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Dr. James W. Walk, formerly a member of the Board of Health, made a defense of the present organization. So did Dr. Henry Leffmann, who until last year was a member of the bureau. Dr. Leffmann, however, said:

"Our Board of Health is political. It is now probably more political than ever. Nevertheless, the people of Philadelphia get the sort of government they want, for if they didn't want it they wouldn't have it, and I believe that what they get is what they deserve."—From a Philadelphia Paper.