HOW and what to do in all cases of parturition is the query of the young doctor when he has finished his school days. I think a little advice may be acceptable to him. Two objects line up and demand his cool-headed attention. The life of a woman and child are placed in his charge for his safe delivery. How and where he must deliver the two safely are the questions of weight and importance to the man with theory only, and no experience. He begins now to feel that the lack of experimental knowl.
edge is the veil that clouds his sky. I will offer a few words of what I
could give to the beginner in the responsible duties of the
doctor at this time. First, keep cool until you think a few moments; there
is a large body that has to come out of a freight depot; stop and take an-
other cool breath, ask yourself if there is a door to the depot that is as large
as the package that is to be taken out, if so, then is that package to be
rolled out? When he finds the fruit must stay on the tree until ripe and
ready to fall off, then is the time to roll the package out; then he has settled
the point to be patient till the time for birth has fully come. How may he
know when that time has come in the case before him? He must shut his eyes
and memory to all bugaboos, bones and deformities that he has seen in
books on midwifery that he has grown to almost believe he has to meet
every time he is called to attend a case of obstetrics. He should remember
that he may meet one bad case of pelvic deformity in one thousand times
that he is called to attend. He should study well the use of the forceps
and other instruments that he may have to use in delivery in badly de-
formed women. But he must remember that his hand is far better in
ninety-nine cases out of every hundred than any instrument that man has or
ever can make. Osteopathy says you must not come bulging in to such
places with an arm full of carpenter tools, the sight of which is enough to
scare a woman into a spell of paralysis of the womb, and stop all action or
expulsion. I think the most foolish thing a doctor can do, is to act so as to cause a
woman to feel that she has nothing to do in the delivery of her child, and her only
hope to be delivered is to let the doctor pull her child away by brute force.
You must teach her that the God of nature had formed her for that pur-
pose, be patient and trust to nature and ninety-nine women in a hundred
will have no trouble in the safe delivery of her child. Has not nature
formed and given power to her muscles to deliver her? What do we find
but wisdom in her formation? We find strong sphincter muscles to hold
the womb closed from conception to the hour of birth, then they cease to
act as constrictors till the expelling muscles have forced the contents of the
womb out to the world. Don’t be too anxious to assist nature artificially
with your constipation pills, your vaginal douches, and what she should
eat when pregnant; if she wants a few apples let her do like Eve of old just
shake a tree and eat. Let her alone, she sometimes has more brains than
the doctor that has been called in.

Often mothers have what is mistaken by the young doctor for labor
pains, such pains often occur two or four weeks before natural labor comes.
Remember that to bring on or cause labor prematurely is abortion, and
you may by such hasty impiudence cause the death of a healthy woman
and child. You cannot use too much caution with your advise and work
at such times. This is written for the Osteopathic beginner in obstetrics.
I will close by saying that all deformed cases should be advised to go to

some lying in hospital where assistance is plenty, and where they have the
best of surgical skill and experience.

Old Theories.

Old theories give but little if any useful knowledge for our day and
generation. They are mostly like a last year’s drunk would be to
this year’s happiness to an Irishman’s stomach. They may have been good
for old drunks but they are too tedious and tasteful for our boys and girls.
I tell you they were old drunks and very poor drunks too. They were
watered to death by talk, with no object but to talk old theories, and like
peacock tails they look well in the spring of our lives, but they fall out
feather at a time, babies pick them up feather at a time but lose them just
as fast, even babies know they are too long, that is American born babies.
Why should we bother with the dead theories? Why call the student’s
mind from his study? Hasn’t he got the bones in his hands? Let him look,
reason and adjust till he finds he wants help, then do so if you can. He
calls you to tell the place and use of some bone—tell him and show how
why a bone has such shape, don’t drop him into the quagmire of old
theories. Man is a machine and must be studied to know how and why it
does its work. You should and must ever remember that Osteopathy is a
science that pertains to active, healthy man, and to know him you must
acquaint yourself with his form and motion by study and contact. How
much would an engineer know of an engine by theories drawned from
Thomas Benton, Henry Clay and Lewis Cass, for and against Morse’s tele-
ography, or Fulton’s steam engine delivered in congress. These great men
asked the great statesmen for wisdom and help, they were insulted by
blackguarding and being called fools. The stone they stood on was indi-
vidual knowledge.

Our Farms, The Tables of God.

On them is found the food, wisdom, raiment and wealth of the world.
By their successes we prosper, and by their failures all nations wither
and die. On farms wise men and women are born. From the farm all of
America’s wisest generals, presidents and statesmen came. Our greatest
men have only to look over their shoulders to see their fathers and mothers
toiling with grain and herds. None but fools would fail to love the honest
mother’s grave who lived and died on the farm. On the farm is not the place
to look for thieves, liars and hypocrites. Farms are the places and homes to
find well posted men and women. One farm will grow more reformation
than the oldest city. In cities and towns are the places to find idiots born, not on the farm. The farmer's wife has something to eat and wear, and the pure blood of herself and husband keeps corruption away from her children. Her children are ignorant of the asylums, gallows and skeleton keys of a sneak-thief. The farmer's hand is rusty, so is a diamond, they are the jewels of the world, they shine when well dressed paupers have failed to be called even dim-lights. When I see a town woman fail to speak to a farmer's wife and family when they meet in town I wonder if that woman has not been a kitchen girl some time in her life. I pity the shoulders that carry such weak heads. Let us close and say, give due respect to merit without asking are you from a farm or the orphans' home, where the city sends the children of sotted fathers and heart-broken mothers.

SOME OBSERVATIONS UPON THE REACTIONS OF MUSCLES AND NERVES.

*CHARLES HAZZARD, PH. B., D. O., DETROIT, MICH

FEW Osteopaths can have failed to notice that in a considerable number of their cases puzzling changes of condition will frequently occur. Not every case will pursue that unbroken course of continual improvement so encouraging to patient and physician alike. Of this kind of cases we are glad there are not many, but the average Osteopath must, when in the field of general practice, soon find it to be the rule that cases will have their "ups and downs." Sometimes, unfortunately for the patient's confidence in Osteopathy, the proportions of "downs" will preponderate, and then it begins to take the Osteopath a long time to explain why this is so, just as it took the old man a long time to explain to Maria why he found such pleasure in an occasional spree.

Now, I do not mean to say that these cases are "going bad," or that real progress is not being made. The fact is that as a rule the real corrective work is still going on, and, in the majority of cases, is progressing quite as rapidly as if the patient were feeling better.

What I wish to point out, however, is the fact that the Osteopath must be conscious of the great likelihood of an occasional "slump" in the patient's condition; must expect it, in fact, in certain cases, and consequently be prepared to tell the patient, when this occurs, that he was expecting it and be ready to explain why such is the case. Nothing would be so unfortunate as for a patient to notice that these occurrences were puzzling and discouraging; the Osteopath, and it is my experience that unless one is upon his guard he may be in danger of losing a case which could most assuredly have been brought to a favorable issue after a sufficient course of treatment.

It is one thing to notice and expect ups and downs, and another to be able to fully explain them. Sometimes, as I have said, they are most puzzling usually, however, careful consideration will show adequate cause. Of course, there are a variety of reasons why a case will be better and worse, yet it has been my experience that an insight into Nature's workings within the body will always furnish a good clue to the causes of such conditions. It is the purpose of this article to point out, for the good of practitioner and student, certain facts which seem to evidence a law of cause and effect which may be found underlying these changes in a patient's condition.

I take it for granted that we are all familiar with the facts of physiology relative to the reactions of muscles to nerve conditions, and without going into a discussion of the scientific aspects of those facts, will base what I have to say upon them as an established foundation of scientific truth.

In my mind, the facts of the situation formulate themselves about as follows. Most cases coming under Osteopathic treatment show contracture in some tissue or tissues. Such contracture may be either the primary lesion, or secondary thereto, yet always is an active cause of disease. Almost no case, even though its main lesion be a bony one, escapes resulting contractures in muscles, ligaments, and other soft and fibrous tissues of the body, while many cases present such contractures as the primary lesion. Whenever they occur, such lesions, acting as mechanical irritants, result in derangement of function.

Now, a contractured structure, under the proper application of Osteopathic therapeutics to the lesions in the case, will relax, but it will generally soon contract again. Frequently this return of the contracture will wholly or partially destroy the relief the case has experienced after the first relaxation. Under further treatments, however, a gradual re-adjustment of parts takes place, and, pari passu, the condition of relaxation gains the upper hand, the variations in the patient's condition become less marked, and recovery follows.

To an Osteopath's mind there are numerous sufficient reasons why contractures should constantly return. Fresh irritation from the lesion, exposure to drafts, changes in the weather, catching cold, and numerous physical exigencies may cause such a result. One soon learns by experience that the slightest and most unexpected cause may set up fresh contracture.
While I do not claim that these facts will fit all cases, to my mind they will explain the constant better-and-worse condition of a numerous class of patients. These patients, it goes without saying are difficult to hold, and requires both tact and a clear comprehension of the facts to enable the Osteopath to satisfy their questionings and to retain their confidence. Moreover, it requires some perspicuity upon the part of the Osteopath to discriminate between cases which come in the above category and those which are really not yielding to the treatment. He should possess a well informed honesty brave enough to make him strongly encourage the former and to discourage the latter.

Reference to a few cases will illustrate my views:

In a case of sciatica, a bad position of the right innominate, consequent strain and contracture of the sacro-iliac ligaments, and a contracture of the muscles of the hip and thigh caused constant pain whether the patient were sitting, standing, lying or walking. Immediately after treatment much relief was experienced, patient could walk with greater ease and bend over to lace his shoes, something he had been unable to do for some time. Yet, sufficient return of contracture of the muscles and ligaments occurred to cause considerable pain upon motion, but he remained free from pain while quiet. Here, without doubt, the muscles had yielded considerably at the treatment, but had again contracted enough to irritate the nerve when brought into play upon motion of the limb, but not enough to irritate while quiet. Clearly, here was a clue to the fact that this case would yield rapidly to treatment, i.e., that each recurring condition of contracture would be considerably less, and that soon we should gain the upper hand over them. Such proved to be the case, and one month showed most satisfactory improvement, while at the end of the second month the patient walked freely without a cane or a pain, though not yet entirely cured.

A young lady had several years ago, sustained an injury by a fall from a bicycle, and about a year later, before complete recovery from this injury, had again met with an accident, this time falling from a flight of stone steps leading to the entrance of a public building. Her constitution was already weakened, as she had been a sufferer from anemia. Some time after the injury, there had gradually developed, without apparent cause, an increasing lameness in the left limb. It steadily resisted medical treatment, growing continually worse, until she was confined much of the time to her bed, and could walk about only with pain and difficulty. A spinal brace was being worn without much material benefit. The case had been diagnosed as sciaticas, Pott's disease, and finally as nerve pressure, the physicians saying that they could not locate the pressure. They could do nothing they said, and told the parents that patience, quiet and time might restore her.

Upon examination I found weakness of the lumbar region of the spine which allowed it to swerve slightly to the right. This caused the lower lumbar portions of the spine to drive at an angle upon the pelvis, narrowing the left sacro-iliac space and bringing the pressure upon the sacral nerves. The pelvis had tilted upward on the right, lengthening the left limb a quarter of an inch. There was a strain upon both sacro-iliac articulations, and much contracture and soreness of the muscles of the left hip and thigh. Movement of them in any direction caused much pain, and upon the right, flexion of the thigh combined with circumduction toward the median plane of the body likewise caused pain in the lumbar region.

The relaxation of contractured parts, which was readily accomplished in the first few treatments, resulted in great relief from the pain, and in the ability to walk much further than for months. Yet, following this walking, a recurrence of the contractured condition of the tissues caused a return of the pain. Throughout the course of treatment, although the work of correcting the lesions to the spine and pelvis went steadily on, the case was continually better and worse. Yet, the average of the patient's condition grew continually better, resulting in much betterment of the case, which is still under treatment. Overexertion or change in the weather would invariably result in fresh contractures, and in more or less pain. I have, however, seen from the first that though these variations in the patient's condition were unavoidable, they were yet incidential, and have strongly encouraged the case, results so far attained justifying such encouragement.

In a third case, scar tissue in the rectum, resulting from operation for piles, involved the nerve terminals in the rectal walls and caused constant pain and numbness in the limbs and feet. Examination also revealed an atomic condition of the rectum, allowing a slight prolapse and wrinkling of its walls. This undoubtedly contributed to the production of the trouble. From the first, thorough stretching of the sciatic nerves and of the muscles of the limbs was followed by relief from pain, through relaxation of the nerves and muscles. But the pain would always return by the next or second day. Steady work upon the real cause of the trouble, directed to the absorption of the scar tissue and to the strengthening of the rectal walls, resulted in a steady gain in the patient's condition, gradually we have gained the upper hand, so that though the pain still recurs, there is less of it, and it is absent longer at a time. In this case relaxation of contractured parts resulted in immediate relief. Contractures recurring produced continual ups and downs in the patient's condition, but corrective work upon the lesion gradually led to a permanently better state.

Cases might be multiplied in support of my point, but I believe I have said enough to establish it. Such an understanding of many cases I think would be of much practical use to the Osteopath in the handling of a difficult class of cases.

86-87 Vailpey Building.
OBSERVING a corliss engine of five hundred horse power, with its immense wheel in motion, its brightly polished cylinder showing care and attention, the regular action of the piston rod transmitting power, the eccentric working in perfect rythm of opening one chamber in the cylinder as it closes another. With what feelings of awe one is inspired, how we respect the genius of the one who perfects such machine.

Suddenly the monster develops a disorder, the eccentric does not seem to do its work, the various parts act in a jerking manner, the machine shakes the whole building each time the wheel revolves, something must be done quickly to save the machine from ruin.

What is wrong? On investigation perhaps it is discovered that a set screw has through straining become loose; or one of the braces has bent, as a result the whole engine is jeopardized unless this is adjusted, will any amount of oil do the work? Ridiculous! Will the use of some other kind of coal be a remedy? Indeed not! Will the use of filtered water adjust things? No! We must quit theorizing and take off our coat and go to work, tighten the screws, straighten the bent rod, mechanical work is required.

In what does that machine resemble MAN the most wonderful of all machines, in whose body is found all the mechanical principles beautifully exhibited. The two cases are identical, why so? The Osteopath demonstrates it every day. You may sneer and try to make light of it but that does not alter the fact one iota; ridicule is not an argument, it is the weapon of the ignorant.

Here is a case of heart irregularity, the organ misses a beat every minute or two, that beautiful double system of nervous control, the stimulating or propelling power, and the inhibitory nerves or those acting as a brake are not in unison, just as we have seen in the case of the machine.

What does the Osteopath discover? Bad hygienic surroundings? No! In most such cases he finds a misplaced rib or several of them, due perhaps to a fall—a blow, or violence of some description. We do not even hesitate to claim that simply turning over in bed may throw a rib out of its true position, a rib may be strained as well as a wrist or a shoulder. Who will prove otherwise?

Feeling sure then that a rib in a false position is possible, we can readily see what effects follow at its articulation with the vertebra. It is possible for the posterior spinal branches to become involved, then the rami-comunicantes, and following out these lines we come to the great sympathetic system with its two forces in control of the heart.
OVARIITIS.

M. E. CLARY, D. O.

Dr. Ashwell says: Of all the organs of the body, scarcely any seem so prone either to functional or organic diseases as the ovaries; for I can in truth say that I have rarely, when examining these important organs after death, found them entirely healthy."

This statement is not only true from the standpoint of post-mortem examination but from the experience of Osteopaths who have specialized along the line of gynecology.

The most common of the ovarian disorders is ovaritis, or as the word implies inflammation of the ovary. The close relation existing between the ovaries, uterus and mammary glands makes the ovaries a very important factor in the etiology as well as treatment of diseases peculiar to women. This is brought out more clearly when we consider that menstruation is dependent upon ovulation hence interference with rupture of Graafian follicle is attended by dysmenorrhoea or mammary disorders which are frequently cured by relieving the ovarian disorder which was the real cause.

The ovaries are two oval bodies situated in the true pelvis, to the sides of the uterus, below, behind and to the inner side of the Fallopian tubes. Their function is the maturation of the ovum which are stored in the ovary to the number of 60000 as estimated by some authors. The blood supply is the ovarian artery which is accompanied by the ovarian plexus of nerves, both of which are between the two layers of the broad ligaments.

Entering at once into the subject we would say that inflammation is the result of one or two causes (1) mechanical obstruction or (2) vaso-motor paresis or in some cases paralysis. Congestion always precedes inflammation hence we would look for the causes of congestion. Pure blood is moving blood and if the current is interfered with even to the extent of a minute, lowered vitality results and toxic matters may form. In discussing the first cause of ovaritis the venous return has to be considered. The blood is gathered up by the ovarian veins, which carry it upward through the broad ligaments the left emptying at right angle, into the renal while the right empties at an acute angle into the ascending vena cava. On account of the absence of valves in the left vein, also on account of presence of rectum and the manner in which it empties, we find the left ovary the more frequently affected of the two. Again these veins are long, hence liability to pressure by neighboring organs. An impacted colon or a displaced viscus may cause this pressure which would result in congestion if not inflammation of the ovary.

The mechanical obstruction may be a prolapsed diaphragm which would affect ovaries and uterus most on account of their greater vascularity. The custom of tight lacing forces the lower ribs, to which is attached the diaphragm, downward, hence enteroptosis develops and viscera which should normally be in the abdomen are forced down into the pelvis. This impedes return circulation, the current is slowed, congestion results, finally terminating in a great many cases, in ovaritis, endometritis, etc. Again a displaced uterus would produce a twist in the broad ligaments hence an obstruction to venous return since the ovarian as well as uterine veins are between the two layers. Other conditions producing venous congestion may be cited, but if the one regarding the viscera be closely studied it would include the majority of causes.

The most important if not the most common cause of ovaritis belongs to the second division viz: vaso-motor disturbance. Every vessel normally is in a condition or state of constant contraction. Every artery and vein except the very small have muscle fibers in their walls. These muscle fibers have nerves called vaso-motor nerves which keep up the tone of the vessel. By this tonicity the amount as well as rapidity of blood flow is regulated. These nerves like other nerves are controlled by a center and in the case of the ovaries it is located approximately at the 9th dorsal vertebra, that is the subsidiary center while the dominating center is in the brain. Inhibition of a vaso-motor center dilates the blood vessels, hence more blood or hyperemia and a lessening of rapidity of blood flow, while stimulation causes the opposite effect. Lesions affecting the ninth or tenth dorsal vertebrae affect blood supply to ovary hence in cases of ovaritis, from an Osteopathic point of view, displacements are looked for in that region. The lesion may be only a muscular contraction which has an inhibitory influence over the center or it may, as before said, be a subluxation of vertebra or rib.

If the case were a chronic one bony lesions would be searched for, if acute, muscular lesions, probably bony ones will be found. This will not only apply to ovarian disorders but to the other various disorders of the body.

The nature of the bony lesion may be a lateral, anterior or posterior displacement attended by soreness, probably an anterior condition is the most common on account of the relation of the articular processes. Also the lesion may be in the ribs corresponding to the 9th and 10th vertebrae. A turning or twisting of the rib would affect the sympathetic chain since it is situated very close to the head of the ribs. Again various troubles diagnosed as ovarian disease, tubal disease—appendicitis are in reality a slipped rib which causes the pain in that locality.

There is another important cause of ovaritis, that is the influence of the higher centers. The mind exerts a controlling influence over every organ of the body this being especially true of the sexual organs. If the organs are constantly irritated by vulgar literature or anything else which causes sexual excitement congestion results. This congestion produces an aching, and if persisted in, inflammation and disease result. Masturbation in the young lays the foundation for future ovarian trouble. The repeated unnatural congestions produced by the practice results in constitutional as well as local disease.
Again, singlehood is a cause of ovarian disorder. The ovaries were made for a purpose and if this purpose is interfered with disease usually results. From hospital reports we find thirty per cent. of ovarian cases in unmarried persons. Again, if artificial means are used to prevent conception nature is again interfered with and disease will come sooner or later. There is a vaso-motor disturbance resulting and finally the congestion leads up to inflammation. Sexual excesses have effects similar to masturbation. Frequent pregnancy weaken, leaving the patient in a neurasthenic condition. We have a case in mind in which there is extreme melancholy dependent upon frequent pregnancies, four of her children being born within a period of three years. This is the extreme of singlehood, either one being accompanied by disease.

The treatment of ovaritis osteopathically consists of (1) removing mechanical obstructions to venous return by working directly over and above ovary, raising lower ribs thereby raising diaphragm also lifting up the intestines which have been forced down into the pelvis, thereby removing the venous congestion which had resulted. (2) Correct displacements either bony or muscular in the region of ovarian center, which interfere with proper action of vaso-motors. The muscles can usually be relaxed by inhibition or pressure over the muscle itself, especially, if dependent on exposure but may be due to bony slips in which case the correction of the displacement would be the only logical treatment. In ovarian colic, which is a stage preceding ovaritis, relief can be obtained by work over and above ovary also treatment over center to correct muscular lesions which usually exist.

In chronic cases due to bony lesions, the correction of the lesion takes away the disturbance to the vaso-motor nerves, their toniciry is regained, the congested blood is forced out of the ovary and is replaced by pure blood, absorption and healing resulting.

In cases (3) where Nature's laws have been broken, repair as much as possible the evil already done by having the patient avoid sexual excesses and excitement thereby resting parts which have been overworked, at the same time give treatment to both ovary and center to help restore normal conditions by increasing toniciry of parts.

HOT WATER IN THE TREATMENT OF FEVERS.

A. L. EVANS, D. O.

IT IS not my purpose in this brief article to enter into a discussion of the etiology of fevers nor a description of the phenomena attending them. Such discussions may be found at great length in medical text books. I only desire to drop a few practical hints for the benefit of fellow practitioners in regard to the treatment of this class of maladies.

It is a fact known to most Osteopaths, I presume, that by strong pressure at the center for the pylorus in the spine in conjunction with proper manipulation of the stomach that the contents of this organ may be discharged into the duodenum. Especially is this true if the contents be liquid. For the past six or eight months with most of our fever cases, we have, after the usual treatment for fever, directed our patients to drink at least half a pint of water as hot as could be taken comfortably, which by the method above mentioned was at once emptied into the small intestines. We give this treatment ordinarily but once a day, and that the last thing at night. We give the water after the usual treatment because the tissues are then more relaxed, and also because perspiration generally follows and there is not the danger of taking cold that there would be if the patient had to be partially uncovered to be treated, as would be the case if the water were administered first.

In giving the treatment to empty the stomach we have the patient lie on the right side or half way between that and the dorsal position. The operator stands behind the patient and with the thumb of the right hand presses at the pyloric center, and with the left hand manipulates the stomach, the patient first drawing up the knees to relax the abdominal muscles.

In recommending and using hot water for this treatment we would not be understood as advocating a return to the ancient practice of giving exclusively hot drinks in cases of fever. On the contrary we favor cooling drinks as a beverage. But there are several reasons why we think that hot water is more effective when taken in connection with this treatment.

(1) It acts as a mild, though natural, stimulus to the processes of elimination.

(2) It more quickly induces perspiration

(3) We believe that the hot water as it traverses the duodenum causes a relaxation if not the opening of the orifice of the ductus choledochus. We know that after using hot water as above described manipulation of the abdomen over the bile ducts results in a discharge of bile into the duodenum.

Other good results of this method that we have noted, and that might be obtained from water, either cold or hot, are as follows:

(1) It washes the stomach.

(2) It aids in keeping the bowels in a healthy condition.

(3) It is taken up by the lymphatic system and thus aids in getting rid of effete matter.
(4) It keeps the kidneys active.
(5) It keeps the mouth moist and the teeth from sorder.

In one case treated by Dr. Owens of our firm where the fever continued
more or less for about two weeks the skin was kept constantly moist.

During the time that we have been using hot water in this way we have
-treated pneumonia, typhoid fever, bronchitis, tonsilitis, bilious fever and la-
grippe and have had excellent results.

While we have used water in this way mostly in acute cases there are
some chronic conditions in which it might be applied with benefit. Among
them might be mentioned diseases of the kidneys, liver and spleen.

This method has proven of immense value in the treatment of the mor-
phine habit. In two cases that we have had the patients recovered with
but few of the distressing symptoms which accompany the usual medical
treatment of this dread condition. In these cases we used cold water but
are now inclined to the opinion that hot water would be better.

So much do we think of this method that we have added an alcohol
lamp to our office equipment for the purpose of heating water.

300-304 Miller Building, Chattanooga, Tenn.

[We do not understand that Dr. Evan's article is in any way intended
to underestimate the value of Osteopathic treatment in fevers. You will
notice that the article clearly states that the Osteopathic treatment is given
first in order to stimulate the action of the excretory organs. Osteopathy
has no relation to any other healing system. The use of hot water in the
above cases was for the purpose of assisting in the processes of elimination
after the Osteopathic treatment had removed the obstruction.—Ed.]

THE VALUE OF ANATOMY TO THE OSTEOPATH.

C. L. RIDER, D. O.

The most extravagant terms would fail to exaggerate the importance of
this study to the Osteopath. While other subjects—notably physiology—are of vital importance, anatomy is the underlying stone on which
the entire science is built.

But the method of study pursued in acquiring a knowledge of anatomy is just as important to our profession as that the subject shall
be studied at all, and that is where our advantage over the old school lies. The immortal Gray who commands the admiration of
all students, knew the position and relation of the most intricate and complex parts of the human body more thoroughly than did any
other man of his day, but with due deference to his wonderful knowledge all must concede that as an anatomist Gray lacked the practical
ability of Dr. Still and for this reason, the latter studied with the underlying principle of Osteopathy constantly before

him; the former knew nothing of this principle and so did not apply nor
render as useful as possible his learning.

The aim of all instructors in the healing art should be to give their stu-
dents practical ideas that may be successfully applied in the diagnosis and
treatment of any and all conditions that may fall to their care. In anatomy
this is best accomplished by a thorough course in demonstrations and dis-
sections on the cadaver where all may see for themselves the structures, their positions and relations and thus have indelibly impressed on the
mind all they have previously learned by description and any abnormalities
that may be present in these bodies are pointed out so that the student may
more fully understand such conditions in the living subject, lesions in the
bony structure being especially good object lessons for the class.

However the normal condition of structures receives most attention,
and when the student has a thorough knowledge of the proper adjustment
of bones, muscles, ligaments, nerves, vessels, etc., he is taught to recog-
nize any abnormal conditions that may be found in the large and varied
classes of disease to which the human family is heir. It is in the operating
rooms that anatomy is studied on the living subject and it is here that the
student is given an opportunity to apply what he has learned and to skill
his fingers in the detection of even very small lesions.

This is a department not found in any other class of schools which have
for their object the teaching of methods of cure. When a student has been
fully and carefully drilled on the normal conditions and relations of the
human anatomy, any deviation however slight, is readily detected and
adjusted.

While many volumes have been written by brilliant men on the subject
of anatomy, and while they are most valuable to our students, they lack
from our standpoint, the one great essential—practicability. To quote the
Old Doctor "Where in all this vast array of literature do we find a single
sentence that would teach the facts that a depressed clavicle may cause
goutre; that a lesion in the upper dorsal is often responsible for stomach
trouble; or that a slight dislocation of the hip may cause a pain of such
intensity in the foot that physicians of other schools have often recommended
amputation as the only possible cure?"

The discovery and application of the principles of this science by Dr.
Still were the natural consequences of an active, inquiring and practical
mind. Many have wondered that the discovery came at so late a period in
the history of science, but no stranger than that the circulation of the blood
was not recognized until its discovery by William Harvey in comparatively
recent times.

Had it not been that the former possessed a vast store of correct anat-
ornical knowledge, he would never have been able to unravel the mysteries
that thickly surround the underlying causes of disease. He followed a
method of investigation that was entirely his own with the result of the in-
Introduction of a science that has been heralded from this to all points of the compass, in both our own and foreign countries; a science, that though so young as still to be considered in its infancy, has yet been the means of promoting more cures and relieving more suffering than any other method of treatment. So much having been accomplished by this infant science what may not be predicted for it when it has reached the commanding proportions it is destined to assume? And all this is the result of an unbiased and unprejudiced study of anatomy. Surely this is an inspiration for other ambitious workers along this line, who have not only their own resources to rely upon, but have at command a great store of information and demonstrated facts patiently and carefully gathered by the first investigator and founder.

Any amount of skill may be acquired by the diligent student in recognizing even very minute defects in the anatomical arrangements of patients, so much so, indeed, that a very correct diagnosis of a case may be made without any other aid than locating a lesion and then reasoning from this recognized cause to the probable result. The obstacle to a correct diagnosis in every case lies in the fact that a lesion at a certain point in the spine of one individual causes symptoms and general results often widely different from those produced in another individual with about the same lesion existing as the cause. Closer investigation, however, reveals the fact that in the first case the impingement is of such a nature as to affect a different set of nerves or vessels from those affected in the second case. It is the study of anatomy that prepares the operator for this important part of his duty and no other subject in the world would be at all useful to him in locating the cause of the trouble, or telling him how it might be removed.

Several scientists have discovered at different periods what might have developed into Osteopathic principles, but they invariably failed to put their discovery into execution or to investigate long enough along the line to make the knowledge useful. For instance, it has long been known that by certain pressure in the neck of a rabbit the vaso-motors controlling the circulation in the ear were acted upon, but there the application of the principle ceased and not one of them even dreamed that the pressure on the vaso-motors in other regions would reduce to normal the amount of blood in an hyperaemic organ, or that stimulation of the same nerves would increase the amount of blood when it is deficient. The famous Dr. Hilton would only have required a small amount of assistance from Dr. Still to have turned his study and investigations into the proper channel and what a fine Osteopath would have been the result.

The present is a time of both aggression and progression. It behooves the students and graduates of this school of science to bend every energy and employ every talent in the advancement and upbuilding of their profession. The people of the 20th century demand, that not only good, but the best in every department of science, shall be given them. It is truer
than ever before that mediocrity in any walk of life is not recognized, but representatives of any profession who have risen above the common rank command the attention and admiration of all.

This science must progress and as in the past its discovery and development have been due to the careful study of anatomy, so in the future the continuance of this study must ever be the foundation on which the mighty structure will be built; a foundation so strong as to be able to resist the severest criticism of the enemy.

GEORGIA ON THE WAR-PATH.

It will be remembered by the readers of the JOURNAL OF OSTEOPATHY that the legislature of Georgia passed a bill recognizing Osteopathy at its last session and that it was vetoed by the Governor at the instance of the medical profession of the state. Being successful in this they have been inspired with a hope of exterminating this new sect in the healing art. The editor of the Atlanta Journal of Medicine and Surgery in an extended article called upon the profession of the state to send in a donation of one dollar each with which to prosecute their cause in the courts. As this was not responded to very readily they issued a circular which was mailed to the profession urging a united effort to demolish the Osteopathic profession in the state. It was a question of no small importance as to how best open fire on the enemy. After some deliberation and discussion it was concluded that the grand jury should make the investigation. My case was taken up by the grand jury and after an extended investigation "no bill" was found. This enraged the M. D.'s very much. One of their number the next day went down to the city court and swore out an accusation against me charging me with the practice of medicine. Thus the war has opened and they say they mean to carry it to a finish. They are after every one who comes in now. Dr. John Swanson, a graduate of the Northern School, lately located here and they have arrested him also. They mean to give us no quarters. They are threatening the others in the state and have opened up on Dr. J. E. Anderson in Augusta. Over there the M. D.'s had a city ordinance passed taxing all method of healing not licensed by the state 800 per year. Dr. Anderson was confronted by this and refused to pay it. It was referred to the local board of health. So far they have taken no action.

The M. D.'s of Atlanta, have introduced a similar ordinance in the council but I think we shall be able to head it off. Several students of different schools have written me with reference to a location in Georgia. I would say to all such that they run a risk of the kind of trouble we are in if they should come now, yet we should like more down here to help us in the conquest.

M. C. HARDIN.

Send ten cents in stamps and we will send you a copy of Judge Ellison's lecture on "The Legal Aspects of the Practice of Osteopathy," also a copy of the laws of the various states that have regulated its practice.
## Commencement Exercises

### American School of Osteopathy

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### PROGRAM

**Baccalaureate Sermon, Sunday June 24, 11 a.m.**
Rev. Charles Masley, Kansas City, Mo.

**Class Day Exercises, June 27, 9 a.m.**

| Music | - | Schubert Orchestra |
| Address | - | Class President, Geo. M. Laughlin |
| Class History | - | Guy Dudley Hulbert, Edna Clair Cheatham |
| Music | - | Schubert Orchestra |
| Class Poem, (Ladies) | - | Miss Maud Lowry |
| Address | - | Schubert Orchestra |
| Class Prophecy, (Gentlemen) | - | Miss Elseline Tappan |
| Music | - | Schubert Orchestra |
| Class Reception, Wednesday, June 27, 3 p.m. | - | |

**Organization of Missouri Osteopathic Association, Wednesday, June 27, 2 p.m.**

**Meeting of the Alumni Association, Thursday, June 28, 3 p.m.**

**Commencement, June 28, 8 p.m.**

| Music | - | Schubert Orchestra |
| Invocation | - | Rev. J. A. Smith |
| Address | - | Rev. H. Northcott |
| Music | - | Schubert Orchestra |
| Address-Class Representative | - | E. B. Booth |
| Music | - | Schubert Orchestra |
| Presentation of Diplomas | - | Dr. A. T. Still |

### Graduating Class, June 1900.

| Abernethy, J. M. D. | Troy, Miss |
| Abernethy, M. F. B. S Mrs. | Troy, Miss |
| Abernethy, M. F. B. S Mrs. | Troy, Miss |
| Aldrich, W. H. | Cleveland, Ohio |
| Baker, J. E. | Arroyo, Ind. |
| Barnes, C. W. | Kirkville, Mo. |
| Barret, Caleb D. | Loydsville, Ohio |
| Bartholomew, E. Jefferson | Chicago, Ill. |
| Beall, E. Clyde | Clarinda, Ia. |
| Beall, Francis J. | Memphis, Tenn. |
| Beall, Francis J. Mrs. | Memphis, Tenn. |
| Beaven, Leslie M. | Fulton, Mo. |
| Bannerman, Harry K. | Kirkville, Mo. |
| Berger, Theodore P. | Wilkes Barre, Pa. |
| Berger, Grace Campbell, Mrs. | Kirkville, Mo. |
| Billington, Henry T. | Kirkville, Mo. |
| Bishoff, Fred. | Monte Vista, Colo. |
| Bledsoe, James W. | Kirkville, Mo. |
| Bollino, Rufus Howard | Paris, Mo. |
| Bohannon, Frank D. | Annapolis, Ill. |
| Booth, H. E. | Cincinnati, Ohio |
| Bowker, Celia Miss | Panora, Ia. |
| Bower, Ellisworth | Panora, Ia. |
| Bowman, Gertrude Miss | Lewistown, Mo. |
| Brown, John W. | Kirkville, Mo. |
| Browne, Elva M. | Galatia, Mo. |
| Bricoe, Bertha Miss | Lewistown, Mo. |
| Buckmaster, O. J. | Kirkville, Mo. |
| Bullard, John R. | Memphis, Mo. |
| Bunting, Henry Stanhope | Frazer, Ill. |
| Burkey, Mary Anna Miss | Chicago, Ill. |
| Burton, B. O. | Kессасуа, Iowa. |
| Bush, Willie Miss | Kirkville, Mo. |
| Burkart, E. E. | Bethany, III. |
| Cain, A. D. | Kirkville, Mo. |
| Cain, F. B. | Kirkville, Mo. |
| Campbell, Cora May, Miss | Kirkville, Mo. |
| Campbell, Chas. A. | Kirkville, Mo. |
| Carter, Walter G. D. D B. | Kirkville, Mo. |
| Chase, Emma A. Miss | St. Paul, Minn. |
| Cherran, Edna Clair Miss | Rawlin's, Wy o. |
| Cheney, Ernest N. | Kansas City, Mo. |
| Cobb, Henry M. | Pattonsburg, Mo. |
| Conner, Sallie M. Miss | Kirkville, Mo. |
| Cookson, Everett | Kirkville, Mo. |
| Coons, Jessie M. Miss | Rutland, III. |
| Corby, H. P. | Milwaukee, Kans. |
| Crawford, D. D. | Kirkville, Mo. |
| Crawford, J. Stanfield | Kirkville, Mo. |
| Culley, Edgar William | Avon, N. Y. |
| Cory, Lewis P. | Kirkville, Mo. |
| Curry, Eliza Keiko Mrs. | Kirkville, Mo. |
| Dalley, Chas. I. | Ft. Madison, Ia. |
| Davis, Ed E. Miss | Kirkville, Mo. |
| Davenport, Bert M. | Hiawatha, Kan. |
| Dinmore, Eliza | Mecosta, Cal. |
| Donahue, J. S. B. | Des Moines, Ia. |
| Ewing, E. D. | Des Moines, Ia. |
| Ewing, Peter Joseph | Brooklyn, N. Y. |
| Fitch, Clark F. | Monpellier, I. T. |
| Forquer, J. W. | Kirkville, Mo. |
| Frugger, G. B. | Redstone, Ia. |
| Fryette, Solomon J. | Chardon, Neb. |
| Goodman, William M. | Paris, Mo. |
| Gamble, Harry Wilson | Wayne, Neb. |
| Gates, Mary Adaline Miss | Leon, Ia. |
| Gayle, B. E. | Montreal, La. |
| Gilman, Carrie A. Miss | Honolulu, Hawaii. |
The rapid advance made by Osteopathy during the past few years, and the resultant increase of imposters, many of whom have been "diplomated" by creation of "schools" of Osteopathy which bear neither standing, nor the recognition of the Associated Colleges of Osteopathy, and whose charlatanic practices are all too detrimental to the honest practitioner and the public, opens an open field for a "blue book" of Osteopathy. There is promise that this need will be supplied by an exhaustive work now being compiled and edited by an author who has become deeply interested in the new science. The work will be published by Daniel M. Carpenter, St. Louis, Mo., the name of the author being kept unknown. The plan of the work promises to be a valuable book of reference to all interested in the profession, and an important addition to Osteopathic literature.

The new catalogue of 1900-1901 of the American School of Osteopathy, is now ready for distribution. The catalogue is a neat affair, it contains forty-eight pages, and is nicely illustrated by half tones, showing the various laboratories and interior views of the building. Any one desiring a catalogue will address the American School of Osteopathy, Kirksville, Mo.

**W. A. Gaverb**

The third term is responsible for the following recipe:

**AGUE CAKE.**

2 weeks in Arkansas.
7 cups malaria.
2 hours sun.
1 cucumber.
Shake well.
The following article is from the June 20, 1900 issue of the *Journal of Osteopathy*.

**Another Osteopathic Victory.**

The next regular session at Memphis.

The Atlas Club banquet, June 11, was the most recherche affair ever given in Kirkville. Beauty was out in force, costumes were stunning, wit flowed, and all was merry. The big club rooms were decorated in red and white, the air was redolent with the fragrance of roses, soft strains of music strayed out into the opalescent moonlight, and thought took on the wings of fancy.

"Twas the regular semi-annual function in honor of the graduating members, and in honor of the Axis club, a sister fraternity.

When Dr. Fasset led the guests out to the board there burst upon their sight a vision of exquisiteness tempered by the soft light of candles. No table a manger could have looked more alluring. Plates for one hundred and twenty had been laid amid the flowers and myrtle, and a company of pretty girls in red and white stood by to serve the menu.

Then there floated on the balmy wind of evening, the song of "Sunset", clear, and sweet, and touching, as only rendered by P. Lee Hodges.

Mr. Chiles followed with a burlesque sermon, true but funny; Miss Schaun sang "Goodbye!" and Herbst hung out upon the night the "False Caprice", by Jackson, and won a second encore.

Miss Juanita Bailey next recited "Haunted by a Song." It was well received.

Fasset was a most noble toastsmaster and after the first course of "Congealed Red Corpuscles," otherwise called cherry frappe, he called on Dr. Booth to respond to the toast, "Many are called but few are chosen," to which the professor replied in an address full of thought, dealing largely with those qualities which go to make up success.

Other speakers of the evening were Dr. E. Simson, on "Why I studied Osteopathy"; Paul M. Peck, "Migratory Osteopathies"; Dr. J. E. Donahue, "The Atlas Club from Afar"; J. J. Schmitt, "Observations from the Half Way House"; Dr. H.K. Benson, "Medicine in its Broadest Sense"; and Dr. Hildreth, on "What to Expect." Dr. Hildreth's talk was full of rich advice to the young Osteopath. The Doctor held the close attention of all while he told of the difficulties to be met, and the satisfaction that comes with success.

The menu was as follows:  

**Congealed Red Corpuscles.**  
"Mythological Mythology."  
Semi-membranous-Semi-tendinosus-Biceps  
Ocular bodies,  
Saccharine Digits,  
Tunica Propria.

Following Extract Hertage,"  
M-D's Favorite Prescription,  
Vasculated Cerebral Congestors,  
Fe-C H B O H 11 H 2 O (?).  
Liquor-Sanguinae.

In leaving this subject too much can not be said of the taste and elegance displayed in the serving of this banquet by the ladies of the Episcopal Church who acted as caterers for the occasion under the direction of Miss Gehr.

**Personal Mention.**

W. J. Smith, D. O., of Ironont, Mo., was a recent visitor at the Infirmary.

Harry McLain, D. O., of Mason City, Ia., was a recent visitor at the school.

W. A. Fletcher, D. O., of Cedar Rapids, Iowa, was in Kirkville recently.

H. Tom Ashlock, D. O., is now associated with Dr. Ivan Dufur of Williamport, Pa.

Dr. E. E. Westfall, of Mt. Pleasant, Ia., is here to attend commencement exercises.

Mrs. Ligon, D. O., of Mobile, Ala., is expected to be here during commencement.

W. H. Jones, D. O., of Audrain Mich., was at Kirkville for a day or two recently.

Miss Frances Dameron, D. O., of Galveston, Tex., is visiting her sister in this city.

W. J. Seaman, D. O., has changed his location from Cirleville, Ohio, to Huntington, West Virginia.

W. R. Laughlin, D. O., goes to Chicago for the summer, where he will take a special course in dissection.

Miss Clark, of Ames, Iowa, will visit her brother Prof. Procot during commencement.

Z. Propest, D. O., has returned from Cleveland, Ohio, where he was associated with Dr. Eckert.

Dr. F. S. Gage, of San Antonio, Texas, is visiting his brother Fred W. Gage, a third term student.

Fred J. Fasset, A. B., will spend the summer at Yale where he will take a course in experimental physiology.

Dr. C. P. McConell, late member of the faculty of the A. S. O., visited the school recently. He is now located in Chicago.

Pearl Mellows, D. O., is home from Missouri Valley, Iowa. It is reported that he will take a partner from the graduating class.

C. W. Hartupee, D. O., of Des Moines, Iowa, will be associated with M. F. Kulett, D. O., of Columbus, Ohio, after July 1st, 1900.

T. B. Mansfield, D. O., of Wichita, Kan., has sold his practice to J. O. Strother, D. O., of Winfield, Kan. Dr. Mansfield will locate in the east.
ATHLETIC NOTES

By: Paul M. Peck

A pretty contest throughout, with odds in favor of A. S. O., until the last race of the first athletic field day met held June 8th, jointly between the A. S. O., the State Normal and the C. S. O. The contests were witnessed by a crowd of 500 enthusiastic supporters of the contesting schools. The program included the five field tests and five track events provided for in the inter-collegiate rules.

The track was heavy and slow, but several of the field trials, the pole vault, high and broad jumps developed records to be proud of. The meet was won by Normal with 40 points. A. S. O. scored 37 and C. S. O. 18.

The all-round championship was won by Jo Daniels who earned 24 points for Normal. His twin brother Will, followed with 9 points.

For A. S. O. Petit won 15 points taking first place in every event he contested. Geo. Cleary won two firsts, scoring 10 points, Dobson 2, W. Davis 3, Love 1, Eastman 1, and Track Manager Jones 5 points.

The summary:

FIELD EVENTS.
Pole vault—Petitt, A. S. O., won; Johnson, Normal, second; Jo Daniels, Normal, third; 104 feet.
Shot put—Cleary, A. S. O., won; Pouell, C. S. O., second; Jones, A. S. O., third; 30 feet one inch.
Running high jump—Petitt, A. S. O., won; Dobson, A. S. O., second; Davis, A. S. O., third; 5 feet four inches.
Hammer throw—Cleary, A. S. O., won;
Prostrations -

Pursuing -

Passed.

him criminally there -

maladies the people remain.

knowledge of surgery or we understand and practice medicine. He is rather a

the inflammation of a wound.

well defined popular meaning.

Rheumatism:

question subject art medical college within the

however She with pain. The to have originated with Dr. A. T. Still, the evi -

he.

the court Judge Hobson said.

The proof shows that Osteopathy is a new method of treating diseases, which is

easal to have originated with Dr. A. T. Still, at Kirksville, Mo., about the year 1871. At this
time the proof was that in this case there were in attendance at the school establ -

i shed by him, something over 500 scholars from twenty-nine states of the Union and several from Canada. In con -

nection with the school, as was an Osteo-

pathy, at which from 300 to 500 patients were regu -

larly treated. The buildings of the school are shown to be commodious and suitable

purpose. The patients treated at the

inflammatory as well as those treated by

appellant, appear to have been satisfied with what they received, and many of them to have been materially benefited. There are four or five other colleges of Osteopa -

thy, which, with the one at Kirksville, form an association, and in five states of the Union Osteopathy has been recognized by law. The testimony of the witnesses, the character of the professors and the evi -
dent sincerity of their statements, leave no doubt in our minds that the school at Kirksville is a reputable school of Osteo -

pathy but whether it is a reputable school now and of necessity imperfect yet; but if we may credit the evidence in this record, is often efficacious where the regular prac -
tice is ineffective. Still a school which teaches neither surgery, bacteriology, materia medica nor therapeutics cannot be regarded as a medical college within the popular meaning of those terms as under -

stood in this state when the act in question was passed.

Having reached the conclusion that the school at which appellant graduated is not a medical college within the meaning of the statute it remains to inquire whether this act applies to him at all. The subject matter in the words of the Legislature in passing the act was to protect the people from the practice of medicine founded merely on experience without scientific knowledge. * * * If this statute applies to him it also applies to trained nurses and all others that class who for compensation administer to the wants of the sick. The result of such a construc -
tion would be to compel every one to em -
ploy a registered physician to care for him when sick, or to trust himself entirely to gratuitous services, however much he might prefer skillful nursing to medical treatment. * * * Appellant is in no proper case a physician or surgeon. He does not practice medicine. He is rather on the plan of a trained nurse. If by himself and manipulating the body of the patient he can give relief from suffer -

ing we see no reason why he should not be paid for his labor as other laborers. Servants in kneading and manipulating the body are no more the practice of medicine than services in bathing a patient to allay his fever or the inflammation of a wound. Appellant may not prescribe or administer medicine or perform surgery, but so long as he confines himself to Osteopathy, without the use of medicine or surgical applica -
tions, he violates "no law and appliance should not molest him. On the return of the case the court below will enter judgment granting appellant a perpetual in -
junction restraining appellee from interfering with him or compelling him to the practice of Osteopathy as above indicated.

Mr. G—a man aged 27, was taken sudden -
ly with inflammatory rheumatism, with all its characteristic symptoms. The reg -
ular medical treatment was tried first, but the patient grew worse. I was called, and found the case well established. Every joint swollen twice its normal size and stiff. Suffering great pain, could not turn in bed nor feed himself. Every movement caused him to scream with pain. The bowels were constipated, kidneys almost clogged, and secreted only a small quantity of highly colored urine. I first reduced the fever, then the treatment was directed to liver and kidneys and sweat centers. The next day there was a marked improve -
ment and the seventh treatment the case was discharged and in a few days the pa -
tient returned to his business.

Mrs. J., a lady of 22 years, was brought to my office suffering with a very bad case of nervous prostration, and with great tendency toward insanity. They had tried a number of medical physicians but the nervousness grew gradually worse. Her friends were told by these physicians that she was fast approaching insanity. She

REPORTED BY E. E. WESTFALL, D. O., MT. PLEASANT, IOWA.

CASE 1.

Inflammatory Rheumatism:

Mr. G—a man aged 27, was taken sudden -
ly with inflammatory rheumatism, with all its characteristic symptoms. The reg -
ular medical treatment was tried first, but the patient grew worse. I was called, and found the case well established. Every joint swollen twice its normal size and stiff. Suffering great pain, could not turn in bed nor feed himself. Every movement caused him to scream with pain. The bowels were constipated, kidneys almost clogged, and secreted only a small quantity of highly colored urine. I first reduced the fever, then the treatment was directed to liver and kidneys and sweat centers. The next day there was a marked improve -
ment and the seventh treatment the case was discharged and in a few days the pa -
tient returned to his business.

CASE 2.

Nervous Prostrations:

Mrs. J., a lady of 22 years, was brought to my office suffering with a very bad case of nervous prostration, and with great tendency toward insanity. They had tried a number of medical physicians but the nervousness grew gradually worse. Her friends were told by these physicians that she was fast approaching insanity. She

NOT A SCHOOL OF MEDICINE.

The main things taught in the school are physiology, anatomy and the treatment of disease by manipulation. The system is new and of necessity imperfect yet; but if we may credit the evidence in this record, is often efficacious where the regular prac -
tice is ineffective. Still a school which teaches neither surgery, bacteriology, materia medica nor therapeutics cannot be regarded as a medical college within the popular meaning of those terms as under -

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tion would be to compel every one to em -
ploy a registered physician to care for him when sick, or to trust himself entirely to gratuitous services, however much he might prefer skillful nursing to medical treatment. * * * Appellant is in no proper case a physician or surgeon. He does not practice medicine. He is rather on the plan of a trained nurse. If by himself and manipulating the body of the patient he can give relief from suffer -

ing we see no reason why he should not be paid for his labor as other laborers. Servants in kneading and manipulating the body are no more the practice of medicine than services in bathing a patient to allay his fever or the inflammation of a wound. Appellant may not prescribe or administer medicine or perform surgery, but so long as he confines himself to Osteopathy, without the use of medicine or surgical applica -
tions, he violates "no law and appliance should not molest him. On the return of the case the court below will enter judgment granting appellant a perpetual in -
junction restraining appellee from interfering with him or compelling him to the practice of Osteopathy as above indicated.

CLINICAL REPORTS
would spend hours crying to see her mother who had been dead fifteen years. She suffered greatly from insomnia, stomach trouble, and female weakness. As a last hope she was brought to me. On examination I found 1-3 cervical vertebrae misplaced to the right, the 8th and 7th dorsal to the left, and 4th and 5th lumbar posteriorly. After the examination I told the friends I could promise them nothing as I could not prophesy what the outcome would be. But was willing to do what I could to relieve her. After the first treatment she never had another crying spell. The third treatment relieved the insomnia. In five weeks time she was discharged cured. It has now been seven months since and none of the symptoms have returned.

CASE 3.
Willie P.—age 11, had suffered greatly with pain more or less constant in his leg and much of the time he was confined to his bed. On examination found the effected limb much smaller and shorter than the other. The muscles were flabby and shrunken, and very tender on pressure. The cause of his trouble was in the lumbar region of the spine and was removed in one treatment, and he has not had an ache or pain since. The muscles are growing fast and circulation restored. And no one can now scarcely tell which was the effected limb.

CASE 4.
Spinal Curvature—
Miss A—has suffered for years with spinal curvature in the lower dorsal and lumbar regions causing many aggravating troubles peculiar to her sex. She took three months Osteopathic manipulation and was entirely relieved and now she sings the praises of Osteopathy.

CASE 5.
Acute Peritonitis—
On April 29th, I was summoned in haste to the home of Miss C—. I found her suffering great agony from a case of acute peritonitis. Her case was very critical. It looked as if she was very near death's door. She was beyond speaking and unconscious. Heart very weak and irregular, vomiting every few minutes; abdomen greatly swollen and rigid, and pain constant, very sensitive on pressure. A medical doctor who saw the case said he thought she could never recover. In five days I discharged the case and now she is as well as ever. Her friends think Osteopathy the greatest healing science of modern times.

CASE 6.
Sciatic Rheumatism—
Jesse S.—had been suffering with sciatic rheumatism. So severe was his suffering that it was impossible for him to sit down long enough to eat his meals. He either had to stand or lie down. He had tried the medical treatment and become disgusted with their liniments, pills and porous plasters. He sought the Osteopath. His trouble was found in the lower lumbar region; especially at the 5th; this was corrected and his sciatica is no more.

REPORTED BY H. C. WOLTMANN, D. O.
Dislocated Rib—
Mrs. B.—aged about 30, the mother of two children, the youngest 7 months old, applied for treatment. She thought she had liver trouble, had been constipated for several years, but suffered intense pain in the shoulders when at such work as sweeping or anything that called for muscle effort, she would feel a peculiar sensation which she described as a lot of blood passing up from her left ovary to her shoulder after which she would have a pain in her shoulder the rest of the day. Examination showed that liver was practically normal, left ovary very sensitive, and 12th rib on left side almost vertically down, quadratus lumborum on left side very sore, with tender spots along the spine but no bony lesions. After 1st week of treatment constipation ceased. After three weeks of treatment 12th rib remained in normal position, the globus hystericus and pain in shoulder ceased, she no longer thought she had liver trouble and said she never enjoyed better health.

REPORTED BY J. W. PORQUER, D. O.
Weak Eyes—
Miss B.—had been troubled with weak eyes, so that she was compelled to wear glasses for over two years. Her eyes would pain her severely if she left her glasses off for five minutes. Lesion, second dorsal lateral to the left. Gave her five treatments and she was enabled to do embroidery work without the aid of her glasses.

REPORTED BY W. B. SLECKER, D. O.
Hysteria—
Mrs. Richey, South Franklin St. Trouble dated back 5 years to miscarriage and menopause, since which time patient had had hysterical fits at each full moon. On examination, the lesion was found (not in the moon) but in the spine. The patient did not suffer a single spell after first treatment in the middle of April. She is now strong and hearty.

REPORTED BY W. J. RHYNSBURG, D. O., SUITE 35, DAVIS BUILDING, DAYTON, OHIO.
Female Trouble—
Bertha Richey, daughter of the above, age 13, suffered from congenital female trouble; four years standing, reached puberty at nine years. Severe sick headaches and general failing health. Two and a half month's treatment has made her a new girl. Both can be interviewed on Mondays and Thursdays in room 3.

REPORTED BY MRS. E. M. MAXWELL.
Tapeworm Removed by Osteopathy—
Mrs. Chas. Bergoman of Kirksville, Mo., aged 35 years, weight 150 lbs. Mother of five children, she had been treated for 2 years for tapeworm with no results, applied to me for treatment the latter part of October. Not having taken Osteopathic treatment before, the first week might give but two treatments, as the treatments made her too sore, after which I treated every day for five days, prescribing liquid diet, after the seventh treatment, the worm was passed alive. On examination of patient, I found an inactive liver, also a lateral curve extending from fourth to eighth dorsal. Treatment applied strictly to the liver, both to the center in spinal cord and abdomen. This proves that Osteopathy will do the work, even to removing tapeworm.

REPORTED BY MRS. GRACE C. BEHNER, D. O.
Stomach Trouble—
Mrs. L. C. Kerr, aged 24 years, for the last 6 years at times vomited blood and retained but little food. Discharged cured after 8 weeks of Osteopathic treatment.

REPORTED BY O. E. MAYER, D. O.
Piles—
Mrs. S.—suffered several years from protruding piles with occasional inflammation in the parts. Cause—constipation, weak nerve and blood supply to rectum and lower bowels, associated with prolapse of walls of rectum; the latter probably due to irritation of the nerves in lower lumbar region caused by strain from over-lifting. One month's treatment last spring removed the trouble and has so remained.

REPORTED BY W. J. RHYNSBURG, D. O., SUITE 35, DAVIS BUILDING, DAYTON, OHIO.
Sore Throat—
A chronic case of sore throat with more
or less constant inflammation and irritation was cured after six weeks treatment.

Cause—Marked tension and rigidity of ligaments along entire cervical region with considerable tenderness at 2d and 3d cervical, affecting pharyngeal branches of vagus. Enlarged tonsils probably augmented the trouble. Reducing tension in cervical region and freeing the nerve and blood supply reduced the tonsils and removed throat inflammation.

REPORTED BY SHERMAN KIMBALL, JUNE CLASS, 1900.

Miss J.—aged twenty, had suffered for nine months with dysmenorrhea and severe pain in left hip extending down back of leg. For about four days prior and during the menstrual period she was confined to her bed and could not walk at any time without causing great pain in hip. Upon examination I found a lesion at 10th and 11th dorsal vertebrae which affected the innervation to the ovary and on palpation of abdomen I found an enlarged and painful left ovary. After three weeks treatment the lesion was corrected and the pain had entirely left the hip and ovary. The next menstrual period was perfectly normal all symptoms having disappeared.

REPORTED BY J. W. BLEDSOE, D. O.

Ovarian Hyperesthesia—

Mrs. P.—aged 39 years. Her trouble starting from the 30th day of September, 1899, by giving birth to a ten pound boy, after which she had symptoms of extreme ovarian hyperesthesia, the pain was so severe that the attending physician gave injections of morphine day and night until the region between the lower part of breast bone to about the level of the crest of ilium was completely discolored. She sometimes gave entirely away to emotional symptoms, but otherwise the special senses were natural. She had severe spasms of the abdominal muscles which was accompanied by diarrhoea. Upon visiting Mrs. P. found the lesions were only muscular and the treatment was solely for hysteria. A rapid recovery followed.

REPORTED BY R. J. BARTHOLOMEW, D. O.

Leucorrhoea:

Lady 30 years of age, married, had slight deviation of lower dorsal and lumbar vertebrae to left, laceration of cervix from last labor with tenderness over uterus and ovaries—severe pain upon micturation. Upon correction of spinal lesion, requiring less than one month's treatment, health was restored.

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