I WISH I could believe that the medical doctor was scientific. I have tried to believe him sincere. I could do that, but when I would ask him to prove that medicines of any kind could demonstrate their scientific usefulness either in a general or specific manifestation when administered to diseased persons, right at this very important moment he says, his profession has to use great caution in selecting and administering drugs to suit the person more particularly than to match and successfully combat the disease with which he is invited to conduct. He will tell you that there is no known specific for any disease. He will tell you that quinine is as universal as a specific for malaria as any drug known to the profession to the present date. Then he brings in that good old reliable word “However,” which means all you want or nothing at all, and informs us that many cases of malaria are met in our practice which resists all known remedies, and only yield to change of climate. Then we ask this sage of experience if he knows of any specific for any disease of country, climate or season? If he knows of any specific that he can recommend under oath that will put to flight such diseases as cholera, smallpox, summer complaints, diseases of the lungs, brain, liver, kidneys and bowels? He will tell you he would not like to swear in favor of any specific’s power as a remedy; that some drugs seem to be the very essence of relief to one person, and death to others suffering with the same
class of disease, either of contagion, or other kinds. He winds up his story to the enquirer for truth by saying, that more depends upon the practitioner’s knowledge of what kinds of persons he must administer large doses of sedatives to in order to control their nervous system, and what class of people would die under the influence of such sedative treatment.

What class or kind of blue or black eyed, red, light, black haired people die if they did not in his judgment have alcoholic or stimulants, such as fly blister, mustard plaster and so on, and when he has talked to you he says “I am in honor bound although old and gray in the practice of medicine to say to you that my experience for these many years has been crowned by heart-rending disappointments. I do not know how many I have killed with drugs if any. I do not know how many I have cured by the use of drugs if any at all.” Then that mighty friend comes forward, that good old “However” and he says “It is my trade, by it I make my daily bread and must be satisfied to conform to established usages (legalized ignorance.)”

This is the kind of unreliable information that the seeker for truth does now, and has received when he cruises on the ocean of time for that kind of knowledge that he can use and apply, and know he will get the desired results as a reward for his labor. He knows that our machine shops can make an ax, a saw, square, auger, compass, plane or any tool known or used by the mechanic; and he knows that the mechanic can get the result or results once or many times. If he wants to bore a hole he knows that by the assistance of the auger he gets the result. When he wants two pieces of wood to connect either at side or end that his square will indicate the proper place to saw, and when the two ends are brought together if sawed by that rule they will fit, notwithstanding one was squared and sawed in London the other in New York. He knows if skillfully done that all will come together, fit closely and prove the reliability of the square.

This same rule of certainty is just as good with ten thousand instruments when used skillfully for the purpose or purposes for which they were designed.

All of the mechanical doctor’s remedies do get the desired results, of which he is proud. The medical man’s remedial agents are used and applied, all fail because the medical carpenter has no square by which he can work.

* * *

DISEASES AS WOUNDS

A S PRESIDENT of the A. S. O. I want to make a few bold statements of what I know to be true of Osteopathy, which has one and but one plain meaning; and that is if there be any faults or failures in successfully treating such diseases as come under the claims of Osteopathy, that there is but one known cause that the honest and most competent searcher has found or is liable to find, and that is ignorance of anatomy, and what that body can and will willingly do. I believe we today are only beginners. I believe every day of two years in anatomy has only made us able to see that old theories outside of strict attention pertaining to the forms and functions of the parts of the body is time lost. Ages have been blindly wasted, and theories that are devoid of truth as to what move the “healing man” or doctor should make. I am sure the doctors of all ages have had the blind staggers, they have been blind to the fact that God had put in man a mind to direct him in all business undertakings. That he gave to flesh the power of wisdom and locomotion, he associated life with it. He did place in flesh a power to heal and repair wounds, broken bones and on, and no power has yet been found as a substitute for that endowment bequeathed to the flesh of man or beast. That quality is the surgeon’s only hope when he has performed his work. He trusts in that great nurse, and leaves knowing that the case is in the hands of the living God, the only trustworthy trained nurse of all hospitals. He has learned this great lesson by his knowledge of anatomy with what he knows of the healing powers of the body in a surgical line, I was led to go farther with the inquiry and try and ascertain if nature went farther with the healing art than to consider all diseases as wounds and treat them accordingly. Thus if fever is a wound of the lymphatics by strokes of heat or shock of cold, would the patient have to go by the laws of repair to healthy blood, the same as from a wound from a knife or saber? The answer came slowly, and then only when I learned to seek and detect lesions that indicated the obstruction that would stop blood long enough to ferment, and cause such disease. I have given much time and study to find a term that would apply to all diseased conditions, either of contagion, location or seasons. I believe I can show by reason that the word wound would express more fully all conditions known as diseases, general and specific. What is small pox but a general wounding of the nerves and machinery of life located in the fascia? We have said wounds because of the deadly shock the nerves and glands just beneath the skin have received. It matters not how gentle the stroke at the time of conception, the effect has proven the wound to be a confusing jar to the nerve cells and glands of the whole system, and the pox is only the failure to receive vital fluids to save life and throw off impurities as fast as they were deposited. Then it would be natural to try to leave the body by decomposing dead blood, and form gas and expel water while in the gaseous form. In him we have a wounded man; he has been hurt by the explosion of nature’s effort to form vaporous gas and drive that out by way of the excretories. Is not all this trouble the result of the shock to the nerves and glands? Let the Osteopath consider that he is a surgeon, remove all hindrances to the normal
continuity of all forces and fluids, and trust to nature’s trained nurse who
does all repairs by nutritious blood. The surgeon with knife and saw
knows that to hope to restore his patient any other way than from pure
blood he would be branded and known as a fool. I hope by this time that
the student knows what I would try to draw his mind to by calling all dis-
cases surgical wounds, coming in as many ways as the number of all
diseases, cuts, jars, shocks mental or physical, heat, cold, eating too
much, loss of sleep, property or friends; all are shocks to the nervous sys-
tem, and the case is a wounded person, and the doctor must treat accord-
ingly.

IT WAS my good fortune or bad fortune to introduce Osteopathy in its
swaddling clothes a quarter of a century ago in North America. It
was a good sized boy baby, with strong lungs. It has talked to the people
of the beauties of the discovery that it had made, which are a few of the
principles that govern animal life, which, no doubt, are as old as the days
of eternity. After twenty-five years of close investigation, I have made
no discovery of any defect whereby I could suggest an amendment. I
have used freely the scalpel, the microscope, and the chemical laboratory;
made a free use of the opinions of all philosophers with whom I could con-
sult; at the end of each season of investigation the conclusion has uni-
versally been that the laws bear upon their face absolute evidence of
perfection, and are so taken and accepted by the learned people who have
time and desire to investigate the truths of Osteopathy.

While I have taken no pains to give this science notoriety by publica-
tion, it has been more or less known for ten or fifteen years in the capital
of the United States, and today is known, more or less, in every town and
village in the states and territories, and is also known in foreign lands.

I will say for those who desire to know more of this science that when-
ever you see a diploma from the American School of Osteopathy, you will
find the possessor qualified to give you the necessary information and to
demonstrate the facts of the science by his or her skill and ability which
they have obtained during long months spent in obtaining a thorough ed-
ucation in the American School of Osteopathy at Kirksville, Mo.

My signature only goes to those parchments after long acquaintance
in the school room with the receiver thereof, and the signature of the
trustees and faculty of the school is all that is necessary or that we can do
by the way of recommending as to character and qualification. As I
know all have had a good opportunity to become well qualified for the
duties of a healer, I will make mention of no particular name or person
more than to say that without merit these diplomas would not have been
issued to the persons now possessing them, and for me to say who is good
or who is bad would be a contradiction of what I have already said—that he or she has our highest recommend on their diplomas.

* * *

This school has grown to its present dimensions by the founder doing other work than dosing and instrumental surgery; he has by proving to the world that fevers of all kinds can be stopped by changing the motion of blood from quick to slow caused man to see that blood moves fast or slow just in proportion to the amount of force or energy that is given to the nerves of motion from the brain. The nerves move fastly when irritated by causes that would excite electricity to become more active. Surely electricity has much to do in heat and motion, and motion must precede friction, then it is natural to have friction before we can have heat. Thus we say fever heat, but we can just as easily say that heat is only electricity in quick motion. Motion and friction the cause, heat the effect. The Osteopath can modulate nerve action either to reduce or increase heat if he knows his anatomy and the functions of the nerve and blood systems, he need not guess but know how and what to do to get results desired. A. T. S.

PROFESSIONAL ETHICS.

Ex-Président Technical School of Cincinnati, O.

DUTIES PERTAINING TO OUR PROFESSION.

The fact that the physician's profession brings him face to face with suffering and often makes the unwilling agent of pain, unfit's him for ministrations to those who are most dear to him, to whose anguish he is most sensitive. He is, therefore, peculiarly unfitted for practice in his own family, especially in severe or acute cases. Hence every physician should be willing to respond to the needs of his fellow practitioners, or members of their families, of his own school at least, without expectation of compensation. But should the amount of the expense incurred by the practitioner in treating another physician or his family, or indeed should a regular fee from one in affluence, be tendered to one not so fortunately situated, its acceptance should not be considered an unprofessional act.

The sick are prone to get all the information they can concerning themselves from many physicians of all schools. Seeking professional advice or treatment from anyone else than the regular physician is often done in such a way as to be an act of discourtesy, but is of course, almost entirely beyond the physician's control. It is the manner rather than the act itself to which the physician has a right to object; because the afflicted person, especially if the case is critical or of long standing, has the right to call for the best advice and the best treatment with which science and art can furnish him. Opinions concerning a case will differ more or less and all may contain both truth and error. The best may err. Caution is necessary in arriving at a conclusion and even greater caution in expressing an opinion upon the judgment or treatment of another physician. This should not prevent the physician from giving his own opinion as to the condition and treatment of the case, if done with delicacy and proper consideration for the feelings and interests of others.

It is to be presumed that a physician who has been in regular attendance upon a case is more familiar with it than one who sees it for the first time. It would, therefore, be the height of conceit as well as discourtesy to criticize a brother physician whose patient you may be called to see. This suggests the question as to what the physician should do when called upon to treat the patient of another practitioner, that is, one who is still taking treatment of another and one who is supposed to be under his care. A due regard for the welfare of the patient and courtesy towards his physician indicate that the acceptance of such a case should be attended with caution. Treatment by two or more physicians may thwart towards his physician indicate that the acceptance of such a case should be attended with caution. Treatment by two or more physicians may thwart the purpose aimed at; hence the treatment of the patient of another practitioner may prove injurious to the physical well being of the patient and to the reputation of both physicians, to say nothing of questionable conduct in even having the appearance of robbing another of his practice.

Our field is the world. There probably is not a city or hamlet anywhere in which are found too many legitimate, well qualified Osteopaths. Hence the demand which the schools are unable to supply. Under these conditions it is not surprising that the Osteopath should be restless until he secures one of the best berths. But this does not justify the unseemly scramble sometimes indulged in by those who seek to reap a harvest of another's planting, or those who work a field for a short time simply for the purpose of securing a large pecuniary reward. As long as we have physicians of that class apparently in good standing in our ranks, so long may we be accused of fakery and ranked with the peripatetic patent medicine vender. Every person taking upon himself the title of Osteopathic physician and practicing or pretending to practice the art may determine for years the estimation in which Osteopathy will be held in that community. Good, honest work will tell to the glory of the profession; bad, dishonest work or the questionable character of the Dr. will leave a heritage which will not be easily destroyed.

Oftentimes consultations may be necessary to satisfy the just demands of the patient, or advisable to insure the best treatment of the patient or to share the responsibility of the physician in a really critical case. It is needless to say a consultation as to methods of treatment should be among
members of the same school or practice; but as to diagnosis, bigotry or
narrowness on the part of the physician should not cause him to deprive
the patient of the benefit of the combined knowledge of all schools. Each
consulting physician should have as good an opportunity to a complete
examination as the condition of the patient will allow, but should withhold
his opinion for secret discussion. The attending physician should take
the lead in such meetings and solicit the freest expression of opinions. If
all are not able to agree, regard should be had for the opinion of the
attending physician.

The question often arises as to the manner in which a knowledge of the
benificent influence of Osteopathy may be extended to those ignorant of its
merits. If the work of the Osteopathic physician is a blessing to man-
kind, the public should not be kept in ignorance of its merits. The manner
in which the public is to be apprised of the presence of an Osteopathic
physician in a community may be an open question. Direct personal
advertising through the public press savors of quackery, and can not be
looked upon as professional; and private circulars containing testimonials
or other statements as to remarkable cures performed by the one whose
business it is intended to advertise are unworthy the dignity of a member
of a noble profession. As our school of practice is unknown except to the
few, a dignified statement of the distinguishing tenets of Osteopathy
devoid of all personalities or vituperation surely would not be subject to
criticism. This might be distributed in the form of a circular, or better in
the pages of a regularly published journal devoted to the interests of
Osteopathy. The natural desire of the public for less mysterious methods
of healing makes patients willing to advertise the honest and successful
Osteopath. This method may meet all the requirements and become all
that is desired.

The very nature of circumstances makes a perfectly uniform fee for
services impossible and undesirable. Believing as we do that the prevail-
ing rates are cheaper on an average, in the long run, than those of any
other school, these rates should be maintained, as far as consistent with
the building up of a legitimate business. The laborer is worthy of his
hire, and the interests of the profession as well as the individual physician
must be conserved in this regard. No physician of affluence should ren-
der services to those who are able to pay, simply because he can afford to,
without compensation; let his charity be bestowed upon the indigent.
Neither should a physician be guilty of underbidding the services of
another physician.

The unseen quarrel that has been waged for a century or more be-
tween opposing schools of medicine should not become a part of the herit-
age of Osteopathy. Each school has been taught some things by the
others; and there is much that Osteopathy holds in common with all. It
does not follow from this that the Osteopathic physician is not to defend

the distinctive features of his school; neither should he refuse to enter the
arena to engage in open combat when his profession is assailed. Our sys-
tem being based upon scientific principles, we can answer by argument
and facts the undignified cry of "quack," "fraud," "fake," "guerrilla,"
etc.; and the assaults made upon us in legislature and courts by our com-
bined opposition. "Whom the gods would destroy, they first make mad."

The Osteopathic physician must not forget that he has a duty to per-
form to the public. Prophylaxis is more to be desired than suffering even
though followed by cures; the good health of a community is more than
the reputation or success of any physician. Hence he who is competent
to aid a community, by his advice or labor, to avoid epidemics and to
maintain public health would not be counted a worthy member of a pro-
fession if he did not render this duty to the public.

Our medical brethren have long had a reputation for their unselfish
devotion to the poor, and we must be willing to share their labor if oppor-
tunities permit. But the inmates of endowed eleemosynary institutions or
of institutions conducted for mutual benefit are not entitled to gratuitous
services.

Much can be done by the Osteopathic physician by guarding the pub-
lic against the impositions of quackery; especially the use of drugs in cases
of anatomical disturbances. The advertisements in the public press for
the cure of almost every ailment by the administration of secret compounds
or the wielding of some mysterious influence attest the enormous outlay
by the public for remedies that have no merit except in the profit to the
vendors or in the imagination of the recipients.

Osteopathy is founded upon truth. Let all who take it up base their
work upon truth and justice. Let us not find it necessary to apologize
for our profession, for our knowledge of it, or for any who engage in its
practice, and the sound of the trumpet of Osteopathy will cause the walls
round about the Jericho of our enemies to fall.

INHIBITION.

DAIN L. PASKER, D. O., LOS ANGELES, CAL.

IT IS quite likely that during the years to come there will be considerable
attention directed by Osteopaths to the subjects of Stimulation and
Inhibition.

The surface indications as expressed in the literature of the profession
on the subject, seem to depreciate these excellent therapeutic measures,
considering them to be rather unscientific, inexact and unreliable. So far
the chief explanation of our work is that we remove lesions and leave to
nature the work of stimulation or inhibition, i. e., depend on the ever pres-
ent tendency toward the normal.
The term "remove lesions" is a good one and yet it is inexact in many cases. It is an elastic phrase and capable of many and varied interpretations. Each year of active practice adds to the Osteopathic idea of what lesions are. Our literature contains many references to lesions which are not mentioned in Dr. Still's writings and yet Dr. Still's basic work has made the later conceptions possible. Osseous lesions have always been paramount in our work and thought; but muscular lesions now hold an equal place and bid fair to lead when we see more clearly into the subject.

We say that "when the anatomical is absolutely correct the physiological potentials." This conception is based on the statement that the human body is a machine. The human body is vastly more than a machine, it is a vital mechanism and the fact that it is vital renders it susceptible to other influences besides mechanical, such as falls, twists, strains, etc. We may truthfully say that when the physiological is over active the anatomical alignment is disarranged

It has been proven many times that the Osteopath is capable of checking this over activity by very simple means. But, you say, what caused the over activity? The cause, the cause,—that's what we want to remove.

You have all probably treated many cases successfully in which you were unable to locate any cause or lesions, many of these cases come under the head of Indiscretions, many others under purely mental conditions. You treated these cases according to your knowledge of Anatomy and Physiology and were successful. Was your success in these cases less gratifying to yourself, or less satisfactory to the patient than success in cases of a more mechanical nature? I think not. Think back over your practice and if you have had many acute cases you surely can pick out places here and there in your varied experience where your knowledge of stimulation or inhibition worked changes bordering on the miraculous. It was done scientifically and the results were an exact response to the treatment.

This phrase, "remove lesions," is an Osteopathic epigram. It has become so thoroughly ground into the mind of the student that he feels that no matter what the case, he must find a mechanical lesion and remove it in order to effect a cure. This is continually spoken of as especially scientific and this feeling throughout the profession has headed off careful investigation in other phases of our work.

There certainly is a wide field for the rational and scientific use of inhibition as a therapeutic measure in the treatment of disease.

By the term inhibition I do not attempt to convey any other meaning than that of pressure applied to some particular point on the surface of the body for the purpose of lessening the hyper activity or hyperesthesia of the immediate or some distant part of the body. The inhibition itself does in some cases remove what we may choose to call a lesion, in other cases it may make the removal of a lesion possible, but in the majority of cases its effect is purely on the nerves, thereby acting on both the motor and sensory portions of the reflex arc, lessening muscular contraction and pain.

Hilton by showing that the skin, muscles and synovial membrane of a joint or the skin and muscles of the abdomen and contents covered by peritoneum are innervated from the same segment of the cord, laid a foundation for the rational use of inhibition in Osteopathic practice. Inhibition is a local anesthetic and as such is being used universally in the Osteopathic profession to-day. True, it is not a thing that can be done in a minute, it is work. We can not inhibit for five minutes at the eighth dorsal spine in a case of malarial fever and expect to check the chill. The chill may be controlled just so long as the inhibition is maintained but the influence gained at this first sitting greatly shortens the next one. No one would say that we remove a physical lesion by this treatment. Muscular contraction of the deep dorsal muscles comes on with a chill but does not cause the chill. Surely inhibition in these cases works a nervous change of a pronounced character.

Inhibition for the vomiting of pregnancy in no sense removes a lesion and yet it has many successes to its credit, surely the inhibiting influence exerted on the stomach is great for it is able to overcome the reflexes from the pregnant uterus.

The vomiting and purging of cholera morbus can be controlled by inhibition and in this case there is probably an irritant to the intestinal mucosa in the form of undigested food. The irritant is not removed by the inhibition but the excited stomach and bowels are given rest and in consequence are able to carry on their functions properly.

In cholelithiasis the intense pain can be modified by inhibition at 9th and 10th dorsal spines, right side. Inhibition at this point also lessens the abdominal muscular contraction and makes direct manipulative treatment possible. The same is true in cases of appendicitis. We could not give direct manipulative treatment in such cases if it were not for the power of inhibition to lessen pain in and muscular contraction over the affected area. How much more influence is exerted over the nerves of the appendix and surrounding region it is hard to say. It may be that the inhibition allows other forces of the stimulatory character to be brought into action to empty the appendix. Direct manipulation in these cases is frequently out of the question.

This is perhaps a mechanical age but there are limits to the treatment of the body as a machine or on mechanical principles. In Osteopathic literature I find the following on the treatment of appendicitis: "Just back of the appendix is the largest muscle in the human body, known as the psoas magnus. It is attached to the femur or big bone of the leg and is the muscle by which one can revolve the leg as on a pivot at the heel. It is this muscle which is made to do the trick of emptying the appendix.
Using the fingers of one hand to hold the walls of the abdomen in place and to prevent a rupture of the delicate internal structures, with the other hand a spasmatic contraction of the psoas magnus is brought about which snaps it against the appendix and is said to force out of the that organ whatever of foreign substance it may contain. Such a treatment as this would be just about as rational as cutting out the appendix, probably less so.

If such as I have quoted be the outcome of too close adherence to mechanical theories in the causation and treatment of disease, then we had better pay more attention to nerve reflexes and reactions as a result of Osteopathic inhibition or stimulation.

Our work is not all mechanical nor is it all inhibitory or stimulatory; it is a judicious use of all these, one is quite as important as the other.

Inhibition is a large and necessary part of many treatments given for the purpose of removing a definite lesion, for if inhibition were not first used the true lesion could not be touched. This is the case in intestinal obstructions.

In a case of pleurisy which came under my care an opportunity was offered to test inhibition unhampered by any other method. The patient could not bear to have the right arm moved, respiration was exceedingly shallow and the physical strength was very low. Hot fomentations had been used but to lift the arm caused excruciating pains in the side. Steady inhibition was given for fifteen minutes between transverse processes on right side in the area between 3rd and 7th dorsal vertebra. After this length of time patient could raise right arm above the head and take much better inspirations. As a result of this treatment given twice each day the patient made a good recovery even though all the metabolic processes were carried on in a very unsatisfactory way.

According to Hilton’s ideas as expressed in “Rest and Pain” any movement of the chest muscles would be contra-indicated on account of the pain which would be nature’s method of enforcing rest necessary for the cure. The patient declared that the deadening of the pain and the consequent possibility of movement of the thorax seemed to revivify the entire system as well it might on account of the increased circulation and resultant activity of all vital processes. Hilton’s theories are certainly well sustained by his arguments, but when we consider that he calls adhesion of tissues a cure we are compelled to strive for different results.

The question might be asked how long did the good effects of the treatment last? Usually about three hours, the tightening up and pain being less severe each time. Other cases of pleurisy have yielded just as readily to this method. The patient must be kept thoroughly warm.

In chronic diseases one has ample opportunity to search for a definite lesion, but acute diseases usually demand rapid work and one must be ready to meet the demand of the moment. It is comparatively easy to theorize about osseous lesions here and there in acute diseases, but only he who has had opportunity knows what it is to attempt to set subluxated ribs or vertebrae in cases of pneumonia or appendicitis.

If, as Hilton declares, the use of local anesthetics over the terminations of sensory nerves which are reflexly irritable on account of inflammation in the area of distribution of other nerves from the same segment of the cord is a good treatment, then the use of inhibition as applied by the Osteopath is surely more rational and scientific.

There is still another time when inhibition is of incalculable value—in making examinations of the vagina or rectum. Several times in my practice examination of the vagina seemed impossible without great distress to the patient. The irritability of the mucous membrane of the vagina caused intense spasm of the sphincter, but steady inhibition over the third and fourth sacral foramina for about five minutes caused complete relaxation and the examination could then be made without any trouble.

We know from experience that Osteopathy can do wonderful work in removing obstructions, and that it comes nearer to finding these obstructions than any other school of practice; but there are diseases not due to misplaced tissues and it behooves us to study how we get results in those cases in which no physical lesion appears and yet function is greatly changed.

If this great desire to find the real cause leads us to teach such things as “the third, fourth and fifth ribs are especially apt to be dislocated,” this being one of the causes of broncho-pneumonia, we are in danger of becoming ridiculous.

It is not my desire to be critical, but I am impressed with the fact that many theories have been cast into the Osteopathic profession without sufficient previous close study.

Dr. Still’s statement that he did not want to graduate “engine wipers” has probably caused considerable effort to be original, but in my judgment there are times when a good engine wiper is better than a poor engineer, less damage results.

[Dr. Still’s statement in regard to “engine wipers” has reference to that class who give a general treatment for every condition, never look for the cause of disease, have no knowledge of physiological or Osteopathic centers, in fact those who resemble the masseur.]—Ed.
OSTEOPATHY VERSUS MEDICINE AS A HEALTH PRODUCER

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THE people believe that "nothing succeeds like success" in the removal of the causes of their diseases. They do not care what long name is given to their diseases, nor to the doctor who treats them.

In a free country they have a right to know the true cause of their illness, and to secure its removal, even through the humble ministrations of the scientific and hated osteopath—so that they may not go on through disappointing years of chemical experiments and unnatural results upon their bodies. Osteopathy succeeds better than medicine, because it removes the causes of disease. It is displacing the use of noxious drugs, solely upon its merits, which alone commends the practice to public favor, intelligence and confidence. At the centers of osteopathic learning, many students are annually gathering to learn the new science and art of healing. More than a thousand of its practitioners are already in the wide world-field, doing a good work that is not done by medical men. Thousands of towns in the United States have no local Osteopath, hence many people are compelled to go long distances to infirmaries of Osteopathy, for necessary treatment that their local medical men do not render (because they try to remove all causes of suffering with medicine or surgery.)

Osteopaths treat the most intractable cases of chronic and nervous diseases, that have failed of relief from all other forms of treatment. The efficiency of this treatment is such that it shows a greater per cent of cures of obstinate cases than other methods of treatment. The effect of eight years of such results as the practice of Osteopathy shows, is that it is known for good all over the United States. The only sufficient explanation why such results are obtained, is that the practice has a direct reference to the rapid removal of the cause of suffering. The modus operandi of Osteopathy is largely mechanical because the body is a mechanism. The disorders of the body are often mechanically caused and always so expressed. Every day of the year Osteopaths are not only treating the most obstinate forms of chronic and nervous diseases but the whole catalogue of acute diseases, that have been supposed to yield only to the less effective (for good) agent of medicine.

Every great reform in the healing art has been met by the most bitter opposition from the "learned" conservative hosts of medicine, whose daily bread but too often depends upon prolonged suffering. The drugless healing is more efficient than medicine in acute diseases, because it does not prevent but hastens recovery.

Prof. Alonzo Clark of the New York College of Physicians and Surgeons stated the plain truth (as have numerous others of the greatest...
and taught him to believe, not in the power of man over material things (that the mind is the man) but in the rule of material things over man. Hence man fell from his original majestic estate as ruler over all things (his body should have obeyed him and nothing come into his life that he did not desire) and his obedient physical servant became his imperious master. The more man is ruled by circumstances the more sorrow did he become, the more he thinks that he needs all inventions to fill up the aching void of right relation, that he believes he can no longer fill; the more he wants everything to effect and to gratify him (to take something) and instead of his having power over all things, he gives all things power over him by his own weak admission—and he loses sight of the relation between first cause and effect. He has paid men well who have taught him the power of everything over him, and thinks that he must take everything to get his money’s worth.

The health of every person is defined and produced by right-relation and right-action of the social body and of the physical bodily parts and functions. His welfare and health depends upon what he thinks and does to some extent upon what he does not think and do. When he goes to his physician his restoration to health depends more largely upon whether his doctor gives him poisonous drugs in addition to the disease for nature to overcome, or whether the doctor removes the cause, assisting nature. The natural or unnatural method employed to disease, is associated with the true or false life-plan of the doctor and patient.

The one daily engaged in the removal of the cause of disease, grows into the likeness of the truth that he expresses to and for others. The world needs men who believe more in health and prevention so that people may need less cure. The author of “an ounce of prevention is worth a pound of cure,” might have put the truth stronger, even at the risk of being considered uncivilized in his medico-financial belief. There is little real reference to the boon of prevention of the ills of the human race in the daily practice of medicine; for the more medicine (like whiskey) that people take the more they believe that they must take to get the former “desired” results.

Medical men forget the maxim that “all men know all things,” and that many valuable life-saving truths are found outside the “regular ranks” of Doctors of Medicine. Being enclosed in the shell of medical seclusion (from the truth) and assuming their practice and to apply all vital truth or knowledge, they limit their own activities for good and forbid progress in the healing art. Thus it is when the Osteopath (who is not a Doctor of Medicine) gets their cases and cures them, their dignity descends, as their wrath increases. People know them as they do others, by their fruits. Since people believe (not in prevention) in cure they get it continuously through the tender mercies of more than 100,000 medical men in the United States.

Would people be well, they must know that health is right anatomic and physiologic relation and action; and that the sick often need protection from their neighbors (to be saved from their friends) who visit them, unwittingly thinking and talking disease, despair and death, instead of health, hope and life. To have health, people must assume what they want to express by every thought, word and act. They are responsible for their ignorance. Their line of action is determined by their education, prejudice and by what their neighbors believe.

Do people live from the illusive standpoint of appearances, making the means of life, the physical world, the gratification of the bodily appetites, inclinations, etc.) the end for which they live? They thus make the physical servant the master of a reluctant soul, and diseased, emotional riot and too often physical anarchy is the continued result. Since the causes of disease (and of health) are hidden by the robes of flesh, and seeing with the outer vision is believing, people permit their medical men to cover up their pains with opiates and pull them into a false sense of security, while the cause operates toward physical destruction.

By dint of a kind of education, people have been brought to believe in a sort of a world of chance (what’s the use of knowing so much if what you know ain’t so—Billings) hence truth is stranger to them than the fiction of their cure by internal medicine, for the more fiction people believe in the less they are prepared to believe in the truth of the relation between cause and effect. The power of the accustomed is tremendous over the public and professional mind, for ‘‘as it was in the beginning tis now and ever shall be,’’ in regard to ringing out the old and bringing in the new and true. The accustomed is the spellbinder of the races and of the nations; it places them in their respective ruts of activity, upon their hobbies, which they ride to the necessary conclusion. As a rule those who are entirely controlled by the accustomed powers that be, hire others to do their thinking; they do not attempt to tell why material remedies cure the sick (for that is a mystery of the unaccustomed) and if they should they could not explain why unassimilated chemicals change the conscious state from bad to good or from bad to worse. Every law upon the statutes of the States “to regulate the practice of medicine,” is akin to the laws for regulation of the manufacture and sale of intoxicants. The trouble is not so much in the stuff sold, as in the men who buy and use it.

One law is to regulate the great disturber of the public health, the other, the great disturber of the public peace; each is labeled “for the public good,” and is for revenue only. The people will have both longer than they want them.

Nothing but the triumph of principle in individual and national life can bring health, happiness and tranquility.
The father's desire was simply to ascertain my opinion as to the young lady's chances to live through the operation. I told him after a careful examination that there were no signs of any sort of a tumor whatever; I diagnosed her case as prolapsus uteri, producing a slight appearance of ovarian tumor on a superficial examination, such as she had undergone at the hands of this Goliah of drug-medication. On returning to the M. D.'s office with my diagnoses, he denounced me and Osteopathy in the unmeasured terms of modern quacks, as "a cheat, a fraud and a — piece of deceptive quackery." I offered to deposit $500 in the bank to back my diagnosis and leave it to a committee of three, three M. Ds, and two Osteopaths of my own selection. The bravado took back water, withdrew his pickets, put up the white flag of surrender and I held both the field and the girl and cured her in one month's treatment.

This little experience I here offer as an illustration of the power of demonstration and my peculiar manner of conducting the contest. It worked like a charm. Be sure you are right then go ahead.

The principal difficulty in the way of progress is composed of two elements, ignorance and prejudice, and the affinity these elements have for each other is such that, you will most always find them together.

Salt Lake City, Utah, July 22, 1900.

"COURAGE" SHOULD BE OUR WATCHWORD.

There is a tide in the affairs of men.
Which, taken at the flood, leads on to fortune; Omitted, all the voyage of their life Is bound in shallows and in miseries. —Shakespeare.

The great wheel of time with its incessant swirl, and which with every revolution has given to this broad universe of ours such vast and innumerable changes, again brings us within touch of another scholastic term's work.

Nothing is so paramount of good results as rest to the exhausted physical and mental side of man, and so it is that after a vacation of unbounded pleasure, we come prepared to resume our studies with renewed energy and zeal. Let us not as the idler, fall to show our appreciation for this bountiful rest and for the rich harvest with which Providence has blessed us, but endeavor by steady application to duty and untried efforts to make a better and more brilliant record for ourselves than in the past. What higher terms of praise can be said of man, than that he has done his whole duty and done it well?

Unquestionably, we are here for a purpose, and indeed a grave one, and he that would come for pleasure and entertainment, rather than be disappointed would best turn aside at once, for certainly he has been mistaken in the way.
thing; the third fall in everything. What is applicable to the world at large is applicable in a measure to a school of such large numbers, but it is to be hoped that none may fail to be classed among other than the first named.

In conclusion, I might say that what has preceded is only a mere outline of what could be said along this line of thought, but I believe it sufficient to give us an idea of what is expected of us as Osteopathic Physicians, and may the time hasten when our union of thought shall be, more Osteopathic.

If anything has been given in this article which will lend encouragement, or cause any student to awaken to a knowledge of his position, it has only served its purpose.

A FELLOW STUDENT.
INFORMATION FOR PATIENTS.

SOME die and we cannot help it. We would save life if we could, but many come too late; disease has got in its work, and the case is without hope. I would give worlds to be able to cure and send all home well.

One comes in the last stage of consumption, when the whole lung is a mass of ruin, and body dead in all its powers to sustain life. He or she expects to get cured and go to their homes blooming with the red face and powerful sinews of life, just as others have done before disease had done its deadly work.

Another class come with dropy. They soon yield to treatment, recover and go home rejoicing in health, while another class die and are returned in their coffins. They are dropical from other causes, which may be the effects of the last stages of cancer.

That the afflicted may know better what to hope for, I write this to inform them that diseases do not all carry the same amount of hope to the sufferer, when they look at my Infirmary for treatment. While about seventy-five per cent. of the cases of asthma are curable in from two to four months, others go longer, because of the low stage of the vitality of the system, to build up wasted lung tissue. There is hope for relief in all cases of asthma and a cure for a great majority.

Many cases supposed to be consumption are not consumption, but asthma in a disguised form. A majority of such cases are curable, and consumption taken before the point of repairing has been passed is curable, I think, in many cases.

Heart diseases are not all alike. The heart and blood vessels often have cancerous growths and derange the flow of blood to prostration, and so found on post mortem examination, others by pressure of ribs on heart or nerves, cause great annoyance, but are generally curable cases of palpitation and other diseases of heart.

Thus you must expect nothing when you come, but to learn just what we think your disease is, and you must patiently give us time for a deliberate decision as to your disease and its cause. We will tell you of the probability of cure and about the length of time required for such.

At this time we will draw your attention to a serious truth, which is this: No two cases are just alike. Nature is infinite in variety. We may have had a thousand cases of brain, heart, lung, liver, stomach, bowels and uterus, previous to your entry, with no two affecting the system in the same way. Yesterday furnishes but little that would be of benefit in deciding today what your case is, with its curability or death tendency.

Out of the hundreds of cases of asthma that we have treated there has been a general sameness but no two alike. A case of asthma with paraly-
THE American School of Osteopathy bears no comparison to other schools to date. It is the fountain head of Osteopathy. It is the first school to teach, practice and demonstrate the principles of Osteopathy as taught and practiced by its founder, A. T. Still. His knowledge of Osteopathy and its needs, qualify him to select suitable professors to teach all branches necessary to a thorough knowledge of the science. Next, but not least, the building is suited to the requirements of the school, with all instruments and appliances to impart knowledge to the student, with proper deposits to make all contracts good, from the entry to a completed course, as published in catalogue.

"The American School of Osteopathy is destined to become one of the greatest institutions in the world, because it marks the success of one of the world's greatest discoveries in this century. For more than twenty years has this grand old man, Dr. Andrew Taylor Still, given every moment and thought of his time to the perfecting of this science. And the city of Kirksville, and this American School of Osteopathy, the only one of its kind in the world, should be known as the GRAND CENTER of Osteopathy."

These are the words spoken by A. L. Conger, in Memorial Hall, March 4th, 1897. And as such is this school known at home and abroad.

Every graduate of the American School of Osteopathy has a diploma granted him, signed by the Faculty and officers of the Board of Trustees. A number of persons have been reported to us as practicing Osteopathy and advertising themselves as being from Kirksville, endeavoring to make the public believe that they are graduates of the American School. Some of these people were never in Kirksville, others are from Kirksville but not graduates of the A. S. O. Any graduate of our school will gladly show his diploma.

A. T. S.
Matthews and Hook Infirmary of Osteopathy" at Wilkesbarre, Pa., appears the following statement: "Dr. S. C. Matthews was unanimously elected the first President of the American Association for the Advancement of Osteopathy."

This is a mis-statement of fact, and as its publicity and circulation does and may still do me injury, I trust that you will give this protest a place in the pages of your valuable magazine.

There was only one man elected first President of the A. A. O. and, as the records of that organization will show, I am that man. This honor I appreciated most highly at the time; and as the years pass and our association grows in strength and fame in the Osteopathic world, I value it more and more highly, and cannot lightly and without protest see it claimed by another.

Very sincerely yours,

D. B. MacAuley, D. O.

Cleveland, Ohio, Aug. 3, 1900.

Journal of Osteopathy,
Kirkville, Mo.

Editor:—I desire to call your attention to the following resolution which was adopted at the annual meeting of the American Association for the Advancement of Osteopathy.

"Resolved, That it is the sense of this meeting that any practitioner who advertises anyone as assistant in his practice who has not graduated from a reputable school of Osteopathy, is not working to best interest of the science of Osteopathy, and hence, such action is condemned, as it gives the public a wrong impression as to the qualifications necessary to the practice of Osteopathy. It is further

"Resolved, That such member be deemed unworthy of membership in the Association.

The resolution speaks for itself. The Journal of Osteopathy can greatly aid in making it effective in securing the results sought, by refusing admission to its advertising columns of any announcements which do not conform to its requirements. Shall the Association have the assurance of such co-operation?

C. M. Turner Hulett,
Pres. A. A. A. O.

[The Association certainly has the hearty co-operation of the Journal of Osteopathy. While we are members of the Association we shall conform to its rules and furthermore we shall take pleasure in assisting the Association in whatever manner you may wish.—Ed.]

K. Nemoto, M. D.
Dr. Nemoto is a native of Akitu, Japan.
After graduating at the high school of Akitu, he entered the Tokio Medical College, where he was graduated in 1892, having taken a five years' course. He then entered the medical college of Shilla, Tokio, where he studied one year.

This college at Shilla was founded by the Empress of Japan. He then studied one year in the Imperial University of Japan, (post-graduate work) which is located at Hongo, Tokio. He was then employed for four years by the Japanese government in the hospital of the Tokio prison. He is a member of the society established for prison reform and was appointed by the Japanese government to investigate the conditions of prisons in the United States. While in this country, he determined to take post-graduate work at Rush Medical College, but the science of Osteopathy attracted him and he has resolved to study it and introduce it into Japan.

In Sept., 1900, he will enter the A. S. O. where he hopes by thorough investigation and earnest study, to do credit to the institution that has so kindly received him.

Personal Mention.

Dr. Chas. Campbell has located at Woodland, Mo.

Dr. Pearl Agee, of Lexington, Mo., is still visiting in Kirkville.

Dr. J. L. Clark, of Sherman, Texas, was a recent visitor at the Infirmary.

Judge Andrew Ellison and wife have returned after a month's vacation visiting western health resorts.

Miss Minnie Dawson, D. O., of Frostburg, Md., is home for a short visit.

Dr. Joseph Osborn, of Leon, Iowa, was a recent caller at the Journal office.

Dr. R. E. Nebbit, of the June class, 1900, is in Kirkville for a short visit.

Dr. John F. Linder of the June class, 1900, has located at Osceola, Iowa.

Miss Mayme Forceman, D. O., of St. Louis, Mo., recently visited in Kirkville.

Dr. W. J. Conner, of Kansas City, Mo., is here on account of the illness of his mother.

Dr. T. B. Mansfield, D. O., late of Wichita, Kan., is now in Kirkville. He intends to locate in Ohio.

Senator Rollins, of St. Louis, Mo., recently brought his little daughter to the Infirmary for treatment.

Prof. McNeal of Alton, III., professor of science of Shurtleff College was a recent visitor at the Infirmary.

Mrs. J. E. Owen, D. O., of Indianapolis, Iowa, is visiting her sister, Mrs. B. P. Gentry, of this city.

Dr. D. L. Conner, of Phoenix, Ariz., is here on account of the illness of his mother.

Dr. H. S. Bunting has opened an office in the Methodist Book Bldg., 51 Washington St., Chicago, Ill.

R. L. Conner, D. O., is now in Kirkville. He will return to Lomberton, Miss., in a few days.

Arthur A. Roland, D. O., of the June class, 1900, has located in Washington, D. C.

Dr. Frank Hannah and wife of Indianapolis, Ind., are visiting Dr. Hannah's parents in Kirkville.

Dr. A. G. Hildreth is the Republican candidate for representative of Adair Co. He was unanimously nominated at the recent county convention.

Dr. Wm. West, of Centerville, Iowa, was here recently for one day only. He has built up a successful practice at Centerville.

Mrs. Theresa Cluett, D. O., of Cleve-
land, Ohio, is spending a short vacation in Kirkville. This is the first vacation Dr. Chrett has had in her four years of practice at Cleveland.

Dr. H. M. Still, now of St. Louis, occasionally spends Sunday in Kirkville. He stands at the head of the profession. While at the infirmary he was one of the most popular operators and always has had a large practice.

The name of W. A. McKeehan, D. O., of New Orleans, La., was omitted by mistake from the list of graduates in our last catalogue. Dr. McKeehan graduated from the A. S. O. in Nov. 1898. Several others were omitted and some were placed in the wrong class but it is our intention to revise and correct the list of graduates and publish them in our October Journal.

Y. M. C. A. Notes

Although a large number of the members of our college Y. M. C. A. graduated in the last class, we open the work this fall with ever forty members. There are fifteen such organizations in the various colleges of Missouri and although the association of the A. S. O. is only two years old it now stands second only to the one in the State University at Columbia.

The purpose of the student Y. M. C. A. movement is but a means to the following important ends:
1. To lead students to become intelligent and loyal disciples of Christ.
2. To help students in the battle with the many and subtle temptations which beset them in modern college life.
3. To build up strong Christian faith and the social life.
4. To train students in the various forms of individual and organized Christian work in order that they may be more useful in the church.
5. To place upon students a burden of responsibility for the extension and building up of the kingdom of Christ throughout the world.
6. To influence them to place their lives where they can best serve their generation.

All students, patients and visitors of this institution are cordially invited to attend at 2:30 p.m. of each Sabbath.

Wm. C. Wilson, Pres.

Officers A. S. O. Y. M. C. A. for 1900:
President, W. C. Wilson, Feb. '01.
Vice-President, W. L. Mercer, Feb. '02.
Recording Sec., J. C. Lenell, June '01.
Corresponding Sec., E. H. Kisler, Feb. '02.
Treasurer, E. C. Crow, June '01.
Hon. Pres., Chas. Hazzard, D. O.

COMMITTEES

New Students.—Eugene Pitts, Guy Hulett, D. O., F. Chance.

Membership.—P. M. Waller, R. A. Sweet, J. B. Cole.


CLINICAL REPORTS

REPORTED BY F. G. CLUETT, D. O., SIOUT CITY, IOWA.

Spinal Curvature.

Some time ago I was requested to go over in Nebraska and examine Miss L., daughter of a prominent banker. On examination I decided that the case was an idiopathic curvature of the spine in the dorsal region, and a posterior lumbar curve. She had been in bed twelve days by the physician’s orders, lying on her back, over pillows under her Ford Force, spine back in position. She was also troubled with constipation and anemia. She was treated twice a week for two months. At the close of the first month’s treatment she was so much improved as to be able to attend commencement exercises. At the end of the second month’s treatment she was able to walk all over town and attend to her usual social duties, and was transformed from a weak, walking girl into a strong, vigorous young woman, and remains so to the present day, for which she gives all the praise to Osteopathy.

St. Vitus Dance:

Little Mary V. aged 13 years, very small for her age, was brought to me for treatment. She had been deficient in growth, and at the age of 13 St. Vitus dance for two years, during which time she had been under medical treatment, but unfortunately was steadily growing worse. She was treated twice a week for two months, then once a week for another month. On examination I found the case quite to the right. On the second treatment it was restored to the normal position, and the terrible jerking began to quiet down immediately. At the end of the first month the child’s mother called on me and with tears in her eyes thanked me for what I had done for her child, saying that I had surely saved her life, as she was surely going insane. Nine months after I met Mary on the street and was surprised at the marked improvement. From being a weak, puny-looking child she had become a ruddy-cheeked, robust girl, clearly demonstrating that the cure was permanent, because natural.

reported by Geo. J. Eckert, D. O., 176 Euclid Ave., Cleveland, Ohio.

Two cases of more than usual interest to the Osteopathic profession have come under my care, during the past few months, each of which yielded to treatment, yet each was pronounced incurable and ready for the knife by the medical world. With the M. D. it was a case of deep cutting or quick death.

The first case is that of Mrs. M. Kinnard, who lives on Wilson Avenue in this city. Mrs. Kinnard has a tumor; she measured 46 inches around the abdomen, and was growing at the rate of an inch a week. As I said, she was without hope. I took the case, but promised nothing. There was a lesion at the fifth dorsal and another at the eleventh dorsal, both very marked and quite sore. Her ribs on the left side were out of place, and the tumor on the left side was very hard and the swelling was as large as a coconut.

Now for result: At the end of thirty days Mrs. K. was reduced in size one inch, instead of having grown one larger each week as she would have done under the care of the M. D. At the end of two months Mrs. K. was reduced in size eight inches; at three months she was reduced in size thirteen inches and was then at about her normal size. She continued to take one or two treatments a week for three months more, when the case was pronounced cured. I have seen her on several occasions since then and she has had no recurrence of the trouble.

The other case that was ready for the knife, according to the M. D. was that of George B. Huggert, a grocer man of Chargin Falls. Mr. Huggert was taken with appendicitis Saturday afternoon. The doctors who treated him used morphine to deaden the pain. Sunday they told him he must start for the hospital on Monday morning for an operation; he would not live twenty-four hours. He was brought as far as my office and stopped; the hospital was two blocks further. The man’s agony was so great that I had difficulty in holding him. In this case I found a lesion at the fifth lumbar. I desensitized here. It almost took his breath. I treated him on the side, for his pain was on the side and not on his stomach. I treated him at 10:30 a.m. for the first time; at 11:30 I sent him out to do a business errand. At 1:30 I treated him again; he went back home free from pain. After one month’s treatment he had no further trouble, whereas previous to this attack he was a great sufferer from pain in the region of the appendix. I have had three cases of appendicitis in eighteen months, and have not failed in a single case.

Another case of interest was that of Percy Eddy, son of T. C. Eddy, 24 Gladstone Street, Cleveland. The trouble was in the boy’s knee; the doctors called it tuberculosis and kept it in a cast for twelve months. One day the cast broke and the mother of the boy brought him to me before the doctors could put another cast on. The boy’s father opposed the mother in bringing the boy to me, for the doctors had told him that if an osteopath
still national osteopathic museum, kirkville, mo

at tenderness right and lumbar and. my office as a last resort, they having of a great agony of thompson's.

ce r vical fnll of mucus, having a pain over s.

be gan the seat of pain, strong says to vomit at 3 and cas e 3d and region rapid improvement. The patient was and. could not bear the least pressure over the for a chronic case of indigestion.

aged about 60, began to vomit at 3 a.m., continuing all day at intervals of an hour or two. The patient was called at 6 p.m., found patient in great misery in the right hypogastric and right lumbar region. The vomiting matter was at first bile, later fiscal matter. By gentle persistent work over the seat of pain, strong treatment in the lower dorsal and lumbar region almost continuous for six hours, pa tient was relieved and fell into an exhausted sleep, was very sore for several days but re covered and is well.

diagnosed the case as locked bowels.

appendicitis:

miss b was taken while apparently in good health and at her house work with severe pain in the right side near the ant, sup. spine of ilium. I was called an hour later and found patient in dorsal position, limbs flexed and in great agony of pain. Could not bear the least pressure over seat of pain I found no lesion in spine, treated around the seat of pain gently, increasing the pressure after one and one half hours continuous work, partly in the lower dorsal region. The patient rested easy. I returned three hours later, found a marked muscular lesion in right lumbar region and very considerable soreness over the region of the ilioceleal position. Called twice daily with rapid improvement. The patient was all right in ten days.

diagnosed as appendicitis.

tonsillitis:

on june 9th, 1900, i was called to see mr. underhiller; found an aggravated case of tonsillitis, left tonsil much swollen. De glutition almost impossible. Considerable fever, marked lateral deviation at 2d and 4th cervical and muscular contraction, some soreness at 2d and 3d dorsal 3d right twigt. Treatment four times daily. On the 15th the tonsil ulcerated and broke while the patient was sitting up, swelling almost en tirely. On the 20th the tonsil broke again, also a tube was formed in the tissue, carrying pus down opposite the 5th cervical. It broke in the night at this point, causing relief. Improvement very marked at once. The cervical would slip out at every movement of the head; replaced easily after two weeks treatment. Patient is well.
Question and Answer Department.

Question:—Give diagnosis and treatment for following: Young lady 18 years old whose body, since she was two years of age, has been at right angles with her legs. The condition is supposed to be muscular.

Answer.—After that length of time there is likely to be complete ankylosis in the joint, but if not some hope of benefit may be entertained. The latter may be anywhere in the spinal region but more likely in the sacro-lliac, lumbar or lower dorsal. A physical examination should determine.

Question.—Give treatment for the following:

1. Atelesia of cervix. 2. Endometritis.

Answer.—Atelesia may be congenital or the result of inflammatory processes. In either case it may be necessary to resort to surgery. When due to inflammation simple dilatation with the help of the sound is to be preferred. When adhesions are present a more radical operation is necessary. Simple endometritis is ordinarily due to one of two causes which are operative in all congestive conditions: a dilatation of the arterial channels allowing a retarded flow of blood, or obstruction to venous channels permitting stagnation. In the first case the vaso motors are interfered with, hence a loss of arterial tone. The remedy consists in freeing the nerve supply, usually done by attention to the lower dorsal, lumbar and sacral regions. In the second case the cause is more likely to be in direct interference with veins, hence attention to lower ribs, ilio-sacral region, and abdominal freedom, should relieve the condition. 3.—Puerperal sepsis is a condition seldom met with in Osteopathic practice. Out of hundreds of cases of obstetrical care for at the A. T. Still Infirmary not a single case condition has returned. Should the condition arise, however, attention to cleanliness, elimination by the evacutaries, and careful control of fever should suffice. Eclampsia is a disturbance of the circulation, an undue pressure of the blood. It appears to be caused by pressure of the gravid uterus upon the abdominal viscera thus producing arterial hypermia and venous stagnation in the brain. A disturbance of the renal function is premonition of danger from eclampsia. Owing to the fact that the uterus becomes very much in evidence the kidneys cannot perform the duties required of them in the economy of the body, hence, eclampsia. Treatment: When there is a danger signal sounded, keep patient quiet, lying on either side to allow the kidneys to be free from weight of uterus. Treat to stimulate circulation, diet to relieve kidneys of extra work. When disease has appeared, relieve the brain of venous blood by flushing the circulation. 5.—Stricture is a condition which may be found in any tubal part of the body. If may be due to irritation to motor nerve at the particular region, to mechanical interference, or the result of inflammation. When due to former, it is easily controlled by removing irritation or the pressure. The latter may require surgical interference. 6.—Veneral diseases have not as yet been tested in Osteopathic practice to any extent, but there would seem to be no valid objection to successful work on the same principles that are used in the elimination of other poisons from the system. 8.—Orchitis is usually a sequel to other affections. The condition indicates a disturbance in the vascular mechanism. Treat accordingly.

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At Kirk's ville, Mo.

ALBERT FISHER, Sr., D. O.
Graduate American School of Osteopathy.

The hotel management will make special rates to patients wishing to board and room where they can be under my constant care.

Englewood Infirmary.

JULIEN HOTEL, Rooms 14-16-18-20-22, same floor as Dining Room.
Cor, 63rd St. and Stewart Ave., Chicago, Ill.

ALBERT FISHER, Sr., D. O.
Graduate American School of Osteopathy.

The hotel management will make special rates to patients wishing to board and room where they can be under my constant care.

H. T. STILL, D. O.
H. M. STILL, D. O.

OSTEOPATHS

In the Commercial Building, Room 407, Cor. 6th & Olive,

ST. LOUIS, MO.

CONSULTATION FREE.

Swinging or Suspension Device

This device was gotten up by Dr. A. T. Still for the purpose of making work in treatment easier on the Operator, also treatment given in the swing is more effective. It is now used in every room in the Infirmary. This device will be sent, express prepaid on receipt of $3.50. Order from the

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