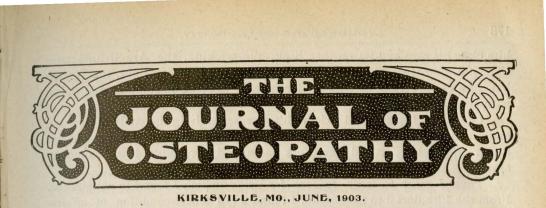
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LOCOMOTOR ATAXIA.

Calvin M. Case, M. D., D. O., St. Louis, Mo.

A GREAT deal has been said and written about the results gotten by competent osteopaths in locomotor ataxia and other diseases of the spinal cord, but I think considerable more should be said if our position is to be made clear to honest investigators.

While I would not go so far as to say that no case of locomotor ataxia exists that is so bad, so far gone, that osteopathic treatment would not benefit it, I am sure I can honestly advise almost any one so afflicted to give it an intelligent trial, for there is always a prospect of benefit or cure and no possibility, if the osteopath is well informed and sensible, of any detriment. Can as much be said for more heroic measures, such as the use of large doses of strong medicines, for instance? Acting on this hypothesis I never refuse to try to benefit or cure an ataxic. Sometimes I get what seems to be a good cure, sometimes I get a vast improvement, sometimes I check a case that had been getting worse steadily and sometimes I do no perceptible good. I fancy the experience of other practicing osteopaths is not materially different.

This is the most pronounced cure I have had so far:

Wm. T. L., ten years old, bad family history, father in an asylum for what, I supposed from the account I got, was paresis, possibly of syphilitic origin, though I saw none of the three usual signs of inherited syphilis in the patient. He had no "spokes" from the angles of the mouth, no notched teeth nor blister-like disease of the cornea. Sensation was completely gone from the legs and feet. A doctor had advised his going bare-foot and he would sometimes cut the feet on bits of glass or other sharp substances and not know he had done it till he happened to look down and see the bleeding. His first symptoms were associated with the bladder. It would fill to great distention before he knew he ought to void the urine. Girdle pains and constriction sensations had been felt plainly and he had severe lancinating pains in the legs at times. There was no history of injury at any time.

I tested him by every means I knew or could learn. I tried the usual tests, leg crossing, trying to fool him as to which leg was higher having had

him close his eyes and lie on his back, pin-pricking, the Argyll-Robertson sign, i. e. pupil reacting to accommodation but not to strong light, the Westphal sign (knee-jerk or patellar tendon reflex), weaving on stopping and rising with closed eyes, etc.

I excluded Little's and Friedrich's diseases early in the study of the case and satisfied myself that I had a case of locomotor ataxia to deal with. Noted doctors of Washington and New York had already pronounced it locomotorataxia.

Then I went to work to look for lesions which I found in abundance. From the 10th dorsal to the sacrum I found a rail fence condition of affairs. One vertebra would be to one side, the next to the other without any regularity or symmetry. All that region was posterior and there were spreads all along. Soft tissues corded and tense in some places, too lax in others. No soreness anywhere.

Three treatments a week for three months made all the signs disappear. I think I may call that a cure, for he had had no return when I lost track of the case, some six months later.

My next best case was a peculiar one. A man of about forty who had been hurt in a rail road wreck but said he had never had one of the troubles to which most writers ascribe locomotor ataxia; I mean syphilis, abuse of alcoholic drinks, excessive venery and prolonged exposure to severe cold. His case had been diagnosed locomotor ataxia as he had the usual symptoms and he had been treated successfully before I saw him but he had a slight return manifested by some uncertainty in walking and loss of sensation in the legs and feet. I put him through a short course of treatment, about five weeks as I remember the case, and all symptoms disappeared.

Another case was a young lady who had had a severe case of grippe from which she had never made a good recovery. A few months later she began to notice numbness of the legs and difficulty in walking and the usual signs of locomotor ataxia. When I took her case she had to have her father or some one come to the office with her to support her in walking as she staggered so that she was always in danger of falling. I never had a more satisfactory case. The improvement began after the first week and was rapid and steady. She got so in about a month, that she could take the car and come to the office unaided. She improved steadily for several months and then left town, I think, as I have never seen nor heard from her since. She and her friends were well pleased with the benefit she got from osteopathy.

Mr. Chas. M., was a man of about thirty who had been a hard drinker and may have had other troubles though he did not admit it. He was so "bad off" that he could not walk alone but had to have his wife, a strong woman, attend him every where. When he got to the foot of the stairs he could not come up even with her assistance but had to stay there and send her up for me to come down and she and I would help him up. This, too, was a distinctly satisfactory case. It was only a month or so till he could walk from his house, over a mile away, and come up the stairs unaided. I hardly see how any one could expect a better rate of improvement. I do not know that he eventually got well. I treated him in Wheeling and left him with another osteopath, Dr. A. I. Doneghy, when I left that city.

Mr. L. R. D., was a man of about forty who had been a typical New York rounder and had had syphilis. He had also been a steady drinker. I had a terribly hard time beating the fact into his head that he must let whiskey alone if he wanted to improve. He could walk alone but had to use a strong cane and then had difficulty. He did not dare to stop and look up as he would always fall or come near falling when he did. He was getting worse steadily when I took the case, worst of all, was gradually becoming blind. I had trouble getting him to come regularly but he did pretty well any how. He soon got so well that he could walk much better and could look up when standing still. His eyes instead of steadily getting worse, began to get better and when I saw him last, about a year after he quit his three months course of treatment, he had not lost any ground that he had gained. His eyes were much better than when he came to me. This was one of our aggravating cases. He wanted help but would not do his part toward making it possible for the osteopath to benefit him.

Besides these I have had two advanced cases in which there was a marked improvement for a month or two but the patients did not stick long enough to get any pronounced good. I have had a number in which there was a perceptible improvement in the general condition and some slight improvement in locomotion but not pronounced, a few in which there was no perceptible improvement but not one in which the patient got worse while under treatment, even though some of them had been steadily losing ground before treatment.

My line of treatment in these cases has been to correct as well as I could whatever lesions I could find, regardless of all other rules, as the main item of treatment. Then I usually give a fairly hard treatment along the spine and sometimes, when I think it necessary, of the neck too. I think slight stretching of the spine from time to time helps a good deal provided it is done judiciously. I had one case in which a New York doctor had hurt the patient badly by stretching him with pulleys. I give the legs a good treatment occasionally too and stretch the sciatics a little for I think the effect of that tells on the whole spinal cord in some cases.

The whole idea is, of course, to bring about a bettered nutrition of the posterior parts of the cord. It can be done, too. I think the result of the spinal treatment is gained in this way: We treat the posterior branches of the spinal nerve. The path over which the work is done is this: By way of the posterior nerve to the junction in the intervertebral foramen, that being the point of the main trunk at which the division into anterior and posterior nerves occurs, then by way of the gray ramus communicans to the walls of the blood vessels of the cord itself. I refer the reader to Byron Robinson's Abdom's inal Brain and Automatic Visceral Ganglia, page 70, 14th line from top of page. "The other ramus communicans is gray, non-medulated and passes from the lateral chain of ganglia to the spinal cord. It is a vaso-motor nerve, the purpose of which is to regulate the vessels of the cord and its meninges."

Please note Mills on the Nervous System, page 129. "Nerve tracts in the spinal cord have power to regenerate. The process is largely one of out-budding and out-growing of the central portion of the nerve, which is in accordance with the facts of embryology, all nerves being out-growths from the central nervous system." Further along the pages 129 and 130 under the heading of Vascular Origin of Spinal Degeneration, he says, "Impoverished blood may cause degenerations of the central nervous system. According to Preston, in posterior spinal sclerosis a diminished amount of blood is sent to the spinal cord, and, as a result of the imperfect supply of nutriment, atrophy and degeneration occur."

And yet doctors of other schools ask how we dare to hope to do any good in a case of locomotor-ataxia, posterior spinal sclerosis.

A CASE OF RENAL CALCULUS.

Homer D. Bowers, B. S., D. O., Frankfort, Ind.

MR SAMUEL ARMSTRONG, Frankfort, Ind., age fifty-five, had been seriously troubled with kidney and bladder affections for four or five years. On March 26th he excreted a hard substance through the urethra that caused him considerable pain. Calling the next day to treat him he showed it to me with the question, "What is that?" A glance was sufficient. Plainly it was a renal stone.

This recalled what had been done a few days before. I had been called to the residence to treat him on account of his severe pain in the region of the bladder and the left groin, especially the latter. At the time I advised the use of the hot water bottle for the bladder trouble and it was laid over the bladder anteriorly; but from his pale face and pinched features I judged there was renal colic. So there was. There was extreme pain in the dorso-lumbar region extending down and around into the left iliac fossa. Desensitizing the nerves along the lumbar and lower dorsal region, I devoted my attention to the abdomen along the course of the left ureter. This desensitizing treatment for the pain probably also aided in dilating the ureter for the passage of the stone. This relaxation and dilatation was aided by inhibition of the inferior mesenteric, spermatic and pelvic plexuses. The pain grew more intense for a time, suddenly it ceased—the stone had fallen into the bladder from the small lower end of the left ureter, and the renal colic was a thing of the past.

I had slowly and carefully worked the stone along and out of the ureter. It was extra large, weighing about three-eighths of an once. It was extremely hard, quite rough and a very dark color—in fact a typical "mulberry calculus." It was so hard a sharp pointed instrument would not puncture or scratch it. As to variety, being a mulberry calculus puts it at once under the head of oxalate of lime. The calcium oxalate calculi are harder than any other variety.

Noticing the muscular contractions in the lumbar region when first called to treat him, which would not readily relax, I decided to examine the prostate gland. Upon doing so, I found it very much congested. This is a fertile source of trouble in the kidney region from the kidneys to the skin in the posterior area. It will not only produce a constricting effect on the ureters but will set up muscular contractions over the kidneys that cannot be relieved except by relieving the congestion in this gland on account of the close and sympathetic connection of their nerve supply. Through the rami communicantes prostatic irritation will effect the cerebro-spinal nerves and thus produce contraction of the muscles over the kidneys. The transversalis abdominis, the quadratus lumborum, the serratus posticus inferior, the lumbar portion of the erector spinae, the longissimus dorsi and the spinalis dorsi were all contracted, and the treatment of the gland was a large factor in their relaxation, and thus aided in the dilation of the left ureter so that the stone could pass. After two treatments per rectum the prostatic congestion was very much relieved and -amazing to note-the contracted muscles relaxed. I have known cases of lumbago where nothing else but treatment of the prostate gland would relax the lumbar muscles.

Several of the local M. D.'s had doctored this man the last four years but without securing the passage of a single stone, and he was known among them as a man with chronic cystitis and kidney trouble who could not be cured. Since the passage of the stone he has had neither bladder nor kidney trouble. I was called to see him for the first time on the morning of March 11th. D. Ella McNicoll D. O. had treated him some just previous to that time; having become ill herself I took the case.

Dr. McNicoll had treated him for another trouble, facial neuralgia, about two years before and had gained in him a firm friend for osteopathy Her work had been such that no medical doctor could attack it, she having cured him of his neuralgia in a few treatments by setting the atlas, although he had been treated for three or four years by a half dozen prominent M. D.'s, but without avail. They all admitted that they could not cure his neuralgia but that he would just have to "wear it out." They all came round, in the end, to the same old dose—morphine—given to quiet pain—palliative only.

We believe—and our daily practice confirms our belief—that the body has within itself the power of recuperation and repair without the aid of any drug or other foreign substance, aside from proper food and drink, pure air, sunshine, and suitable hygienic conditions.

The body is a wonderful mechanism and a reservoir of vital forces. The osteopath understands its operations as thoroughly as the engineer understands his locomotive, and by mastering its construction, its nerve centers, its blood and nerve supply, he can with trained hands affect those centers with as much certainty of result as the engineer when he opens a throttle or applies a brake. There is no mystery or mysticism or necromancy about it. It is rational, reasonable, reliable; its effects are reconstructive, recuperative and remedial; its philosophy is sound and its practical application demonstrates its efficiency. It is not mystery; it is merely an intelligent use of the knowledge of anatomy and physiology which any good osteopath uses. It is not magic; it is correcting any abnormal condition that may be found so that the normal forces of the bodily activity may be liberated. It is not massage; it is freeing —or knowing how to free—to the fullest extent, man's vital capacity. There is nothing wonderful or marvelous about it at all; it is plain unadorned simplicity.

DESCRIPTION OF RENAL COLIC.

The pain induced by the passage of a renal stone along the course of the ureter is analagous to that of the passage of a gall stone along the course of the bile duct. Indeed it may be worse; if both ureters are obstructed *uremic* symptoms may occur, causing uremic convulsions. Although urea is manufactured by the liver it must be excreted by the kidneys. The presence of a calculus in either ureter will cause renal colic, if it is of any size; or, if it produces severe irritation, *pyelitis* (inflammation of the pelvis of the kidney) may be produced.

CAUSES : Medical texts such as Anders, or Evans, or Osler say the precise etiology (cause) is not yet determined. But what could be more natural than the improper proportion of the various kidney secretions, so that they will not dissolve the stones when formed, acting as cause? At least it is pointed out by Dr. A. T. Still, that grand old man who has demonstrated to the world the powers of physiological medicine as against drugs, that "renal secretions dissolve kidney stones." It is true that no pathognomonic (characteristic) lesion has been located for this condition, yet the osteopathic view is that there is a spinal lesion which deranges the vital forces underlying kidney activity. It is a fact that the supra-renal bodies have a rich arterial supply, and it is believed that their secretions have to do with preventing renal calculi. Whether the stone be of uric acid or urates, of calcium oxalate, phosphates or some other substance, it is clear that some cause is operating which prevents the natural proportion of renal constituents from being maintained. It is as reasonable that spinal lesion should unbalance the delicate sympathetic nerve mechanism controlling these organs, leading to disproportionate or excessive secretion of the urinary constituents and the precipitation of the stone, as that spinal lesion should in a similar way disturb intestinal secretion and lead to diarrhœa.

In structure a urinary calculus usually consists of a *central nucleus* surrounded by the body; the body not always being of the same constituents as the nucleus. In fact that forms one variety—that of *alternating calculi*, consisting of alternate layers of two or more primary deposits.

SYMPTOMS: In severe cases the patient is suddenly seized with pain of an agonizing character, originating in the lumbar region, and following along the course of the ureter. It is also felt in the testicle and down the inner side of the thigh, and is at times referred to the glans penis. It usually also affects the prostate gland, at least if cystitis is a complication. The size of renal calculi passed *per urethram*, without discomfort may be considerable. The urine is strongly acid and contains blood, usually enough to give it a smoky tint. If pyelitis exists for any great length of time *nephritis* may be induced. "In acute suppurative nephritis the urine is cloudy, containing pus, blood, epithelium, bacteria, and casts. The latter usually composed of pus or bacteria." [The Diagnostics of Internal Medicine by Glentworth Reeve Butler, A. M., M. D.] The pyuria may be intermittent because of a varying degree of obstruction to its exit from the renal pelvis (calculus, kinks, pressure.) If the obstruction is long continued, there is a distention of the renal pelvis with pus (pyonephrosis.)

"In the case of calculus too large to be voided by the ureter, its continued presence in the pelvis of the kidney may give rise to pain, usually a dull, boring backache, not always referred to the kidney, occasionally paroxysmal, and in certain cases simulating floating kidney; to hæmaturia, by no means a constant symptom, something causing a smoky appearance, often discoverable only by the microscope, and frequently aggravated by exercise; to pyelitis either simple or purulent, and to pyuria. Non-suppurative pyelitis due to the irritation of a calculus is often recurrent, the backache, chill, fever and highcolored urine closely simulating malaria."—[Butler.]

DIFFERENTIAL DIAGNOSIS.

The direction and localization of the pain, which in renal colic is referred to the testicle, the latter becoming tender and retracted, the character of the urine, and the previous history should distinguish this condition from the hepatic and intestinal varieties while ammoniacal (alkaline) urine points to vesicle calculus, and physical examination will often establish the diagnosis of floating kidney.

PROGNOSIS: Though not dangerous under osteopathic treatment it is a disease that is apt to recur; on account of the weakened condition of the kidneys they may more easily become subject to calculi a second time.

TREATMENT: There is no occasion for using either "morphine sulphas" or "atropine sulphas." Some physicians advise the use of "liquor potassi citratis" or even the camphorated tincture of opium. Neither those nor the "potassi tartraborates" are curative—they are merely quieting or palliative. The cure is, if you please, to go after the anatomical derangement and correct it. Nature will do the rest, if not alone, to a positive certainty, by the aid of the osteopath's skillful fingers. The abdominal work must be made deep but slow over the course of the ureters with the careful avoidance of any violence. This reaches the ureter by pressing the overlying tissues deeply down upon it.

Watch the patient on your various visits and "treat the symptoms as they arise" is axiomatic with the medical authorities on the practice of medicine. Why not find the *cause* and prevent the symptoms? Rather let us have for our watchword "Find the lesion and correct it." Thus we strike at the root of the matter without waiting for the symptoms to manifest themselves and thereby make a long stride in the science of the treatment of disease. Symptoms *must* have a cause. Lesions will act as causes. Again I say, find the lesion and correct it. The lesion removed the system soon goes back to the normal.

DISEASES OSTEOPATHICALLY DESCRIBED,

Carl P. McConnell, D. O., Chicago. FIFTH PAPER. THYROID GLAND DISEASES. Goitre.

A GOITRE is, practically, any enlargement of the thyroid gland not due to inflammation, malignant diseases, or to parasites. The thyroid gland is a very vascular body and is situated on the sides of the lower larynx and the front and sides of the upper trachea. It can be felt just above the breast bone. It is divided into two parts which usually are connected by an isthmus. Each lobe is about two inches long, one-fourth of an inch wide, and three-fourths of an inch thick. The right lobe is larger than the left.

Every one is familiar with "thick neck" and rarely is a patient treated for the trouble unless the enlarged gland presents more or less deformity. Personal pride is, then, the most common cause for treatment of the simple goitre; although the gland may occasionally enlarge inward and cause pressure symptoms, such as difficult swallowing from pressure on the œsophagus, difficult breathing from pressure on the trachea, congestion from pressure on certain blood vessels, nausea from pressure on certain nerves. During menstruation the gland is apt to be larger on account of increased distention of the blood vessels. In a few cases the patient may consult a physician about his goitre on account of extreme nervousness, although nearly all goitre patients are nervous, have rapid heart action, indigestion, and probably more or less congestion of the head. In children and females the gland is relatively larger, and in old age the gland decreases in size.

The thyroid gland is an especially interesting organ for study. There have been many theories advanced as to its function. All observers are now agreed that its secretions are essential to the maintenance of the nutrition of the body. It is one of the so called "ductless glands," i. e., it has no ducts like the intestines or stomach to empty its secretions through, but its secretions pass directly into the lymph or blood streams; and, hence, also, its secretions are called internal secretions in contradistinction.

Much interesting material and speculation has of late been advanced by Dr. Charles E. de M. Sajous of Philadelphia on the importance of the thyroid gland as well as other ductless glands. In fact very little study has been given these organs short of the past five or six years. Dr. Sajous' first paper was given the world in the last January issue of The Monthly Cyclopedia of Practical Medicine. His paper was termed, "The Internal Secretions and the Principles of Medicine," and although of a very revolutionizing and startling character as to some of the theories advanced relative to the causes of diseases, it has been very well received by the medical profession at large. Much of the material will emphasize Dr. Still's ideas as to the minute pathology of certain diseases, i. e., certain links in the chain of causes of some diseases presented by Dr. Sajous will harmonize with osteopathic philosophy. Yet on the other hand his treatment of cases by drugs will undoubtedly be far from specifics.

Dr. Sajous tells us in part that the secretions of the adrenal organs (small organs situated immediately in front of the upper part of either kidney) show a marked affinity for oxygen and that this secretion "could be considered as the key not only to tissue-respiration, but also to the functions of all other organs now classed as ductless glands. And even these developments assumed secondary positions when it became evident that the better known organs, such as the heart, lungs, liver, etc., were, so to say, subsidiary structures, the instruments, in a measure, of the smaller ductless glands, and destined to fulfill the mandates of the latter." Comparatively nothing has been known in physiology of what takes place when food is being assimilated, when oxygen is being utilized in tissue-respiration, in a word what processes are at work in building up the vital life as well as in dissolution. The doctor's report of his original work reads like a fairy tale; still much of it is sober, painstaking, scientific deductions.

He, also, finds the adrenals are connected by certain nerves to the anterior pituitary body (a little organ about the size of a pea situated at the base of the brain and heretofore supposed to be functionless) which he proves to be the most important organ in the body. This organ controls the adrenals and thus all oxidation processes. Thus, the anterior pituitary body's efficency rules the patients vitality.

Now, coming back to our subject, the thyroid gland, the doctor finds that the physiological purpose of this gland is to "sustain the functional efficency of the anterior pituitary body up to a certain standard by means of its secretion—iodine in organic combination." So here we have the great function of the thyroid gland.

For several years I have been struck by the frequency of enlargement of this gland; and in the work of Dr. Sajous a plausible explanation is given, not of the cause of the gland's enlargement, but of the important relation of this gland, the thyroid gland, to the tissue economy of the body. This organ being in such vital relation with the metabolism of the entire organism it is not surprising to find it involved in many cases. In my outline of cases at the end of this article only those are given that show to a positive degree involvement of this organ as the primal affection. Many cases could be added where diseases were treated successfully and the thyroid body found enlarged and treated incidentally.

The osteopath invariably finds in goitre anatomical disturbances of the tissues involving the nerves and vascular channels to and from the thyroid gland. A glance at the outline of cases given below will show that the lesions found, or the anatomical disturbances causing the enlargement, were always in the locality of the nerve, blood and lymph distribution and drainage of the

gland. Many cases present sub-dislocations of the lower cervical vertebræ, particularly between the fifth and the sixth and seventh. In others, a depressed condition of the upper three or four ribs will probably be found. These two conditions are the most constant, and any one can readily see that such mal-adjustment is easily productive of a damming-up of vascular channels, or of an irritative disturbance to nerve centers and fibres, and causing in either case disturbance of the gland's function.

Then what should be done to cure these cases? Pure and simple osteopathic treatment can not be questioned. From the very nature of the cause of goitre (strains to the upper chest and neck, child-birth is also a common cause) osteopathic readjustment is certainly the logical treatment. Treatment applied directly to the goitre itself is only of secondary value. Keeping the parts exposed to sunlight is undoubtedly helpful, as metabolism is enhanced in any one from a sun bath. In some localities where goitres appear on the least provocation boiling the drinking water will be of aid. These latter cases will show anatomical lesions which predispose, and indeed are the true cause, to involvement of the thyroid body.

It should be remembered that two characteristic features of all goitres are, first, enlargement of the thyroid gland, second, the gland moves upward on swollowing; this latter feature enables one to distinguish a goitre from other enlargements of the neck. A firm, smooth enlargement of a part or of a whole of the gland is termed a parenchymatous goitre; well defined, firm masses in the gland, an adenomata; hard, projecting irregular nodules, a fibroid goitre, these may attain a large size and are hard to remove; a small round swelling may be a cyst. When a goitre is small there may be no other symptoms.

Exophthalmic Goitre.

There is an over-activity of the thyroid gland in exophthalmic goitre. This increased function of the gland evidently involves the nervous system markedly, so that the disease is considered by many as a disease of the nervous system. There are five characteristic symptoms, viz., enlargement of the thyroid gland (although the gland may not be visibly enlarged. The gland is enlarged when it can readily be felt), increased activity of the pulse, protrusion of the eye balls (this may be absent), nervousness, and muscular tremor. There may be many other symptoms showing involvement of the nervous system, digestive system, the skin, the respiratory organs, and the genitourinary organs.

The excessive and deranged secretion of the thyroid gland in exophthalmic goitre most probably alters and weakens the blood, and thus causes the marked changes in metabolism.

The disease is not a self limited disorder. It may come on in a few days while again it may take years to develop. No age is exempt; it is much more common among women than men and usually occurs early in adult life. The disease is found oftener among "nervous" families, and it may develop after excitement, grief, strains or fright. Osteopathically, the disease most probably occurs from a deep lesion of the cervical or upper dorsal spinal cord. This is followed by engorgement of the thyroid gland and a consequent perverted over-secretion of the gland which readily vitiates the blood, and thus causes the innumerable symptoms of general metabolism, local nutrition, and of the nervous system. Fright, physiological strain, etc., are only secondary and incidental considerations.

The prognosis is extremely variable. Some severe cases may run a rapid course and get well; others run a chronic course, while a few prove fatal in a short time.

Many details are necessarily left out in this brief outline. However, most of the material left out is a mass of theories which really are of very little consequence. The osteopathic physician has been very successful in treating these cases. The principal work to be done will be found in the cervical and upper dorsal region, although more or less of a general treatment may at times be indicated.

Myxoedema.

"Myxœdema is an affection characterized by widespread changes in nutrition as shown by the appearance of a solid œdematous swelling of the subcutaneous tissues, dryness of the skin and arrest of development of its appendages, subnormal temperature, slowness in mental processes and in execution of voluntary movements."

Myxœdema is a disease due to atrophy or destruction of the thyroid gland. In many ways it presents symptoms diametrically opposite to exophthalmic goitre. In exopthalmic goitre there is hypertrophy of the thyroid gland and increased function; in myxœdema, atrophy of the gland and decreased function; in exophthalmic goitre there is increased pulse, nervousness, excitability, and a thin moist skin, while in myxœdema there is a low pulse, subnormal temperature, dullness, apathy, dry, harsh scaly skin.

The disease is a nutritive one caused by the inactive secreting cells of the gland and can be aided or cured only by stimulation and increased blood supply to the thyroid body. The disease is apt to lead to extreme mental dullness and insanity.

The disease has been caused by surgical operations of the thyroid gland which destroyed its tissues and thus a consequent loss of function. In a few cases the gland may be enlarged, but if such is the case the secreting cells are destroyed. The disease may occur at any age, usually, however, in adults during middle life. More women than men are affected. As heretofore stated the disease is caused by a lessened amount of thyroid gland secretion entering the blood; just opposite to the cause of exophthalmic goitre.

Practically, the same lesions are found as in exopthalmic goitre, nerve and vascular involvement of the thyroid body. Cervical lesions are the primal ones. Posterior upper dorsal vertebræ and fullness of the supra-clavicular regions are characteristic. In the congenital form lesions at the atlas and third cervical are also found in nearly every case.

Cretinoid idiocy or cretinism is a congenital or infantile form of myxcedema.

JOURNAL OF OSTEOPATHY.

The following list of thyroid gland cases were treated from several months to several years ago. I have given only those that have been under observation since treatment, and consequently I am positive the list is a reliable one. There is one very gratifying feature about the result of treatment of these cases -the cure is evidently permanent, i. e., rarely does the goitre appear again.

AN OUTLINE OF 43 THYROID GLAND CASES.

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Case.	Diagnosis.	SEX,	AGE.	How long Standing.	LESIONS. OTHER SYMPTOMS		Length of Treat- ment.	RESULTS.
1	GOITRE. hard, medium.	Male	43	10 yrs	1st to 3rd ribs on left side depressed.	Intestinal indigestion.	1 mo	Cured
2	Goitre. fairly soft, small.	Female	34	5 yrs	1st and 2nd ribs on both sides depressed.	Constipation.	2 mo	Cured
3	Goitre. hard, small.	Female	45	6 mo	Left lateral curvature of cervical region. 1st rib on right side raised. Rheumatism. 2nd and 3rd cervicals twisted.		2 mo	Cured
4	Goitre. hard, small.	Female	23	1 yr	Twist between 5th and 6th cervical vertebrae.	Ovarian congestion.	3 mo	Cured
5	Goitre. soft, small.	Female	25	2 yrs	Twist between 5th and 6th cervical vertebrae.	Metritis.	2 mo	Cured
6	Goitre. hard, medium.	Female	41	35 yrs	Right lateral curvature of upper dorsal region. Both 1st ribs raised.	Constipation.	1 yr	Cured
7	Goitre. hard, large.	Male	17	4 yrs	Twist between 5th and 6th cervical vertebrae. Upper 4 ribs of both ribs depressed.		3 mo	Cured
8	Goitre. hard, small.	Female	32	2 yrs	Upper 2 ribs of both sides depressed.	Stomach Catarrh	1 mo	Cured
9	Goitre. soft, medium.	Female	18	1 yr	Twist between 5th and 6th cervical vertebrae.		6 wks	Cured
1	0 Goitre. soft, medium.	Female	19	4 yrs	Vertebrae irregular from atlas to 6th cervi- cal.		3 mo	Cured
1	1 Goitre. 1 hard, medium.	Female	23	10 yrs	Both 1st ribs raised Twist between 5th and 6th cervical vertebrae.	Double lateral curvature. Migraine	6 mo	Cured
1	2 Goitre. 2 soft, medium.	Female	26	1 yr	Left lateral curvature of cervical region from atlas to the 7th.		2 wks	Cured
1	Goitre. hard, 3 small.	Male	22	5 yrs	Left lateral curvature of upper dorsal. 1st and 2nd ribs of both side depressed. Clavieles de pressed.		3 mo	Cured

Case.	Diagnosis.	Sex.	Age.	How long Standing.	Lesions.	Other SYMPTOMS	Length of Treat- ment.	Results.
14	Goitre. soft, medium.	. Female	20	2 yrs	Twist between 5th and 6th cervical vertebrae.	Right lateral curvature of dorsal region.	6 wks	Cured
15	Goitre, hard, large.	Female	. 24	10 yrs	4th to 6th cervical vertebrae to the left.	Congested liver.	3 mo	Not cured
16	Goitre. hard, large.	Female	19	8 yrs	Upper 4 ribs on both sides depressed. Twist between 5th and 6th cervical vertebrae.		5 mo	Not cured
17	Goitre. hard, small.	Female	52	4 yrs	All cervical vertebrae anterior. Twist between 5th and 6th cervical vertebrae.	Highly nervous.	1 mo	Cured
18	Goitre. hard, large.	Female	55	7yrs	Clavicles and upper 2 ribs of both sides de- pressed. Twist between 2nd and 3rd dorsal ver- tebrae.	Stomach indigestion.	2 mo	Not cured
19	Goitre. hard, small.	Female	18	6 mo	Twist between 5th and 6th cervical verte- brae. 2nd rib on right side raised		5 wks	Cured
20	Goitre. hard, small.	Female	26	3 yrs	4th to 6th cervical vertebrae to the left.	Constipation.	3 mo	Cured
21	Goitre. soft, medium.	Female	19	2 yrs	Twist between 5th and 6th cervical vertebrae.	Prolapse of Rectum.	6 wks	Cured
22	Goitre. hard, medium.	Female	28	3 yrs	Right lateral curva- ture of upper dorsal re- gion.	Constipation.	1 mo	Cured
23	Goitre. hard, medium.	Female	- 23	3 yrs	Twist between 5th and 6th cervical vertebrae. Left lateral curvature of dorsal region.	Highly nerv- ous. Constipation.	2 mo	Cured
- 24	Goitre. hard, small.	Female	24	4 yrs	Atlas to 6th cervical to right.	Rheumatism.	3 mo	Cured
25	Goitre. hard, medium.	Female	26	5 yrs	Both 1st ribs raised. Twist between 5th and 6th cervicals.	Constipation.	1 mo	Cured
26	Goitre. hard, large.	Female	21	6 yrs	2nd and 3rd ribs, left side, depressed. Twist between 6th and 7th cervicals.		2 mo	Cured
27	Goitre. hard, large.	Female	19	4 yrs	Clavicles depressed. Twist between 5th and 6th cervicals.		3 mo	Not cured
28	Goitre. hard, medium.	Female	25	6 yrs	Twist between 5th and 6th cervicals.		1 treat ment	Cured in 1 week

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Case	Diagnosis	Sex	Age	How long Standing	Lesions . Other SYMPTOMS		Length of Treat- ment	Results
29	Goitre hard, large	Male .	19	6 yrs	1st ribs raised. Right lateral curvature of cer- vical region.		4 wks	Not cured
30	Goitre hard medium	Female	16	4 yrs	Twist between 5th and 6th cervicals. Upper dorsal slightly posterior	curvature of	2 mo	Cured
31	Goitre hard, small.	Female	26	1 yr	Twist between 4th and 5th cervicals.		1 mo	Cured
32	Goitre, soft, medium	Female	66	10 yrs	1st, 2nd and 3rd ribs on right side depressed.		1 mo	Cured
33	Goitre hard, large	Female	18	10 yrs	Twist between 5th and 6th cervicals. 1st ribs raised.	Rheumatism	4 mo	Cured
34	Goitre soft, small	Female	9	6 yrs	Posterior upper dorsal, and consequent depress- ed upper ribs.	Spinal rheumatism	1 mo	Cured
35	Goitre soft, medium	Male	19	2 yrs	Twist between 5th and 6th cervicals. Posterior cervical region.	+ - 6	2 mo	Not cured .
36	Exopthal- mic Goitre hard, medium	Female	26	5 yrs	Twist at 2nd and 3rd dorsals. Twist at 5th and 6th cervicals. 1st rib left side raised.	symptoms of exopthalmic	1 yr	Cured
37	Exopthal- mic Goitre hard, large	Female	30	4 yrs	Posterior end of 1st rib of right side depressed. Marked right 1 at er a 1 curvature high up in dorsal region.	The usual symptoms	2 mo	Much ben- efited, but returned in 1 year
38	Exopthal- mic Goitre hard, large	Female	.32	2 yrs	5th, 6th and 7th cervi- cal vertebrae anterior.	The usual symptoms	6 mo	Greatly benefited. Progress stopped
39	Exopthal- mic Goitre hard, small	Female	25	2 yrs	Twist between 5th and 6th cervicals. Clavicles low. 1st ribs high.	The usual symptoms	2 wks	Cured
40	Congeni- tal Myxoe- dema, Gland en- larged	Female	8	Con- geni- tal.	Atlas anterior. 5th, 6th and 7th cervicals to left.	Characteristic symptoms	2 mo	Not cured
41	Congeni- tal Myxoe- dema, Gland Atrophied	Female	2		Atlas to 6th cervical markedly anterior.	Characteristic symptoms	3 mo	Not, cured
42	Cong myx- oedema, No appar- ent change on palpa- tion.	Male	2		Atlas to 3rd cervical to the left. Badly twist- ed between 6th and 7th cervicals.	Characteristic symptoms	1 mo	Not cured. At first some im- prove- ment
43	Pure myx- oedema. Gland atrophed and hard.	Female	48	2 yrs	3rd to 7th cervicals ir- regular. Upper dorsal posterior.1st ribs raised. Right lateral curvature from 8th d to 5th l.	Characteristic symptoms.	4 mo	Cured

REPRESENTING THE OSTEOPATHIC INTEREST AT THE PUBLIC HEARING ON MEDICAL BILLS BEFORE THE JUDICIARY COMMITTEE OF THE COLORADO SENATE.

N. A. Bolles, D. O., Denver, Colorado.

THE Committee before whom we meet to-night is a committee of lawyers. Undoubtedly every one of them has had more or less instruction and thought prompted by experience upon the proper and natural function of human law. One principle in the Philosophy of Law is that its purpose is to insure the public safety as against the operations of those whose ignorance will lead them into error more or less harmful. Those who are sufficiently informed and who have any reasonable degree of conscience, do not need any controlling influence of the law for this purpose. In this view the law is like a scaffold which is but a temporary structure to aid in the erection of the building. One of the wisest teachers of this world has said, "The law is our school master to bring us to Christ." When people will respect their neighbor's rights through a love of justice denying what may seem to be their selfish personal interests for the sake of the general good, the law is a superfluity. When the people become intellectual enough to grasp all things which affect their interest and hold fast to that which they pronounce good, there will be no need of human laws. But there are unprincipled people in this world who will misrepresent their abilities and pretend to sell what they do not have.

The object of laws to govern the medical profession is to demand those duties required by the general good, and to assure the people that they can get the skill they ask for at the hands of the profession. How are you to assure this unless you examine into the special qualifications of the practitioner according to the profession he makes? If he pretends to be an osteopath, his special qualifications as an osteopath should be proven to the board that is to grant him the license. If he claims to be any other kind of a physician, his qualifications for applying that theory of the healing art should be closely inquired into. If he claims to be a "regular" physician, and by this word I mean one who professes to have command of every resource in the healing art, he should be specifically examined in every ism and every doctrine thereof. It is the most absolute bigotry for a man to claim to be a physician in the completest sense until he has invetigated impartially every theory and idea that has been presented in the domain of this art. If, then, a man presumes to be a regular physician, he is assuming a great deal, and should have his qualifications in all the different isms of this art investigated. The trouble with the allopathic school is that they make this assumption and yet condemn new ideas just as fast as they appear, unless they come through the channels they choose to recognize. Their history is one long record of oppression and persecution against new ideas until, by the force of public opinion they have been compelled to give them place.

The osteopath believes in the abolition of arbitrary restrictions and in the relegation of matters of conduct to the individual conscience, just as rapidly as considerations of the public safety and welfare will permit. When the child has grown up to maturity and judgment, the rules of the school room are no longer needed, for he has outgrown them. When the people are sufficiently educated to discriminate, they will, and even now they do so whenever any system of medical practice dares to lower its standard so as to admit incompetent practitioners to its ranks. Every natural inducement exists already for the leaders of any school of the healing art to put their standard just as high as they think it ought to be. Where competition is free, each system will be responsible for its own work, and rapidly find its natural level in the estimation of the public. In the words of Solomon, "Give her the fruits of her hands."

Place such regulations upon all as the general public welfare demands and give such control to the standard bearers of any special line of work as will permit them to define the qualifications of those who choose to carry the name. Let no man proclaim himself a member of any party, civil, political, religious or medical unless he subscribes to the creeds and tenets of those who carry its banner. Let the man who chooses to differ in creed and opinion from all of these, get what following he justly can, but let none of them sail under false colors. Give into the hands of the standard bearers of any system or ism of practice the right to control admission into their ranks. Thus will you give each of them the fruits of their labors and enable them to gain whatever standing in the estimation of the people they may earn for their system.

THE THEORY OF THE HEALING ART.

The theory of one art and practice of medicine is quite ideal and beautiful to comtemplate—but so long as people will have different opinions, and some attempt to dictate to others, there will be the question of which one.

So long as intolerence, bigotry and oppression determine the attitude of any school of medical practice towards new ideas from whatever source, so long will human progress be hindered and the welfare of the community suffer through allowing any of these to dictate anything to any of the others.

There is not a person in this house who does not know that homeopathy would have been crushed at its very beginning, eclecticism the same, and osteopathy too, if the self-styled regular medical school had had its way, or had been given complete control of the beginnings of these systems.

In 1895 when we first came into this state, the medical board told us that so long as we used no drugs nor knife nor called ourselves doctor they did not think they would molest us, as they considered us out of the scope of the law. It is evident they did not fear our competition. Later when they saw our rapid growth, they concluded they ought to compel us either to take out license and pay tribute, or suppress us. Then began efforts to hinder us from collecting our pay, and these were followed by criminal prosecutions wherever they could get a district attorney to prosecute, and they declare they will keep it up in spite of the court decisions we have, relieving them of any responsibility for us or control over us. It may be some satisfaction to know that they are able now to get a case up to the supreme court, where they have been so anxious to get it. Their proposition has been that we should consent to conviction by the lower courts, and appeal to the higher, till we should carry the case to the supreme court. Now one of our people has asked the court to restrain them from further molesting him, at the same time asking for damages. By appealing from any decision we may now secure in this case they can get into the supreme court, bearing the costs themselves instead of saddling the matter upon the state. They are welcome to proceed.

When the Jefferson Medical Bill was before the 13th general assembly two years ago, its friends had occasion to ask the osteopaths for a conference so as to reach an agreement on the bill. As a result a clause was inserted, stating specifically that it was inoperative so far as osteopathy was concerned. In the course of that conference, Dr. Fleming took occasion to illustrate the matter by the story of the Little Dog that was barking at the Big Dog until the latter was so annoyed as to turn upon him and say, "Wow!" Whereupon the Little Dog ran with great joy to his mother, saying, "O, mama ! mama! the Big Dog has paid some attention to me at last!" We accepted the application of the story.

When the Sanford Bill, now before us, was under discussion in the House, I asked Dr. Van Meter if the osteopaths could have representation on the board; he said, "yes." "Are you willing that the osteopathic representative should examine osteopathic qualifications of osteopathic applicants?" "No." The Little Dog is bigger now and expects to grow larger yet, but one is inclined to wonder why the Big Dog is so irritated at the thought of requiring a professed osteopath to show that he knows his business. During the little conference above mentioned, Drs. Fleming, Munn and Lyman, as the committee on legislation, took occasion to ask us why we were unwilling for regular physicians to examine the osteopaths. That question imposed upon us the unpleasant duty of telling those gentlemen we did not consider their people competent to examine into our osteopathic qualifications. As they did not then and there kick us out of the office, we cited one or two diseases, showing the differences in theory and in practice, and explained the relations of these to the known facts of anatomy and physiology, taught in their own text-books. That ended the argument with these gentlemen, and they promised us the amendment exempting ostecpathy from the action of the Jefferson Bill. The amendment was made a day or two later on second reading, after which the bill passed up to Governor Thomas.

In medical legislation the greatest freedom should be allowed for the demonstration of new ideas and opposing systems; a thing practically impossible while the determination of applicants' qualifications for practicing any system is left with advocates of competing systems.

If the broad sense of the term medicine, "The Healing Art," is taken as

the proper meaning, it should be made the legal one, if at the same time no injustice is done. Many "irregular" doctors are unaffected by our law because of the strict and narrow sense applied to this term by the court rules. This alone has, in such cases, prevented the State Board of Medical Examiners from throttling and suppressing the osteopathic school, and certain other new schools and methods of healing, both physical and metaphysical in character, which have rapidly grown in public favor.

We believe in the right of any school of the healing art to regulate its own professional affairs, knowing full well that its reputation will thereby rise or fall as its merits deserve. The Board of Medical Examiners can and do dictate what shall constitute a recognized School or College of Medicine. The dominant school set what college regulations they consider proper, irrespective of the special character and needs of the others. For example, osteopathic colleges, to be recognized as now ruled by this board, would have to teach internal medication, which they repudiate. This board will require all students to attend full courses of lectures, irrespective of how much they know upon entering, unless the requisite time has been spent in one of the trust colleges. Moreover, one who may not have studied the special theories and methods of osteopathy may be allowed to profess himself a competent osteopath. His failures to do what a competent one should do would certainly bring our profession into disrepute. This injustice is one of the worst faults of the present law and of Sanford's Bill. Thus the allopathic board use the whip over their competitors to compel unjust detention of students in their colleges. If their rule is extended to the osteopaths it will become doubly oppressive to our profession. Under the old law persons with no knowledge of medicines or their use can get license to practice medicine. Under it a few osteopaths have applied for medical license, getting first class grades in examinations, yet knowing little or nothing of any drugging system. Others, with conscientious scruples against taking license to give poisons they do not understand, have steadfastly refused to apply, not having learned drugs and their uses. Under either of these allopathic bills, if enacted, this outrage on the people will not only continue but medical pretenders with no knowledge of osteopathic principles and practice can, without hindrance, foist themselves upon the public with license to practice manipulative or other methods they know nothing of, and the public are helpless except through the malpractice law.

MALPRACTICE LAW.

The friends of the Sanford Bill don't want examinations in methods of diagnosis and treatment peculiar to the different schools, because they say that licensees who make false pretenses can be handled under malpractice law. What proportion, do you suppose, of real malpractice cases ever get into court? Very few. The poor are unable to prosecute. Many are hopeless on account of difficulties in getting expert testimony to prove malpractice. There are guarantee companies to defend allopathic practitioners in malpractice suits. Last but not least if this is true we need no law to govern admission to practice. I say if the malpractice law governs the cases of ignorance displayed in the matters of special diagnosis, choice of remedies and methods of treatment advocated by the particular school of practice, it will also cover the cases of ignorance and stupidity displayed in those matters wherein all schools of practice are agreed.

If admission to the healing professions is to be governed at all in the interest of the people, let us place the standard of each into its own hands, that it may earn a good or bad reputation according to its deserts. If its standard is put so low as to produce inefficiency the natural law of survival will degrade it. If it is unjust in any way the name will suffer accordingly. If they made it just and equitable, so as to get the greatest efficiency, their credit will rise exactly as they deserve. A fair field and no favors in this race, and let even the hindmost have every iota of credit that he earns.

Even if it were desirable for the sake of uniform elevation of standards, to have a common board to examine in the branches common to all schools of practice, it is impossible for one school of practice to justly examine the candidate of another school. In anatomy, for instance, the osteopath must know the mechanical relations of the various structures so as to know where pressures may cause trouble, and he must study them minutely; while the man depending on medicines cares little or nothing for these things. Questions essential for the proving of an osteopath in anatomy could be almost absolutely prohibitory for a competent homeopath or a person of any other school that depends on medicines. A chemical question needed for an allopath could be extremely unjust for an osteopath, who trusts nature to perform her own chemical processes correctly when she is not hindered by the obstructions he recognizes and tries to correct.

The allopaths say they find it necessary to insist on a four years' course of study. Through such bills as the Sanford, they attempt to force, not only the same burden upon us all, in time service, but also force their nauseous drugs down our throats by a rule of the board which refuses recognition to any school that does not teach materia medica.

We do not advocate any six weeks course in osteopathy, as they would have you believe. Our schools are increasing their time in the full course of study as fast as the demand for our graduates will permit. We shall doubtless make it twenty-four months this coming summer, but so far, our twenty months course has been sufficient to enable the osteopath to do such satisfactory work as to make more rapid progress in eight or nine years than has been made under the hide-bound methods of the old school, in all the years they have had control of the healing art.

We admit using much of the knowledge of the human body obtained by their anatomical and physiological researches—it is humanity's right—but osteopathy has discovered and brought out the principle of abnormal mechanical pressures as *causes* for all kinds of weakness and disease, together with the

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perfectly natural and direct methods which reason dictates for their correction and the cure of the case.

Our methods are as the rifle shot compared with the boomerang, because we go straight after the cause of the trouble and lose no time in juggling and dallying with the symptoms. Our friends, the framers of the Sanford Bill object to letting us have a shorter time than their four years course. They are something like one governor of a certain Mexican state about twenty-five years ago, when the promoters of the Mexican Central Railroad were trying to get their franchise and right of way through to the City of Mexico. When he could make his journey to the capital in three instead of thirty days. They can't understand what is to be done with the other twenty-seven days.

God grant we may ever remain true to the principles on which our unparalled success has been built. So long as we do this we are running our train on an air line track, with a full head of live steam. So long as we shall adhere to these principles, and shall be able to keep our name unspotted by those unworthy to use it, our train will be the overland fast mail from *Kan*sas and Missouri. Let any band of red-skins beware how they use their lariats on us. They might soon be wanting somebody to help them let go. Not by might of established custom and high standing, nor by power of numbers and political station, but by the spirit of truth, of justice, of equity, and of reliance on fact shall our way be won.

We can afford to have let Governor Adams veto our first bill, passed by the 11th assembly when we had but three practitioners in the state.

We can well afford to have lost our bill in the 12th assembly when we had about a dozen osteopaths in the state, and when the Ranney Medical Bill, rather than admit the existence of osteopathy, preferred to so amend their definition of the practice of medicine and surgery as to make it an insult to the noble science of surgery.

We can well afford to have had our bill in the 13th crowded out by the importance of the Revenue Bill, when the friends of the Jefferson Medical Bill explicitly named our practice and exempted us from its action through an amendment. At that time we had about twenty-five or thirty practitioners in the state. We can afford, if necessary, to have our bill defeated in the 14th general assembly, when we have about seventy practitioners in the state, almost double the number of the eclectic school; when the great and generous homeopathic school have taken a stand by our side, and when we have already been privileged to see our opponents driven to the tactics I will now enumerate, and if our defeat is brought about by these means:

1st, the friends of the bill which oppresses us have stooped to rush it through the house committee, where we could not get a hearing.

2nd, they have questioned on the floor of the house, our right to handle certain diseases, where they knew we could not reply in self defense.

3rd, they have, to our damage, misstated various people practicing osteopathy, as to their attitude in reference to the Sanford Bill. This I know from recent personal conversation with the four osteopaths who took the examination.

4th, they have to our damage, mis-stated the time of our course of study in our colleges.

5th, they have stooped to use coercion through the power of the speaker of the house, to force that bill up to the senate, where it now appears as one of the very early bills passed over the senate from that body of legislature.

They have either intentionally or ignorantly mis-stated on the floor of the house, that the Sanford Bill requires an examination in drugs and their uses, which it does not; they also limited the word "therapeutics" to mean the application of *drugs* for remedial purposes when the word correctly refers to the application of remedial measure whatever, thus including manipulations and external applications generally.

These false statements are calculated to seriously damage our position before the assembly, but I will not say that they were purposely made. I will say, however, that if they were ignorantly made by the doctor who made them that statement as to examination in materia medica shows his ignorance of his own bill. And that one as to the meaning of the word "therapeutics" shows his ignorance of the words commonly used in his own profession.

While such unfair laws as this one are sought to be fastened, through such unfair methods, upon our state by any school of practice, the time is evidently not at hand for a just and equitable joining of all schools in a common board to regulate the healing art.

The necessary freedom for the fullest development of any system of practice, old or new, or yet to appear, must be through allowing the organized heads of the various systems to control their own standards and determine what constitutes the right to recognition as members and practitioners of such systems. Until the various schools will respect each other's rights enough to join forces in a common board where this separate control and assurance of qualifications can be had, they certainly ought to be regulated through separate boards, requiring all alike to report births, and deaths and to do other duties demanded by the public welfare.

The osteopathic bill under consideration known as Senate Bill number 142 has been carefully prepared by the practitioners of the state with the advice of competent attorneys and embodies the ideas advanced above as applied to our science and practice. It has been presented to every known practitioner in the state and has no just nor active opposition from any of them.

It has been commended for its spirit of fairness, justness and equity by every one who has read it, so far as we have learned.

It is a fair bill, depriving no body of his business legally created under the existing laws.

It provides for the control of our profession through an incorporated society, responsible and comprising many practitioners of the state, and to which all reputable ones are eligible.

It enables our profession to guard our own gates, and gain exactly the credit or discredit we shall deserve by our own doings.

It allows no meddling with, nor undeserved admission into the ranks of other schools of the healing art, and gives no privileges we do not qualify for.

It is a bill in the interest of the public welfare, for it requires us to make the same reports, and give the same aid to control epidemics, as other physicians are required to give.

It imposes no tax upon the state, and is in no sense a bill for creating salaries, nor does it create any trust.

We ask for its enactment, and also favor Senate Bill No. 212, known as the Homeopathic Bill, which is along the same lines as ours, with reference to that profession.

[The legislature failed to pass the osteopathic bill but did pass the above referred to Sanford Medical Bill which was vetoed by Gov. Peabody.]-Ed.

THE VALUE OF MENTAL THERAPY.

C. L. Fagan, B. S., D. O., West Plains, Mo.

MAN. $\begin{cases} 1. & Physical man; body. \\ 2. & Mental man; mind. \end{cases}$

(a) Physical mind; sub-conscious.
(b) Psychological mind; conscious.

For the purpose of this paper, I will use the term, cerebro-spinal system, as meaning the physical man taken as a whole, since it is the principal part, and is in complete control of the body.

MIND AS A CURATIVE AGENT.

That which we know as mind is merely a variety of physical manifestations through the medium of a particular physical instrument, physically limited by that instrument. Outside of these limits, we know nothing; inside, little more. The cerebro-spinal system is the particular instrument of the mind. Every more or less perfect instrument is accompanied by a more or less perfect mind. If an individual body is never born, then its individual mind is never manifested. If an individual body dies, then its individual mind ceases to be manifested. As slowly as the instrument develops, that gradually does the mind manifest itself. As slowly as the instrument decays and dies, that gradually does the mind cease to be physically manifested. Therefore, the mind is physically limited and dependent; and without absolute physical perfection of the cerebro-spinal system, absolute perfection in mind manifestation is impossible.

From conception until death, the cerebro-spinal system and the physiological, or sub-conscious mind, are equally dependent-the one, for life and the performance of function; the other (being life itself, and the moving force and power of all functions, processes, etc.,) for its manifestations through its proper instrument. On the other hand, the psychological, or conscious mind,-which

comprehends the faculties of reason, conception, consciousness, memory, will, soul, and all processes other than the sub-conscious government of the bodyis entirely dependent on the development and perfection of both the cerebrospinal system and the sub-conscious mind; besides, being no particular factor in their development, up to certain limits. That physical development which concerns only the unconscious integrity of process and function, necessary to proper maintenance of life, has no dependence on conscious mind.

The brain develops, as the increasing needs of the conscious mind demand; and the conscious mind becomes more and more perfect with the increasing perfection of its particular portion of the instrument;-and here, again, is equal dependence. The conscious mind, being the intelligent director of all conscious functions and demands of the body; and, being the "overseer" and protector of the body (through the sub-conscious mind as a medium) it follows that the value of mental therapy depends, as a curative agent, entirely upon the potency of suggestion, through the conscious mind as a medium, as a power in controlling the sub-conscious mind (and thus the body) in re-constructing tissue, re-establishing function, and removing obstructions, abnormalties, etc.

Conscious mind has neither the power of construction nor destruction; and, since all repair possible goes on in the body without aid, or even the necessity of cognizance, on the part of the conscious mind, it seems to me the mental therapist is struggling in a sea of chaos without even a straw of truth to cling to.

Upon the integrity of nervous tissue depends the life of all other tissue. The possibility of repair, of any tissues, depends on the amount of nervous tissue destroyed, or injured, with them; or as to whether the nerve cells, governing the metabolism of those tissues, are destroyed or injured. If a leg has been cut off it will not grow again, because too much nerve tissue has been destroyed. If the cells in the motor centers for the arm are destroyed, then that manifestation of mind, known as motion in the arm, forever ceases-the muscles waste away and are useless. There is no such thing as the mind in itself being sick or diseased. To the degree of perfection in the development of the cerebro-spinal system, that far can the development of mind manifestations attain. No mind is greater than its instrument.

Use nothing, use mind, as a curative agent, you'll get the same results.

To get this subject in a nut shell, let us briefly dwell on a few points : Manifestations of mind, both within and without the body, are absolutely limited physically and physically dependent. Mind in itself has neither construction nor destruction powers. Without the body, by means of physical media we cause atoms to assume new relations-we call this, "construction." Again, we break up certain relations of atoms, there is a change in form; we call this, "destruction;" yet, nothing is ever absolutely destroyed. In this sense we have within ourselves no powers of construction and destruction (and repair,) outside of normal channels governed by natural laws; and

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these powers are under the guidance of sub-conscious mind; neither accellerated, checked, stopped, started, or controlled by the conscious mind, except through proper living, diet, etc.—the avoidance of self injury and abuse, by means of drugs, poisons, instruments of self destruction, excitement, worry, etc.

Certain attitudes of mind may aggravate disease, as worry; or may hasten a fatal termination, as excitement in heart trouble; but these attitudes of mind are far from the first cause of disease, which is always physical.

The mental treatment is of no use curatively, but may be of use in preventing many diseases. Learn to live right and you'll be more likely to die right.

THE TRUE THERAPY.

A physical system of treatment (surgery included) that works along physical lines, adjusting, correcting and removing abnormalities, obstructions, and all things that interfere with the proper relations of the body; that studies into, discovers and teaches the proper ways, and conditions under which, to live; that makes use of all things, that will help toward physical, and thus mental, perfection, and the maintenance of same—this is the true therapy. Osteopathy is on the right track.

Scored Osteopathy, They Did!

The Alabama Medical Association, held in Talladega last week, unmercifully scored osteopathy, says an exchange, and we guess they did. And it was done without mercy. As one of Shakespeare's characters says in one of his plays, "Let us score their backs," and so they did. It belongs to no grade of intelligence to enjoy a monopoly in the noble art of scoring any body or anything. In all ages the pioneers of thought who have lead men out of the darkness of every phase of ignorance and superstition, have been scored by their inferiors.

Galileo, who discovered the isochronism of the pendulum in 1583 and the hydrostatic balance in 1586; discovered Jupiter's satellites in 1610, and remarked the sun's spots about the same year, was summoned to Rome, where his doctrines were condemned by the Pope in 1616; was forced by the Inquisition to renounce the Copernican theory (which taught the earth was round) in 1633. And the Pope and his minions scored the grand old scholar, whom all the world, and even the Popes, have for centuries declared was right. And yet "the drowsy tyrant by his minions

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led," still walks the earth and scores those who refuse to fall down and worship him. Spirit of intolerance thy name is evil!

The science of medicine has blessed the human family in ways beyond lauguage to recount, and palsied be the tongue that would decry it, but it does not possess all the "Balm of Gilead."

Often it has occurred that a man, some time in life, had one of his ribs injured and in some unaccountable way removed from its exact normal position in the human anatomy. Years after, it disturbed the heart, and the man, ignorant of the cause, thought he had heart affection, heart failure or some other kind of the many heart troubles. He went to his doctor, who examined the symptoms, and he too said it was heart failure. He prescribed and for years the poor man was dosed with medicine by every doctor he could reach but no relief came. Along came an osteopath, who closely and critically examined his body found the cause -a dislocated rib-and after due course of treatment, the rib is gotten into its natural and normal position. The man's heart beats all right-he is a well man. No medicine and no case for any medicine. And the M.

D's, rise up in their mighty wrath and score osteopathy, and without mercy even do they score it.

A poor woman suffers for years with terrific nervous headaches, caused from nervous prostration. Her doctor prescribes and for years she takes every kind of medicine he can think of or discover, but no relief comes. Being an honest, reasonable man, when she suggests osteopathy. he says, "yes, try it. I would try anything that promised relief." She sends for the osteopath and one treatment gives her relief from that terrible headache. One months treatment cures her. She again enjoys life, eats hearty and sleeps soundly. She goes about as she did when a child. The songs of the birds again gladden her happy, grateful heart. She can visit her friends and gladly welcomes them to her home. The laughter of her joyous children no longer grates on her nerves. Life again is one sweet song. And the Alabama Medical Association unmercifully scores osteopathy.

The late Dr. W. K. Bowling for many years a distinguished professor in the Medical Department of the University of Nashville, was wont to tell his graduating classes this incident in his early professional career in Kentucky on the frontier[•] One day he heard the clatter of horses feet down the road, and the thought occured to him, some one is dying and a rider is coming for medical aid. Presently he heard a voice. "Halloo!" He went to the open office door and a one-gallused man riding bareback said, "Come out here, doctor."

And on going to the man, he stuck upon the fence rail one of his bare feet, twice as large as the other, and red as a turkey gobbler's snout and inquired, "Doctor, what's the matter with that foot?" After a long and critical examination the doctor looked up and with an air of great wisdom solemnly said, "Sir, that is an extreme case of erysipelas," and the fellow with a scornful smile at his ignorance replied, "Erry h—II, yaller jacket stung it," and rode off in full tilt. And the band played Macarony, but no joy was seen in the Albama Medical Association.

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There are scores of men and women in Huntsville, and all over the land, who, after trying medicines for years, found a cure in osteopathy, and they hesitate not to declare it.

Osteopathy is no cure-all, and no such claim is made for it. It has failed doubtless in many cases, and may have its monuments too in the cometeries, but that it enjoys any monopoly there either, none will dare assert. In conclusion, as the end man in the play cried out, "And the bass violin still pursued him."—By BEN P. HUNT in the Huntsville, (Ala.) Tribune of March 7th.

Athletic Notes.

During the past month the A. S. O. base ball team played four games winning three out of the four. All the games were played at Kirksville except the game with Still College which was played at Des Moines.

The results follow :

A. S. O. 4—Des Moines 5, A. S. O. 9—Rolla School of Mines 0, A. S. O. 6—Kirksville State Normal 2, A. S. O. 4—Nebraska Indians 3.

On Friday, May 15th, the Annual Field Day exercises of the A. S. O. were conducted at the Athletic Park. Some very good records were made, and on the whole, most of the performances were quite creditable. Following is the list of the events giving the winners and their records.

100 yds-	1.	Crowley.	2.	Deming 10 sec.
220 "	1.	Crowley.	2.	Deming 232-5 sec.
440 "	1.	Ament.	2.	Switzer 50 sec.
880 "	1.	Ament.	2.	Barnes 2 min. 25 sec.
1 mile	1.	Ament.	2.	Barnes 5 min. 15 sec.
120 yd Hur.	1.	Crowley	2.	Deming —
220 yd Hur.				Crowley (fell)
High jump	1.	Houseman	2.	Ganong 5 ft. 6 in.
Broad jump	1.	Crowley	2.	Deming 21 ft. 6 in.
Pole vault	1.	Ganong	2.	Laughlin 9 ft. 6 in.
Ham. Throw	7 1.	Van Dorn	2.	Craig 104 ft. 6 in,
Shot Put	1.	Van Dorn	2.	Crowley 39 ft.5 in.
Discus Thr.	1.	Van Dorn	2.	Craig 102 ft. 6 in.
Saturda	y,	May, 30th	1, 1	the inter-collegiate
state mee	t w	vill be he	ld	in St. Louis. The

state meet will be held in St. Louis. The A. S. O. will have fourteen representatives at this meet and expect to win the state championship.

The Journal of Osteopathy.

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Editorials.

Nothing succeeds like success—Dr. Hildreth in St. Louis.

* *

THE date of the meeting of the A. O. A. has been changed from July 14, 15 and 16 to the 16, 17 and 18. Cleveland is the place.

* *

THE May issue of the JOURNAL OF OS-TEOPATHY was much the largest ever published in its history, still the issue was too small as orders for more than 5000 copies were received after the issue was exhausted.

* *

THE friendly relations that have been reestablished between Kirksville and Des Moines is a cause of much favorable comment on the part of those of our profession who have observed the good feeling that exists all round. As a science, as a profession, united in principles, in practice, in a fraternal spirit we stand, divided we fall.

* *

THE good treatment and royal entertainment accorded the members of the A. S. O. baseball team on their recent trip to Des Moies elicited much praise for the opposing team and its managers. One good turn deserves another. May it always be thus.

THE new directory of graduates of the A.S.O., also the new illustrated catalogue are now ready for distribution. The new pamphlet containing the laws of the various states regulating our practice promised by June 1st will not be ready before June 15. All will be furnished gratis upon application. For the past two weeks all requests for catalogues have been held over in order to be filled with the new and latest number now ready.

1.01

THE fourth annual convention of the Iowa Osteopathic association will be held at the Still Osteopathic College at Des Moines, June 25th and 28th. We have just received a programme of the meeting and it promises to be a very interesting and instructive affair. Iowa has a good live state association and a lot of good osteopaths. It will pay you to attend the association if you are in practice in that state.

* *

* *

An osteopathic bill recently passed the house and senate of the Michigan legislalature. In many particulars it is somewhat similar to the present osteopathic law in Michigan except that it requires a three years course before graduates are eligible to practice in that state. This rule, however, will not apply to those already in the field or to those already matriculated in osteopathic schools requiring only two years course before graduation. Dr. Rider of Detroit writes us that on account of an error in the wording of the bill, it will again have to run the gauntlet of the senate and on account of the proximity of the close of the session, it is quite doubtful if the bill becomes a law. In that event the present osteopathic law will remain operative.

THERE are a few, far too many, we are sorry to say, in our profession, who resort to unprofessional methods for the purpose of increasing business. Quack news paper advertising, as bad as it is, is not the worst thing in this line, by any means, that has been brought to our notice. Soliciting patients, within itself, is a very bad practice but soliciting patients who are under treatment by another osteopath and offering to treat them at a reduced price is in our opinion the limit of unprofessional conduct. Any practitioner who advertises to treat free or guarantees to cure diseases or employs any such method as to the one above first referred to, does our science no little damage. As a rule practitioners of this type whether in osteopathy or in medicine are "sharks" or ignoramuses and ought to be lambasted out of the profession to which they nominally belong.

WE receive occasionally inquiries from osteopathic practitioners asking as to the value of mechanical vibrators, but it is the policy of this journal to be conservative about any innovation. The manufacturers of one of the best of these vibrators writes us that he has sold his appliance to more than sixty of the Kirksville graduates, so that doubtless there will soon be ample evidence in osteopathic circles as to their efficacy. We will be glad to publish reports pro and con based on intelligent experience. —Cosmopolitan Osteopath.

The foregoing clipping contains a misrepresentation of fact on the part of manufacturers of the vibrator according to our opinion. There are a few osteopaths of course who never will grasp the osteopathic idea and therefore never will be able to put its principles into successful practice. There may be six from the A. S. O. who have vibrators, we doubt if there are sixteen, but if there are sixty the foolkiller certainly ought to be discharged for neglect of duty.

^*"

Summer Schools.

THE A. S. O. will conduct two summer schools each covering a period of six weeks beginning July 6th. A large number of graduates and advanced students have already matriculated for the summer course in St. Louis, and from present indications there will be a large attendance. The course of instruction covers the subjects of gynecology and obstetrics with clinical practice, anatomy including dissection, and in addition there will be a daily general clinic. The summer school at Kirksville will be conducted particularly for the benefit of those students who wish to do summer work. Classes will be formed in anatomy including dissection, chemistry, and microscopy. In addition a daily general clinic will be conducted. At no time in the school's history has dissecting material been so plentifully supplied. At present there are over forty cadavers preserved and stored away in the dissecting room for use of the dissecting classes as soon as they are formed.

* *

California Board Favors Three Years' Course.

At a recent meeting of the California State Board of Osteopathic Examiners, a decided step was taken in regard to the lengthening of the osteopathic course of study to three years. By three years was meant twenty seven months, or more.

The following motion was unanimously carried: "Resolved, that this board shall not grant certificates, on diploma, to graduates of any college, after the graduating of the class entering in February, 1903, who have not had a three year course."

*** Illinois Examination.

A special examination for physicians of the old schools of medicine was given by the Illinois State Board of Health in the City Hall at East St. Louis, May 11th to 13th. It was also arranged to give an osteopathic examination at the same time provided at least twelve from the A.S.O. appeared to take it. A "baker's dozen" however were registered at the Roval Hotel and ready for business at the time set. There were seven from the senior class : Mrs. E. Stewart, Mrs. M. E. Dameron, S. W. Downey, Dale Craig, Wm. Rohacek, J. C. Walker and J. B. Schrock and six from the junior class : Chas. H. Murray, L. F. Pennock, J. H. Overton, E. D. Holbert, W. B. Ervin and A. S. Loving.

There were present perhaps 120 students from 'the old schools,—allopaths, homeopaths, eclectics, etc., and these were examined on eleven subjects which required about three days time to complete

The osteopaths had different sets of questions, covering eight subjects but included in six papers of ten questions each, and two days' time was more than was needed. The subjects are physiology, anatomy, chemistry, hygiene, histology, pathology, symptomatology and surgery. A general average of seventy-five per cent. is required.

Each person was assigned to a table and given a number which was put at the head of each paper instead of the name. Legal cap paper was furnished and questions were distributed when ready to begin work. Monitors were stationed plentifully throughout the room to answer proper questions and to use their keen eyes in detecting any form of cheating.

The board is a hard worked body of men and it usually takes from two to six weeks to get a report on the result of an examination. The fee charged in advance is \$10.00 and \$5.00 for the certificate

This examination was considered to be a very fair one by those who took it and the courteous and kindly treatment accorded the osteopaths on this occasion by Dr. Egan and his assistants was all that could be desired.

*** SON OF FOUNDER WAS BANQUETED.

Osteopathic Students Honor a Visitor.

An impromptu banquet was given this noon at the Wyoming Valley Hotel on River street. The banquet was in honor of Dr. Charles Still, of Kirksville, Mo., and was given by the members of the class of 1903 of the local Institute of Osteopathy.

Dr. Still is the son of Dr. A. T. Still, the founder of the school of medicine known as osteopathy and the banquet to day did not only honor the son but through him the father and founder of the school.

The private dining rooms of the Valley Hotel were tastefully decorated in the colors of the class, purple and white, and white roses were scattered over the table in profusion.

It was not until 11 o'clock this morning that the distinguished visitor appeared and he was entirely unexpected, so that there was little time in which to prepare for the entertainment. But notwithstanding this fact the banquet was one of the most successful and happy that have ever taken place here. When all had eaten, the student body and the faculty lighted cigars and tipped back to listen to the congratulatory speeches. The speechmaking was in charge of B. F. T. DeWitt Miles, the class president, and in opening he made a fine address, introducing Dr. Still. The doctor spoke at length upon the history of the profession and said that he was delighted with the reception that had been given him here. A number of other speakers among the faculty and student body were called on and responded.— Wilkes-Barre Leader.

The Indiana Osteopaths Meet.

The Indiana Osteopathic association held its semi-annual meeting in the parlors of the Denison Hotel, Indianapolis, Ind., May 21, '03. Nineteen practitioners of the Hoosier state were present and the meeting was thoroughly enjoyed by all. We were fortunate in having Dr. Hildreth with us, whose talks are always practical, embodying that which is highest and best in osteopathic practice. Each one reported cases of success and failure and the discussions of the causes of failure were not only interesting but very helpful, and constituted the educational feature of the convention. Dr. Hildreth was made an honorary member of the Indiana Osteopathic association in recognition of the high place he has won in the profession by his unswerving devotion to duty, his lofty ideals of osteopathic philosophy and practice, and his untiring efforts in the work. He thanked the association for the compliment implied in its action and expressed the hope that he might be able to attend its future meetings. Two sessions were held, afternoon and evening, and the convention adjourned about 9:30 p. m. to meet the second Wednesday in GEORGE TULL, D. O. November. Sec'y. and Treas.

Kansas Osteopaths Meet.

The second annual meeting of the Kansas Osteopathic association was held May 12, at the offices of Dr. C. E. Hulett, the president of the organization. A large number of the osteopaths of the state were in attendance.

The following officers were elected for the coming year:

President, Dr. C. E. Hulett, Topeka; vice president, Dr. B. H. White, Holton; secretary, Dr. H. K. Benneson, Clay Center; treasurer, Dr. J. H. Bower, Salina; trustees, Dr. R. A. Bower, Burlingame; Dr. Wade Dunn, Manhattan, and Dr. J. K. McPike, Abilene.

After the regular business of the meeting had been transacted interesting talks were made on osteopathic diagnosis and osteopathic work in general by different members.

In the evening another meeting was held and papers were read by the following members: Dr. Hulett on "Lumbago," Dr. R. A. Bower on "Paralysis," Dr. J. K. McPike on "Kidney Diseases," and Dr. Benneson on "Rheumatism."

At the close of the meeting a reception was tendered the visiting members by Dr. and Mrs. Hulett. The association adjourned to meet in Topeka in September.

New Osteopathic Bill in Illinois Vetoed by Governor Yates. The Old Law Still Operative.

Governor Yates vetoed Senate bill 214, known as the osteopathic bill. The bill in substance required practitioners of osteopathy to be graduates of a regular college of osteopathy and to undergo an examination before the state board of health. In his veto message the governor says:

"Physicians of all schools are examined and licensed by the state board of health, yet the law makes no reference to any school. Osteopaths, magnetic healers and others who treat the sick without the use of medicine are likewise examined and licensed, but no where in the statutes can there be found a mention of any particular science, system or method of treatment. Seemingly, therefore, there is no valid reason why those who practice osteopathy should be singled out and given the benefit of special legislation. (It is questionable, however, whether any real benefits are conferred on osteopaths by this measure which contains no penal section.)

My especial reason for withholding approval from this bill, however, is that it compels the state board of health to grant a license to practice to every osteopathist who shall have been a graduate of a regular college of osteopathy and who shall have been practicing in this state on the 1st day of March, 1003, who shall be recommended to said board by the executive committee of "the Illinois state osteopathic association." This is simply another of those attempts at laws, so noticeable and so numerous at the last session, which seek to run the entire machinery of state government by societies, or at least, seek to subordinate the entire machinery of state government to societies.

I am far from any intention of casting any reflections or aspersions upon the practice of osteopathy or the practitioners thereof. I believe that those who pursue the practice are doing great good, and are rapidly earning and justly earning the confidence of the people."

Chicago Society Organized.

A meeting of the Chicago osteopaths was held on May 19th at the office of Drs. Switzer, McConnell and Darling which resulted in the formation of a local organization with the following officers: President, J. A. Linnell; vice president, Mary A. King; secretary, Alfred Wheelock Young; treasurer, Agnes Landes.

A committee on constitution and by laws consisting of the following was appointed: Drs. Linnell, Melvin, D. Littlejohn, Landes and Macauley, also a programme committee consisting of Drs. Sullivan, McConnell and J. M. Littlejohn. A paper on Ethics by Dr. Fisher and one on Organization by Dr. Logan were promised for the next regular meeting to be held at the Sherman House June 9th.

It is greatly to be desired that every legitimate osteopath in Cook county or vicinity meet and join with us that we may make this society the help and power it should be to our great science.

ALFRED WHEELOCK YOUNG, D. O., Sec'y.

Take Notice.

In order to accommodate those who desire to take advantage of the reduced rates to Detroit at the time of the Epworth League Convention, the trustees of the A. O. A. have decided to make our meeting in Cleveland two days later than has been previously announced. Our opening exercises will be held on the night of July 15th, the convention to continue through the 16th, 17 and 18th.

The rate to Detroit will be one fare for the round trip, and tickets will be sold in order to reach Detroit on the morning of the 14th, thus allowing time to reach Cleveland for our meeting. Any local ticket office will furnish information as to rates and date of sale, time limit, etc.

IRENE HARWOOD ELLIS, D. O.

Greater New York Society.

On May 15 was completed the formal organization of the Greater New York Osteopathic society, which began informally last December, by the adoption of a constitution and the election of officers. The constitution marks an epoch in osteopathic progress because of certain clauses adopted. It was decided that "candidates for admission to this society shall practice osteopathy in its purity as taught and practiced by Andrew Taylor Still, without the use of any collateral system of treatment." Dr. C. E. Still was present and gave an explanation of what the Old Doctor thought of such action. The general sentiment was heartily in favor of such a clause, the opposition being from a very few who apparently believed that an osteopath should be unhampered in the use of electricity or any other method he might see fit to make use of. The final vote to adopt the clause stood 25 to 4.

All persons eligible to membership in the A. O. A., may join the society. While the membership is largely from Greater New York, several from New Jersey have also joined. Twenty-nine signed the constitution as charter members.

The society will hold nine meetings per year; on the third Friday of each month, from September to May inclusive. The next meeting will occur September 18, 1903, at 8 p. m., at No. 45 West 34th Street, Manhattan, All persons who care to affiliate with this organizatson are requested to communicate with the secretary. The meetings consist of clinics, papers, etc.

Dr. C. E. Still gave a clinic at the close of the business meeting which was greatly enjoyed.

The following officers were elected: President, Horton Fay Underwood, 40 Court St., Brooklyn, N. Y.; vice-president, Guy Wendell Burns, 156 Fifth Ave., N. Y.; secretary-treasurer, Mrs Cornelia A. Walker, 56 West 33d St., N. Y.; directors; Earle S. Willard, 688 Nostrand Ave., Brooklyn, N. Y., Mrs. C. H. Whitcomb, 392 Clinton Ave., Brooklyn, N Y.

Resolutions.

At the regular meeting of the Kentucky Osteopathic association, held inLouisville, Kentucky, April 25th, the following preamble and resolutions were read and unanimously adopted:

Whereas, it has pleased Almighty God, in his infinite wisdom, to remove from our midst our honored and worthy fellow member, Dr. S. H. Morgan, of Lexington, Kentucky, and, in view of the loss we have sustained and the still heavier loss occasioned to his beloved wife and family, be it

Resolved, that the members of this association hereby desire to express their sense of bereavement and grief at the loss of one of their earliest, most faithful and gifted members, and to record the enjoyment and profit which they have long had in the genial social qualities and the brilliant professional acquirements of the deceased.

Resolved, that we sincerely sympathize with the wife, family and near friends of our late beloved associate and that we respectfully commend them for consolation to the Devine Power which "doeth all things well," feeling sure that to them, as to us, there is comfort in the knowledge that the deceased was not only honorable and manly in all respects, but was also a devoted and consistent Christian. Resolved, that a copy of these resolutions be properly engrossed and sent to the bereaved wife and family of our deceased fellow member, and that the resolutions be published in the JOURNAL OF OSTEOPATHY, the Southern Journal of Osteopathy, the Cosmopolitan Osteopath and the Osteopathic Physician.

> DR. C. W. BARNES. DR. FRANK A. COLLYER, Committee.

Minnesota's New Board Named by Governor Van Sant.

According to the provisions of the recently enacted osteopathic law in the state of Minnesota, Governor Van Sant has appointed the following D. O's. to serve as members of the new board: E. C. Pickler, Minneapolis, five years; J. B. Bemis, St. Paul, four years; George L. Huntington, St. Paul, three years; Clara T. Garrish, Minneapolis, two years; A. W. MacLaren, Duluth, one year.

Oklahoma Board Appointed.

Gov. Ferguson has appointed the following D. O's. on the Osteopathic Board of Examiners: J. M. Rouse, Oklahoma City, three-year term; J W Slade, Blackwell, two-year term; J. A. Price. Perry, oneyear term.

Kentucky D. O.'s Elect Officers.

The election of officers for the ensuing year resulted as follows: President, H. A. Thornbury, Cynthina; vice president, Percy H. Woodall, Franklin; secretary and treasurer, H. E. Nelson, Louisville; Board of Trustees, D W. Coffman, Owensboro, H. C. Boaz, Henderson, S. E. Epperson, Louisville. H. E. NELSON,

Sec'y. and Tres.

PERSONAL MENTION.

Dr. H. P. Ellis has changed his location from Kewanee to Canton, Ill.

Dr. L. A. Kissinger has changed his location from Clay Center to Beloit, Kansas.

Dr. A. M. King has changed his location

from Hot Springs, Ark., to Dayton, Ohio. Born-To Dr. and Mrs. E. Q. Thawley of Peoria, Ill., on May 23rd, a daughter.

Dr. J. G. Leslie has gone to Florence, Ore., where he will practice his profession.

Dr. H. A. Thayer formerly of Lockport, N. Y., recently opened an office at Medina, N. Y., for the practice of his profession.

Dr. W. H. Ivie has located at San Francisco, Calif. His office location is 927 Market treet.

Drs. P. H. Henry and Anna B. Murray formerly of Fairbury, Nebr., have located at Columbia, Mo.

Dr. Angie M. Greeno has recently located at Granger, Mo. She formerly practiced at Waynesburg, Pa.

Dr. A. L. Evans of Chattanooga, Tenn., has changed his office from the Loveland Bldg. to 300-3 Miller Bldg.

Dr. E. H. Boyes of Marriette, Ohio, has been appointed a member of the Board of Health of that city.

Dr. Florence Stafford of Detroit, Mich., recently made a short visit with Dr. Julia L. Hart of Clarksburg, W. Va.

Dr. John W. Maltby has recently located at 734 N. Capitol Ave., Indianapolis, Ind. He was formerly at Milwaukee, Wis.

Dr. J. K. Dozier who has been at Tarpon Springs, Fla., for the past three months has permanently located at Middleton, Conn.

Dr. C. W. and Alice H. Proctor announce the location of their offices as follows: In Buffalo, suite 897 Ellicott Sq.; in Niagara Falls, suite 15 Gluch Building.

Dr. and Mrs. H. L. Maxwell of the last graduating class have located at Charlotte, N. C. Both are good practitioners and ought to succeed in their new location.

Dr. Anna K. Aplin, until recently assoicatated with Dr. Geo. B. Clarke of Detroit, Mich., has retired from the firm and has opened an office at 229 McDougal Ave., same city.

Dr. A. E. Berry of Tampa, Fla., writes us that a bill intended to drive osteopaths from that state was recently before the legislature but failed to pass, receiving very little support.

Dr. G. S. Skeen, recently at San Bernardine, Calif., where he has been for some time on account of the ill health of Mrs. Skeen, has returned to his former location, Jacksonville, Ill., where he will resume his practice. Mrs. Skeen's health is much improved. Dr. J. M. Hester of Corydon, Iowa. writes us that he desires to make a change in location but would like to leave a good osteopath in his place. Write him for particulars.

Dr. John Allen West announces that he has opened an office for the practice of osteopathy in the Opera House block, Terre Haute, Ind. Dr. West was formerly located at Greencastle, Ind.

Dr. J. A. Linnell, who has been associated with Dr. Harry S. Bunting in Chicago for the past year has recently bought and assumed full control of the office. Dr. F. J. Stewart will assist Dr. Linnell in the practice.

Dr. C. H. Woodruff has retired from the firm of Burton & Woodruff of Los Angeles on account of poor health. He has recently gone to El Paso, Texas, where he expects to recuperate and at the same time do some practice.

Dr. H. D. Morris, formerly of Grand Rapids, Wis., in company with Mrs. Morris has gone to Rockland, Idaho, on account of the poor condition of his wife's health. He expects in the near future to locate in the West for the practice of his profession.

Dr. Geo. H. Tuttle of Portland, Me., was incorrectly reported in our last issue with reference to the number of insanity patients under his charge. He wrote us that he had gone to Agusta and had examined a patient in the State Insane Asylum at that place instead of treating several at Portland as we reported.

Dr. E. R. Booth recently made the A. S. O. a three days visit on his tour of inspection. Dr. Booth is the official representative of the A. O. A. and gave our institution a thorough investigation from cellar to garret. Dr. Booth is the right man in the right place in osteopathy any where you take him.

Governor Van Sant of Minnesota acted upon the recommendation of the Minnesota Osteopathic society and appointed on the new state board those physicians recommended by the state association. Dr. E. C. Pickler of Minneapolis had the honor of receiving the unanimous endorsement of the association and was appointed by the governor for the term of five years.

Dr. M. T. Mayes has sold his practice at Rutland, Vt., to Dr. and Mrs. H. K. Sherburne of Littleton, N. H. Dr. Mayes has gone to Springfield, Mass., where he has opened an office in the Colonial Building for the practice of his profession. Dr. Mayes writes, "Since completing my course at Dartmouth Medical College, I have returned a greater believer in osteopathy than ever before and shall always practice it exclusively."

The following alumni visited the A. S. O. during the past month: Drs. B. F. McAllister, Fayetteville, Ark.; L. W. Lyda, Nevada, Iowa; E. M. Ireland, Central City, Nebr.; W. J. Deeming, Brookfield, Mo.; Tella Dameron, San Antonio, Texas; Philip R. Cain, Hannibal, Mo.; J. S. Baughman, Burlington, Iowa; N. D. Laughlia, Willow Springs, Mo.; Clara Davis, Bowling Green, Mo; R. R. Elmore, Fairfield, Ill.; W. B. Brown, Mexico, Mo.; Esther Whittaker, Perry, Ill.; P. H. Murray, Columbia, Mo.; Chas. A. Wolfe, Chillicothe, Mo.; Eudora Hallam, Coldwater, Mich.; Louise Dutcher McKome, Kansas City, Mo.

REPORTED BY FRANCES M. ELLER, D. O., OLWEIN, IOWA.

Sciatica:-

Mr. J—had been afflicted for eighteen years, the pain was so intense that morphine would not relieve it, could not walk a block when he applied to me for treatment. Improvement was steady from the start, so that he was cured in one month. Treatment was directed to removal of lesions. The right innominate was tilted upward and backward and there was a lateral displacement of the fifth lumbar. This was seven months ago and he is now in better health than for many years.

Neuralgia of the 5th Nerve or Tic Douloureux:-

Mrs.R — age fifty-five, had been having attacks for over two years. She could scarcely eat or sleep the pain was so intense, she described it as burning, throbbing and shooting. The lesion found was a subluxated inferior maxillary, impinging on the fibers of the fifth nerve. Reduced the sub-luxation and dismissed the case cured in two weeks. This was five months ago and there has been no return of the trouble. ᢌᠧᠣᡲᡡᡲᡡᡲᡄ᠇ᡷᡄ᠂ᡶᠬ᠋ᡟᡆᢤᡡᡲᢦᠧᡀᢦᡲᡆᡑᡀᡆᡲᡆᡭᡆᡑᡀᢦᡲᢍᢩᡭᢍᡲᢍᡲᢍᡲᢍᡲᢍᡲᢍᡲᢍᡲᢍᡷᠥᡷᠥᡷᠥᡷᠥᠶᡀᢋᡳᡊ᠘᠂ᠶᡔᠧᡄ᠋ᡝᠴᡕᠼᡀᠼᡀᢍᡲᢍᡲᢍᡲᢍᢓᢍᡲᠥᡘᡆᡑᡘᡆᢓᢍᡭᢍᢓᢍᡲᢍᢓᢍᡲ

Osteopathy successfully treats all curable diseases, and many formerly regarded as incurable. In its way it reaches many conditions of hitherto unknown nature, not classed under the ordinary headings of disease.

Diseases of the Digestive System:—Tonsillitis; Pharyngitis; Spasm of the Oesophagus; Catarrh of the Stomach and Intestines; Dyspepsia, gastric or intestinal; Gastric Ulcer; Neuralgia of the Stomach or Intestines; Constipation; Diarrhoea; Dysentery; Colic; Cholera Infantum; Cholera Morbus; Appendicitis; Tape Worm; Peritonitis; Dropsy of the Abdomen; Jaundice; Gall-Stones; Cirrhosis of the Liver.

Diseases of the Kidneys:-Bright's Disease; Renal Calculus; Floating-Kidney; Pyelitis; Hydronephrosis.

Diseases of the Blood and Ductless Glands:—Leukemia; Anemia; Chlorosis; Exophthalmic Goitre, and other forms of Goitre.

Diseases of the Circulatory System:—Dropsy; Pericarditis; Endocarditis; some cases of Valvular Disease; Hypertrophy or Dilatation of the Heart; Angina Pectoris.

Discases of the Respiratory System:—Colds; Catarrh; La Grippe, or Influenza; Laryngitis; Croup; Bronchitis; Asthma; Hay Fever; Pneumonia; Consumption; Pleurisy.

Infectious Diseases:—Typhoid, Malarial, Scarlet, and other Fevers; Measles; Chickenpox; Smallpox; Erysipelas; Diphtheria; Whooping Cough; Mumps, Dengue.

Constitutional Diseases:-Rheumatism, of all kinds; Rickets; Diabetes.

Nervous Diseases:—Paralysis; Convulsions. Epilepsy; Neuralgias; Muscular Atrophies; Somnambulism; Catalepsy; some forms of Insanity; Cerebro Spinal Meningitis; Apoplexy; Locomotor Ataxia; Neuritis; Sciatica; Facial Paralysis; Vertigo; Nervous Prostration; St Vitus Dance; Writer's or Pianist's Paralysis, and the Occupation Neuroses; Thomsen's Disease; Sunstroke.

Drug Habits:-Alcoholism; Cigarette Habit; Opium and Morphine Habit.

Skin Diseases:-Eczema; Shingles; Psoriasis, etc.

Spinal Diseases:—Curvatures; Old Dislocations, and all Deformities; Lumbago.

Diseases of Women:—Irregular, Painful or Suppressed Menstruation; Displacements of the Womb; Leucorrhea; some forms of Barrenness; Milk Leg; Ovarian Disease.

Diseases of Men:-Spermatorrhea; Sexual Debility, or Impotence.

Some Forms Of:—Deafness; Blindness; Atrophy of the Optic Nerve; Retinitis; Weak Eyes; Short or Long Sightedness; Astigmatism; some cases of Cataract; Granulations; Discharges from the Ear; Noises in the Ears.

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Dislocations:—Of the hip, knee, ankle, shoulder, elbow, wrist, etc.



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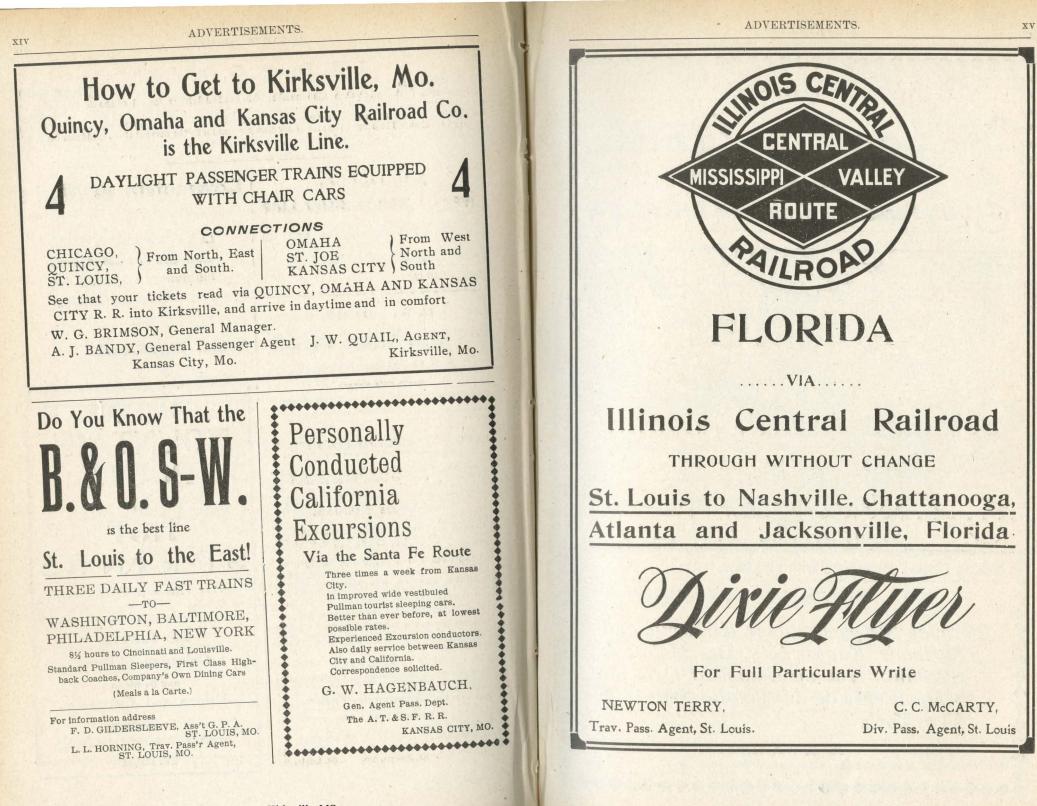
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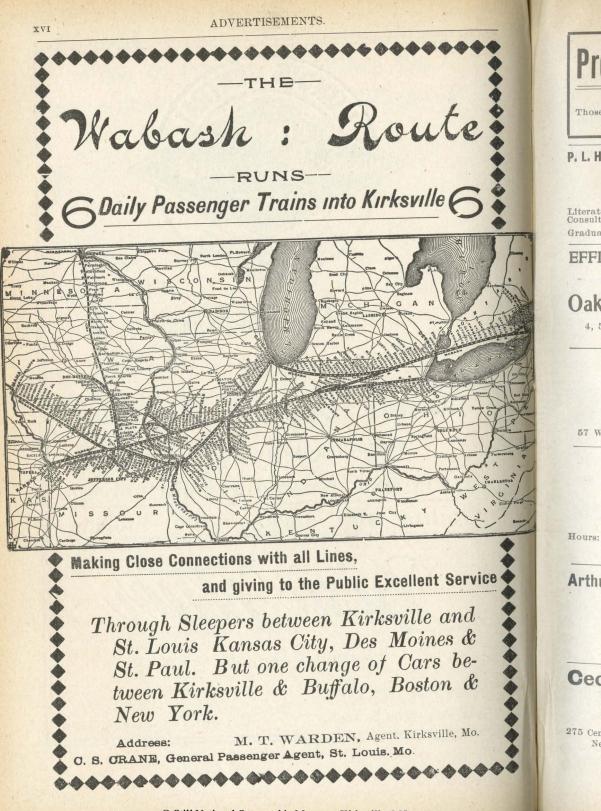


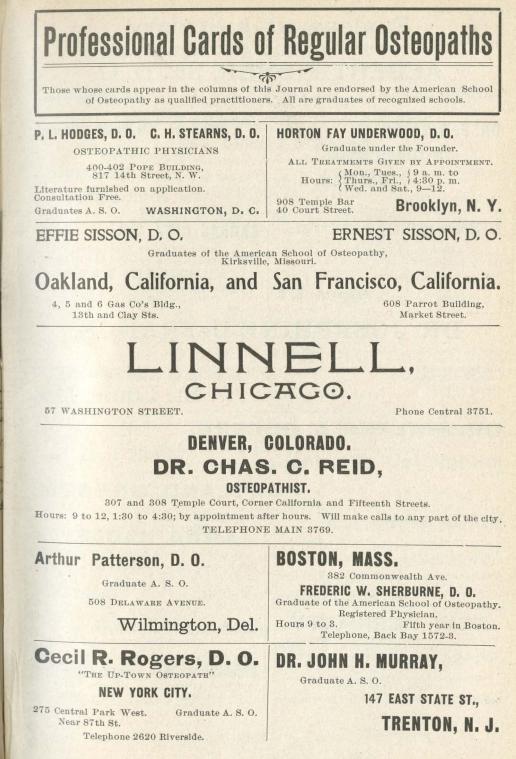
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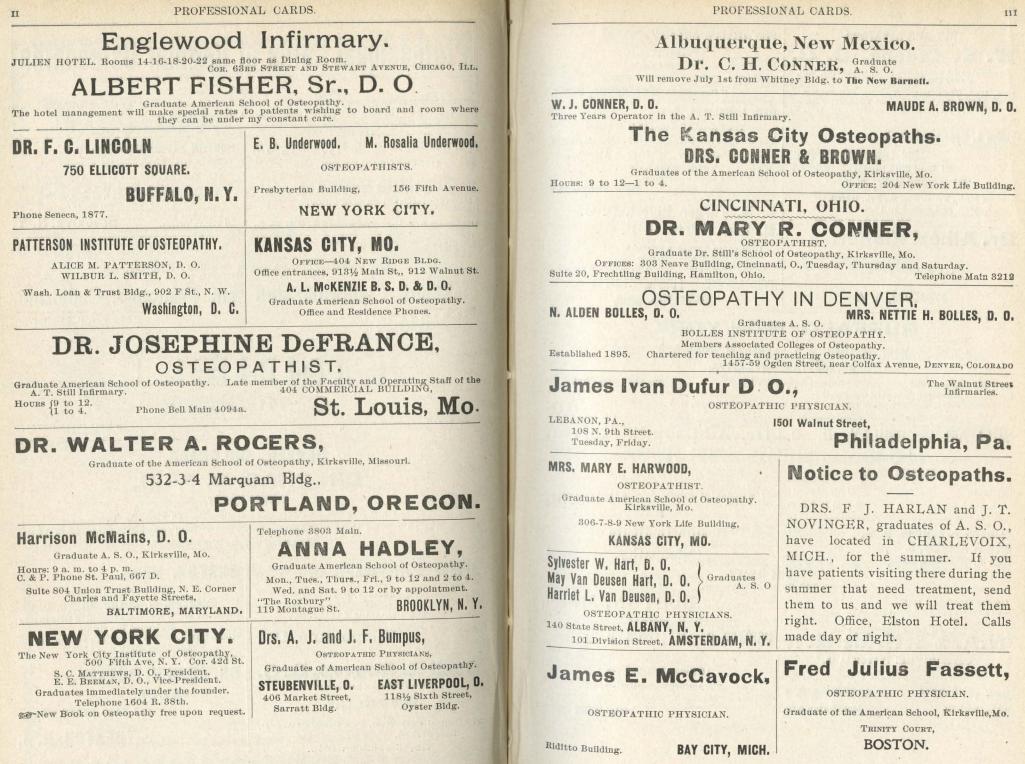
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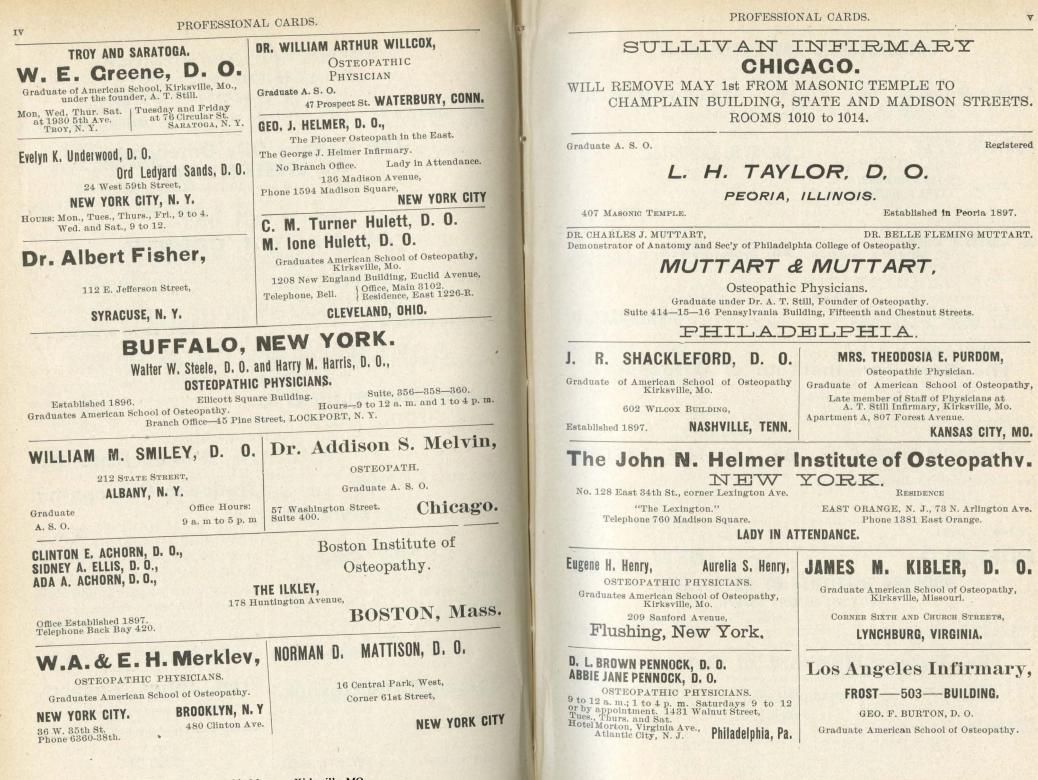
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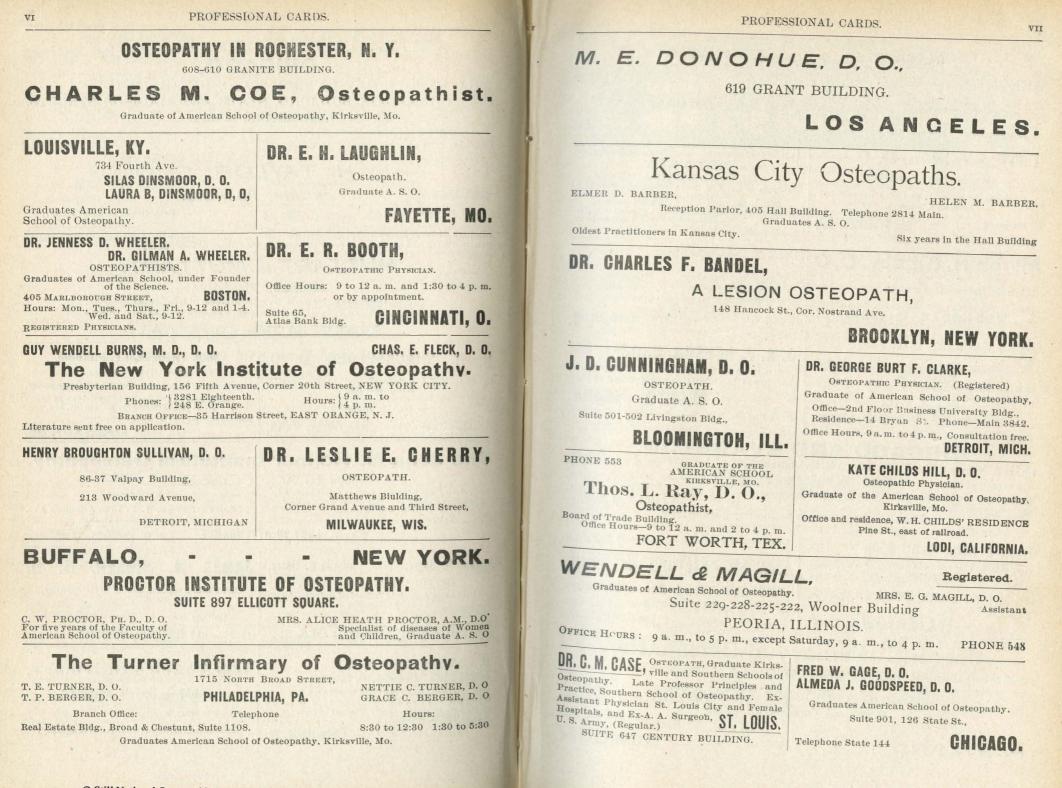












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