Do some patients grow worse for a time after beginning osteopathic treatment?

This question has doubtless confronted practitioner and patient alike. That it is so in many cases has been proven quite often by experience. Just why this is so is not apparent on first thought.

This fact alone furnishes, to my mind, one of the strongest proofs of osteopathic utility by demonstrating its principles and claims, viz.: that structure makes function and that structure is changed by osteopathic treatment.

Gould's definition of disease is, "A condition of the body marked by inharmonious action of the organs of the body due to structural change." Our faith as osteopaths, has been pinned to the principle that structure makes function. Normal structure means normal function;" abnormal structure as surely means perverted function. "Even disease; says Dr. Hulett, "is normal to the structural condition producing it." Disease is a result and not a thing in itself. It is perverted function whose cause is structural deviation.

The machine with bent shaft and broken wheels will not harvest grain properly. The carriage with broken spring will not be a comfortable conveyance. The watch with slack main-spring will not keep proper time. The piano improperly tuned will not produce harmony. Mechanical contrivances must be properly adjusted to produce proper results. Structure makes function. We can see this in the less complicated mechanisms; why not in the more complex? Is it not true that the finer the use or function of any mechanism the more exact its structure should be?

The human body is possibly the most complex organism ever devised. No one can study the anatomy of the human body and not be amazed at its mechanism, its adaptability, its symmetry, its complexity—many systems in one—osseous, muscular, glandular, vascular, nervous—all of which must be adjusted properly to work harmoniously. Each part must do its work properly to maintain the normal function.

Glandular secretions are largely dependent on circulation for their main-
tenance; the vascular system is dependent on the nervous for regulation; lack of proper glandular secretions will affect the digestive processes; impaired digestion will affect bodily nutrition, etc. Thus one can see how a bony lesion making pressure upon a nerve or blood vessel can have such far reaching results. Structure makes function. Keep this idea in mind; we will have need for it later. If structure makes function it might be asked how the hunchback is able to live at all. Are not all his bodily functions deranged by his great physical deformity? This raises the desired question, namely: the effect of comparative lesions, and nature's capacity for compensation.

The grossness of the lesion does not correspond to the effect produced. If the lesion is affecting the nervous system the effect will vary according to (a) the strength of the stimulus, (b) the abruptness of the stimulus, (c) the length or duration of the stimulus, (d) the point of application of the stimulus. If the stimulus is some toxin floating in the blood its effect on the nervous system will vary according to its kind. If the lesion is at some point in the body where motion is abrupt in functioning of the part, the effect on the nerve will be greater stimulation than at a point where the motion was less abrupt. If different points of a nerve be stimulated it will be found that the receiving end-organ is most sensitive. In a bony lesion producing an equal amount of pressure on a blood vessel or a nerve, the effect produced would be far greater in the nerve. The same amount of contractured muscular tissue in the muscles of the limb and the larynx would be out of all proportion as to effects. Degenerative changes in the heart muscle are of more import than degeneration of the muscles of the arm. A very slight lesion in the more important tissues is of vastly more consequence than a gross lesion of the less highly organized structures. The most important tissue in the whole body is the nervous system, because it governs all other systems. Hence a lesion affecting it is paramount in its effects. Then nature's capacity to compensate for the defective structure of anatomy is wonderful. Just here the human body greatly exceeds the machine in its power to compensate for defect and hence its power of adjustment to environment. The hypertrophy of the heart is its power of adjusting itself to its overworked capacity. Where glandular tissue has been partly destroyed the remaining cells of the gland increase in size to compensate for loss in number. Muscular tissue cells, if not rebuilt; are replaced by a lower grade of tissue,—connective tissue—which at least preserves the utility of the remaining unimpaired cells, so that function is not entirely lost. Certain parts of nervous tissue are restored, as nerve fibre; but the nerve cell, if destroyed, is not rebuilt. The lower grades of tissue are rebuilt; the more highly organized forms are not. Hence nature's power of compensation for structural defect is limited and, therefore, also her power of adjustment to environment. So long as she is able to compensate for structural defect her adjustment to environment remains perfect. But when compensation fails, the capacity of the organism to adjust itself to conditions is inadequate and functional disturbances begin to be manifest. Too, nature's capacity to adjust herself to environment is largely dependent upon the rapidity with which structural changes are made in her organism. If these changes are slow the functional activity of organic life is not disturbed. But let the changes be made quickly and organic life will be affected because of overwork. Each organ has a maximum capacity for work; demands beyond this cause derangement of the mechanism and disturbance in function.

There is a practical point here for the patient. Do not insist upon your doctor crowding two months' treatment into one. Changes produced too rapidly do not allow time for nature to adjust herself to the new environment—the tearing down process exceeds the building up process. From the imperfect adjustment to new conditions, arise various neuroses and psychoses which prey upon the patient like effect from fatigue. When nature's power of adjustment to environments fails—when the nice balance of the three-fold activity of normal cell life, i.e., nutrition, reproduction, and functional activity is disturbed, tissue changes ensue in the form of retrogressive and progressive processes. The retrogressive changes—parenchymatous, fatty, waxy, serous mucous, colloid, hyalin, calcareous, etc.—are all degenerative processes of the cell structure. The cell walls may become swollen and thickened; they may become infiltrated with inorganic deposits which cause brittleness or hardness of the cell structure; or intra-cellular deposits may be made which compromise both the capacity and the integrity of the cell. “The exact chemical nature of this degenerative process,” according to Delafield and Prudden, “is obscure, and will doubtless remain so until we know much more than we now do of cell structure and cell metabolism.”

Progressive or regenerative processes of the tissues are always brought about by proliferation or cell-division. All repair is produced by the process of cell multiplication. Just why cells divide is a mystery. To understand all about this would be to know what life is. Quoting from the authors above cited, “While we can thus summarize the differing capacities of the body cells for regeneration, while we know many of the general conditions under which the impulse to cell proliferation and growth is manifested, while, further, we have learned something of the delicate mechanism through which division is controlled and effected, at the end we must acknowledge that we do not know why cells divide.” “We may say that it is due to a chemical or a mechanical stimulus, and it certainly may be associated with both, or that increased nutrition favors, while innutrition retards, cell multiplication. We may cite direct or remote injury, or talk of inhibition of organic control, distributed tissue equilibrium, diminished pressure, etc., but when all is said we are forced to recur to some unknown factor in the inherited constitution of the cell which determines the measure and character of its response to the most varied influences.”

This is true. But while we do not understand the minutiae of cell division, we do understand somewhat of the forces regulating it. Pure blood is essential. In it is all nutrition; by it all waste products are removed. It brings oxygen by which cell metabolism is maintained by oxidation of materials, pro-
It carries away end products, cell detritus, toxic agents, all of which are thrown into the blood to be transported to the excretory organs. It furnishes the liquids so essential to glandular secretion and excretion. It is the great highway over which all new and all old building material must pass to and from every part of the body. Nervous impulse is another essential in cell growth if for no other reason than that it regulates circulation. It may exercise a trophic influence on the tissues—undoubtedly it controls circulation. All physiologists recognize mechanical stimulus as one of the kinds of stimuli that produce effects upon the nervous system. It has been left for the osteopathic physician to make a practical application of this knowledge. By mechanical stimulation of the sensory nerve-endings in the structures of the body, nervous impulses are created which are carried by afferent pathways to the great nerve centers in the spinal cord and brain. Here these impulses are reorganized and sent out over efferent pathways to all parts of the body. As varied effects may be produced at the motor periphery as there are variations in the interpretation of the stimulus by the peripheral nerve terminal—the impulse being interpreted according to the structure of the nerve end-organ. This nervous stimulus in the nerve centers, originated at the periphery by mechanical manipulation of the sensory nerves, has a direct and profound influence on circulation to all parts of the body—not on the superficial structures only, but the deeper organic life—because it comes through the nerve cells in the nervous centers, from whence circulation is regulated to all parts of the body, through the vaso-motor centers in the spinal cord.

Circulation is the great transportation system; nervous impulse the great dispatching system. Any interference with either of these will compromise the capacity and integrity of bodily commerce and repair.

But, says the patient, I don’t see why I should feel worse at the end of a month’s treatment, than I did in the beginning, if I am getting better. For the same reason that a house undergoing repair is not so comfortable to live in after it has been partly torn down preparatory to reconstruction. If the floor is torn up, the plastering knocked off, the window lights out, the doors open, the plumbing cut off, etc., it does not require much thought to understand why the house would not be so comfortable to live in now as before this repair began. Now in reconstruction of the body the first part of the work is a tearing down process. Old dead cells are removed. Decomposed cell products are ejected into the circulation from the cell. Cellular deposits in old adhesions and thickened ligaments are taken up by the circulation preparatory to elimination. Toxic products from fatigue, long stored in old muscular contractions, are steadily expelled into the circulation like bits of debris released from melting ice. These waste products poison circulation and hence affect the activity of nerve cells by constantly bathing them in these toxins. I wish to cite here a few words from Delafield and Prudden, on the effects of fatigue upon nervous tissue: “Studies upon the effect of fatigue upon the neurone have been made in animals after prolonged muscular activity and after electrical stimulation. While the results are not in complete accord, there seems to be little doubt that definite morphological changes occur in the neurone as a result of fatigue. These changes consist of a decrease in size of the cell-body, a decrease in the size of the nucleus, often with distortion, and a marked decrease in the amount of chromatic substance with more or less diffuse straining of both cell-body and nucleus. It seems not at all improbable that the clinical pictures presented by certain psychoses and neuroses are the expression of the effects upon the neuroses of prolonged fatigue.”

If the effects of toxins from fatigue alone will produce such marked mental and nervous disorder, what must the effect upon the system be of so much poison floating in the blood as arises from retrograde chemical changes produced by pathological tissue being torn down and reconstructed? These poisons are partially cut off from circulation till the tearing down process begins, then they are carried into the general circulation. Circulation in diseased tissue is poor and hence these poisons do not get out into the general circulation until this reconstruction begins.

The secretions, too, are changed in quantity and quality in glandular cells undergoing repair. To illustrate: One of my patients has chronic laryngitis in which the mucous membrane of the throat was intensely dry and harsh on beginning treatment. In a short time the membrane began, to secrete thick, tough, discolored mucous, excessive in amount and altogether abnormal in quality. As treatment was continued the mucus became nearer normal in color and quantity, with manifestations of return of sensation by cold spots in the throat, and now and then soreness or rawness, with sharp pains at times.

If this be true in mucus secretions of the larynx may it not be true in intestinal, gastric, hepatic, pancreatic or any other glandular secretion of the body? Changes in quantity or quality of gastric secretions will undoubtedly affect digestion. Let the glandular secretions of the intestinal tract be modified in amount or kind and disturbances of the bowel are a natural consequence. Partial or improper secreting activity of liver cells will disturb both secretory and excretory functions of that organ. Does any one doubt that improper secretions will impair the bodily processes of digestion, assimilation, and nutrition, or that poor elimination of poisonous products from the system by an excretory apparatus undergoing repair, will cause fatigue and lower vitality? Poor nutrition, low vitality—then mental and nervous disorders, naturally.

Cellular repair in tissues is followed by changes in shape and position of structures as a whole. In repairing curvatures and subluxations of the spine, intervertebral substance, ligaments, and muscular tissues are all changed in shape, size and position in their relation to bony parts. These changes, of course, affect the veins, arteries and nerves passing in and out from the spinal cord through the openings in the vertebrae producing great alterations in circulation and nervous energy.

Is it any wonder then that the patient feels worse for a time after beginning
treatment? On the contrary, is it not natural, and does it not argue that changes are being made—that something is being done? Then, too, don't forget that the body must be used during the time it is undergoing this repair. If a railroad car is derailed in a wreck it is not used during its repair, but is cut out of the train of cars and sent to the repair shop—no one would think of using it while it is being reconstructed. Not so the stomach or liver. They must work ahead as best they can while undergoing this regeneration or repair. It would be exceedingly convenient if one could box up his stomach, send it to the doctor and leave it there until it was repaired. But no such an arrangement has been provided for us.

Osteopathy is repair. It is reconstruction. It is the finest kind of surgery. It deals with the individual cell, through the blood and nerve supply. It is wonderfully effective—even radical—although slow. It is constructive, progressive, regenerative, by virtue of the fact that the vital property of the living cell is responsive to its environment—a thing which can be modified and changed by treatment.

We esteem it a great honor for any man to be chosen as the one to give such a scientific method of healing to mankind. Honor to whom honor is due. Let us also honor Dr. Still whom God has so highly honored.

ECZEMA.

GEORGE A. STILL, M. S., M. D., D. O.

Some one has divided skin diseases into three groops, "eczema, syphilis, and other eruptions." To those who suffer with the former the other two are minor details.

Eczema is a most protean disease, assuming innumerable distinct forms, and the classification of its numerous varieties would fill a small text-book. Usually, however, any case will show most or all of the six cardinal symptoms of the disease upon which a final diagnosis is made, as follows: 1. Redness. 2. Itching. 3. Ozing. 4. Scaling. 5. Infiltration. 6. Fissuring. In any chronic case all of these symptoms will have been present.

Although eczema is classed as a skin disease, if one wishes to treat understandingly and successfully, it is necessary to almost forget that it belongs to the realms of dermatology and consider it instead as a cutaneous expression of some internal disturbance.

There are no cases of true eczema where local or external causes can be considered alone as the etiological factors. All the best scientific skin specialists agree that local causes, and therefore local treatments applied to the skin, are of secondary importance. Undoubtedly in many cases external irritation plays a more or less important role, especially in determining the location of the eruption; for example, "trade eczema," such as "bricklayers' eczema," "grocers itch," "washerwoman's eczema," etc., show a dermal affection confined more or less to the irritated area, and the removal of the irritant or the prevention of further exposure will modify the disease, but constitutional treatment is also of prime importance. That some internal disturbance was the real cause of the outbreak is shown by the fact that the acute attack will occur under exactly the same external influences that had existed for years, and the removal of the irritation may be of no avail until attention is given to the general treatment, showing that some circulating toxic substance, due to visceral derangement, was the factor that predisposed the skin to show the effects of the local irritant, and the latter merely determined the location of the eruption. Similarly the bacteria found in eczema are not of primary etiological importance, and although Unna, who has made careful study of the disease, claims such an origin for it, it is the concensus of opinion that the germs are engrafted on the debilitated tissue after the disease has set in from other causes and the germs themselves really have no share in its production, but once started, a colony of germs may keep up an irritation by the action of their secretions and toxic properties which will prolong the disease even after the primary cause is removed. It is in such cases that antiseptic applications are sometimes valuable and similarly many of the cures by the X-rays are due to the benefit of local action of the ultra-violet rays on a skin which is no longer under the mal-influence of the internal condition, which originally caused eruption, and on the other hand it is a fact that the X-rays may cause an eruption resembling eczema in those predisposed when an exposure of similar strength on a normal skin would have no effect. Therefore, X-rays are not advisable in acute attacks, although in more chronic conditions very good results are sometimes obtained, but even in these cases attention to general treatment will be of material benefit.

Before going into the general treatment one may sum up the local treatment, as follows:

1. Protect the affected surface from exposure to irritants, whether chemical, thermal, mechanical or parasitic.

2. Provide for the secretions and keep clean, using oils (olive oil etc.) instead of water for cleansing, as the latter is an irritation to this catarrhal condition, eczema being really a catarrh of the mucous or reproductive layer of the skin.

3. In acute cases, soothing lotions help allay pain and in chronic cases the condition is improved by stimulating applications.

4. X-rays positively show a marked benefit in certain cases, due less to the germicidal action of the ultra-violet rays, than to the tonic stimulating effect on the skin and subcutaneous tissues.

5. In selected cases, antiseptics are of some benefit, but many of the so-called "antiseptic" lotions and salves owe what virtue they may have to their protective and other properties; and on the other hand, many of the so-called remarkable cures of eczema are not eczema at all, but scabies and other affections. Just recently, the author saw a case of ordinary tinea versicolor, which never had shown marked itching, where the patient was gradually eliminating...
this comparatively harmless condition by the use of a famous "eczema cure," and thus making another testimonial for the delusion of the unfortunate victims of real eczema.

As to general treatment, we must first recognize eczema as a "disease of assimilation and nutrition," the chief primary factors usually being some disturbance of the alimentary tract and its associated glands, especially the liver and pancreas. Also—

It is a "disease of diet," in that unhygienic diet causes disturbances of assimilation and an excess of some food may bring on an attack.

It is a "blood disease," in that the blood carries toxic substances—the result of visceral disturbances or derangement.

It is a "nervous disease" in that the toxic substances cause a trophneurosis, and in rare cases it defines itself on the area of a single nerve, like herpes zoster. It is also nervous in that attacks may be brought on by such nervous cycles as menstruation, pregnancy, etc.

Last and most essential it is a "lesion disease" in that "lesions" cause gastritis, enteritis, constipation, congested liver, sluggish pancreas, etc., and right here it might be well to say that because the pancreas is hidden away and hard to reach is no reason for overlooking its treatment, for it is a most important organ with its three principal enzymes, amylolpsin, trypsin and steapsin and its three minor, or at least less known, enzymes which act on every class of foods used by the system, to say nothing of its internal secretions assisting the internal metabolism of the sugars and starches. In fact, the pancreas is probably more important than the liver in this disease, but being small and deeply located it is usually grossly neglected. In examining a patient, therefore, who is suffering with eczema always look for disturbances of this organ and for lesions in the region of its nerve supply.

When a patient comes the first time complaining of eczema, always examine the eruption first, to make sure that it is eczema, then get a full history of the course of the disease, inquiring especially as to the effects of tea, coffee, liquor, excess of meat, etc., in producing acute attacks. Learn the occupation. Inquire about digestive disturbances, especially indigestion and constipation. Examine the urine for excess of urea, indican, sugar and albumen.

Under physical examination, we examine the abdomen and the organs of the abdominal cavity, where, if we find nothing else, there is at least a lack of tondiety.

Under spinal lesions, we find the segments supplying the viscera affected much oftener than those going to the area of cutaneous outbreak, the most common being from tenth dorsal to second lumbar. In treating, however, always treat the cord segments and nerve trunks to affected area, whether distinct lesions occur or not. In a general way we may say that we are dealing with a "chain disease," where the eruption is but the last link and that the treatment of each is important. For instance, in a typical case we have a lesion at the eleventh dorsal, say, which causes digestive and assimilative dis-

1. Treat the spinal lesions found, giving particular attention to the region supplying the pancreas, liver and other organs of assimilation and digestive metabolism.
2. Manipulate the abdomen, especially for intestinal atony and constipation.
3. Soothing treatment over spinal segment and nerve trunks to affected area in acute cases, and a stimulating treatment in chronic cases.
4. In general hygienic cases include especially the diet. In children the use of tea, coffee, etc., and the early use of heavy foods, such as meats, is especially injurious. In these cases, especially, the attention to diet effects speedy and wonderful cures.
5. Local treatment, as mentioned before.

MALARIAL FEVER.
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In nothing is there more confidence evident on the part of the medical profession than in the diagnosis and treatment of malarial fever. And yet there are few things so well known that there is not room for advance and correction. There are other possibilities for the explanation of the phenomena of this disease, and these possibilities loom large in the minds of students.

The diagnosis of malarial fever depends upon the recognition of a succession of paroxysms, each consisting of a chill, a fever, and a sweat, recurring at regular intervals of twenty-four hours or multiple thereof. These vary in intensity; there may be very little chill, or very little fever, or very little sweat; or the interval may be irregular; but the recognition of the succession of paroxysms of this nature leads to the diagnosis of malarial fever.

This disease is unhesitatingly and positively stated to be of germ origin. The germs are said to gain entrance to the system through the bite of a certain breed of mosquitoes, in whom they first reach a certain stage of development, and by which they are inoculated into the human organism. In the human organism they reach their typical development after a few days, weeks, or months. A certain event in the life cycle of these microscopic creatures is that it is stated to be responsible for the succession of chill, fever and sweat; namely, the sporulation.

The new ideas that are in the field of diagnosis are the comparative diagnosis and the application of what little is known of physiology to the explanation of morbid phenomena. These new ideas cause certain criticisms of the
ideas now accepted, and raise certain objections to them. For instance, it is said that fever simulating markedly the fever of the intermittent or remittent type is found in many diseases, and is not peculiar to this one disease alone; that, furthermore, the onset of nearly every acute disease is with a regular sequence of chill and fever. In the case of the other diseases, these are the results of a quite evident primary disturbance to which they are traced, so that they are not given a name of their own. But may it not be that the primary change in malarial fever is merely hidden?

The disease is positively stated to be of germ origin. The germ is stated to have a selective affinity for the red blood corpuscles—indeed for the hemoglobin in the centre of them, in which it causes changes to occur that end in the destruction of the cell and the liberation of a number of spores or seeds for further generations of the germ. These assertions are based on the actual discovery in the red corpuscles, during the paroxysm, of appearances that are believed to be germs, though, the statement cannot be made more definitely. Various stages in the evolution of the intracorporeal life of the germ are recognized, and some of the changes have been seen. No other explanation for these appearances has ever been suggested.

But there are various objections to the germ theory, and there are other explanations to offer for the observed phenomena; suggestions from the application of the knowledge we have of physiology. In the first place, if the germ theory is true it requires that the life cycles of all the hundred million germs in the body, (it requires a great number to cause the disease) the descendants of the different colonies inoculated at different times of the day by different mosquitoes, should be so hastened or retarded by some influence as to be brought within the hour of each other; indeed, within the minute, for the onset or departure of the paroxysm often takes no longer than a few minutes. It requires, moreover, that if two colonies come to maturity on alternate days, they should be so timed as to come at very nearly the exact time of day. There are other objections, but the absurdity shown by this one comment is sufficient to vitiate the whole matter.

The appeal to physiology gives us other explanations for the peculiar manifestations supposed at present to be due to the germ. For instance, there are certain physiological phenomena that may explain the regularly recurring rhythm of this disease. There is such a rhythm of action in many organs, and notably in the spleen, which is found to be always involved in this disease. Let us see how far the peculiarities of the disease as described can be explained as a result of the physiological action of the spleen.

In the first place, the spleen is a blood forming or repairing organ. Its precise relation to the blood is not known; but it is known that its action pertains largely to the red blood corpuscles—the very things known to be most affected in the course of the disease. If this be the case, it will readily be seen that an abnormality in the action of this organ, such as is present in inflammations, will go far towards explaining the abnormality in the red blood corpuscles. Indeed, so certain is it that in this condition of the spleen there would be found corpuscles in all stages of incompleteness in whatever action it is that the spleen has upon them, that it might very well arise that we studied the action of the spleen from such manifestations—studied physiology from pathology—instead of, as at present, taking the existence of a regular sequence of changes as proof that a germ did it.

The difficulty of explaining the paroxysms on the basis of the life cycle of several million germs has been already alluded to. Not only are there several forms of the malarial germ that are thought to cause the peculiar symptoms, but the peculiar symptoms are also found in conditions in which malarial germs are not present. On the other hand, the perfect ease in explaining these paroxysms on the basis of the physiological rhythm of the spleen is apparent. Indeed, if there be this rhythm in the action of the spleen, it is certain that it would manifest itself in the symptoms of the affections of the spleen. In other diseases in which these paroxysms or regular recurring manifestations are found, it is usually found—and in this we see the wonderfully painstaking study of past observers and the credit that is due them—it is usually found that the spleen is involved also; as for instance, in pneumonia.

The rhythm of the spleen consists of a periodic contracture, and disgorgement of its contents. These contents are the metamorphosed blood cells, plus a quantity of hemoglobin, in which the blood in the splenic vein is rich, plus the internal secretion of the spleen. In inflammation of the organ, it must consist of the abnormally metamorphosed blood cells, plus the inflammatory products. These inflammatory products pass into the portal circulation, and directly to the liver. Now the liver defends the general circulation, with its own substance, from pollution such as this, which is the reason that from such a condition, in which the inflammatory products pass directly into circulation, there are not more frequently thrombi and abscesses formed as a result. But the liver intercepts them, and is itself the sufferer. The liver is swollen and engorged during a paroxysm. It is not swollen at other times, because the liver is not primarily involved; it is swollen during a paroxysm for the reason that only at that time does abnormal blood reach it. What could this mean but that the abnormal products are really formed in the spleen and passed out from it during the rhythmic contraction thereof? The passing of a quantity of inflammatory product into the liver causes the usual symptoms of suppuration—chill and fever, followed by a sweat. For this there are several possible explanations, the most likely of which is that it is the effort of nature to cast off the impurities through the skin. The chill and fever are rather abrupt here, on account of the suddenness with which the inflammatory products are thrust out. The entire absence of the symptoms at all other times, that is between paroxysms, while the inflammation is progressing in the spleen, probably has something to do with the fact that the spleen may be entirely removed without any apparent ill results therefrom. Chronic hepatitis often results from prolonged or repeated attacks of malaria, due no doubt to the strain upon the
liver of the handling of such a quantity of inflammatory substance. The jaundice and bronzing which are also seen, are probably due not to the liver, but to the destruction of the red blood corpuscles and the liberation of haemoglobin—hematogenous jaundice.

The larger lumps of this inflammatory product are always intercepted, but the tiny ones, small enough to pass the capillaries, or to cling to the red blood cells, pass through and are found in circulation appearing as germs. Sometimes, after standing, they grow larger again, and sometimes they gather and cause thrombi.

With regard to the changes that take place in the red blood corpuscles during inflammation in the spleen as they are formed, we know too little to be positive, either to say that inflammation could cause such changes as we see or could not be the explanation of them. But the formations described bear in many cases a strange resemblance to ordinary phlegmonous deposits, characteristic of the milder grades of inflammation, and to the fibrinous or membranous formation, and in some cases look very clearly like filaments of fibrin formed on and clinging to the bodies of the corpuscles.

The peculiar rosette formations in the interior of the red blood cells may also be cleared up when we know more of their morphology.

The anemia resulting from this condition is, of course; the result of interference with the cell forming function of the spleen. We say of course, notwithstanding the destruction of the red blood cell is attributed to the germs; for in inflammations of the spleen, such as must be present in this disease, to cause such enormous swelling as is sometimes seen—(the spleen has been known to rupture)—there must be interference with the function of the spleen and consequent anemia. Whether the germs do or do not have the power to destroy the cells, certain it is that the inflammation itself has the power to prevent their formation. Moreover, the anemia persists long after the paroxysms, which are taken to be the evidences of the germs, have disappeared, as does also the "ague cake." These naturally connect themselves as cause and effect, for the ague cake means swelling of the spleen.

The bacillus of Laveran, determined to exist by such a number of observers, must therefore exist. But its causal relation to the disease is such more difficult to determine. It does not conform to all the requirements of Koch's law, in that it has not been cultivated outside of the body. Bacilli are always present in greater or less variety, in all cases of inflammation in the inflammatory products, be it noted; and no doubt the spleen is not an exception, and in the waste matter thrown out in inflammation, different germs find unopposed lodgment.

The sequae of the disease can nearly all of them be explained as arising from the physiological peculiarities of the organ. The disease is rarely fatal because, as said, the gland may be entirely removed without any apparent effects. Nephritis occurs in 46.4 per cent of cases, due to the fact that the spleen has some special nitrogenous metabolism, which not being performed during inflammation of that organ, throws the extra burden on the kidney. Jaundice has already been referred to. Bronchitis and pneumonia are peculiarly apt to occur on account of the proximity of the splenic and liver centers to those of the lung, in the upper dorsal segment of the cord. 'The use by the laity of an expression "liver cold" has come to my notice. The irritation from the continued excitement in the splenic centres communicates itself to the adjacent centres, and either itself causes their abnormal action, or so weakens them that they do not resist morbid influences. Akin to this is the severe agid feature of the disease. The phenomena of this form are explainable on the supposition of the spread of irritation via the solar plexus from the splenic centres to those of the intestines and the abdominal sympathetic in general.

It is not part of our intention to discuss the therapeutics of this disease, and yet the discussion would be incomplete without reference to the statement that in quinine we have a specific for the cure of malaria. This statement loses some of its weight when we find in the works of even such an eminent scientist as Dr. Wm. Osler, the statement that those cases that do not yield immediately to quinine are not malaria. In such a way, it is easy to prove a specific.

CLASS REPRESENTATIVE'S ADDRESS, JUNE, 1905.
M. G. E. BENNETT.

LADIES AND GENTLEMEN, HONORED FACULTY AND FELLOW-Students:—
"Out of the shadow of the night
The world moves into light,
It is daybreak everywhere."

Yes, as Galileo said of old so say we: "The world does move" and because it moves, because of the results and achievements of science and the practical application of some of the discovered laws of nature, we are present to-night to participate in these commencement exercises.

As the representative of my class—the June class, 1905—I bid you one and all a hearty welcome.

This is an auspicious occasion, but we need not ask the significance of the gathering, for it is self-evident. As well ask the loyal American citizen the significance of the cannon's boom, the musket's crack, the pealing bells, the waving flags, the swelling music, the gathering crowds and the magnetic oratory of each successive Fourth of July. The significance of each is apparent.

Man, touched by the spark of Divinity's fire, has accomplished great things in the recent centuries. Yes, man,—the crowning work of Divinity's matchless genius—has, by boldness of purpose, perseverance, self-sacrifice and toil, brought to pass "the marvels of invention and the triumphs of discovery."

The Nineteenth Century marked a marvelous epoch in the world's history. The hand of time has painted many glorious pictures, but none more beautiful, more sublime than those of this remarkable period. What deeds it wrought!
What mighty strides were taken in every department of human activity! The human mind can scarcely grasp the magnitude of it all—the wonder of its achievements, and the stupendous results wrought in science, invention and industry. The mystery which Franklin so adroitly snatched from the majestic clouds was not only revealed but has been applied, until today electricity is one of the marvels of the age. It unites continents, making, by its seeming magic, a vast whispering gallery of the nations. It lights our cities, propels cars; in short, coupled with steam, it everywhere drives fast and surely the mighty wheels of industry and commerce.

Earth's magnificent store houses of gold, silver, diamonds, coal and oil were discovered and made to pour out their offerings into the lap of this great century. Niagara was harnessed, canals built, railroads constructed, distance annihilated, slavery abolished, education popularized, truth advanced. "What hath God wrought?" We see the consummation of the prophet's vision, the fulfillment of the poet's dream, the realization of the philosopher's desire, the unfolding of the humanitarian's hope and the emancipation of man from the slavery of superstition, ignorance and creed. In this century great minds dwelt long in the presence of truth, drank from her golden goblet, and built, in the name of Science, monuments of mighty achievements. From out the heart of that epoch there arose a magnificent shaft, destined to pierce the skies—the monument of Osteopathy. Given to the world in 1874 by Andrew Taylor Still, it has proven its right to a place of honor among the grandest of the ages. As Christopher Wren found his monument in the Abbey of Westminster which he planned and in which he sleeps, so Osteopathy finds its living memorial in its achievements. Its success is its monument—more glorious than any golden shaft or marble casement. Its marvellous workings are its authority for being and continuing.

Osteopathy—a child of freedom—is a reform and its founder a reformer. In former days to be a reformer meant almost certain martyrdom. Indeed, it has taken the toils and tears of sixty centuries to germinate, foster and develop the marvelous product—freedom, which makes the career of an Andrew T. Still possible. Socrates, a martyr to intellectual liberty, Leonidas at Thermopylae, Horatius at the Bridge, Regulus in Carthage, Spartacus in Rome: Savonarola in France and a long list of heroes with their peerless exploits bring to mind very vividly the cost of liberty and reformation. It is true liberty that elevates mankind from the lowest depths of servitude to the exercise of self-government, free moral principle and self-reliance. On every page of human life, on every leaf of national destiny is disclosed its own handwriting, and as we turn the gleaming pages we behold a shining radiance about the names of those who give their lives in its behalf.

What human being that has ever quaffed the pure waters of the fountain of freedom, that has ever tasted the sweets of its grandest realization, is there that is not thrilled to the deepest recesses of his being with the simple mention of liberty? "Life, liberty and the pursuit of happiness"—what theme more sublime? None other could have made possible our beloved science.

Yes, osteopathy is the child of freedom and of America. America, the champion of humanity's cause, the harbor of refuge to the oppressed of earth; America, the queen among nations and fairest jewel in freedom's crown; America, enthroned between Europe and Asia and reaching forth her jeweled hands of commerce and civilization, flashing with Heaven's fire her ultimatums and messages of peace and mediation across two oceans, has given to the world Osteopathy, a science of healing. It was born under the stars and stripes and is a product of the principles for which that glorious banner is emblematic. That banner which silently, yet emphatically, tells of the brawn, the brain and the blood which has been sacrificed in behalf of American liberty. Its stars glitter with the reflected camp-fires and rifle flashes of many remarkable campaigns. Its stripes of red are dyed in the life blood of countless martyrs to the immortal principles of liberty—principles for which it has permitted itself to be pierced with the whistling bullet, to be torn by the roaring cannon ball and sereching shell; for which it has tasted the dust, the dews beneath, and the rains from above; and for which it has felt the scorching heat of burning powder, suffering its precious folds to be begrimed and stained in the awful, ghastly fire and smoke and carnage of the "hell of war." Out of the heavens above come the streakings of white and field of blue—symbols of purity, equality and justice; of fidelity and devotion—the indelible pencilings of the hand of the Divinity in man.

For many centuries only one school of medicine existed. The law of Hippocrates reigned supreme. No one dared to dispute it. At last the plaintive cries of crippled, tortured and dying thousands were echoed in the heart of a great philosopher-physician. With mingled pity and sadness he looked upon the helpless and suffering. His warm heart beat with true sympathy and throbbed with a mighty resolution: "They shall be healed." He believed in a Master Architect, in the Perfect One, the Maker and Builder of our forms and from the fundamental laws of life evolved this science which revolutionizes the art of healing, and which is destined to live when all other systems have passed away.

What is Osteopathy? Fellow students, often will we be confronted with this question when we reach the field of service in our chosen calling. Let us be always ready to give an intelligent answer, and always eager to give a reason "for the hope that is within us."

Osteopathy is defined upon many statute books of our nation, "A system, method or science of healing." It is a drugless method of healing founded upon the principles of anatomy and physiology, its founder maintaining that the human body has conserved within it all necessary forces, compounds and health restoring powers. The competent physician has but to understand, apply and liberate. With the various organs of the body functioning properly, and with the bony framework, muscles, nerves, veins, arteries, etc., placed in their normal and proper positions you have health. The understanding and
manipulation of the human body to produce this result is the practice of osteopathy. "Adjustment" is the watchword.

The servant of Nature, it recognizes her laws as supreme. It has no other precedent and battles valiantly with every known disease, admitting no compromise. Fevers, paralysis, tuberculosis, Bright's disease, any and all ills the flesh is heir to, or may yet inherit, can look here for a "foeman of steel"—nature's friend, mankind's benefactor and health's defender. Today osteopathy stands supreme, honored by eminent statesmen, jurists, clergymen and individuals of all ranks and classes. Time was when the incredulous doubted, when scoffers laughed and when sufferers scarcely believed, but its success has been so marked, its cures so wonderful, its endorsement so complete that only the prejudiced or uninformed now question its efficacy.

Reasoning from effect to cause and from cause to effect,—recognizing the inadequacy of drug medication (having been a doctor of medicine for many years), delving deep into the great and unerring truth of the laws of life, Dr. Still brought forth the science, and in so doing touched a more popular chord than we sometimes think. His reform has met with more favor and far greater acceptance than he ever dared to hope that it would when first he launched the little bark. Contrary to the rule of former days, the reformer is not the martyr, but has lived to witness the principles of his advocacy advance from obscurity into the lime-light of popularity. The prevailing cry of all classes seems to be more and more: "Back to nature." Sir John Marshall, F. R. S., in opening the session of the London University Medical School some years ago, said: "The healing force of nature is the agent to employ in the healing of an ulcer, or the union of a broken bone, and it is equally true that the physician or surgeon never cured a disease, he only assists the natural process of cure performed by the intrinsic, conservative energy of the frame, and this is but the extension of the force imparted at the organization of the individual being." Another writer of note in a recent article, says: "The human organism is a reservoir of vital power, passive to preserve its existence or active to change its forms. Activity expends power and tends to empty the reservoir; passivity allows it to fill. Rest and sleep recuperate, because they represent the passive condition; work, stimulants, tonics tend to activity and consequent exhaustion." J. Madison Taylor, M. D., of Philadelphia, in a treatise upon lung and heart disease which recently appeared in the New York Medical Journal made the startling admission of "the indolence or ignorance of medical men in the personal application of the mechanical remedial measures." He furthermore adds that: "It has been my good fortune to see many admirable results follow manipulative treatments, breathing exercises, passive stretchings, and carefully directed active movements at the hands of others," and then declared the fact so often taught us by our honored President of the A. S. O., "that, as to drugs we know little enough of their primary of secondary action, and almost nothing of their ultimate effects on remote tissues, especially on damaged or devitalized cells." He further unwittingly emphasizes our position by stating that, "Clearly the best thing would be to repair the blood current—its oxygen carrying power, the secretory activities, and the energy of the central nervous control mechanisms."

To these quotations might be added many others from such prominent medical authorities as Wm. Osler, who is now filling a chair in Oxford at the hands of King Edward; Dr. S. Weir Mitchell, and many others, all of which would bear out the same line of thought, but time does not permit me to do so. Suffice it to say that ours is a wonderful opportunity. As Napoleon marshalled his troops before the Mamelukes under the shadow of the pyramids and said to his soldiers, "From yonder heights forty centuries look down upon you," so we, as osteopaths on the pyramid of opportunity, where destiny has set us, look down on the centuries. We stretch our hands into the future with power to mold the destinies and preserve the lives of unborn millions. We possess the greatest known power of healing science and though men of other schools of practice shall seek to destroy and by artful device and legislative taet, thwart its progress, yet it shall live on amid greater triumph and move forward to more glorious victories than any yet attained. These medical gladiators in the legislative arenas, whose aim is to destroy osteopathy or thwart its career reminds me of a story. A gentleman who possessed a beautiful lawn which was being injured by moles, one day caught one of the pests above ground, gave it to a new servant with instructions to kill it, telling him that it was ruining the lawn. Later in the day the man reported, proudly boasting that he had not only killed the mole, but had avenged the injury wrought by inflicting upon it a horrible death. Being asked how he killed it, he said, "I buried it alive." So they may bury osteopathy alive, but it has resurrective power for its life essence is truth, and "Truth crushed to the earth will rise again." As has been said of science in general so say I of our chosen branch: "It still dreams, but it does; it denies, but it constructs. It is an angel of genius, servant to the poor, a hand-maiden to faith, a prophet of God to all."

Osteopathy, your career has but begun. What has been accomplished is but a prophecy of the future; a glimmer from the dawning of your perfect day. Live on, matchless healer of humanity's ills. Thy triumph shall be complete, for,

"Out of the shadow of the night
The world moves into light.
It is daybreak everywhere."

Looking back over the shoulder of time, we of the graduating class of June, 1905, realize that for eighty long weeks since we first entered the portals of the American School of Osteopathy we have toiled, and tonight we find ourselves upon the threshold of other days. Various are the thoughts and aspirations which fill the hearts and minds of those who have finished their studies here and prepared themselves for the problems the trials, and the victories of a great and dignified profession. May the knowledge, skill and experience gained thus be an unfailing help—the foundation stones of true success. Let us aim
high in our profession. Let us magnify our calling, and may we dedicate to it
our best energies and a lifelong devotion. We are entering a field of the greatest
usefulness. Our duty call is "the development of our beloved science, and the
amelioration of human suffering and woe." The prize is before us. We have
but to set our eye upon it, determine to excel, and then, pressing forward in
the course of honorable, persevering, untiring efforts, it is ours.

Commencement brings to us something of the past yet more of the future,
but no man can describe that. The poverty of the human mind is too great
to foretell what the future has in store, but it kindles within us the loftiest
hopes, and urges us on to renewed activities and more concentrated action.

"Therefore press on, and reach the goal,
And gain the prize and wear the crown;
Faint not, for the steadfast soul
Come wealth, and honor, and renown.
To thine own self be true, and keep
Thy mind from sloth, thy heart from soil;
Press on and thou shalt surely reap
A heavenly harvest for thy toil."

Israel says: "A person who does not look up will look down, and the
spirit that does not soar is destined, perhaps, to grovel." Look up, and for­
ward. Go enthusiastically into your work and build not for today but for
tomorrow. It is easy to sit down and dream of successes, but quite another
thing to go about to make them. Raphael, when questioned about his great­
ness, said: "I dream dreams, and see visions, and then I paint my dreams and
visions." Paint your visions, but not with the brush upon canvass, but with
your skill and knowledge go forth to bless humanity, cure the sick and en­
courage the sufferer, making pain give way to ease; suffering to joy, and despair
to hope, remembering ever that:

"The world wants men—large-hearted, manly men:
Men who shall join its chorus, and prolong
The psalm of labor, and the psalm of love.
The age wants heroes—heroes who shall dare
To struggle in the solid ranks of truth;
To clutch the monster by the throat;
To blot the area of oppression out;
The age wants heroes—heroes who shall dare
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The art may undergo certain modifications as time advances, but the principles are immutable, having truth as a basis they are, therefore, eternal.

Many years ago Dr. Andrew Taylor Still, then a practicing physician, realizing the futility of drug medication in many diseases, besought nature in an effort to find, if possible, a way of reaching the so-called incurable diseases. He knocked at nature's door and, behold, the door opened. He read in nature's book that there lies within us forces which, when unobstructed, are able to repel the invader—disease. That disease is the effect of obstruction to the vital fluids; that the cause of disease is irregularity of the bony framework.

Thus enlightened he discarded drugs and evolved the system which he called osteopathy. When he first announced the principles of the science he was ridiculed, maligned, was called a crank, was considered to be of unsound mind and was supposed to be in league with evil spirits, but since the science has become so firmly established in the minds and hearts of the people and since so many wonderful works have been accomplished, there are those who would wrest from him the honor of giving to the world this great science; but to Dr. Still, and to him alone should the honor be given.

My friends, you are the representatives of this noble science and upon your conduct and ability as practitioners will depend your success and usefulness. The science demands your best service and he who is unwilling to be the servant of his science is unworthy and must fail.

There are many important problems yet to be solved. The founder of the science is busily engaged in disrobing vexing questions; in separating, as it were, he wheat from the chaff; and it is your duty, to assist in this work. Work earnestly and untiringly. Dig deeply for there are yet untold nuggets of gold and precious gems of truth to be unearthed. As an example of industry I would point you to the central figure in the osteopathic profession and have you listen to the words of wisdom falling from his lips. These words are, "O Lord, give us more of anatomy, more of physiology, more knowledge of the being within."

As the representative of the faculty, I again say to you that it is your duty to study that you may be able to solve the perplexing questions. It is your duty to do all that you can in the research work and to classify your knowledge. Be careful in making your diagnosis. Definitely locate the cause of disease and apply such manipulation to the case as your judgment indicates. Keep yourself posted along osteopathic lines, think and reason osteopathically and, after mature deliberation, write the results of your investigations concisely for publication in the Journal of Osteopathy. This is a duty that you owe to your alma mater and to the profession. It will be the means of helping other practitioners in their work of saving human beings from life-long suffering.

In behalf of the faculty, we wish you success. We send you forth, as did the Savior his disciples, to teach the nations, to heal the sick, to restore to the blind their sight, to cause the lame and the halt to walk. We bid you God-speed.
An Opinion From Chicago.

To the Editor Journal of Osteopathy,

Dear Doctor:—In looking over the course of study announced by the American School of Osteopathy the absence of several important subjects becomes obvious. This college has been advertising itself in some of the leading hygienic magazines as an advocate and teacher of Natural Therapeutics, but we really see little or no sign of any such subjects aside from purely manipulative or adjusting treatment in the whole course.

On the other hand is an abundance of dry dead instruction that looks well in a scientific course but is of very little practical value to a physician. There is a great deal of time devoted apparently to the study of disease and almost no time to the study of health. Pathology, urinalysis and bacteriology are given prominent places. Surgery is given almost as much importance as though the course belonged to the old school that believes in the hacking and cutting business.

There is no sign of any work in hydrotherapy, in dietetics, in medical gymnastics, in psychology, in light and air treatment or any of those things which are recognized as being a part of Nature's medicine for the sick and the well too.

I have always favored a longer course than the two years permitted, but I see little value in the lengthening which simply makes the course more like a medical college curriculum. We ought to be independent enough to be different. We ought to be willing to relegate things of little importance to an appropriate place and to take hold of these really important new old things and place them where they belong.

If the osteopathist is going to announce himself to the world as capable of taking charge of all kinds of disease then he needs to know about several things which he will not have in this three year course. He needs to know something about nursing, about baths and water applications and about hygienic, rational diet. He wants to know about the influence of mind, emotion and magnetism and without those things he will not be proficient as he ought.

I regret very much that the largest school of osteopathy has taken such a position in regard to subjects like this which are to a great extent fundamental. I trust that the management will see fit to reconsider this defect and remedy it.

Yours very truly,

W. E. Elftink, D. O.
June 27, 1905.

* * *

"What Osteopathy Demands and How Shall the Medical Profession Regard It?"

New York City, July 8, 1905.

At the one hundred and thirty-ninth annual meeting of the Medical society of New Jersey, held at West End, Long Branch, June 20-21-22, 1905, Dr. Philip Marvel of Atlantic City read a paper on "What Osteopathy Demands and How Shall the Medical Profession Regard It?"

After briefly considering the history of osteopathy, which he said was but a part of mechanotherapy, whose benefits had been known to medicine for hundreds of years, he said that the people should be shown that to permit the practice of medicine or of the healing art by any sectarian school meant the establishment of a lower order of efficiency. We must not retrograde. He recommended such legislation as would be fair and just alike to all—legislation which should include the embodiments of all scientific truths touching upon or allied to the relief of all diseases. He recommended that the profession urge a restriction of privileges to a degree at least that would insure against individual injury. That the practitioners of osteopathy and allied systems be prohibited practicing in contagious and other febrile diseases, obstetrics and gynecology, and in those accidental and otherwise acquired illnesses that resulted from chemical poisoning.—Medical Record.

* * *

A Letter to the Old Doctor.

Dr. A. T. Still, Kirksville, Mo.

My Dear Doctor Still:—The Tennessee Osteopathic State Board is in session here today, and it was unanimously voted to issue you a complimentary certificate to practice osteopathy in the state of Tennessee. We thought you might want to locate in some of the little towns around in this state some where, where you spent some of your boyhood days. Very respectfully,

J. R. Shackleford.

Program of the Sixth Annual Meeting of the Nebraska Osteopathic Association to be held in Omaha, September 30, 1905.

9:00 a.m.—Call to Order.

 Invocation.

 Opening Remarks by the President.

 10:00 a.m.—Business Session.

 11:45 a.m.—Cornet Solo by Dr. Laird. Adjourned: Luncheon.

 1:00 p.m.—Paper, "Stomach Troubles," Dr. Struble, Hastings, Neb.

 1:30 p.m.—Discussion. Led by Dr. Chas. W. Little, Lincoln.

 2:00 p.m.—Lecture by Dr. C. E. Thompson, President Still College, Des Moines, Ia.

 2:45 p.m.—Lecture, Dr. C. E. Still from A. S. O.

 3:30 p.m.—Paper, "Gynecology," Dr. Emma Hoye, University Place.

 4:00 p.m.—Discussion. Led by Dr. Fayette Cole, Omaha.

 4:30 p.m.—Paper, "Osteopathic Promotions," Dr. Davis.

 5:00 p.m.—Solo by Dr. Laird.

 5:30 p.m.—Banquet. Toastmaster, Dr. Davis.

 8:00 p.m.—"Our National Association," Dr. C. B. Atzen, Omaha.

 8:30 p.m.—Discussion. Led by Dr. Julia V. Frey, Alliance.

 9:00 p.m.—Paper, "The Future of Osteopathy," Dr. W. F. Wurth, Fairbury.

 9:30 p.m.—Discussion. Led by Dr. N. J. Hope, Norfolk, Neb.

 10:00 p.m.—Final Adjournment.

* * *

Value of a Hearty Laugh.

(From the Philadelphia Ledger).

An English physician in search for remedies for human ills finds that laughter stands very high in the list of prophylactics. The effect of mere cheerfulness as a health promoter is well known, but an occasional outbreak of downright laughter is the heroic remedy. It is a matter of everyday experience, says our English authority, that one feels the better for a good laugh, an explosion of laughter being in truth a "nerve storm, comparable in its effect to a thunderstorm in nature, doing good by dissipating those oppressive clouds of care which sometimes darken the mental horizon." This authority assures us that the memorable adage, "Laugh and grow fat," rests on a sound philosophical basis. Poorly people are not given to laughter because they are fat; they are fat because they laugh.

* * *

He Was Safe.

"My dear friend, you must have your appendix removed."

The kindly and thoughtful physician laid his hand on his companion's shoulder. That individual started imperceptibly.

"Why!" he exclaimed, "what for? I'm healthy enough. Nothing the matter with me."

"I know it," replied the physician. "But it's a wise precaution. You're going to travel, aren't you?"

"Yes—Europe, Asia, Africa."

"Exactly. You're going to unknown, unfrequented places. Don't make the mistake of taking your appendix with you. Have it removed before you start—then you can travel in perfect safety."

The other shook his head.

"My dear fellow," he said, "you're wrong. Your argument would hold good if I were going to travel only in America or England. But where I'm going it will be impossible for me to have appendicitis."

"But why not?"

The wise man smiled.

"Because," he said, "there are no up-to-date doctors there."

* * *

Dr. Ligon Will Test Law in Alabama.

Dr. Greenwood Ligon was brought to trial July 20th in the city court of Mobile and fined twenty-five dollars "for practicing medicine without a certificate of qualification." The case will probably be appealed to the supreme court of the state.

Dr. Ligon and wife are well known to the profession and have a large practice among the most influential people of the city. The case has repeatedly received attention in the papers of Mobile, all either siding with Dr. Ligon or remaining neutral. Dr. Ligon states his case in a most able manner in the Mobile Herald.

The progress of the trial will be watched with much interest by the profession.
THE JOURNAL OF OSTEOPATHY.

Published Monthly
By The
Kirkville, Missouri.

Subscription: 50 cents per year in advance.

Contents—August, 1905.

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Editorials, Personals, Etc.

Editorial Change.

Although there has been a change in the editorial staff of the Journal we hope to maintain the same conservative dignity of utterance which characterized the work of Dr. Laughlin. Our assistant is Dr. Minnie Osenbaugh, a journalist of long experience.

We will attempt to uphold the present high literary standard of the Journal and to increase its practical value. We wish to make the members of the profession feel that they have a personal interest in the success of this magazine, and we beg a continuation of your support.

R. E. Hamilton.

The Journal is in receipt of some osteopathic (?) advertisements which have gained their authors some notoriety and, we hope, have discredited them in the eyes of the profession.

One of these advertisements, clipped from a county paper, advertises, in the true patent medicine style, Dr. So and So's wonderful invention for home treatment. In it the inventor claims to be able to teach those who buy his device not only to cure themselves when sick, but to prevent all the ailments to which the flesh is heir.

Another of these advertisements, and one which has been permitted in an osteopathic newspaper, is a patent lotion, pure and simple. We have long hoped that osteopathy would be free from the patent medicine curse though it was to be expected that the success of osteopathy would induce a few to prey upon the faith of those ignorant of the principles of osteopathy.

The last named advertisement has been made the subject of an editorial in the Journal of the American Medical Association, the gist of which is that osteopaths do use medicine.

The "Pop" Indicates Motion.

The much argued "click" or "pop" is again the subject of a paper in a recent number of the Journal of the A. O. A. It is not that osteopaths do use medicine.

The Prospects for the September Class at the A. S. O.

It was generally conceded that the added year to the course and the increased requirements for entrance would greatly reduce the attendance this fall, but the inquiries which are pouring into the office of the A. S. O. indicate a large class.

A reorganization of classes and enlargement of the laboratories will add much to the efficiency of the work.

The New Hospital

Will be much larger than the building first contemplated and advertised in the special announcement of the school.

The building is well under way but weather conditions here have delayed the work so that it will not be ready for occupancy by the first of September. The work will be pushed as rapidly as possible and the service of the hospital will not be long delayed.
Hospital Service.

Special attention will be given to cases brought to the hospital by osteopathic practitioners and all osteopaths should avail themselves of the opportunity of sending their patients to a hospital up-to-date in its equipment and especially designed to meet the requirements of osteopathic practice.

Special Provision

has been made to handle clinic patients and all practitioners should feel free to send patients to the clinic department.

** Yellow Fever. **

Yellow fever has spread beyond control in the city of New Orleans. The people of Mississippi and Louisiana are panic stricken and "shotgun quarantine" against New Orleans has been established by all the surrounding cities and villages.

The city is surely in a bad plight, but the people are working vigorously for drainage and cleanliness and it is hoped that the spread of the disease may not be so general as in past epidemics.

Experts from all over the United States are going to New Orleans to study the disease and they may be able to establish definitely whether or not the disease is due to the bacillus icteroides or what is of more importance, if the infection is due to the mosquito.

The epidemic will give a good opportunity to southern osteopaths for the study of the disease from an osteopathic standpoint.

** Radiobes. **

Whenever a new element is discovered or a new law of nature evolved, the popular following of science goes into a frenzy of exaggeration in discussion of its possibilities. When Dr. Loeb discovered that he could fertilize the eggs of sea urchins by means of a solution of sea salt, and further that by methods based on this he could cross the species with starfish, the newspapers immediately announced the discovery of the secret of life.

When radium was discovered it was, in turn, heralded as a source of perpetual heat, light and motion, and now the papers are raving over it as the source of life. The facts in the case are interesting:

Dr. J. B. Burk of Cambridge, Eng., discovered that radium would cause the development of peculiar growths on sterilized culture media, the formations resembling microbes in form.

Two quotations from Mr. Burk's own report contain the gist of the discoveries to date:

"Prof. Sims Woodhead has very kindly opened some of the test tubes and examined them from a bacteriological point of view. His observations fully confirm my own. He assures me that they are not bacteria and suggests that they might be crystals."

"A careful and prolonged examination of their structure, behavior and development leaves little doubt that they are highly organized bodies, though not bacteria."

** New Connecticut Board. **

Drs. L. C. Kingsbury, W. A. Wilcox and A. U. Anderson have been appointed by the Governor of Connecticut as the State Board of osteopathic registration and examination for two years from July 1, 1905.

The next examination will be held in Hartford, Conn., the first Tuesday in September. All wishing to take said examination can obtain application blanks by writing to the secretary, Dr. W. A. Wilcox, Waterbury, Conn.

** For Those Going to Denver. **

We trust a special effort will be made on the part of those from the east and middle west who are going to the Denver meeting to go on the osteopathic special from Chicago or St. Louis. From both of these places large parties will be moving and special trains will be run. If any one cannot get proper information about tickets from his local agent, or if there is any help I can render in getting parties together I am at the service of any who may call upon me.

This trip is going to be a delightful outing; the program will make it a most profitable meeting, and the side trips, reduced to a minimum of cost, will give us an idea of the great Rockies that we shall not be able to get again for twice the cost. It will not be the strenuous meeting of former years, where one had to work himself to death to avoid missing something, but there will be ample time to visit the many attractions the people of Denver intend we shall enjoy, and it will be likewise a time for renewal of acquaintances and general sociability. It speaks well for our people that our past meetings have been so well attended. Let us lose none of the reputation we have made for being alive to every opportunity that is offered us to improve ourselves, for there can be no greater opportunity than in such a meeting as we shall have in Denver.

If you are going to Denver see your local ticket agent at once, and find out if he has the ticket forms in accordance with the rate made for the occasion of the Eagles and the Osteopaths at Denver, August 14. If you wait, you may not get the rate, as he will not make the rate if he has not the ticket. Tell him what the rate is according to the full instructions in last issue of the A. O. A. Journal.

If you want to see Colorado Springs

**MONDAY, AUGUST 14.**

8:00 p. m.—Call to Order. Opening remarks by the president, Dr. C. P. McConnell, Chicago, Ill.

Invocation, Rev. Flourney Payne. Address of Welcome, One of the State Officials.

Address of Welcome, Hon. Robert Speer, Mayor of Denver.


Welcome of Colorado Osteopathic Society, Dr. Nettie Hubbard Bolles. Response, Dr. Paul M. Peek, San Antonio, Texas.

Music.

Informal Reception.

**TUESDAY, AUGUST 15.**

9:00 a. m.—Paper, "Are the Osteopaths to be Swallowed Up?" Dr. J. T. Bass, Denver, Colorado.

9:15 a. m.—Discussion, led by Dr. Ernest D. Evers, Hackensack, N. J.

9:35 a. m.—Paper and Demonstration, "Tubercular Knee," Dr. Frank P. Young, Kirkville, Mo.

9:55 a. m.—Discussion, led by Dr. W. L. Buster, Mt. Vernon, N. Y.

10:15 a. m.—Clinics. (a) Spinal Meningitis, Dr. A. L. McKenzie, Kansas City, Mo.

10:30 a. m.—Discussion, led by Dr. C. R. Atzen, Omaha, Nebr.

10:45 a. m.—(b) Tubercular Hip.

11:00 a. m.—Discussion.

11:15 a. m.—Business: Reports of Officers and Trustees.

12:00 a. m.—Paper, "The Non-Manipulative Part of Osteopathic Therapeutics," Dr. Clara L. Tisdal, Elgin, Ill.

12:15 p. m.—Discussion.

12:30 p.m.—Paper, "The Osteopath in Emergency—Osteopathy First Aid to the Injured," Dr. F. LeRoy Purdy, Boston, Mass.

12:45 p. m.—Discussion, led by Dr. T. J. Eales, Belleville, Ill.

**TUESDAY P. M. OUTING.**

Excursion on the "Seeing Denver" car.

**WEDNESDAY, AUGUST 16.**

9:00 a.m.—Paper, "The Practical Conduct of Contagious Cases," Dr. Frederick H. Warren, Lansing, Mich.

9:15 a.m.—Discussion.

9:35 a.m.—President's address, Dr. C. P. McConnell, Chicago, Ill.

10:15 a.m.—Clinics. Gynecology, Dr. C. P. McConnell, Chicago, Ill.

10:15 a.m.—Clinics. Gynecology, Dr. Jennie B. Spencer, Des Moines, Iowa.

10:30 a.m.—Discussion.

10:45 a.m.—Business.

11:30 a.m.—Paper and Demonstration.

(a) Technique for reduction of the different forms of dislocation of the hip.

(b) Reduction of a dislocated hip—actual case, Dr. Chas. E. Still, Kirksville, Mo.

12:00 p.m.—Discussion, led by Dr. E. J. Elton, Kenosha, Wis.

12:20 p.m.—Paper, "Diseases of the Rectum and Anus; Correlated Diseases, and Their Treatment," Dr. J. B. Bennis, St. Paul, Minn.

12:45 p.m.—Discussion, led by Dr. Herbert Bernard, Detroit, Mich.

**WEDNESDAY P. M. OUTING.**

Trip over the Moffatt Scenic Railway.

**THURSDAY, AUGUST 17.**

9:00 a. m.—Paper, "Emergency at Childbirth," Dr. Jennie B. Spencer, Des Moines, Ia.

9:45 a.m.—Discussion, led by Dr. L. O. Thompson, Red Oak, Ia.

9:35 a.m.—Prize Essay.

10:00 a.m.—Clinics. (a) Hemophilia, Dr. W. H. Cobble, Fremont, Neb.

10:15 a.m.—Discussion, led by Dr. H. E. Penland, Eugene, Ore.

10:30 a.m.—(b) Empyema, Empyria, Dr. F. N. Oum, Oshkosh, Wis.

10:45 a.m.—Discussion, led by Dr. Clara E. Sullivan, Wheeling, Va.

11:00 a.m.—(c) Infantile Paralysis, Dr. Wm. Horace Ivice, San Francisco, Calif.

11:15 a.m.—Discussion.

11:50 a.m.—Business, (Election of officers, Fixing place of next meeting).


12:45 p.m.—Discussion, Dr. J. Erle Collier, Nashville, Tenn.

**FRIDAY, AUGUST 18.**

9:00 a.m.—Paper, "The Future of Osteopathic Education," Dr. J. S. White, Pasadena, Calif.

9:15 a.m.—Discussion, led by Dr. W. E. Buehler, Chicago, Ill.

9:35 a.m.—Paper and Demonstration, "Osteopathic and Physical Examination of a Case of Pulmonary Tuberculosis," Dr. N. A. Bolles, Denver, Colo.

9:55 a.m.—Discussion, led by Dr. W. J. Hayden, Los Angeles, Calif.

10:15 a.m.—Business. Installation of officers.

11:00 a.m.—Clinics. (a) Spinal Irritation.

11:15 a.m.—Discussion, led by Dr. Oliver G. Stout, Dayton, Ohio.

11:30 a.m.—(b) Goitre.

11:45 a.m.—Discussion.

12:00 p.m.—(c) Subluxation of Innominate.

12:15 p.m.—Discussion, led by Dr. Elizabeth Broach, Atlanta, Ga.

12:30 p.m.—Paper and Demonstration, "Physical Examination of a Case of Valvular Lesion; the Diagnosis of Valvular Lesions," Dr. Robert D. Emery, Los Angeles, Calif.

12:50 p.m.—Discussion.

1:00 p.m.—Final Adjournment.

**SATURDAY, AUGUST 19.**

All day trip around the famous "George-town Loop."

**The Cosmopolitan Osteopath.**

The Cosmopolitan Osteopath, formerly published at Des Moines, has become consolidated with this magazine. According to our agreement of consolidation the unexpired subscriptions of the Cosmopolitan will be filled out by the Journal. Those who are subscribers for both magazines will have the credit due them from the Cosmopolitan transferred to their account with the Journal of Osteopathy.

**Fined for Illegal Practice.**

H. H. Morris of Marshall, Mo., was fined $50.00 for practicing osteopathy without a license.

**For Sale:** Office furniture, splendid location, first-class practice, town 25,000 in South Missouri. Address, N. H., Journal of Osteopathy.
Notice to Missouri Osteopaths.

Dr. Hildreth, the president of the Missouri Osteopathic Association requests that all the Missouri practitioners keep a record of cases treated in order that they may be ready to respond to the call of the association when the yearly statistics are made.

***

Processes of Life Must be Kept in Motion.

All the processes of earth life must be kept in perpetual motion to cultivate and be kept in healthy condition, or the world would wither and die, and go to the tombs of space to join the funeral procession of other dead worlds. Thus you see all nature comes and goes by the fiat of wisely adjusted laws.—A. T. Still.

***

Osteopathic Convention, Denver, Colorado.

Kirksville rate, $19.25. Tickets on sale at Wabash depot, August 12-13 and 14. Good returning to August 25th. For 50 cts. tickets will be extended to September 25th.

M. T. Warden, Agt.

***

Anatomy in a Nutshell.

By W. R. Laughlin, M. S., D. O.


***


***

How Medical Law is Used in Washington

(From Medical Brief.)

By J. W. Lockhart, M. D.,
St. John, Washington.

We have here in Washington the most despotic medical law that was ever conceived within the brain of bigots or tyrants. This law makes each separate act of practice a crime, punishable with a fine not less than fifty dollars, or imprisonment not less than three months, or both fine and imprisonment. So it is easy to see that the penalty for illegally practicing medicine in this State might, in some cases, amount to life imprisonment and total confiscation of property. The law has, however, one good quality. Its penalties are so severe, so entirely devoid of honor and justice, that they can be found but few Torquemadas in the profession who care to have it enforced. The law, like all medical laws, is more honored in the breach than by its enforcement. That these laws exist for no other purpose than to limit competition in practice of medicine, is now an undisputed fact. I have never known the aid of one of these laws to be invoked in any way for the protection of the general public. The fact is, that the more successful is the unlicensed practitioner the sooner will the law be enforced against him; and that, not by the public, but by some disgruntled licensed doctor who is losing his practice.

***

Doctor!

The Journal wants the addresses of all State, District and Local Osteopathic Association officials, also the addresses of the members of all state boards.

***

Ray-Cures.

After it is all boiled down, the various ray-cures, X-ray, Finsen light, radium ray, etc., are simply new germicides, having many of the disadvantages of the older chemical antiseptics along with others peculiar to themselves.

Dr. Ray Hamilton has located in Catskill, N. Y.

Dr. Wm. Most is now located in Cheney, Wash.

Subscriber wants a Journal of February, 1905.

Dr. Theodore Paul has just located at Savannah, Mo.

Dr. W. E. Owen is now located at 11, Main St., Kingston, N. Y.

Dr. C. B. Hutchinson has located at Excelsior Springs, Mo.

Dr. Lizzie Heberer has located at Carring­
ton, North Dakota.

Dr. Clara Davis of Bowling Green, Ohio, is visiting in Kirksville.

Dr. and Mrs. L. K. Cramb, of Morganfield, Ky., are here for a short visit.

Dr. H. A. Abell, of Palmyra, Mo., was a recent visitor at the A. S. O.

Dr. Eugene Henry of Flushing, N. Y., was recently a guest at the A. S. O.

Dr. S. Ellis Wright has recently located at 718, Washington St., Marion, Ind.

Drs. L. H. Fisher and Millie Rhodes are located at 505-9th St., Brooklyn, N. Y.

Dr. Ira Collins, of El Paso, Tex., spent several days during July visiting the A. S. O. C. O. Markey, husband of Dr. Mary Markey of Salisbury, Mo., was buried here July 19.

Dr. Wm. H. Richardson has moved from Cleveland, Ohio, to 18, Staten Island, N. Y.

Dr. Mabel Vance has moved from Kings­
ton, N. Y., to 227, Main St., Oneonta, N. Y.

Dr. J. O. Smith has located in Monroe, Wis.

Dr. and Mrs. R. M. Buckmaster, of Lex­
ington, Ky., are visiting friends in Kirksville.

Dr. E. M. Sasvili has gone to Huntsville, Ala., to make his home and establish a practice.

Dr. Addie Burgess has gone to Carring­
ton, North Dakota, to locate and practice osteopathy.

Dr. Laura DeLong, of Reading, Pa., is now associated with Dr. H. R. Kellogg at 31, Beaver St., York, Pa.

Dr. J. C. Murfin, of Santa Anna, Calif., is visiting the A. S. O. He will attend the Denver convention on his way home.

Dr. F. G. Crowley has returned from a stay of several weeks at Princeton, Ind., and will resume his duties at the A. S. O.

Dr. Ginevra Green of Kansas City, spent several days during July visiting relatives in Kirksville.

Dr. George W. Goode of the June class is practicing for the summer at Magnolia, Mass., a sea shore resort.

Dr. V. P. Urbain is now located at 111, Dayton St., Hamilton, Ohio, where he will be associated in practice with Dr. Mary Urbain.

Dr. M. A. Mitchell and Dr. Lavonia B. King, graduates of the June class, were recently married and have opened an office at 801, East Warren St., Hudson, N. Y.

Dr. and Mrs. G. M. Laughlin and Dr. and Mrs. E. C. Link are enjoying vacation trips through the west. They expect to go as far as the coast but will be back to Denver for the convention.

We are sorry to learn that Mr. Copp, a former patient and father of Dr. Grace Stratton of Salt Lake City, is suffering from a stroke of apoplexy. He is improving and hopes for his ultimate recovery are entertained.

Dr. and Mrs. F. W. Hannah, of Indian­
apolis, Ind., have been visiting relatives and friends in Kirksville. Their trip will be extended to include the Pacific coast and the Portland exposition. They will be at home September 1st.
REMOVAL NOTICES.

Dr. F. C. Holgate from 625, Monroe St., to 193, E. 54th St., Chicago.
Dr. A. E. Boles from Pender, Nebr., to Blue Hill, Nebr.
Dr. W. Homer Elmore from Chula, Mo., to 113½ S. Main St., Louisiana, Mo.
Dr. J. C. Kauffer from 53, Wright St., Wilkes-Barre, Pa., to suites 34-35, Weitz Fldg., same city.
Dr. Geo. H. Wood from 16½, Penn. Ave., to 1957, Park Ave., Denver.
Dr. E. E. Hardin from Columbia City, Ind., to Butler, Pa.
Dr. Retta Collicott from Fredericktown, Mo., to Aurora, Nebr.
Dr. V. P. Urbain from Tampa, Fla., to Hamilton, Ohio.
Dr. W. Heagney from Sharon, Pa., to Cambridge Springs, Pa.
Dr. M. E. Corbin from Chariton, Iowa, to Malvern, Iowa.
Dr. Bernard E. Mansfield from Fremont, Ohio, to Galion, Ohio.

Dr. Grace Stratton from Omaha, Nebr., to 437, East First St., Salt Lake City, Utah.
Dr. J. H. Stephens from White Sulphur Springs, Mont., to Dillon, Mont.
Dr. C. S. Klein from McKinney, Texas, to 324, Wilson Bldg., Dallas, Tex., where he will be associated in practice with Dr. Florence Haile.
Dr. Clara Wilcox from Ozark, Mo., to Springfield, Mo.
Dr. W. E. Colclasure from Pana, Ill., to Flora, Ill.

Born—To Drs. H. D. and Alice C. Bowen, at Newberg, Ore., July 11, a son.
Born—To Dr. and Mrs. C. E. Willis, at Pittsburg, Kans., July 3, a son.
Died—The infant daughter of Dr. and Mrs. W. S. Corbin, at their home in Malvern, Iowa, August 11th.
Married—At Boston, Mass., on July 26, Dr. Gordon G. Ives and Dr. Cora L. Gooden.
Died—At Beatrice, Neb., on July 2, of apoplexy, Dr. Edgar Bigsby.

POST GRADUATE COURSE FOR TWO-YEAR GRADUATES.

The American School of Osteopathy will institute a seven months’ post-graduate course for two-year graduates to begin Sept. 4th, 1905. The length of this course has been arranged so as to give our practitioners, together with the twenty months they have already had, a twenty-seven months’ course, or a course equivalent to three years of nine months each.

Since the American Osteopathic association has demanded a three years’ course and all our recognized colleges have complied with that demand by instituting a three years’ course, and since three-year laws have been recently passed in several states, and, without doubt, all future legislation regulating our practice will be upon that basis, the advantages of this course are self-evident.

The practice of osteopathy during the past few years has made rapid strides towards a more scientific basis—much of error has been eliminated and much of truth incorporated. It is our intention to give in this course practical instruction along osteopathic lines with special attention to diagnosis and treatment so as to more completely equip our graduates to conduct a general practice.

Our new hospital will be in operation by Sept. Ist so that post-graduate students can and will be given special instructions in the treatment of surgical and acute cases. The course of instruction is as follows:

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<tr>
<th>Course</th>
<th>Instructor</th>
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<tr>
<td>Applied Anatomy</td>
<td>Dr. Clark</td>
<td>5 mo.</td>
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<tr>
<td>Pathology &amp; Bacteriology</td>
<td>Dr. Hoffman</td>
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<tr>
<td>Clinical Osteopathy</td>
<td>Dr. G. M. Laughlin</td>
<td>4 mo.</td>
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<tr>
<td>Surgery &amp; Physical Diagnosis</td>
<td>Dr. Young</td>
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<td>Physiology of Nervous System</td>
<td>Dr. Gerdine</td>
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<td>Gynecology &amp; Obstetrics</td>
<td>Dr. Clark</td>
<td>4 mo.</td>
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<td>Diseases of the Eye</td>
<td>Dr. Young</td>
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<td>Diseases of Skin &amp; Veneral Diseases</td>
<td>Dr. Clark</td>
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<tr>
<td>Diseases of Children</td>
<td>Dr. Clark</td>
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<tr>
<td>Medical Jurisprudence</td>
<td>Dr. Hoffman</td>
<td>1 mo.</td>
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The tuition for this course is $150. There are no extra expenses of any kind for laboratory fees or dissection, and the student is permitted to attend all cases and operations at the hospital without extra charge.

Grades of recognized osteopathic colleges who have attended twenty months before graduation are eligible to attend.

For further information, address,

DR. WARREN HAMILTON, Sec'y.
Kirksville, Mo.
THREE YEARS' COURSE.

The following Three Years' Course, of nine months each, will be instituted by the American School of Osteopathy, September 4th, 1905.

FIRST YEAR.

FIRST SEMESTER.
Descriptive Anatomy.
Histology.
Physiology.
General Chemistry.

SECOND SEMESTER
Descriptive Anatomy.
Physiology.
Principles of Osteopathy.
Physiological Chemistry.
Urinalysis.
Toxicology.

SECOND YEAR.

FIRST SEMESTER.
Descriptive Anatomy.
Dissection.
Practice of Osteopathy.
Symptomatology.
Pathology.
Osteopathic Manipulations

SECOND SEMESTER.
Demonstrative Anatomy.
Dissection.

Physical Diagnosis.
Diseases of Children.
Gynecology.
Pathology.
Practice of Osteopathy.
Clinical Osteopathy.

THIRD YEAR.

FIRST SEMESTER.
Applied Anatomy.
Obstetrics.
Bacteriology & Hygiene.
Principles & Practice of Surgery & Clinical Surgery.
Diseases of the Skin & Venereal Diseases.
Clinical Practice.
Clinical Osteopathy

SECOND SEMESTER.
Applied Anatomy.
Diseases of the Eye, Ear, Nose and Throat.
Nervous and Mental Diseases.
Operative Surgery.
Clinical Practice.
Clinical Osteopathy.
Medical Jurisprudence.

GOING TO DENVER?

We can save you some money if you are. Very low rate for the American Osteopathic Association's meeting in August. Through chair cars and Pullman sleepers; block signal system, Harvey meals.

The only line to Denver passing en route through Pueblo and Colorado Springs.

Low rates for trips to interior Colorado points after the Convention; also to Grand Canyon of Arizona.

Write for descriptive literature and other information.

Won't you go Santo Fe way? If you want a real pleasure trip, you will.

GEO. W. HAGENBUCH. General Agent,
The Atchison, Topeka & Santa Fe Railway Company,
905 Main Street.
KANSAS CITY MO.

The Philosophy and Mechanical Principles of Osteopathy
BY DR. A. T. STILL,

Discoverer of the Science of Osteopathy, Founder and President of the American School of Osteopathy, Kirksville Missouri.

"The Blackstone of Osteopathy"

PRICE, EXPRESS PREPAID.

$3.00

Journal of Osteopathy,
Kirksville, Missouri.

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All the Latest in Osteopathic and Medical Books and Supplies. Orders Shipped same day received and we pay the freight or express.

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LAUGHLIN'S ANATOMY,
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Salable Medical Books at Highest Values

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Specimen Bargains for Cash,

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<td>Wyeth—Surgery</td>
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