AN ATTRACTIVE FIELD.

CHARLES HAZZARD, PH. B., D. O.

Among the multitude of men and women who annually are turning toward osteopathy as a new and promising profession, there are, as yet, probably not many who are taking it up because they see in its unsolved problems something to challenge their mental strength. As class after class is graduated, and gives place in the school for new-comers, we find among us a body of men and women upon whom we are proud to look. We find among them men who have left lucrative, even high salaried, positions to assume the somewhat humble role of a student of osteopathy. There are various reasons why this is so. Some, even though holding good positions, see in the lines of work they are following little or no promise for the future. Others come in because they are following a natural bent in their nature toward a professional life, having at last found that long-looked-for opportunity of entering upon a career most congenial to them here presenting itself. Others drop the business which has engaged their activities for many years to study because osteopathy has saved some loved one from serious illness or death. This, we are glad to say, is a large class among us. The result producing proclivities of osteopathy are to be thanked for attracting to the profession a multitude of the men and women who are today its ablest representatives. For whatever reason our students have come to us, we are glad to count them among our number, feeling that they, with us, represent one of the greatest professions in the world. We, of the present day osteopaths, are united with a peculiar bond of brotherhood, for we are the few, perhaps the chosen few, who, in this epoch-making period of a great science, are laboring to formulate the principles of a new body of knowledge, destined to confer great blessings of health upon the human race. Our names will, no doubt go down in history as the early workers with a great science which is destined, at a future day, to be for the healing of all nations. We of today are no doubt the actors of parts whose significance we are but illly prepared to estimate.

Small wonder it is, and on discredit, that perhaps the majority of those in osteopathy to day have been attracted to it because they saw in it a result-compelling, and therefore a lucrative profession. But it is a matter of congratulation to the profession that the spirit that clearly dominates it is not a sordid
one. The papers and the discussions at the national conventions; the charac-
ter of the literature of osteopathy, as represented in the various scientific and
popular publications; and above all, the character of the men and women
representing the profession, are all indicative of the highest purposes and the
noblest aims.

We number among us many an acute intellect, whose appetite for
acquirement is whetted by the fact that we are pioneering upon the field of
knowledge in osteopathy. There is a type of man who glories to find himself
in a tight place, for the joy and exhilaration of figuring his way out. So there
is a type of intellect that rejoices to face the unknown, and to solve the mys-
teries of a knowledge new to man. This is the type of man we are looking
for to become a student of osteopathy. We are glad that he is not altogether
lacking among us now, but we want more of him. He refuses to be satisfied
by a glib twist of the tongue in explanation of some mighty truth in osteopathy
or to sit in indolent ease complacently contemplating the great unknown before
him. All hail to the man with a set of brains of the quality to settle down to
the most painstaking and laborious investigation of the facts of the
science, and to the minute elaboration of each precious detail of knowledge
in the diadem of osteopathy. We need the German type of intellect, which is
satisfied to spend a lifetime of study and investigation upon a single small
point, satisfied if only it may succeed in adding one jot to the sum-total of
absolute and accurately determined knowledge. That mad rush for a diploma
and to be off to make a fortune is folly.

What is absolutely known in osteopathy today is but as a grain of sand
upon a shining sea shore. We do many things, get many results, cure many
sick, and save many lives; but just how we do it, and why we get certain
results, and just how we should work to get them in all cases, yet remains, in
a great measure, to be explained.

There is no truer saying than that osteopathy is in its infancy. We need
a few hundred men of the stripe and size to measure up to the opportunities
found in studying out the hidden things in osteopathy. Happily, we feel as
sure that these men will arise as we are certain of the chip-on-the-shoulder
trait of human nature.

INTEMPERANCE IN EATING VS. ECONOMIC FEEDING.

PAUL M. FECK, D. O., SAN ANTONIO, TEXAS.

Temperance implies the control of the appetite. When one has accom-
plished that, he should be safe to eat or drink what he pleases if his good
judgment may be trusted. With wisdom and judgment in control, there is
nothing more exhilarating than a keen appetite.

Much that is said concerning temperance loses its force when the one to
whom the remarks are addressed sees the lecturer paying the penalty of bodily
ills from overeating. Thousands of the most ardent temperance workers are
as much dependent on their coffee as the regular toper is on his morning
“toddy.” Each declares his dependence upon the morning stimulant. Ask
the one to stop overeating, or the other to give up the morning draught of coffee
and you have insulted or forced an admission of dependence or an inability to
desist. Intemperance in eating is about as common as intemperance in drink,
yet few realize it.

That the average person eats more food and drinks less water than his
system requires, is a fact recognized by most physicians but ignored by most
eaters. We forget that nutrition is more dependent upon thorough digestion
and assimilation than upon the quantity of food digested. A small portion
well digested will accomplish more than a large portion less thoroughly dis-
posed of. Nature is economical in all her transactions. She never approves
of so crowding alimentation that portions of food will pass through a healthy
tract and be excreted almost unchanged. The analytical laboratory has
shown that this is what a large majority of overeaters are doing. It is not
surprising that so many are complaining of anorexia, poor digestion, drowsi-
ness and ill health. Consideration of this condition and a study of diet as an
adjunct to osteopathic treatment in connection with stomach and bowel com-
plaints has made us an advocate of “economic feeding.” Personally, we
decline breakfast entirely, eat a light lunch and dine heartily at six o’clock.
Such has been our custom for two years or more, and we find it has so much to
recommend it that we write this paper.

If instead of sitting around waiting for breakfast the brain worker accus-
toms himself to do without that meal, he will soon be delighted to note with
what avidity he goes to his mornings task. The energy usually consumed in
digesting the meal is left for the brain, and the blood is not diverted to the
stomach, surely a physiological reason for the recognized fact that morning is
the best time for study. When, after a rest, the waste matter is carried off,
the broken down cells have been repaired and the clogged avenues of thought
have been opened and flushed with living blood, and when this condition
exists throughout the body, the perfect machine should need but the stimula-
tion of the awakening bath to put it into activity. What need should there be
for the morning meal?

Nature seems to have planned for a physiological rest for all the organs
of the body, but under the present three meal system it is a question whether the
digestive tract, or at least portions of it, ever gets a rest unless by some acci-
dent or revolt of the appetite. The tale of the stomach would be a weary one,
I fear. Often after an entire night’s work, the stomach, that long suffering
and much abused servant, has been unable to dispose of the contributions of
the night before, the breakfast hour forces a renewal of the same attempt.
Consultation of the tables giving the time for gastric digestion of the various
articles of diet will show little or no time is left between meals for rest. And
yet, intestinal digestion must continue often for hours after the main organ
has disposed of its contents. It is to insure this certainty of a physiological
rest and to prolong it as far as possible at one time that we prefer eating the
two meals closer together.

Many argue that they would be unfit for work by the long fast, occasion-
ing a feeling of faintness. One should not depart from a custom so
radically different from the habit of a lifetime and of all preceding genera-
tions without gradually acquainting the system to the new order of things.
Decrease the meal gradually until it is limited to a cup or more of cool water.
Repeat this meal several times in the morning, at least every time the faintness
Develops, usually every hour or so, after the feeling we are accustomed to call hunger.
coming thrice daily, is simply a nervous rhythm established by the custom of
centuries preceding. Dr. Still's "Indian" we have often learned lessons
This proves the feeling is not real hunger, that is the need of the system for
sustaining food, but it is a nervous deception which has led us to believe that
master his appetite, to eat scientifically and judiciously, to have the thought in
mind when eating it is done for the bodily good, and to enjoy every mouthful and anticipate the next with that same keen relish, and lastly, to stop eating when a reasonable amount has been ingested, even if the desire is still present to take more, as it will be if the appetite is right. It will be forgotten as soon as the back is turned on the table, and will be preserved as a relish for the next meal. This all requires the exercise of will power, but so does everything worth having; but the man who is master of his own appetite may expect to master others, beside enjoying the rich heritage that comes through careful living, nature's greatest gift. We have found the above plan, sometimes modified to suit the individual
results. If the plan seems too radical, do not condemn without a trial.

To summarize then, the reasons for the two meal plan, we would favor

because:
It tends to overcome the habit of overeating.
It gives the stomach a long physiological rest.
By allowing its walls to contract during rest it induces moderate eating
and helps to cure dilatation.
It encourages the drinking of water in copious quantities and thus stimu-
lates secretions of all glands and, especially the liver, thereby flushing the
bowels with Nature's antiseptic and guarding against typhoid and malaria.

The man of two meals is blessed with a keen appetite. It is believed that
food eaten with a keen relish will accomplish more than when the appetite is
lacking.

TREATMENT OF SMALLPOX.
F. P. Young, B. S., M. D.

Smallpox is as old as history, perhaps older. The oldest Sanskrit writ-

ings tell of its ravages. A Chinese treatise describes smallpox as having appeared in the Tsche-u Dynasty, perhaps a thousand years B. C. The native
foci of the disease perhaps may be found in India and the countries of Central
Africa, from whence, by successive importations, it has diffused over the
habitable globe. It has destroyed more lives than cholera, yellow fever or the
plague. Practically nothing is known of the morbid poison, its nature or its peculiarities. The best energies of master minds have been expended in
vain in endeavoring to determine the cause of this dread disease, also methods
of destroying its poison. Nothing definite has resulted. It is believed that
the morbid agent is a micro-organism since the clinical course of the affection
is similar to that of other acute infectious and contagious diseases, and that
this virus is capable of propagation in the human body; also that it lives under
almost any circumstances or conditions outside the body. We do not know
how it gets into the body, whether through the air, by the skin or the alimentary tract by means of food and water. Not knowing the cause of the disease,
its peculiarities:

The truth is, when the poison of any acute infectious disease enters the body,
we cannot destroy it. This may be done in a test-tube in a chemical labora-

tory, but not in the human body.

Since the days of the ancient alchemist, when marvelous powers were
complies by means of manipulation. Then, if it is true, (which certainly is) that the disease will run its course—and if the poison is destroyed in the body or expelled from it, that these physiological forces alone can accomplish this—osteopathic methods would seem to fulfill all requirements.

The treatment may be best considered in two phases; first, the preventative which will not be discussed in this article; and secondly, the management of the case when once developed. Inasmuch as we have no method of destroying the poison in the body, all that can be done is to relieve the symptoms as they arise, and by means of disinfection and isolation of the disease. The chill, fever, muscular pains, etc., at the outset of the disease may be treated by the ordinary means used in such conditions. After the eruption appears, when the diagnosis can be made, the case should at once be isolated. The room in which the patient is quartered should be devoid of all furniture except as is absolutely necessary. Curtains, pictures, carpets, etc., should be removed. The remaining occupants of the house should be kept under observation for twelve days, when, after disinfecting the clothing, they may live elsewhere if they choose until the case is removed from quarantine. The knives, forks, dishes, etc., which go into the room of the patient, should be immersed in a solution of three ounces of carbolic acid to one gallon of hot water before leaving the sick room. All washable clothing, bed linens, etc., should be immersed in a similar solution and allowed to remain several hours, when then may be boiled and washed in the usual manner. The patient should be placed on a highly nutritious diet, likewise easily digestible. The secretions must be kept active at all times. The room must be kept comfortably warm, but well ventilated. The bed linen must be frequently changed.

In the pustular stage, which develops about the 8th day, there appears the secondary fever. This fever may be relieved by treatment or by baths. Antiseptic baths should be given daily. A solution of one part bichloride of mercury to five thousand parts of water is suitable. If the pustules are broken the body should be sponged over with warm water to remove any of the sublimate clinging to the skin. As the drying of the pustules continues, these antiseptic baths must be kept up not only to aid desquamation but to destroy the poison of the disease. When the pustules are large and are confluent, it is best to open and drain them well, especially on the face, as this will prevent pitting. It must be kept in mind at all times that in spite of all that can be done, the disease will run its course. In mild cases, nothing may be required. In fact, some epidemics are so mild that it is quite impossible to keep the patient within doors. In such instances it is liable to spread rapidly. In severe cases, strong supportive measures are required. The fever must be relieved and the various other symptoms as they present themselves. After the patient has recovered, all the washable clothing should be boiled in an antiseptic solution of one to five thousand bichloride of mercury or one to fifty carbolic acid. The room occupied by the patient may be disinfected by means of formalde-
hyd., mercury or sulphur. If formaldehyde is used, the gas should be generated in a formochloral in an approved generator of known capacity. To spray the walls well with a 2 per cent. solution will do some good, but gives no assurance that our methods are not defective. If the gas is generated in the room it should be kept in the room from twelve to fifteen hours. The room should be tightly closed. Not enough of the gas can be generated by volatilizing the solution of the gas to be effective. The method popularly in vogue now is bad. The woodwork, floors, etc., may be washed by a one to two thousand solution of corrosive sublimate. Another quite effective means of disinfection may be employed, and has the advantage of simplicity. The apparatus necessary is a frame of a chafing dish, a china plate or a porcelain dish and an alcohol lamp. About two ounces of the corrosive sublimate is placed upon the plate and the alcohol lamp lighted and placed under it. This will volatilize the mercury. After four hours a person having a wet cloth over the face will be kept in the room and raise windows, allowing the room to air well. After ten or twelve hours a pound of sulphur may be burned in the apartment to render inert any mercury clinging to the furniture. After this the wood-work and floor may be washed with an antiseptic solution. Bed clothing that cannot be disinfected must be burned. In mild cases desquamation will be complete in thirty days; in severe cases perhaps forty days will elapse. In all cases isolation should be maintained until desquamation is complete and disinfection thoroughly accomplished.

In visiting the patient afflicted with smallpox it is necessary for the physician to use the utmost precaution against carrying the poison, hence acting as a common carrier of the disease. An antiseptic suit costing a few dollars may be used and it assures the best protection. If this is not used the outer clothing must be changed in an out building on returning from a case of smallpox. The clothing may be moistened with a ten per cent solution of formalin. This suit so removed each day may be worn in visiting the case in question. The clothing may be moistened with a ten per cent solution of formalin. This suit so removed each day may be worn in visiting the case in question. The hands, face and hair may be mopped off with a mercurial solution 1:4000, made by dropping one of the small white antiseptic bichloride tablets in a pint of water. It must be kept in mind that the poison of smallpox is heavy and very resistant and may live in clothing for a long time.

Married.

Married.—Miss Eva May Douglass, of June, 1901 class, A. S. O., to Wm. McConnell of Emporia, Kansas, on March 19, 1902.

Married.—Dr. William W. Brock, of the June, 1898 class, A. S. O., to Miss Clara Carpenter, both of Montpelier, Vt., on March 31, 1902.

Nervousness and Insomnia.

Mr. ——, age fifty one, with history of several years standing of nervousness and insomnia. Physical examination revealed an anterior condition of 2nd, 3rd and 4th cervical vertebrae, also lesion at 5th and 6th dorsal vertebrae. Treatment applied was the correcting of lesions and spinal treatment. Six weeks treatment improved the case wonderfully. Reported by E. M. Cramb, Tecumseh and Humboldt, Neb.
JOURNAL OF OSTEOPATHY.

Montana Association of Osteopathic Meet.

The annual meeting of the Montana Osteopathic association was held in the parlors of the Grandon Hotel in Helena, Montana, March 3rd, 1902, business of importance occupying the whole day.

The society has now about twenty members.

In the absence of Dr. T. J. Shechan, president of the association, the meeting was called to order by Dr. J. C. Burton, vice-president.

The committee appointed at the previous meeting to draft a constitution and by-laws presented the draft and after discussion and consideration it was adopted. The following officers were elected for the ensuing year: Dr. J. C. Burton, president; Dr. Ina F. Browne, vice-president; Dr. C. W. Mahaffay, secretary; Dr. E. V. Strong, treasurer; Dr. A. M. Willard, Dr. O. B. Prickett, Dr. E. V. Strong, trustees.

The following resolutions were adopted:

Resolved, That we as members of the M. O. A. because of her professional worth, her social and lovable qualities and her value as a friend, deeply mourn her untimely death and sincerely sympathize with her bereaved parents, relatives and friends.

Resolved, That a copy of these resolutions be spread upon the minutes of the association, sent to the bereaved family and published in the journal of Osteopathy, the Kirksville, Mo and Cody, Wyoming papers.

Dr. Asa M. Willard, Dr. Ina F. Browne, Committee.

The following resolution relative to the extension of time of study in the osteopathic colleges was adopted:

Resolved, That as an association we advocate and urge the extension of the course of study in the associated colleges of osteopathy from the present twenty months' course to a period including at least twenty-seven months of study.

Meeting was then adjourned to meet in September, 1902, as provided for in constitution.

Dr. Ina F. Browne, Secretary.

Osteopathic Victory in Virginia.

Recently a bill was introduced in the senate of Virginia requiring that all persons who profess to cure disease by any method, whatsoever, whether medicines were used or not, and whether surgery were practiced, should first stand an examination before the State Board of Medical Examiners.

The real object of the bill was to prevent osteopaths from practicing in that state. The committee to which the bill was referred decided, by a vote of 7 to 1 to report the bill with the recommendation that it not pass. Several of the committee, including Chairman Barksdale, expressed themselves as bitterly opposed to the measure.

Dr. R. S. Martin, of Stuart, secretary of the State Board of Medical Examiners, managed the case for the physicians, assisted by Mr. Harvey, the patron of the bill, and ex-Governor O'Ferral was the attorney for the osteopaths, of whom there were several present.

Dr. More spoke in favor of the bill, and was followed by Dr. George Ben Johnston, Dr. Stuart McGuire, Dr. Hugh Taylor, Dr. Edward McGuire, Dr. J. N. Upshur, all of this city, and Dr. C. A. Nash, of Norfolk. These gentlemen spoke forcefully for the bill, which, in their opinion, was needed for the better guarantee of the people of the State against being imposed upon by quackery.

A "LIVE WIRE."

The first speaker introduced by Governor O'Ferral, for the other side, was Dr. Patterson, an osteopathic doctor of Washington, who, as one of the committee remarked, was a perfect "live wire." It is said that the Doctor has made a reputation in the Federal city as a healer of diseases, and it was evident to the committee and the crowd of spectators who heard him yesterday that he has abilities which would enable him to shine on the platform. He spoke at length, was asked many questions by the physicians, and always responded in a manner which made the audience laugh. He was before the committee for some time, and it was clear from the remarks which passed among the members of the committee that his speech made a very deep impression against the bill.

He is a quiet, pleasant looking gentleman, who, at first glance, appeared to the doctors present to be "easy." After a little they learned better. He made a statement of the claims of his science, which was conservative and modest. He had supposed that the presentation of the subject by the other side would be more in keeping with the spirit of the times. He told of the school at Kirksville, Mo, the parent institution, with its thorough course of two years, or twenty months.

There were fifteen other schools and osteopathy is recognized and licensed in seventeen States. Allopaths don't understand what osteopathic treatment is. That is all. The thorough instruction given osteopaths in anatomy and kindred subjects and their fitness to act as accomplished diagnosticians was dwelt upon. Osteopathy does not claim to be a cure-all. And osteopaths are willing to stand a thorough examination on their science. It is young. It merely asks to be allowed to live and prove its value and usefulness.

WHERE ALLOPATHS FAIL.

Dr. Upshur inquired what cases osteopaths treat.

"Diseases in which allopaths fail," required Dr. Patterson.

What would you do with valvular disease of the heart? inquired Dr. Upshur.

"About as much as an allopath would, and that isn't very much, you know," replied Dr. Patterson.

And the ladies applauded.

In reply to further questions Dr. Patterson showed that he knew the what, when, where, and why of valvular diseases of the heart, and told how it would be treated from an osteopathic point of view. The allopaths failed to catch him napping here, or in subclavian stones, or diphtheria, and Chairman Barksdale cut the colloquy short with: "No matter how ignorant both of you may be, the committee could not tell which would be which."

Dr. Edward McGuire wanted to know of Dr. Patterson the symptoms of a child's death from diphtheria. Dr. Patterson replied that he could not answer, as none of the diphtheria child patients he had attended had died.

And the ladies applauded.

Governor O'Ferral closed the argument for the osteopaths and the committee decided for them by a vote of 7 to 1.

The osteopaths will introduce a bill regulating their practice and giving them a separate board.—Richmond Daily.

The Practice of Osteopathy Legalized and Regulated in Ohio by Legislative Adoption. After a Struggle with the State Medical Board and Medical Physicians, Covering a Period of Five Years.

Most of the readers of the Journal are familiar with the ups and downs of the Ohio osteopaths with reference to their relation to the law.

The account of the prosecution of Drs. Eastman and Gravett and the act of the Supreme Court declaring the Love Medical Law invalid will be readily recalled. The following letter from Dr. M. F. Hulet of Columbus, explains the present situation:

Columbus, Ohio, March 29, 1902.

Dear Doctor,—The legislative contest is practically over. All opposition is withdrawn, so that we are assured of recognition. The House Judiciary Committee has unanimously recommended our substitute bill. It will probably be up for vote in the House next week, and in another week or two the Senate can act.

So long as there was a hope of our original plan of creating an independent board, as outlined at our last annual meeting, carrying our committee worked to that end. About one week ago it became apparent that this could not be done. Rather than let the matter drop, we proposed a substitute, after consultation with a large number of the leading osteopaths of the state, embodying the essential features of our original bill, as follows:

Preliminary educational requirements same as Love Law. Graduate osteopaths now practicing in the state, upon recommendation of the Osteopathic Committee, will receive certificates without examination, if application is made.
within thirty days after the passage of this act. $5.00 fee to State Board.

In the future all applicants must pass examination before State Medical Board in anatomy, physiology, physical diagnosis, obstetrics, and before a committee of three osteopaths in pathology, physiological chemistry, gynecology, minor surgery, osteopathic diagnosis and principles and practice of osteopathy. Fee $25.00. This Committee will be appointed by the State Medical Board upon recommendation of the Ohio Osteopathic Association.

Graduates of reputable schools of osteopathy who have been in practice in any other state for five years or more, may be issued certificates without examination. Fee $50.00.

All certificates issued must be filed with probate judge. Fee $1.00.

Administration of drugs and surgery are denied to osteopaths.

This substitute will give us a good law, satisfactory to our opponents as well as to our friends in the legislature, and we believe in the end will work to the advantage of our profession.

This work has been accomplished by a long siege of close application to business and at considerable expense. It has resulted in elevating osteopathy to a dignified position in the eyes of the law, and every osteopath in the state will reap the benefit.

Dr. Hildreth has been untiring in his efforts to do the best possible for the Ohio osteopaths, and the profession generally.

All osteopaths not members of the Ohio Osteopathic Society are urged to make application to the secretary for membership. The Executive Committee will probably have a meeting in a few weeks, at which time applications will be considered.

Fraternally yours,

M. E. Hulett, D. O., Secretary Ohio Osteopathic Ass'n.

Later. House passed substitute bill by a vote of 78 to 0.

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The Toronto Convention.

The Fourth International Convention of the Student Volunteer Movement for Foreign Missions was held in Toronto, Ontario, Feb. 26th to March 2nd, 1902.

These Student Volunteer Conventions are held once in four years and are intended to diffuse interest in the avowed purpose of the movement, "The Evangelization of the World in this Generation," and to spread information in regard to the really wonderful progress already made toward the accomplishment of that stupendous task.

At this convention, were assembled over two thousand students and professors from over four hundred institutions of higher learning in the United States and Canada. Of this number one hundred and fifty were from medical schools. The American School of Osteopathy was represented by Miss Radford, general secretary of the Young Woman's Christian association and by Dr. F. J. Fassett of the faculty. Among those present at the convention were representatives of all the larger denominational Mission Boards in whose hands is the real authority to commission men and guarantee their support and remuneration in foreign countries. The representatives of the American School of Osteopathy found opportunity to interview some of these officials in regard to their policy in case a graduate of a school of osteopathy should offer his services as a medical missionary. None of the boards consulted have ever received such an application and consequently none of them have framed any specific policy in the matter. The general opinion was that the only consideration which would deter them from commissioning such a volunteer, if well qualified in other respects, would be the fear of causing interruption of the harmony that is so essential among all workers in mission lands.

A Word for Osteopathy.

If you will permit me, I should like to say a word for osteopathy.

One is not a little surprised at the strange and varied opinions given by many persons, who seem in other ways well informed, of their ideas of this new science. It is astonishing too, even among people of thought, that they will express themselves sneeringly and disparagingly of that which they know nothing, and influence others who do not think or inquire for themselves. It seems to be the general idea of mankind that if one is ill he must take some medicine, and because a custom is old, it must therefore be right and best.

And so any new theory or science that does not advocate drugs and dosing, according to the already prescribed and established pathies, is trash and fake to him, if one believes that in nature there is perfect harmony and law and order, why not in man—nature's highest product? If then we violate nature's laws and become ill, why is not a science which will assist nature in natural ways and then let nature cure, a safer and wiser practice, than taking into our system ounces of poisons for the treatment of symptoms and overlooking the one just cause of illness—something out of order with the mechanical construction? People are going to be treated by the pathy which helps them most and which emancipates them from dosing and the knife, if possible. Osteopathy can and does do this. It fails when nature has been so interfered with and maltreated or when the patient has no reserve strength or recuperative powers.

I know that of which I speak, having tried allopathy, homeopathy and osteopathy, and have decided after a year's experience on the side of the latter.

It has been a long and suffering journey to find relief, but through the darkness has come the light and osteopathy and health. LAURA CURIE, New York City.

The Old Doctor Made Honorary Member of Boston Club.

BOSTON, MASS., Feb. 23, 1902.

DR. A. T. STILL, Kirksville, Mo.

DEAR SIR:—We beg to announce that at a regular meeting of the "Spiral Column" of the Boston Institute of Osteopathy, you were unanimously elected to honorary membership of that club.

This club recently organized is composed of members of the senior class of the Boston Institute of Osteopathy who believe that bony lesions are the primary cause of disease.

The object of the club is to promote osteopathy, (in this school) from that standpoint.

Very truly yours,

R. E. Brown, Sec'y.

By order of club.

Dr. Asa M. Willard of Dillon, Montana Honored.

Governor Joseph K. Toole, honorary vice-president of the American tuberculosis convention to be held in New York, May 14-17, has appointed a number of Montana doctors as delegates from that state.

The object of the convention is to gather physicians from all parts of the United States for the purpose of an exchange of ideas as to the best method of battling with consumption, a disease which is spreading despite the advanced skill of physicians and medical discoveries.

Dr. Asa M. Willard, of Dillon, is among the numerously honored by the governor. We are glad to note that osteopathic physicians, not only in Montana but elsewhere, are receiving recognition equal to that accorded the members of the older schools of practice. The Journal congratulates Dr. Willard for this well merited recognition and feels that by his appointment he has not only been honored but the science of osteopathy respected.

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Oklahoma Osteopathic Association.

The osteopaths of Oklahoma met at Dr. Clara Mahaffy's in Oklahoma City, March 3, 1902 and organized the Oklahoma Osteopathic Association.

Those present were Mrs. Clara Mahaffy, D. O., Oklahoma City; Mrs. Neva Triplett, D. O., End; J. M. Rouse, D. O., Oklahoma City; Mrs. Lucy Rouse, D. O., Oklahoma City; Miss Laura Haden, D. O., Oklahoma City; Miss Cassie Blackwell; Miss A. W. Hannah, D. O., Shawnee; Miss Winifred Streeter, D. O., Oklahoma City; L. O. Wright, D. O., Chandler; Harvey A. Dever, D. O., Kingfisher.

Immediately after the house was called to order the following officers were elected: President, Dr. Mahaffy; president-elect, and Dr. Dever, secretary.

Permanent officers of the Oklahoma Osteopathic Association are, Dr. Clara Mahaffy.
Hay Fever.  

Hay fever or autumnal catarrh, is an inflammation of the mucous membrane of the upper air passages, styled by some writers hay asthma or rose cold. At about this time of every year large numbers of people are preparing to leave the dusty cities and plains to find relief for their respiratory passages in the cool, dry and clear atmosphere of the lakes or mountains where they remain for weeks, or months, enjoying a degree of relief from this very annoying trouble.

I would like to say a few words in regard to the osteopathic philosophy of the cause and cure of hay fever. It is an acute catarrhal inflammation of the upper respiratory tract, the lining membranes of the air passage become diseased and are irritated by the pollen of certain plants. The disease occurs periodically every spring or autumn. Rose cold usually begins in May or June and lasts until the latter part of July or first of August. Autumnal catarrh begins the latter part of August and lasts until the first heavy frost.

Medical literature is not very instructive reading, so far as the cause and treatment of this disease is concerned.

That the lining membrane is in a diseased condition and is irritated by certain dusts, vapors, odors or by pollens of plants, is easily understood; but what we want to know is the real cause of the disease and how it can be removed.

The osteopathic physician claims it to be a disturbance of the blood supply to the mucous membrane, so we must consider the nerve supply as the blood supply is controlled by the nervous system. The small sympathetic nerve fibers that control the action or supply the lining membrane can be traced back to the spinal cord, and it is the course of the nerve from its origin to terminal that the osteopath takes into consideration. The spinal nerve fibers that form part of the cranial nerves, the trigeminal, facial, glossopharyngeal, pneumogastric, are distributed to the nose, eyes, mouth and face in general. From the point of union of the nerves we follow them down the spinal cord, and find them emerging from between the vertebrae in the upper dorsal and cervical regions. The osteopathic physician in examining a person afflicted with hay fever looks for a particular anatomical derangement sufficient to cause impingement on these nerves. A lesion may occur in the upper dorsal or the cervical region; the upper ribs, clavicle, or the tissues or muscles may contract so as to affect the vasomotor and sensory innervation or blood supply to the upper respiratory tract. The relaxing of the muscles and correcting of the lesion frees up the blood supply, and by removing the cause the parts become healthy and the disease will not occur again. I believe that the majority of cases if taken in time can be cured. In view of these facts it seems incontrovertable that the specific lesions found by the osteopath are the actual cause of the disease.

H. M. Mayer, D. O., Emporia, Kansas.  

Liberty.

Liberty to all cannot exist where there is license to few. Our county is “Free America,”—a refuge for the oppressed of every nation under the sun. Here no man can say to his fellow, “Thus shalt thou”—and compel obedience; but through combination of circumstances it has come to pass that no nation can show, in some respects, a greater number of real abject slaves than this same free America. True they are not so in name; at the polls everywhere, care is taken that the ballot be secret; yet how many, think you, of the more menial working class, dare to have an opinion in politics, even if they cared to do so?

The independent thinkers are denominated “cranks,” and for policy’s sake are shunned and perhaps denounced, in public, by the very ones who hold the same opinions, but dare not express them, and are willing to blame the “cranks” privately. What is true in these other things does not prove false in medics. The powers that be have sent forth their dictum, and it is not even “Thus far shalt thou come”—but “Thou shalt not enter at all! The field is ours and the harvest shall be ours also.” The condition, physically, of the American people, shows well the nature of that harvest. A well woman is an anomaly; a man without rheumatism, kidney trouble or gout is an exception. If one chances to live beyond the prescribed fourscore years, his picture is put in the daily papers with a biography and careful description of his habits, in order to give some legitimate reason for his having lived so long and still being in possession of his faculties, and even then we hear the remark on all sides “I hope I shall not live to be so old!” There are cases, but they are exceedingly rare, of those who have reached, and even passed their centennial; our own city (Minneapolis) can boast one such, and she did “boast” when Mrs. Roll celebrated her 101 birthday last year.  

Of course we cannot know with absolute certainty just what the all-wise Creator intended when he made man in his own image. If we had planned the affair, we should hardly have deemed it worth such an infinite amount of time and pains—as is evident to any student of the mechanism of the human body—just for the sake of, say five, or fifteen, or yet fifty years of life.

We believe that man was originally intended to live until his physical machinery was worn out, when it would simply stop, instead of breaking down here and there in some weak spot, and thus being laid up for repairs fully half the time, and needing to be handled with care the other half.

People who have given the subject intelligent thought agree upon this; if a state of affairs that plainly ought to exist does not, somebody is to blame—the is a responsibility some one ought to shoulder. It may not be you nor I who are guilty, and yet if our sins are those of “omission” instead of “commission” can we consider ourselves entirely free from blame?

If an abnormal condition prevails, and those who were prime movers in the matter have passed beyond the reach of man—victims to their own folly or ignorance, in many cases—then if a reform is ever to be brought about, somebody has to inaugurate it, and a good many somebodys must put their shoulders to the wheel and push! It may not be possible to move it at the first or second, or even the tenth trial; and when it does start it may move only a little way, but patience, perseverance and knowledge will after a while set it turning and bring the under and right side uppermost, and everybody will remark how very easy it was and wonder why it was not done long ago.

A lady once asked me to define “sin,” and I made answer according to my convictions, “Ignorance is the greatest sin in the world.” It destroys or renders impossible our happiness here, and unless we begin to study and have learned some of the easier lessons, will effectually shut the gates of heaven against us hereafter.

To go back a little; the majority of the human race, male and female, are slaves to disease. Pain sets its danger signals thickly and illuminates them with a glowing red
light. What do we do? Why, we immediately go to work to extinguish, or if we fail in that, cover up the warning light, and keep right along on the same perilous track! A sharp thwong or a hard dull ache tells us that we have imposed upon that much-abused organ, the stomach. The pain becomes unbearable; our knowledge is not along medical lines so we send for a master of the craft, and he ‘gives a hypodermic’ to alleviate the present suffering and prescribes some internal remedy to deaden the sensibility to pain in the future; he may likewise recommend ‘dieting’ and ‘rest.’ We do not blame him; he is living up to his light, and doing the best he can by following carefully in the footsteps of the Masters of his Science that have gone before him, and have left footprints not only upon ‘the sands of time’ but all through our beautiful cemeteries.

If we attach blame at all it is when the learned one forbids us to use our own brain power, and builds a wall to keep out investigators who might possibly unearth something he has failed to discover. He does not recognize the fact that all truth cannot be in the possession of any one man or class of men; the field is too broad and long and deep for it.

Some students are turning their attention in one direction and some in another with beneficial results. Let us join the ranks of honest and unprejudiced investigators, and without the aid of colored or otherwise ‘doctored’ glasses, seek to find—not something that proves our theory right,—but something that shall set us right provided we are in the wrong.

It is an almost universally conceded fact that very little progress has been made in the ‘practice of medicine’ for several hundred years. Some one did most effectually chain the chariot wheels, else such would not be the fact, but a few strong men began, not many years ago, to look into the matter and have used a part of their reasoning faculties on such problems as this. Why should one when full of the power of resistance inherent in good health, be careful to shun all poisonous substances—children being taught not to touch that weed and by no means to eat those berries, and the rat and bedbug poison are plainly labeled and placed out of reach of the shelf—all the care when repeated with vital force, and when sickness comes to prepare and administer dose after dose of mixed poisons.

Considered apart from the wisdom conceded to the learned M. D., it looks rather contradictory, doesn’t it? It is out of such free-thinkers that have been developed the ‘cranks’ which have set a- turning the wheels of the mighty vehicle of osteopathy. The machine started hard, but many came to the rescue until it really is moving along quite smoothly and with little noise, except as now and then it strikes a stone the allopathic road-builders could not dissolve, or runs against and uproots a stump left by the eclectic. But if there chances to be too many obstructions placed in its path “with malice aforesight,” we shall “turn to, all hands” and see that they are legally removed, for this wonderful machine has a peculiar running gear that once started, will not, and can not stop.

LUCY SHERMAN MITCHELL, D. O., Minneapolis, Minn.

Junior Reception to Freshmen.

BY MISS ELVIRA TRACY.

The junior reception to the freshmen was given March 14, and the evening proving a perfect one, the two halls were tested to their full capacity. The freshmen were received by the trustees and faculty in the library from half past seven to half past eight. Here the school colors had been used in the decorations, with the lights softly shaded in red. North hall was reserved for seating the faculty, trustees and freshmen, and Memorial hall for the other guests. The orange and black of the new class had transformed Memorial hall. The lights had tulip shades in varying tints of orange, while hunting in the two colors was tastefully draped, following the architectural lines of the room. The northwest corner was a bower of beauty, a booth of black lattice work twined with flowers of the orange, making a unique and dainty effect in the color scheme. In North hall the apple blossom combination of the entertaining class prevailed, used with the abundance the dainty pink, green and white entwined. The music came from an array of these colors, and two elaborate booths showed them in effective ways. The lights had the tulip shades again, but this time in pink and green. The stage itself was an exquisite drawing-room, hung in white soft folds with festoons of the pink and green. Later in the evening it proved an attractive resting place for the guests. The programmes for the evening had pink lettering and were tied with green.

By nine o’clock the audience was seated, listening to the A. S. O. orchestra. Mr. Fred Coon, as junior president, welcomed the new class in hearty fashion, and his president, Mr. W. B. Erm, despite his care not to exceed the modesty becoming a freshman, made us know this class had the right spirit. Naturally after him came the class yell:

A. S. O. A. S. O. Study the bones from head to toe. Still we go on, nearer and nearer. Feb., Feb., nineteen fourteen.

It was given with vim, and the orchestra came “Like a-pointice to heal the wounds of sound.” The soothing syrup song of the senior quartette, Messrs. Carlisle, Martin, Reece and Link, was enthusiastically received. When asked what passes through the forehead of Window it has been customary to answer “nothing;” but the junior wag now says, “soothing syrup.” The quartette kindly responded to an encore. The audience then listened with pleasure to a recitation by Mrs. Ernest White.

The second half of the program was the farce, “A Bunch of Roses,” given by the following juniors:

CAST.

Mr. Petlove..................Fred F. Coon
Mrs. Petlove..................Miss Neal
Hopson, a butler.............A. S. Wiley
Higgs, a maid................Miss Stanley
Mr. Higgs.....................A. M. Herman
Miss Pilkington..............M. E. Pierson
Miss Abbott..................Mrs. White
Miss Hilda Greaves..........Miss Abbott

The motif of a situation that nobody understands but the audience was cleverly worked out with the note written by the inimitable Hopson to the “Beloved of My Affections”—Higgs. It was found by Higgs, the pretty girl in the house party, and rediscovered by Herbert Mason, a flawless specimen of the summer man. It was cast by fate at the very feet of Miss Pilkington, coming at last to the hands of the somewhat deaf and very much jealous husband of Mrs. Petlove. If each had really eloped with what he claimed in the darkness of Mrs. Petlove’s boudoir that night this would have been the situation: The jealous Petlove and the exquisite Herbert would have borne away Higgs, each clasping a hand; the gushing Miss Pilkington would have clung to Hopson, plus a large telescope valise, family umbrella and other impediments; George Hargrove and Hilda were the only ones rightly paired, and they by chance. The illumination of the candle of the distracted Mrs. Petlove caused a kaleidoscopic re-arrangement. The note claimed by each when brandished by the jealous husband in the face of his wife was redeemed by Hopson for his Higgs, but his strange adventures had served their purpose in making six fond hearts to beat as three. Higgs and Miss Pilkington vied with each other in their naive willingness. The audience was most generous in its appreciation of what was really a very pretty piece of amateur work all through.

Later in the evening refreshments were served in the southeast room, and punch in the booths in North and Memorial halls.

Miss Willard was chairman of the decorating committee, and Mrs. Hemstreet planned the perfect work of the reception committee. Miss Neal and Mr. Jones managed the farce. Mr. Frank Englehart was chairman of the refreshment committee and Mr. Shifflett of the programme committee. They all had good assistants in the members of the class, and others, working together willingly with the one object of expressing the formal welcome to the class of February ’04 in as perfect a manner as possible.
Osteopathy and Anatomy.

The osteopathist is obliged to be a good anatomist. He cannot practice osteopathy at all unless he is. He is the fellow, who, when a patient presents himself, goes to work to find out exactly what the trouble is. He looks upon a man as an anatomical structure consisting of a framework of bones, a network of nerves, a tangle of muscles, a web of lymphatic ducts, a complication of ligaments, blood vessels and visera. To untangle and locate all the multifarious organs and tissues is his business.

He goes to work to heal a sick man much the same as an engineer would fix his locomotive. He finds a nerve crossed or stretched. He finds bones dislocated, or partly dislocated. He finds cartilages misplaced. He finds a thousand things that the average physician would never discover, never dream of. Hence it is that the osteopathist must necessarily be a good anatomist.

As a rule, these doctors carry the study of anatomy much further than the allopath, the eclectie or the homeopath. Even the most experienced surgeon knows nothing of anatomy in comparison with the educated osteopath. It may be that many of the cures of the osteopath are imaginary. It may be that much they do in the treatment of a patient is needless or ridiculous, but the fact remains that in the study of anatomy they are close students, and in the diagnosis of disease they exceed all other schools of practice.

When Garfield was shot by the assassin Guiteau, some peculiar symptoms presented themselves. Several noted surgeons were in attendance but they gave no heed to these symptoms. The symptoms were a peculiar numbness on the inside of the thighs and a portion of the scrotum, together with a curious feeling in the bottom of the feet which the president himself described as tiger claws. The president recited these symptoms and they were reported in the newspapers. The doctors in attendance knew nothing of their significance and probably did not take them into account at all.

The professor of anatomy in the University of Pennsylvania, who happened to be a close student of anatomy, read in the newspapers the account of the president's symptoms. By reading the account this anatomist was able to locate the injury which the bullet made. It will be remembered that the doctors in attendance had great difficulty in locating the bullet; in fact, they never did locate it. It was never revealed during the life of the president where the bullet was lodged. The doctors supposed it to be in the right groin, but as a matter of fact the bullet had crushed the fourth lumbar vertebra and lay close to the back-bone on the left side of the body.

But this anatomist, who never saw the president at all, aided by the newspaper account alone, located the bullet exactly. The second day after the president was wounded he drew a chart showing the course of the bullet, the injury it had done and its lodging place. He presented this chart to numerous other professors who made affidavits to the fact. After the post mortem revealed that this anatomist was right, the whole account was published in the medical journals.

Had the doctors known where the bullet was located, their treatment of the president would have been considerably different. Had they known where the bullet was, a drainage might have been established preventing the accumulation of pus. The doctors were trying to drain it from the groin below the entrance of the bullet. Consequently, everything they did to secure drainage from below was adverse to the president's recovery.

As is well known, President Garfield died of septicemia, that is to say, he died from the effects of the reabsorption of pus which was located in the pus cavity where the bullet lodged. Had they known where the bullet was, they would either have established drainage by cutting in upon the bullet through the back, or else have established the drainage through the track of the bullet. In other words, had these doctors who attended President Garfield been good anatomists, they would have done much more toward saving the president's life. It is possible, of course, that his life could not have been saved even if they had known where the bullet was, but it is also certain that they could have treated the case much more intelligently.

We venture the assertion that were such an accident to occur to-day and a good osteopathic physician be called, he would be able from the symptoms alone to locate the bullet. Emerging near the fourth lumbar vertebra there are some nerves which supply the portion of the body where the president located his symptoms. It was the disturbance of these nerve roots that caused the symptoms in parts of the body so distant from the wound. An osteopath would have known this at once because he makes a study of anatomy. He is a thorough student of the machinery of the human body.

The study of anatomy to the ordinary physician is almost a superfluity. That fellow who goes through the country with a bottle of tablets can give them out just as well whether he knows in which side of the body the liver is located or not. The average drug doctor never learns but mighty little about anatomy. Immediately upon beginning the practice of medicine he proceeds to forget what little he did learn. Indeed, he has no use for anatomy. He can purge and blister, give headache powders and visit any one just as well whether he knows anatomy or not.

But the osteopath, in order to practice the healing art according to the teachings of his school, must go deeper and deeper in the study of anatomy every year. Every case that presents itself to him is another puzzle in anatomy, another problem in the structure of the human body. He traces nerves from origin to distribution. He locates the origin and attachment of muscles and bones. He knows the exact position of bones and the precise method of their articulation with each other. No ligament or artery, no cartilage or muscle, escapes his scrutiny or manipulation. This is what the osteopath must do in order to practice the healing art according to the teachings of his school.

And yet these are the men who can treat the disease they exceed all other schools of practice in. They are the men with whom is arrayed every school of druggery. The druggers have contrived all sorts of laws against them. The druggers say all sorts of monstrous things about them. No slander has been left unvented.

We are not attempting to say by all this that the osteopaths are all right and the drug doctors are all wrong. We do not mean any such thing at all. In our course of study it happened, however, that the study of anatomy was very thoroughly pursued. We had in view the time to make the teaching of anatomy our profession. This has led us particularly to observe how little the average practitioner has use for anatomy. Therefore, while we do not feel exactly competent to compare the relative merits of osteopathy with the art of drugging, yet we feel warranted in saying that we are in a little better position for doing so than the average writer for medical journals. But we choose to refrain from drawing comparisons between the practitioner of osteopathy and the drug doctor.

But surely it is not going too far to say that if any squelching is to be done it should be done against those who are experimenting with dangerous drugs, those who are practicing that most confusing and contradictory of all arts included in the materia medica and pharmacopoea,—if squelching
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