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POSTURAL DEFECTS.

DR. CARL P. MCCONNELL, CHICAGO.

Defects in posture are of very common occurrence. In fact, a perfect posture is somewhat rare. Considerable is being accomplished, especially of late years, by the laity through various physical methods and exercises to correct the many defects of position in sitting, standing and walking. The originators of the many so termed systems of exercises have gone so far as to advertise to cure various diseases of the body as well as attempting to improve the normal tissues.

Undoubtedly, exercises have their place, particularly in the life of those of sedentary habits. Most of us do not exercise enough, neither do we as a rule get enough fresh air and pure water. But there are defects of the anatomical that mere gymnastics can not adjust. The mechanism of the body has become so disturbed that nothing short of actual mechanical readjustment can be effective.

The essential point to a clear understanding of this subject is a thorough realization that the human body is a mechanism or human engine. (This is an often repeated statement in osteopathic literature, but contains such a fundamental truth, in fact, the basic concept of osteopathic medicine, that it will bear continuous repetition.) Just as soon as the layman appreciates this fact, then, just as sure will the world of suffering be less a factor in our everyday life.

We do not think it strange to have any mechanical structure readjusted or reconstructed when it becomes damaged or distorted in symmetry or design. It is the most common and simple thing possible to have a mechanic, one versed in the construction of its component parts, called in and the sections and parts carefully examined and corrected. The above thought illustrates the fundamental feature of the osteopathic school. Every principle of mechanics, of the simple-machines of natural philosophy, will be found represented time and time again in the physiological workings of our physical anatomy. This is not secret or exclusive knowledge, it is well known to all anatomists and physiologists. The body is built and operates according to definite mechanical laws, and discord of the normal physiology can be traced to some disobedience of these laws. Maladjustment or malalignment of the constituent parts, caused by strains,
sprains and various physical accidents is a part of the result of this disobedience. In other words, the body being a mechanism is subject to the same racks, injuries and physical violence as any structure.

It should not be understood that the osteopathist believes every disorder of the body is caused by physical injury disturbing the integrity of the body mechanism, for the human body does not only represent a physical mechanism, but much more—a living vital entity that thinks, reasons and acts—in a word, an intelligent being.

Thus there are other causes of disease such as errors in thinking, living, eating, etcetera. But the major part of characteristic osteopathy has to do with physical mechanical disturbances as causative factors in disease. The osteopathic conception of disease is sane, logical and rational because it holds fast to facts—actual, anatomical and physiological facts.

In this article we are to consider a few of these actualities. Physical defects limited to postural defects constitute the small portion we are to discuss of the wonderful but yet simple philosophy of the osteopathic school. It will deal with merely a few of the mechno-anatomical deformities. Most deformities or distortions have a small beginning; indeed, many of them at first might be termed defects of posture, which through negligence and improper care have developed gradually into gross deformities or disease. This evidences the far reaching effects of many defects, slight at first, but always possible of serious consequences.

A common criticism of the osteopathist is that he often finds some malposition of the spine, the chest, the shoulders, the hips, and so on. The fact of the matter is, as heretofore intimated, very few individuals are reasonably perfect of physique. Another fact is, and a potent one, very few individuals are absolutely healthy. How many acquaintances can the reader recall that do not complain of some ache or pain? And has it ever occurred to the reader that perhaps the complaint might be a probable relation between imperfect physique and disease?

The osteopathist does not claim to correct all defects of the anatomy, such a claim would be preposterous. To correct some of the physical defects would require a treatment somewhat analogous to the treatment suggested in a few mental, nervous and organic diseases, viz.; a correction of disorders and environment of one's ancestors. But within reason and as advocates of a sane therapeutics, the osteopathic school deserves superior recognition.

ROUND SHOULDERS.

How many children have escaped the parent's criticism to stand and sit erect? And not a few of the afflicted have not succeeded after persistently attempting to do their best.

Round shoulders or stoop shoulders are commonly attributed to laziness. This is a mistaken idea. Probably quite a few cases are due simply to laziness and indifference, and others may be carelessness, and usually when they arrive at an age where pride of their physical demeanor and prowess enters as a life factor the child soon overcomes the postural weakness. With still others the correct, persistent physical training, as exemplified in military schools, will readjust the defect.

But there is a class, and by far the larger, where round shoulders is a very real and active weakness of the physical body. And the weakness is not primarily in the shoulders, as nearly every one thinks. The stoop is an effect. The origin will be found in the lower dorsal spinal column, the spine at and just above the waist line. Here, will be found a posterior curve, a backward tendency of the spinal column. Instead of the graceful inward curve of the spinal column at the waist line will be discovered an opposite tendency of the spinal column. This is the real, the original cause of the major portion of round shoulders.

The backward curve of the spine, instead of the forward curve as it should normally be at the waist, takes away the "brace," or truss if you will, of the spinal column that is so essential in maintaining an erect posture of the shoulders. It allows the person to "fall into his stomach," to drop the shoulders and to depress the lungs. The back is one continuous backward bow. And when the individual does try to sit straight, and it is always with a constant effort, the normal, the physiological curves of the spine are not apparent.

First, then, there is a spinal weakness in the region of the nerve supply to the digestive organs; indigestion of various forms is a common accompaniment. Second, there is lessened lung and heart capacity. The upper ribs are depressed shutting off freedom of circulation to these parts. Consumption and other diseases are predisposed. And, third, the shoulders are round from the spinal weakness and narrow chest, really an effect, but, of course, the most noticeable and still the least serious.

Is it any wonder the child's blood is apt to be impoverished? Poor digestion and insufficient aeration of the blood are primal causes of anemia.

What, then, should be done in order to correct the round shoulders?

It is evident, from careful observation and study of these cases, that the treatment resolves itself into the treatment of a posterior spinal curvature. Shoulder braces, steel braces and jackets, and casts have very little if any place in these cases; although there may be diseased bone of such severity and character where the cast is necessary, but such cases do not come within the scope of this paper.

The correct treatment, summed up, is as follows:

1. Osteopathic treatment to replace and readjust the maligned vertebrae. An actual physical manipulation, a handling of the vertebrae at fault, with which all osteopaths are thoroughly versed, is absolutely necessary. This work is peculiarly characteristic of osteopathy. Any one after an explanation on the living subject can easily see its reasonableness. The spine should be manipulated back into normal position and relation. This is essential, and is by far the primal treatment. The key to the truss or brace that holds the body in an erect position is then replaced.
2. Raising the depressed ribs. This can readily be accomplished by the trained physician. The depressed ribs are dependent upon the spinal condition.

3. Exercises: The individual's part is in a way as necessary as the physician's work. Through exercises, holding the shoulders back and deep breathing, the patient is able to maintain the correction obtained during treatments. The patient must be conscious of the work required of him and act in correct concert with the physician. Minute instruction on the merits of each case is demanded.

Good food, pure water and fresh air are necessary, particularly in the anemic. Right living and correct environment are always in order. Shoulder braces in a certain few may be helpful.

(TO BE CONTINUED.)

SO MANY MONTHS, OR THE MAN.

R. G. Lewis, D. O., Cincinnati, Ohio.

How long should one be required to study before being granted a diploma and entitled by law to practice osteopathy?

Early osteopaths studied six, ten, fifteen months or so; went out and practiced successfully. It is said that there were fewer failures in proportion to their numbers than among recent graduates. (I know the arguments of "larger fields," "fewer competitors," "a new method," "greater number of cases to choose from," etc., but I believe that their direct preparation and singleness of aim, ability and effort to cure the greatest number in the shortest time by osteopathic treatment alone—were the causes of their great success.)

Late graduates separate into three classes:

1. Those who get too many ideas into their heads, are confused in aim, and became "mixers" in practice. Some of them come out all right; some drift away from true osteopathy. 2. Those who can discriminate between the theories and the facts taught, and apply osteopathy as "the Old Doctor" intended—a growing class, the dependence of our science. They are as successful as the early osteopaths and will be more so in the years to come. 3. Those who do not get enough, or rather those who get indefinite ideas of osteopathy. They either fail outright or learn by dear experience. The "dear experience" people become excellent operators at last. The fact is—and it should not only be admitted but also acted upon to some practical end (see article to follow)—every "graduate" is not a truly osteopathic operator. Time counts, but individuality is the directing, controlling and successful factor in making a true osteopath.

In what time can the "principles of osteopathy" be learned? Having a good knowledge of anatomy and physiology, with a certain amount of information concerning pathology, symptomatology, chemistry and minor surgery, a man of good education can get them into his head in a few months. The best methods of applying them—known as "the practice of osteopathy"—can be acquired by instruction and operation within fifteen months. Then ease, smoothness, success in treatment can come only by the regular practice that throws the responsibility of the case upon the practitioner. Therefore as soon as he has the information in his head and some knowledge and adeptness in his fingers, then it is time to go forth and use and perfect it.

The requirements necessary to our practice are: 1st. An ordinarily strong mind. 2nd. A fair, general education. 3rd. A good osteopathic education. The first and the second should be required of all who enter our schools. As for the third every osteopath knows that many hours and days were seemingly wasted in going over the same ideas again and again. He got them into his head, and then needed only practice, not frequent and useless repetition of them. He knows also that he, or some of his classmates, could have gotten through the course—so far as real study went—in half the time that was given to it. He may know further that other classmates could not learn osteopathy any better by studying three, four or five years—only by practice, if at all. So I think that twenty months in school are sufficient for turning out the average osteopath.

Don't I believe in more thorough preparation by longer time for study? I believe in better education, in more thorough preparation, but not necessarily in more time put in at an osteopathic college. The man or woman who intends being a general practitioner can obtain the necessary osteopathic knowledge, training and trend in twenty months attendance upon competent teachers. Further time is a sop to conciliate the M. D's and their unreasoning adherents, or spent in attempts to imitate their methods. The man who cannot learn osteopathy in that time should give it up. The man or woman who can learn it in less time should learn more than the average student during his compulsory course. The man who intends to be an osteopathic surgeon should put in more time, most likely. The man who desires to be a teacher should put in more time. The man or woman who intends being an osteopathic specialist should put in more time. The man who desires to follow the footsteps of the M. D's, or to be compared with them by mystifying patients and their friends with the technical terms now used by the M. D's should put in more time—or learn that farrago elsewhere. The advancement of osteopathy requires that its students should be better educated to begin with, rather than that they should study English, Latin, and the principles of mechanics and chemistry in its course. Our course should be DISTINCTLY OSTEOPATHIC, not ALL-OPTHIC, in design and in execution. There are certain kinds of knowledge that the average osteopath—having the "principles" and correct ideas of their application or "practice"—can fill in with by practice and reading after graduating more intelligently and more usefully than he could before. Our graduates should not be handicapped with too much indigested, irrelevant, useless or false knowledge. Teach them "principles" and positive truths; to think for themselves; to use the knowledge they possess; then each can fill in accessory knowledge for himself, as he comes across it or as he needs it.
THE CONVENTION.

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The Convention of 1904 has come and gone, and the scribes are busily engaged writing its history. Having been asked by the editor for an expression concerning the general situation, the writer gladly responds and incidentally touches upon his personal experiences at the meeting.

A certain ambitious publication that sells well in the profession gives us the first printed account of the doings at St. Louis. It is the Hearstian organ of the profession. This journal announces with much joyousness that the convention nobly held up the fervid hands of those who have been reaching out so strenuously for the extension of college courses and the adoption of a code of ethics. It also announced that the convention had consented to give the parent college one year of grace before compelling it to "toe the mark" on the three year mandate. This gracious extension of time by the extensionists, however, was granted with decided ill grace. They believed their fond old parent should be dealt with summarily. He could keep the pace well enough if he wanted to, and all he needed was a clubbing.

This journal of course did not use these words, but in the telling it leaves no doubt as to its extreme partizanship, and it is this partizan spirit that the writer here takes direct issue with, for it is the spirit that dominated the convention. It is the spirit which seemingly loves nothing so much as to be "broad." Depth, height, and carrying capacity rarely if ever enter into its calculations. It is the spirit that can see only pleasure and satisfaction in the quarreling of a large and inexperienced body with its honored and illustrious head, or of donning a second hand code that has not been properly cleansed and aired. It is in fine the true spirit of anarchy and destruction.

The code adopted, originally condemned "ABORTION," except when "NECESSARY." This was protested against by the writer and the wording was then changed, very magnanimously, so as to condemn the "DESTRUCTION OF LIFE" except when "necessary," thus making it a veritable stock-yards' code instead of a semi-osteopathic one. The change merely stripped the clause of its partial obscurity and left the ugly shape of its purpose stark naked.

The real sense of the change was not grasped by the writer at the time. He believed the committee had proposed a substitute that would really remove the objectionable feature, but such proved not to be the case, and all subsequent efforts to obtain a hearing were futile. The committee appeared determined to work in the clause regardless of all cost. No valid reasons were given for its actions, and such excuses as were offered had to be almost begged from the members of it.

One member said he admired the position of the writer and did not wish to be understood as opposing it. Yet he did oppose it most earnestly. Another member said he wanted to leave the code so as not to bind anyone's conscience, when at the same time he was championing the most tyrannical bondage possible. He had forced upon the consciences of members in good standing a principle as odious as it is insulting to their religious faith—a faith subscribed to by two hundred and fifty millions of the world's inhabitants and as old as Christendom. But this seemed to make no difference to the committee. Nothing in fact seemed to alter its predetermination to foist its conclusions on the association without change or further deliberation.

So the greatest of osteopathic conventions so far, has gone on record before the people as being ready to kill human beings when in its exalted wisdom and judgment it is "necessary." Thank God it was the convention that so went on record and not the profession itself. The founder was not present and his views stated on the floor by the writer were ignored. Only one-tenth of the profession voted on the matter, and therefore it was by no means representative legislation. It was class legislation, and the chief supporters of the committee's work were of those whose loyalty to the father of osteopathy needed self-exploitation.

"Necessitas non habet legum" ("necessity knows no law") has at last wormed its way into a portion of the profession through the unguarded back door, and it will not retreat very easily when the stain is discovered and the courts of the land grip some unfortunate fellow-osteopath. It will not play possum in the code long—this loathsome viper that was born in the brain of Cain, nursed by Herods, and cursed by every victim of its strangling coils. It will touch with its slimy scales and strike with its dreadly fangs more than one of "Pap's" children before the code itself is repudiated as repudiated it must be in the chastening waters of time.

There is honor and glory indeed for those who saddle, unwittingly even, upon a noble profession—a profession sworn to the care and saving of life—a code that courts the wrath of Heaven by blasphemously daring to amend the fifth Commandment of the Decalogue!

At St. Louis no one seemed to know that the position here censured has been as vigorously condemned by the highest legal and medical authorities of the world. And it appeared of no concern that the highest osteopathic authorities also condemned it.

But osteopathic authorities were not favorites on any proposition at St. Louis, so perhaps the citing of them really hurt the case. All authority anyway seemed to be with the code and educational committees and their friends.

No one seemed to know that Dr. Boislinfere, the famous obstetrician, had proven beyond a doubt the villainy of this very plea of "necessity" as an excuse for child-murder, before the St. Louis Obstetrical and Gynecological Society but a few years ago.

No one seemed to know that the Lord Chief Justice of England, Judge Col-
eridge, and other Patriarchs of English Law—which is the basis of our own Jurisprudence, and to which our state laws must eventually conform if many of them do not already—handed down the same rulings, and inflicted the death penalty upon the offenders.

And saddest of all no one seemed to know that the admission, even tacitly, that it is ever NECESSARY TO DESTROY LIFE was a flagrant violation of osteopathic fundamentals. It was a vicious stab by a fine stiletto through the vitals of Dr. Still's philosophy.

"We treat causes and the old school doctors treat effects," has been our proud cry ever since our weak throats became osteopathic. "We treat the spine when the nerve impulses are obstructed" is another good old phrase that has made most of us what we are. But we cannot rhapsodise thus any more. We must come back to earth it seems. We only treat causes now when they seem correctable. When they do not, we must practice the arts of a school which, thank God again, we are not skilled in, and have no right to employ.

When we come across a deformed pelvis now, we must not treat the deformity, but we must take the life of the NEAREST INNOCENT PARTY—the one least guilty and most defenseless! In the one phase of disease when nature (our osteopathic god) is fully aroused, straining every power, and doing its utmost to accomplish the supreme end of its mission, we are now told to leave the obstacles—the lesion, alone and permit or perform the destruction of that which even nature and every natural mother is ready to lay down a life for. Is this medicine? is it osteopathy? is it sanity?

Those who cried most loudly of surgery at St. Louis never whispered of Conventicle Sympophysiotomy, or any of the other numerous operations in vogue that at least put to undying shame such crimes as craniotomy and abortion.

One osteopath of note at the convention justified the destruction of the foetus on the lofty (?) ground that we have always permitted the use of a colon tube when we fail to remove an intestinal impaction. This he said showed that we do not always treat the cause. The erudite doctor was blissfully ignorant of the fact that he thus stultified himself and proved exactly what the writer was maintaining. Between puffs of his cigarette he calmly placed human life on the unspeakably low level of HARDENED AND IMPACTED FECAL MATTER. At one fell swoop this kind of reasoning brings osteopathy down to a similar level—the level to which the old school had been brought when Dr. Still rebelled. In a few more years our conventions will be talking about killing the insane and crippled, or all diseased people, just as some of the old school leaders are now doing, if this goes on.

Another prominent osteopath and moulder of osteopathic thought, com­ miseratingly informed the writer that he was a kind of dreamer, a visionary, an idealist. The position was right theoretically but not practically. Morally right but OSTEOPATHICALLY wrong. To use his own final words, he said with an authoritative wave of the hand that the writer was "up in the clouds."
PUBLIC SENTIMENT DEMANDS IT, to blame the gentlemen of allopathic lineage. It would be wrong to blame the adepts in the practice here condemned, for they know nothing better. They have been taught to do so. The blame rests upon those higher up osteopathically.

It rests with those who were asked for a code and delivered a viper. It rests with those who brought into an osteopathic assembly for the first time the diabolical principle that "necessity knows no law" that "the end justifies the means" and "a life for a life!"

It remains for them to atone for it.

If it is allowed that it is necessary in osteopathy to kill sometimes, the whole osteopathic fabric vanishes at once. We become hypocrites and pretenders; for that admission throws us squarely back to those doctrines and practices which Dr. Still repudiated forty or more years ago. We cannot compromise the matter. We must stay on one or the other side. The principle is either right or wrong and it needs no great study to see which is the osteopathic side. The gentlemen of allopathic lineage were quick to see the loop hole in the code and true to their former agility they lost no time in getting their feet in the door.

But these gentlemen will probably not have to fight hard to hold their advantage. So far as the writer is concerned they are welcome to it. Many a good osteopath helped them get it and far be it from the writer to thrust his diploma as sacred and secure as the far famed Rock of Gibraltar.

OSSEOLOGICAL LEGISLATION.

The desires of the people upon most subjects of public concern generally become crystallized in legislation. The purpose of those urging legislative enactment is either to secure the rights of the people or to protect or otherwise advance the interests of a class. The first purpose is commendable, but should not be invoked unless certain "inalienable rights among which are life, liberty, and the pursuit of happiness" are threatened. The second purpose should never be an end in itself but may be the result of the adoption of means necessary to secure the greatest benefit to the greatest number. Another principle that should be kept in mind in all legislation is that no power of government should ever be used to perpetuate fraud, deception, or any form of injustice.

This has been the spirit in which osteopaths and the people have asked recognition by act of our state legislatures. In almost every state osteopaths were thrown upon the defensive. The reception often given the osteopath was threatened arrest, and, as the records show, the threats were often executed unless the osteopath quickly surrendered his inalienable right to liberty and the pursuit of happiness, or the people, the patients of osteopaths, quietly surrendered their hope of relief from suffering through osteopathic ministrations. But neither the osteopaths nor their patients were to be intimidated by threats or turned from their purpose by ridicule. They stood their ground, knowing that their cause was just; and almost without exception, they have succeeded in getting the laws they asked for, although not without a contest. In some states osteopaths are protected by court decisions instead of by legislative enactment. Thus it appears that at least two-thirds of the states and territories have established the legal status of osteopathy either by acts of their legislatures or by decisions of their courts. In most of the others, osteopaths are not molested. In fact there are graduate osteopaths practicing their profession in every state and territory of the union.

To one not familiar with the influences brought to bear upon members of a legislature both individually and collectively, it would seem as if almost every thing asked for by the osteopaths would have been willingly granted; but on the contrary, certain conditions existed which rendered the desired legislation either difficult or impossible of attainment. Foremost among the forces very naturally arrayed against osteopathy were the members of the medical profession, generally acting collectively and under the guise of enforcers of the law and protectors of the people against impostors. They sometimes tried to wield their influence by such flagrant misrepresentations that the result was more favorable than injurious to the cause of osteopathy; but generally they have used more discreet measures such as are employed by those who are adepts at securing the support of the people by appealing to their pride, or prejudice, or by pleading policy or personal interest.

For years, the medical fraternity has had almost complete control of all matters pertaining to the practice of the healing art. Had their concern always been for the public weal, the people should not object to this condition of affairs. Had they not undertaken to block advance in their art, they might have retained masters of the situation. Had they followed any fixed principle based upon eternal truth and undisputed facts, they would have enforced the respect of the scientific world, and maintained their influence with the people. As it is, all is chaos. Dr. Alexander Wilder said in the Arena for December, 1901: "Medical legislation as a general fact is but meddling and muddling whenever it interferes. It cannot be intelligent, and therefore cannot be just. For medical men seldom agree, and none of them are experts in matters of legislation; hence, it is not possible to obtain the requisite knowledge to legislate to
any right purpose. The legislators who vote for such enactments are little else than dupes of those who seek them; and unfortunately medical men have a great pecuniary interest in disseminating exaggerated notions about infection and other matters. If there was no pecuniary interest involved, I do not believe that such legislation would be sought; and, indeed, medical men in the first class in their profession are seldom found seeking to obtain it."

Each system of treating diseases of the human body ought to be able to stand upon its own merits. Place them side by side and let results tell. Osteopathy does not fear competition. Its foundation is secure; its results are positive. It wants no favors. Hence it has never called upon any one to help overthrow rival systems. There has been one of two purposes in view in every contest it has waged; namely, defence against assaults by rival systems, or a demand that those professing to practice osteopathy should show reasonable qualifications. The moment any class of men asks protection at the expense of rivals, they acknowledge their own weakness. The moment they use their influence to stay progress they become an incubus upon society. The moment they threaten domestic, religious, or political independence in a country like ours they become traitors. Society puts the stamp of disapproval upon all such.—

Extracts from Dr. E. R. Booth's "History of Osteopathy," now in course of preparation.

JUST SICK.

HERMAN F. GOETZ, D. O., ST. LOUIS, MO.

There are many cases that come to the physician for advice who are sick, not only in one place but really to use their own phrase, "Just sick all over." Men, women and children present this condition. Men and women who have overworked either mentally or physically; women who have borne children; invalids who have made a bad recovery from some disease; children physically weak (malnutrition) are the ones we see most often.

We can illustrate why anatomical variations are the causes of all the symptoms these patients complain of by two simple diagrams A and B.

"A" The healthy, erect and well proportioned figure. The spine has normal curves and the abdominal viscera are prevented from pressing on the womb, rectum and bladder by abdominal muscles in a healthy state of contraction.

"B" The relaxed, drooping figure, with lungs, stomach and bowels dragged down; with womb, bladder, rectum prolapsed, with abdominal muscles flabby and relaxed, with blood vessels and nerves of pelvis and legs compressed.

Here we have no specific lesion in the osteopathic sense, but rather a general one.

The relation of the spinal vertebrae one to another is changed. The curves of the spine are not normal. The ligaments and muscles of the spine are in a state of relaxation. The abdominal muscles are relaxed allowing the viscera to become displaced.

These variations in the normal anatomy of the spine, we can easily see cause nerves, in fact the entire nervous system, to become irritated, and further interfere with the normal circulation of the blood and of all the body fluids.

Briefly then: This is the spine of invalidism of the "Just sick all over," of the "don't know what really is the matter with me."

Here is the harvest of the medical practitioner, as giving the widest range for medical interference, from the general practitioner to the specialists, one after another, and lastly the surgeon.

Look at this figure "B", again. What do you think is needed? Medicine? Will medicine strengthen that spine?

No, we don't want medicine, but we do want intelligent mechanical intervention—want osteopathy in these cases.

Through osteopathic intervention this spine "B" can and must be straightened, its normal curves can be restored, relaxed ligaments and muscles "toned up" to the point where they hold the spinal column as it should be held. Prolapsed, dragged down organs are put back in their proper places, after this is done the secondary effects appear, namely: sluggish blood streams are aroused to activity and begin delivering to starved tissues rich red blood as a result of more perfect assimilation of the food you eat. So by aid of osteopathy pressures and obstructions are removed, retained poisons are excreted, nerves stimulated and thus we reclaim "Health," virile robust renewed health, from this vague conglomeration of symptoms of the "Just sick."

TYPHLITIS.

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Inflammation of the cecum is a much more frequent bowel trouble than generally known. And, while it is not particularly difficult to diagnose, the fact remains that it is not often distinguished from other varieties of intestinal affection. The most common error, perhaps, is made in confounding it with appendicitis.

It should be remembered that the cecum is the head or beginning of the large bowel—a sacculated periphery just below the ileo-cecal valve or junction of the small and large intestines. It is situated in the right iliac fossa, near the abdominal surface; and the vermiform appendix is attached, usually to its inner and posterior aspect.

From the cecum the large bowel is continued upward to the under surface.
of the liver where it forms an angle and extends transversely across the abdomen to the left side, thence downward and inward to the rectum.

There is no mesocecum or direct ligamentous attachment to the cecum. Hence, it is more or less movable, and quite prone to prolapsus if there is a weakened or relaxed condition of the mesenteric support of the ascending and transverse colon.

Within the last year the writer has treated ten or twelve well marked cases of typhlitis with invariable success; and with the exception of two or three cases in which no lesion was discoverable, the structural abnormality was always in the region of the tenth and eleventh dorsal vertebra.

In typhlitis there is pain and tenderness in the right iliac fossa and along the ascending colon, often quite severe just under the liver. The pain is colicky, and especially the right side of the abdomen is distended with gas. The tongue is coated, there is indigestion, loss of appetite, nausea and may be vomiting of bilious matter. The cecum is usually prolapsed, and constipation is the rule, though there may be small liquid stools. If the cecum becomes impact, the vomit may have the odor of feces, and a superficial doughy, sausage-shaped tumor can be felt in the right side internal to the ilium on a somewhat lower plane than normal. The tumor is slightly movable and its axis points inward and downward. There may be gurgling.

The inflammation in typhlitis is first catarrhal, that is, congestion, swelling and edema of the mucous membrane of the cecum and ascending colon. If not relieved it may become ulcerative or gangrenous. Peritonitis may develop by contiguity of tissue or by rupture of the bowel. The appendix may become involved, since the inflammation may extend to that organ by continuity of tissue and blood-supply.

We are of the opinion that instances are very rare in which the appendix becomes inflamed unless the cecum is first involved. Primary or idiopathic appendicitis is more than likely due, almost solely, to a bending or twisting of the appendix, shutting off its blood-supply.

That so many operations for appendicitis terminate fatally is very probably due to the fact that in the vast majority of cases appendicitis is secondary to typhlitis—the real seat of the affection being the cecum. Since the cecum cannot be removed, the condition is not only made no better by extirpating the appendix, but actually made worse by the irritation incident to surgical interference.

If the appendix alone is inflamed, the pain is more localized, that is, it does not extend upward along the ascending colon. The pain is not colicky, constipation and indigestion are not the rule, and the superficial sausage-shaped tumor is absent.

Dysentery in comparison with typhlitis: The constant diarrhea, with more or less bloody stools, the burning pain in the rectum, and the frequent desire to expel something from the lower bowel, so characteristic of dysentery, are absent in typhlitis.

While bacteria and other poisonous or irritating substances may have some part in the production of inflammatory conditions of the intestinal tract characterized by diarrhea, they can hardly be a factor in conditions where constipation is the rule.

Although the character of the inflammation in typhlitis and catarrhal dysentery are similar, the difference in location and extent is an interesting question from an osteopathic standpoint. In typhlitis the inflammation involves the cecum and ascending colon, sometimes extends to a part or all of the transverse colon. In dysentery the descending colon and rectum are especially affected, and the inflammation rarely extends beyond the transverse colon toward the cecum.

That the first and second halves of the large bowel are supplied by two separate arteries is not, within itself, of particular significance, since both arteries are direct branches from the aorta. An important point, however, lies in the fact that one arises from the aorta at a higher plane than does the other, and consequently has, in part at least, a different vaso-motor nerve supply. The same is true of the nerve supply to the muscular walls of the two halves of the large intestine. Hence, a lesion according to its location, may involve one-half of the large intestine and not the other.

The vaso-motor nerves for the superior mesenteric artery, which supplies the right half of the large intestine, originate above the twelfth dorsal vertebra, while those for the inferior mesenteric artery, which supplies the left half, originate largely from the lumbar region.

While the superior mesenteric artery receives vaso-motor fibers by way of the great splanchnic nerves (sixth to tenth dorsal), the lesser splanchnic nerves (tenth and eleventh dorsal) seem to furnish the principal vaso-motor influence for the cecum and right half of the colon. Likewise, the principal inhibitory impulses to this part of the bowel are transmitted through the lesser splanchnic nerves by way of celiac and superior mesenteric plexuses of nerves.

A lesion in the region of the tenth and eleventh dorsal vertebra, affecting the lesser splanchnic nerves, would not only impair the blood-supply to the cecum and ascending colon, giving rise to congestion, but an irritation at this point would increase the inhibitory impulses, causing inactivity and relaxation of the bowel, inducing constipation and prolapsus of the cecum.

Case Illustrations.

Mr. M., age thirty-three. Had been under medical treatment for one week for supposed appendicitis or gall stones. Physician was not sure of diagnosis, and had advised patient to go to the hospital. Had not been confined to bed. Constipation had been relieved by purgatives, but otherwise no better when he came to try osteopathy. Had some fever, indigestion, nausea and no appetite. Considerable gas in the cecum and ascending colon. Colicky pains radiating from the cecum to the under surface of the liver. No evidence of tumor, but very tender. Lesion: Break between tenth and eleventh dorsal vertebra—the eleventh to the right. Treatment consisted in correcting the
lesion, and raising the eecum with patient in genu-pectoral position. Kept patient in bed two days on liquid diet and plenty of water. Treated three times the first day, twice a day the next three days, then once a day. Improvement noted after the first day. Discharged cured in twelve days.

Mr. K., age forty. Traveling man. Had been told by a physician consulted while on his trip that he had indications of typhoid fever. Patient had fever, headache, coated tongue, nausea, no appetite, constipation and colicky pains. Bowels tympanic on the right side and very tender. Had the characteristic cecal tumor. Lesion: Tenth, eleventh and twelfth dorsal vertebrae decidedly posterior and muscular attachments very tense.

Treatment: Gave large enema of warm, soapy water containing about three ounces of olive oil. Had the patient retain a part of the injection and worked along the colon over to the eecum. This dissolved the impaction. Raised the eecum and then treated the lesion. Kept patient in bed, plenty of water and no food till evening. Found patient with no fever and but little pain. Gave light treatment along spine, especially the lesion. Treated once per day for the next three days and discharged patient cured.

Miss N., age twenty. Operation for appendicitis had been advised one week previous to calling in an osteopath. Had used purgatives which had relieved constipation, but very severe colicky pain in the right iliac fossa and at the hepatic flexure continued. The right half of the colon was quite tympanic and tender to pressure. Tongue coated, indigestion, nausea and some vomiting, fever 102 degrees.

Lesion: Impact spine from ninth to twelfth dorsal—vertebrae seemed almost ankylosed.

Treatment: Applied principally to the lesion, but all along spine lightly. Raised the eecum and worked lightly over the colon. Ordered enemas of warm water and olive oil once per day for one week. Liquid diet. Treated twice per day for one week, then three times per week for two weeks. Improved after third day. All symptoms gradually disappeared, and patient was able to be up and about after the second week. This was the third attack within four months. Now one year since treated and has been without further trouble.

The February Class, 1902, Claims Record.

The Feburary Class, 1902, of the A. S. O., had thirty-seven members present at the eighth annual convention of osteopaths at St. Louis. Can any other class show a representation of thirty-seven per cent. of the convention?

The following were present:


F. J. McGuire, D. O.,
Secretary.
A Time for all Things.

C. A. CAMPBELL, D.O.,
* * *
© Still National Osteopathic Museum, Kirksville, MO

The Journal of Osteopathy.

A Note of Warning.

"Mechanical Vibratory Stimulation" for August, contains a large part of the article which appeared in a recent osteopathic publication under the caption 'M.D.'s' use Vibrators to Compete with D.O.'s and taken as it is from such a source is a strong incentive for M. D.'s to buy vibrators to compete with osteopaths.

Osteopaths are foolish if they think manufacturers of vibrators are building machines for a possible market among 5000 osteopaths. They have a larger field in view,
namely, the great army of M. D's and after
than one in every three families, they are even now
after this latter trade.

If the osteopath takes up the vibrator the pub-
lic will soon think it to be the principal part of
his equipment and the M. D. who buys one will
soon have the poor D. O. at a disadvantage but if the osteopath hews close to the line, following in
the steps of the venerable founder of osteopathy, removes les-
sions by manipulation and refutes the so-
called aid of adjuncts he will have nothing
to fear in the future.

Every osteopath who uses a vibrator is
simply another lever for the vibrator man-
ufacturer to use on the M. D. and is another
man in the osteopathic camp who is being
used as a tool for cutting off the head of os-
topathy.

Straight osteopathy can enter any field
where so-called osteopaths use vibrators,
electricity, etc., and by properly educating
the public as to the nature of true osteo-
pathy, individual fighting in the guise of
practice.

To my mind now is the time for every true
osteopath, if from no higher motive than self-
protection, to begin the education of the peo-
ple along the line of straight, pure osteo-
pathy and this will not include advertisements
for pounding machines.

CHAS. H. MURRAY, A. B., D. O.
Elgin, Illa.

**

Otis Media.

RALPH RUSSELL, D. O., LAWTON, OKLA.

Among the bugbears of the fourth term
course in surgery, middle ear disease oc-
cupied a prominent place. What steps
should be taken to prevent its developing
into mastoid abscess? Does a superficial in-
flammation (high temperature, redness and
pain on pressure) behind the ear and over
the mastoid process indicate that suppurat-
ing is already occurring in the mastoid cells?

The tissues of the neck seemed contracted
tender but there were no superficial
signs of suppuration, and but very little
swelling. The breath was foul on first ex-
amination but the digestive tract seemed
nearby normal; hearing markedly impaired
on the left side.

Treatment consisted in a thorough stretch-
ing, loosening, and softening of the neck
muscles on both sides, accompanied by sys-
temic treatment to invigorate the vital
processes. The spine received a general loos-
ing and especial effort was made at overcom-
ing a left lateral second thoracic vertebra
and right lateral sixth and seventh thoracies.

Lesions being of long standing were not
nearly corrected in one or two treatments.
The first treatment was given Wednesday
forenoon.

Having heard favorable reports in the
meanwhile I was not permitted to examine
and treat him again until the following Mon-
day evening. He reported that the treat-
ment had invigorated him at once, that the
next night's rest was sound and refreshing,
and the pain was about gone by morning.

Also that he noticed a decided improvement
in the hearing of that ear. About twenty-four
hours after the treatment, and that the hear-
ing on that side has since become entirely
normal. The only remaining reminder of
his condition is a swollen lymphatic gland
in the upper part of the neck. There was but
little external discharge of pus and only after
the pain had entirely ceased.

I firmly believe that the sought medical

treatment instead of osteopathy he would
have had a suppuring ear, and perhaps
impaired hearing for life.

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Fifth Annual Meeting of the Nebraska Osteo-
pathic Association to be Held in Fremont,
September 17, 1904.

PROGRAM.

9:00 a. m.— Invocation, Rev. F. H. Sande-
eron.

Address of Welcome, Mayor Geo. F. Wels.

Business Session.

1:30 p. m.—Clinic Lectures, Dr. H. W.
Forbes, of S. C. O., Dr. C. E. Still, of A. S. O.

Toasts.

“Our National Association,” Dr. F. E.
Gamble, Bloomfield.

“Our State Association,” Dr. J. M. Moss,
Ashland.

“Professional Ethics,” Dr. Emma Hoye,
University Place.

“Woman as an Osteopath,” Dr. Ella
Doughty, Neligh.

“Andrew Taylor Still,” Dr. W. H. Cobble,
Fremont.

ASSOCIATION OFFICERS:
Dr. J. Mark Kilgore, York, President.
Dr. N. H. Hoagland, Norfolk, Vice-Presi-
dent.
Dr. Grace Deegan, Omaha, Secretary.
Dr. Emma Hoye, University Place, Treas-
er.

If the newspapers may be believed there
is to be some interesting developments
relative to patent medicine advertisements
in the near future. According to the New
York Tribune the post office department is
to attempt to establish the proposition that
any movement which tends to lessen the
amount of these drugs given can be more
likely to be made public in the near future, though altogether likely
is made in the privacy of the inner convic-
tions.

It seems to us that the medical experts
(?) back of the movement should make
their fight merely on the ground that in
the hands of the regular physician the
amount of these drugs given can be more

hardly rebound

* * *

THE JOURNAL OF OSTEOPATHY.

2:20—Papers, “Uterine Displacements,”
Dr. Jennie Laird, Omaha. “How Best to
Educate the Public Regarding our Science,”
Dr. N. H. Hoagland, Norfolk. “Osteopathy
in Obstetrics,” Dr. Nellie Runyon, Seward.
“The Relation of Cause and Effect in Dis-
ease From the Standpoint of an Osteopath”,
Dr. Wm. F. Wurth, Fairbury. “Osteopathy
in Nerve Troubles,” Dr. C. W. Farrell, Omaha.
Discussion will follow each paper.
6:00 p. m.—BANQUET.

Toastmaster, Dr. J. M. Kilgore.

Toasts:

“Our National Association,” Dr. F. E.
Gamble, Bloomfield.

“Our State Association,” Dr. J. M. Moss,
Ashland.

“Professional Ethics,” Dr. Emma Hoye,
University Place.

“Woman as an Osteopath,” Dr. Ella
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PROGRAMME.

6:00 p. m.—BANQUET.

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If the newspapers may be believed there
is to be some interesting developments
relative to patent medicine advertisements
in the near future. According to the New
York Tribune the post office department is
to begin the attack on the patent medicine
industry by issuance of a sweeping fraud
order designed to stop the circulation of
advertisements of various patent medicines
which having been investigated by gov-
ernment experts, are found to be not
only devoid of curative properties, but
also harmful.

While we are hearty in sympathy with
any movement which tends to lessen the
pernicious habit of drug taking we are con-
vinced that the department is becoming
involved in a work the magnitude of which
is not recognized by those responsible for
the movement. If, as the newspaper article
indicates the criterion for judgment as to
the fraudulent nature of the advertise-
ment is to be the curative properties of the
ingredients of the remedy in the particular
cases in which there is a genuine disease
of proof is to be shuddled, though in a
dangerous way. By what means is it to
be proven that one drug is curative in a cer-
tain disease, which another is not? Chem-
ical analysis throws little light on this ques-
tion, and experience and observation by
physicians and laity of the past, as well
as that indicated by the history of the cen-
turies past, show that in no real sense is
any drug curative. The specific of yester-
day is the discarded relic of today. If
Lydia Pinkham's Vegetable Compound con-
tains 20.61 per cent. of alcohol and hence
is not a cure, thus being fraudulent, it will
be extremely difficult to prove to the aver-
age man that alcohol prescribed in the reg-
ular way by the regular physician—which
is being done daily—is curative. It is
further to be noticed that the regular physi-
cians are largely responsible for the use of the
various drugs in the first place, and the at-
tention to evade responsibility by means of
the wholesale use as represented in the
patent medicine industry will hardly rebound
to their credit unless a frank admission of
the essential harmfulness of all drugs in
any appreciable amounts is made—an
avowal hardly likely to be made public in
the near future, though altogether likely
is made in the privacy of the inner convic-
tions.

We trust that the investigation will be
further made and that the fraud order
will be issued, for in the discussion it is inevitable
that profession and laity will be made to
more completely realize the farcical nature
of drug therapeutics.

G. D. H.
The Chicago Clinic, "an ethical" journal, prints an advertisement which says:

"Houston's Abortion Curette is worth its weight in gold in those early cases of gestation (6 to 10 weeks) that give every physician so much trouble. We sell it on a positive guarantee. Money refunded if satisfaction is not given. A few of the advantages of this new instrument are: (1) No dilatation even in cases of intense rigid cervix. (2) No anesthetic. (3) Absolute certainty of removing the entire contents. Price, $2.00."

The fact that the Houtons make such things and advertise them broadcast is proof that there is a demand for them; the fact that the Clinic accepts such advertisements is proof that the owners encourage the use of them; the two facts together show that many of the "honorable" "protected" profession are engaged in criminal practices; the wording of the advertisement shows the manufacturers are aware of the troubles of the doctors in assisting race suicide and seek to make murder easier; for it is simple murder; life is there and would mature if left alone. The firm referred to makes and advertises other articles of a similar nature against the advertising or sale of which there is a stringent law.—Chicago Ophthalmologist.

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CLINICAL REPORTS.

REPORTED BY DRUS. MURRAY AND COBB, ELGIN, ILLINOIS.

Galv-Stones—

Mrs. W., age sixty-two. The day we first saw this patient she had made preparations to go to the hospital for an operation. The surgeon intended to remove the gall-bladder (according to Murphy's statistics the mortality rate for this operation is 17 percent.) The gall-bladder was so large that when the patient was on the right side she had to support it with her hand. The duct was stenosed and much inflamed. The case presented marked jaundice; there was much tenderness over the liver and pain under right scapula. The ninth and tenth dorsal vertebrae were lateral and tenth rib twisted. Under treatment the stones passed as much as a tablespoonful in a day; swelling and tenderness disappeared, and at the end of one month patient felt better than for years and quit taking treatment against this complaint as lesions had not been entirely corrected and a return of the trouble is likely to occur.

Headache—

Mr. M., age forty. Neuralgic type of headache almost constantly for over seven years. He had tried drugs, electricity, massage, having been under medical treatment for months at a time. When he came for examination he had been taking a so-called killer which had cyanosed the lips, ears and extremities and reduced the heart beat below sixty.

The lesion was a lateral luxation of the atlas. There was extreme tenderness along the course of the fifth nerve. The lesion was perfectly corrected at the first treatment and there has been no headache for six weeks.

Menorrhagia—

Miss B., age twenty-eight. Weak and nervous with cold hands and feet and almost constant headache. Menstruation was continuous during entire month with the possible exception of from three to seven days. Examination revealed a marked swerve to right in lower dorsal and lumbar regions which were also posterior, there was a rotation backward of right innominate. These interfered with nerve and blood supply to uterus causing a relaxation and congestion. In upper dorsal region there was a swerve to left and anterior, also sub-luxations in cervical vertebrae between atlas and axis and at 6th. During second week's treatment patient had a hemorrhage from uterus which we were called to check; this weakened her perceptibly. At end of one month she was much improved. No headache, hands and feet warm and no flow since the hemorrhage. Continued treatment two months when she quit. Menorrhagia lasted only four days and were painless; nervousness and general health better than for four years.

Exophalamic Giotre—

Miss G., age thirty. There was a pronounced arhythmia of the heart, and the beat was 98. She was under medical treatment for months and has lost considerable time from her work.

Lesions: Curvature in the cervical region; atlas and axis lateral; right first rib high; both clavicles depressed. In two months the neck was reduced from 14 7/8 to 13 1/8 inches; heart normal and not one day lost from work. Treatment is being continued.

Rheumatism—

Mrs. O. R., age seventy. Chronic rheumatism in lower limbs with some symptoms of locomotor ataxia. She could get about in her home with difficulty.

Lesions were found in lower dorsal and
**Victory for Liberal Doctors.**

The American Medical Union, at its recent annual meeting, instructed its secretary to prosecute the attorney, W. A. Shaw of the Illinois State Board of Health, through the state's attorney, for illegal and fraudulent conduct.

The secretary laid this resolution before the state's attorney and asked him to bring the matter before the grand jury. Instead of proceeding against Shaw, that officer assumed the functions of a judicial inquisitor, and summoning Dr. Bland to appear before him, proceeded to adjudicate the case. In the meantime, Shaw sued the officers of the A. M. U. for slander, in the sum of $25,000.

Dr. Bland appeared before the acting state's attorney, Barnes, at the appointed time, March 5, accompanied by the attorney of the A. M. U., Hon. H. L. Strohm, and called up charges, list of witnesses, etc., then on file in the state attorney's office.

State Attorney Barnes read these charges and asked Shaw to reply to them. Shaw plead guilty to the charge of threatening unlicensed doctors with prosecution, and of taking money from them without due process of law, and of prosecuting others who refused to pay without a suit, and of settling fines out of court at heavy discount, where the parties threatened to appeal the case. He admitted that he kept all moneys received through threats of suit, or on judgments, as part of his fees.

He presented as his justification for this, his commission from the Illinois State Board of Health, which gave him full power to act as he had done. The board agreed to pay him for his services $1,200 a year, in addition to all he could get out of quacks, by law otherwise.

The state's attorney, who had been sitting as the judge, now assumed the role of attorney for the defendant. Rising to his feet, he made a violent speech in favor of Shaw. Then, dropping again into his judicial chair, he acquitted him of all blame.

Dr. Bland made a mild protest against these proceedings, when Barnes sprang to his feet, and in a most aggressive manner and tone of voice, said: "I warn you not to go out of this office and say I refused to take up this case. If you do, I will have you before the grand jury." Dr. Bland replied that he did not expect to be put into the position of a defendant, nor to be threatened.

Our secretary at once wrote a report of this affair, which he gave to the public, and to the members of the Union through an official letter. This exposure has resulted in practically putting Shaw out of business, and he had allowed his suit for slander against the officers of the Union to be dismissed at his cost.

The A. M. U. has scored a decisive victory in this case, over that despotic and corrupt organization, the Illinois State Board of Health. The Union is doing good and important work, and should receive the moral and financial support of every lover of justice, whether physician or layman.

Those who have not had a history of the work of the Union are advised to write to the secretary, enclosing stamp for postage, for it in booklet form. Address, T. A. Bland, 251 Hoyne Ave., Chicago, Ill. [The above is a circular letter, sent out by the American Medical Union.—Medical Talk.]
the Mayor's decision as follows and considers
his decision a victory for the osteopaths:

"Mayor J. E. Allen instructed City Collec
tor and Treasurer P. S. North to license
osteopathy physicians, during 1904 at the
rate of $25.00 for the remainder of the season.

"The city, therefore, has formally given this
class of physicians legal standing in Augusta.
Followers and practitioners of osteopathy
sought, through the state legislature, legal
status in Georgia a few years ago, but their
mission was unsuccessful. It was brought
out at the time of the discussion in the gen-
eral assembly that a large number of states
of the union recognized the profession, but
the Georgians declined to fall in line. The
granting of the license by official Augusta,
therefore, will be regarded by the osteopaths
as a triumph.

"Osteopathy is a physical adjustment of the
system to itself—a scientific method of treat-
ing disease by manipulation. No drugs or
medicines or surgical instruments are used.
It believes health a natural state and that this
condition will be maintained indefinitely or
or as long as every cell has uninterrupted
nerve and blood supply. Instead of treating
a symptom when it arises, osteopaths treat
the cause to remove it. Osteopathy begins
with the assumption that the body is a living,
self-acting, self-regulating and self-recover-
ing mechanism, which, as long as power be
applied and properly distributed must per-
form its natural functions. It rights what
is mechanically wrong and leaves nature free
to act."

Although the Mayor's decision has been
announced as a victory for osteopathy, Dr.
J. W. Bennett in a recent communication to
the editor, points out the injustice of the
license charge as follows:

"The unfairness of the license charge is
apparent when compared with that of the
M. D.'s. They pay no city license and
only $10.00 yearly state license."

** *

For Sale—Fine growing practice in Ohio
town of 25000 inhabitants. Only osteopath
in county. Reason for selling given any one
desiring to buy. Will remain with pur-
chaser for one month. Address Herrick,
Journal of Osteopathy.

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Does Doctor Tasker Mean the Osteopathic
Theory?

Dr. Dain L. Tasker writes to the editor
from St. Louis as follows:

"After coming in contact with the osteo-
paths here at the summer school I am more
than ever convinced that the Pacific College
of Osteopathy is giving the best education of
any of the colleges. It has a better spirit of
scientific investigation, is really a liberal
school of healing, interested first in the heal-
ing of disease instead of the substantiation
of a theory."—Los Angeles Times.

** *

Japanese Military Surgery.

It must be gratifying to us Americans who
took so prominent a part in the introduction
of western civilization into Japan that the
Japanese have made such rapid and thor-
ough progress, and in many of the arts and
sciences have attained a position second to
none of the civilized nations.

The present Russo-Japanese war has al-
demonstrated that the Japanese are
not only equal to the enemy in the art of war-
fare, but surpass them in the completeness of
their sanitary arrangements and the thor-
ough organization of their hospital service.

One cannot fail to be impressed with the fact
that military surgery in Japan is fully up to
the modern standard on reading an article
by Dr. Wada, a surgeon in the Japanese fleet,
who, in the Deutsche Medicinische Woch-
nenschript, July 7, 1904, gives an interest-
ing description of the wounded Russians
coming under his care after the battle of
Chumulo. Most of the wounds were inflict-
ed by shells from the Japanese battleships,
the injured having been previously picked up
and treated in a French cruiser, and later
transferred to the Japanese floating Red
Cross hospital.

From Dr. Wada's account it would appear
that their previous treatment was anything
but humane, and he mentions particularly
that the wounds had suppurated or had be-
come gangrenous and diffused a repulsive
odor, reminding one of pre-antiseptic times.

In most cases the fragments of shell had been
previously extracted, but in some an opera-
tion was necessary for their removal. Al-
though the penetrating and non-penetrating
wounds of the extremities were complicated
with fractures, in only one instance was a
small fragment of shell imbedded in the bone.

It is interesting to briefly refer to the treat-
ment as practiced in the Japanese hospital.

The chief dressing used was dry sterilized
gauze, while for gangrenous wounds gauze
soaked in carbolic solution was employed,
the dressings being changed several times
daily. Irrigation with fluid antiseptic was
necessary only in one case; and in the others
it was replaced by cleansing with moist car-
bolic gauze. For fractures splints of paste-
board were ordinarily employed, and plaster
dressings dispensed with as much as possible
in order to afford better drainage for the
wound secrections.

It is to the credit of Japanese surgery that
most of the wounded recovered, although
amputation was necessary in some cases in
which there had been a great loss of sub-
stance and laceration of large blood vessels.

Dr. Wada makes one suggestion which well
merits the respect of the scientific
world.

Dr. Wada makes one suggestion which well
merits the respect of the scientific
world. It is not the method of handling
diseased conditions from the osteopathic
standpoint but the desire to perform the
operation as rapidly as possible. This is
true of all conditions, but in the case of the
wounded soldiers this desire is a very
apparent one.

The Post-Graduate School.

The summer course at St. Louis closed
August, the 26th, after six weeks of good,
hard work.

Those in attendance expressed themselves
as well pleased with the work and felt that
they had been greatly benefited on account
of their attendance at the school. The teach-
ing in all departments was made as practical
as possible—the methods of handling diseased
conditions from the osteopathic standpoint
being given special prominence.

The school being held in the Missouri
Homeopathic College Building, the students
and instructors frequently came in contact
with members of the medical profession in
a social and professional way and the treat-
ment accorded them on every occasion by
the St. Louis doctors was most cordial, they
freely referring cases to our clinic as oppor-
tunity afforded.

This treatment on the part of our medical
friends was especially pleasing as it was inter-
preted by us to be, in part at least, a recog-
nition of osteopathy as a system of healing
that merits the respect of the scientific
world.

The attendance, both as to the members
and character of students; was more than
satisfactory. Seventy students, each one an
earnest seeker for truth, make up a very in-
teresting student body.

The following courses, as announced, were
given:

** *

/ Dissection, including daily demonstrations
on the cadaver, Dr. F. P. Young.
Surgery—Dr. F. P. Young.
Gynecology—Dr. M. E. Clark.
Obstetrics—Dr. M. E. Clark.
Principles and Practice of Osteopathy—
Dr. G. D. Hulett.
Clinical Pathology—Dr. Chas. H. Hoffman.
Osteopathic Clinics—Dr. Geo. M. Laughlin, Dr. D. L. Tasker, Dr. A. G. Hildreth.

Following is a list of those in attendance, together with their locations and names of schools from which they are graduates:

- Dr. Clarke Francis Fletcher, New York City, A. S. O.
- Dr. Ada May Nichols, Chillicothe, Ohio, O.C.O.
- Dr. Jas. E. DeSpain, Elizabethtown, Ky., S. S. O.
- Dr. Jose Corwin Howell, Vineland, N. J., Ph. C. O.
- Dr. Joseph M. Moss, Ashland, Neb., A. S. O.
- Dr. Margaret Brown Dunnington, Philadelphia, Pa., Ph. C. O.
- Dr. Oscar Evans Bradley, Pawnee, Okla., A. S. O.
- Dr. John T. Bass, Denver, Colo., B. I. O.
- Dr. E. Burton, Waters, Wichita, Kas., A. S. O.
- Dr. Lewis Newell Turner, Savannah, Ga., A. S. O.
- Dr. Thomas L. Davis, Columbia, S. C., A. S. O.
- Dr. Richard A. Piper, San Antonio, Texas, A. S. O.
- Dr. Almeda J. Goodspeed, Secretary, Illinois.

Questions of the Wisconsin State Examination Held at Madison, July 12, 13 and 14th.

1. Name the chief disorders of nutrition and metabolism and describe any one of them.
2. Name the chief disturbances of the circulation of the blood and describe any one of them.
3. Name the chief retrogressive processes and describe any one of them.
4. Define inflammation, name special forms of, and describe any one of them.
5. Define hypertrophy (tumors), name special forms of, and describe any one of them.
6. Define hyperthermy (tumors), name special forms of, and describe any one of them.
7. Differentiate between malignant and benign tumors.
8. Name the chief diseases due to bacteria and describe any one of them.
9. Define the diseases caused by animal parasites and describe any one of them.
10. Name the chief diseases caused by venereal parasites and describe any one of them.

OBSTETRICS AND GYNECOLOGY.

1. Define the term Obstacles.
2. Describe the "Vernix Cascoea."
3. What is meant by the terms, "Meconium," "Dystocia."
5. Upon what do you depend in establishing a diagnosis that labor is present.
7. Explain what is meant by the "L. O. A." position.
8. How would you try to resuscitate a child that is apparently "still-born."
9. When and how is the "Amniotic Sac" to be ruptured by the accoucheur.
10. What is "Hydrocephalus."

How would you diagnose and manage a case of labor in which that complication was present.

1. Describe the "Trendelenburg" position.
2. Describe a "Sims" vaginal speculum.
3. How would you make a bimanual examination.
4. What can be ascertained by such an examination.
7. What is meant by "Trachelorrhaphy," "Perineorrhaphy."
8. Describe proper manner of catheterizing a woman.
9. Give treatment for an acute attack of "Oophoritis."
10. How would you treat an uncomplicated case of "Prolapsus Uteri."

ANATOMY.

1. Name bones of head and face and describe the Inferior Maxillary bone.
2. Describe the ligaments of the hip joint.
3. Describe the Azygos Veins, giving origin, termination and relations.
5. Give origin, functions and distribution of the 5th cranial nerve.
6. Give origin, insertion, nerve supply and functions of the deltoid muscle.
7. Describe Scapula's triangle, giving boundaries, contents, etc.
8. Give anatomy of the middle ear.
9. Describe the heart, giving location, form, position and a general description of walls and openings, and the anatomical change that takes place at birth.
10. Describe the alimentary tract from Stomach to Anus.

OSTEOPATHY.

1. State how you would detect a slightly
A. Blake
the Widal reaction and its
be-Mab
re-Complementary.
arid
1880,
treatment
le8ion
arthritis.
with Dr.
What
Reserve. Residual.
does it differ from chyle.
same.
their action.
variation.
malpractice.
termination of an abortion by the physician.
nerve affect the eye.
which you cannot reach directly.
10. State your method of treating Bright's
5. What is tidal air.
Complementary.
Reserve. Residual.
6. Describe the urinary secretion.
7. Locate center for speech.
8. What is the function of the placenta.
9. Name the nerves of taste.
10. How is the blood flow in the veins maintained.
12. Give physiology of the liver.
13. How disinfect after a contagious disease.
14. How are infectious or contagious diseases communicated.

PHYSICAL DIAGNOSIS.
1. Differentiate clinically between Enteric Fever and Tubercular Peritonitis.
2. How do the throat and lung symptoms of scarlet fever differ from those of measles.
3. Outline the physical signs and symptoms of Lobar Pneumonia.
4. Differentiate between acute Synovitis, and Articular Rheumatism of the knee-joint.
5. What are the objective symptoms of gastritis.
6. Give a differential diagnosis between Cystic Calculus and acute Prostatitis.
7. Describe differentially a case of epileptiform spasms and hysteria.
8. Diagnose a hypothetical case of complete oncedid hemiplegia.
9. When in your opinion does a case of Appendicitis cease to become a medical case, give your reasons and authority.
10. Make a differential diagnosis between Cerebral Apoplexy and Acute Alcoholism.

HISTOLOGY AND BACTERIOLOGY.
1. Describe the Widal reaction and its significance.
2. Name four pathological Bacteria and the result of an infection of the same.
3. Differentiate the morphologic appearance between Staphylococci, Streptococci and Diplococci.
4. How would you demonstrate Tubercle Bacilli in sputum.
5. What do you understand by the terms Aerobic and Anaerobic.
1. What is the fundamental difference between Sarcoma and Carcinoma.
2. Give histology of a lobule of the liver.
3. What is the histological structure of granulation tissue.
4. Describe the Epithysal Cartilage and relation to the growth of a long bone.
5. Describe histologically the cross section of a large nerve trunk.

CHEMISTRY.
1. Explain the difference between Atoms and Molecules.
2. (a) What is a base. (b) an Acid. (c) a Salt.
3. (a) What is an efflorescent compound. (b) What is a deliquescent compound.
4. Give the chemical formulas of the following: (a) Common salt. (b) Salt of tartar.
5. Give one or more reliable tests for Arsenic.
6. (a) What antidotes would you use in a case of Arsenical Poisoning. (b) In a case of Carbolic Acid poisoning.
7. What is the amount voided daily, specific gravity, color and salts of normal urine.
8. (a) Give two tests for Albumin in urine. (b) Give two tests for Sugar in urine.
9. Give chemical test for blood in urine.
10. Give symbol, atomic weight and combining power of Antimony.

Examination was held at Madison, Wis., July 12-14, 1904. Osteopathic and Physiological questions by Dr. A. U. Jorris. The other questions were by M. D. members of the board. **

PERSONAL MENTION.
Dr. R. M. Cooper, of the last graduating class, has located at Norton, Kansas.
Dr. Ella N. Farr of Fargo, S. D., was elected First Vice-President of the National Woman's Relief Corps, at the recent G. A. R. Reunion held at Boston.
Dr. Emma Gardner of the June class, 1904, announces that she has permanently located at 1304 Main St., Richmond, Md.
Dr. Martha A. Morrison, graduate of the A. S. O., June class, 1904, has opened an office for the practice of her profession at 705, 17th Ave., Denver, Colo.
Dr. F. G. Crowley has succeeded Dr. Wm. Craig as a member of the operating staff of the A. T. Still Infirmary. Dr. Craig leaves the Infirmary much to the regret of all his associates. He expects to locate at Ogdensburg, N. Y.
Dr. L. K. Shepherd, of the last graduating class, is at present in charge of the practice of Dr. W. J. Rhynsburger at Dayton, Ohio, while the latter is away on a vacation. After October 1st Dr. Shepherd will locate at Galesville, Ohio.
Dr. A. G. Mosley, June class 1904, has located at Gainsville, Fla.
Dr. O. E. Boles, June class, 1904, recently located at Pender, Neb., for the practice of his profession.

Dr. Franklin P. Walker of Cando, North Dakota, and Miss Ethel Margaret Fie of Memphis, Mo., on Tuesday, August 31st. The wedding occurred at the home of the bride's parents at Memphis.
Married:—On August 29th, at Warrensburg, Mo., Dr. Moll Igenfritz of Sedalia, Mo., and Miss Dorothy Wallace of Warrensburg, Mo.
Married:—Dr. George Parks of West Plains, Mo., and Miss Pearl Smith of Kirksville, Mo., at Chicago, Ill., July 15th.
Married:—At Greensburg, Pa., August 4th, Dr. Frank Van Doren and Dr. Sarah M. Hawk.
Married:—At Kirksville, Mo., August 24th, Dr. Amos French of Syracuse, N. Y., and Miss Lucy Davis of Kirksville, Mo.
Married:—At Kirksville, Mo., August 31st, Dr. Eugene Malone and Miss Jessie Edwards, both of Kirksville, Mo.
Dr. L. D. Hickman, who for the past four years has successfully engaged in the practice of osteopathy at Princeton, Ill., has recently gone to Santa Barbara, Calif., where he will locate for the practice of his profession. Dr. H. V. Hickman, who for several years has been associated in the practice with Dr. L. D. Hickman at Princeton, remains in charge of the practice at that place.
He will be associated with Dr. Mab A. Blake in the practice at Princeton.
Died:—At Madisonville, (suburb of Cincinnati), O., July 12th, 1904, Myrna Anderson Lewis, daughter of Dr. R. G. and Mrs. N. A. Lewis. She was born at Chillicothe, Ohio, Aug. 20, 1880. An invalid since 1888, beloved by all who knew her.
The following alumni visited the A. S. O. during the past month: Dr. A. N. Owens,
Mason City, Ill.; Dr. C. C. Linhart, Evansville, Ind.; Dr. G. S. Warren, Kingston, N. Y.; Dr. Ida Mae Zellweger, Lake Charles, La.; Dr. Mary Markey, Salisbury, Mo.; Dr. E. H. Laughlin, Fayette, Mo.; Dr. Robert Conner, New Orleans, La.; Dr. Minnie Potter, Memphis, Mo.; Dr. Edward Hansen, Pittsburg, Pa.; Dr. Cora C. Hansen, Pittsburg, Pa.; Dr. A. G. Hildreth, St. Louis, Mo.; Dr. H. T. Ashlock, St. Louis, Mo.; Dr. Harry M. Still, New York City; Dr. Sallie M. Conner, Bellefontaine, Ohio; Dr. A. G. French, Syracuse, New York; Dr. Arthur Patterson, Wilmington, Delaware; Dr. Lamar Tuttle, Yankees, N. Y.; Dr. Clark Fletcher, New York City; Dr. H. M. Vastine, Harrisburg, Pa.; Dr. Minnie Miller, Gallatin, Mo. and Dr. Isabel Harris, Kansas City, Mo.

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Removal Notices.

Dr. O. A. Siler, from Circleville, Ohio, to 304 Liberty St., Warren, Pa.

Dr. A. C. Campbell, from Green Bay, Wis., to 623 Kansas Ave., Topeka, Kan.

Dr. R. A. Bower, from Burlington, Kas., to 823 Kansas Ave., Topeka, Kas.

D. S. A. Ennis, from Warsaw, Ind., to 403 E. Capitol Ave., Springfield, Ill.

Dr. J. H. Baughman, from Chicago, Ill., to The McFarland Hotel, Connersville, Ind.

Dr. F. I. Furry, from 514 Charles Bldg., Denver, Colo., to Cheyenne, Wyo.

Dr. N. T. Barker, from Keosauqua, Ia., to What Cheer, Ia.

Dr. F. P. Millard, from Worcester Mass., to LaPorte, Ind.

Dr. Mary Pratt, from Elmore, O., to 1612 Madison Ave., Toledo, Ohio.

Dr. Clara B. Wilcox, from Milan, Mo., to 46 Chestnut St., Everett, Mass.

Dr. H. D. Morris, from First National Bank Building, to Falk Building, Boise, Idaho.

Dr. C. G. Rust, from Lebanon, Mo., to Lexington, Mo.

Dr. L. D. Hickman, from Princeton, Ill., 905 State St., Santa Barbara, Cal.

Dr. Ida D. Webb, from Ridgway, Pa., to 4601 Wayne Ave., Germantown, Philadelphia Pa.

Dr. Blanche Weston, from 231 Pacific Ave., to 309 E. Ocean Ave., Long Beach, Cal.

Dr. Isabel Harris, from 331 Ridge Bldg., to 514-515 Atman Bldg., Kansas City, Mo.

Dr. Josie E. Gregory, from 117 E. College St., to 518 W. Oak St., Louisville, Ky.

Dr. G. S. Hoisington, from Belleville, Kansas, to Great Falls, Mont.

Dr. W. F. Pauly, from Stockport, Ia., to Kahoka, Mo.

Drs. R. F. and Virginia Graham, from Sioux City, Ia., to Batavia, N. Y.

Dr. O. B. Gates, from Hasting, Mich., to Bay City, Mich.

Dr. A. J. Noble, from Atoka, Ind. Ter., to Lewistown, Mont.

Dr. S. Lichter, from New York City, to 1028 Brown St., Peekskill, N. Y.

Dr. J. C. Blair, from Vanwurt, Ia., to Battle Creek, Mich.

Dr. Eugene Tiberghien, from Ft. Morgan, Colo., to Phillipsburg, Kas.

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Osteopaths are Wanted at the Following Places:

Camp Point, Ill., address S. H. Brakensieck. Wellman, Iowa, address Jacob Gunion. Keosauqua, Iowa, address Dr. Nannie T. Barker, What Cheer, Iowa.

Washington, Penn., address Journal of Osteopathy.

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Wanted:—Lady osteopath as partner in an established practice in an Illinois city of 4,000. Address H., Journal of Osteopathy.

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An osteopath located in a Western city writes, "Can you send me a good A. S. O. graduate to take charge of my practice for eight or ten months? I will sell, lease, hire or let a good man in on commission. My practice is better than $300.00 per month." Address B., Journal of Osteopathy.

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For Sale:—A good practice in a Nebraska town of 3,000. Address C., Journal of Osteopathy.

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The A. S. O. Directory will be ready for mailing Sept. 14th. It being an unusually large number has caused the delay. Price, 10 cents.

J. A. Quintal, D. O.