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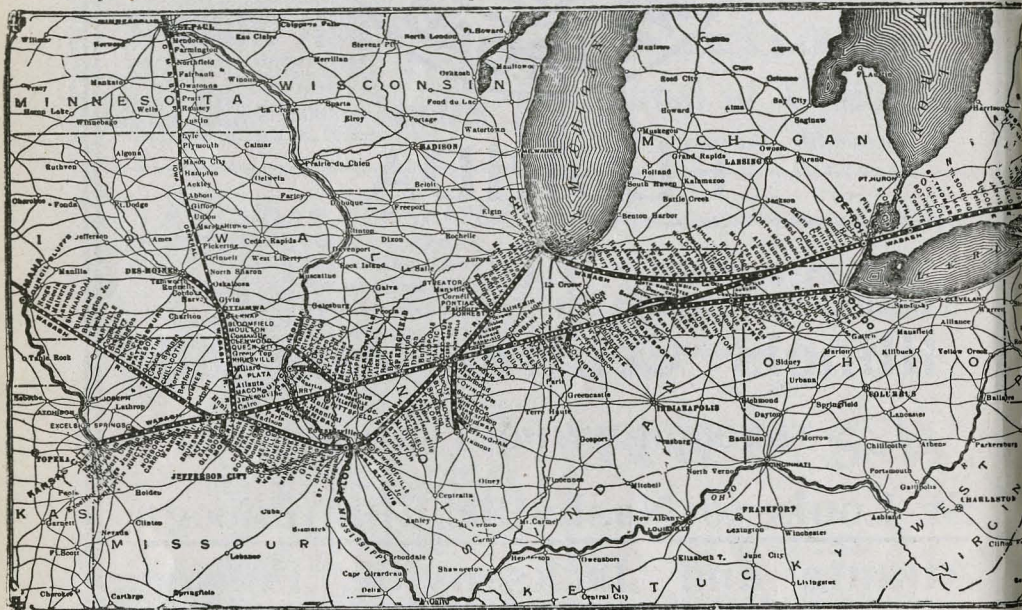
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THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., JANUARY, 1906.

v. 13

THE PHYSIOLOGY OF THE APPENDIX.

HARRISON H. FRYETTE, D. O., M. D.

Now that vacations are over, the Chicago surgeons have renewed their attack upon the appendix. Whether these men just have it in for this little piece of our anatomy; whether they believe it a menace to the life of the patient in all cases, or whether they just need the money, is a question. It may be one, it may be all three; at any rate, we know that they are performing a great many appendectomies without good and sufficient reason.

It is only a few days since one of the leading surgeons in one of Chicago's largest medical colleges by chance met a lady of my acquaintance, and in passing the time of day inquired in regard to her health. When he was told that she had had some acute pain in her right side before her last menstrual period, he insisted that it was appendicitis, and that unless she was operated upon at once the attack was liable, and in fact almost sure, to recur and might cause death. As the young lady was about to leave for college, and expected to be away all winter, her relatives consented to the operation rather than let her go away from home liable to a severe illness without proper care; after the operation, when a nurse ventured the opinion that the appendix was in no pathological condition, the surgeon exclaimed: "Why, it was five inches long." What if it was five feet long, if it was not diseased, as this particular appendix was not. This is only one of many such cases that have come under my observance recently. A man who will remove an appendix that is not diseased is a criminal or an idiot. It is a question in my mind which is the more dangerous to society; probably the latter, in this particular instance.

Why is it that the average surgeon knows so much about surgery, as such, and so little about physiology? It must be because his mind is so full of anatomy and unbalanced pathology that there is no room for anything else. As osteopaths, on the other hand, we want to get full, and still fuller, of physiology. If we do this, pathology will be simplified, because pathology is abnormal physiology. The function of the appendix is more easily understood if

Still National Osteopathic Museum, Kirksville, MO

the principal function of the stomach and the condition of the entire alimentary tract is kept in mind.

Although as osteopaths we do not look upon bacteria as the predisposing cause of disease, we are reasonably sure that they are often the exciting cause. That the body takes the same view is evident from the fact that it has fortified itself against these little intruders. It is well known that bacteria do not thrive in an acid medium, but that a neutral or slightly alkaline medium is best suited to their growth and developments. There is no reason to doubt that we ingest innumerable quantities of bacteria, both pathogenic and non-pathogenic, daily; but as long as the stomach is functioning properly they are destroyed, and never heard of again.

It is not within the scope of this article to fully discuss the several functions of the stomach, but suffice it to say that its principal function is that of a sterilizing reservoir, where the food is soaked and mixed with a highly antiseptic solution before it is allowed to pass on into the small intestine where most of the digestion takes place, and where bacteria thrive if they once gain entrance. The effect of intestinal fermentation is readily seen—the intestinal contents is changed from an alkaline medium which is absolutely essential for intestinal digestion, to an acid medium, and digestion is stopped. The colon, like the mouth, contains as many as seventy-two varieties of bacteria always ready to take advantage of an opportunity to enter the small intestine through the ileo-cecal valve. Here is where that much maligned and unappreciated little warrior, the appendix, keeps guard.

We are indebted to Sajous, Corpe and Eccles for a great deal of information on the subject of the appendix. Sajous says that the anatomical construction of the appendix is sufficient reason for its existence, and interprets the finding of lymph follicles and glands as being structures whose function is to guard the body against infection, by their cytogenic action. These follicles supply leucocytes to the intestinal cavity which become important in the destruction of pathogenic bacteria. Eccles has decided from post mortem dissection that the orifice to the appendicular cavity has a valve arrangement that prevents the entrance of substances into the organ, and, at the same time, allows its contents to escape freely. Corpe describes the secretion of the appendix as being a lubricant, a powerful germicide, and about four ounces per day in amount. The fact that fermentation in the cecum is almost a constant condition when an appendix is diseased, or for some time after an operation, goes a long way to substantiate the work done by these men; and as Evans says, to remove an appendix that is not diseased, when we have these facts established, is both unscientific and unsurgical.

Chicago, Illinois.

* * *

OSTEOPATHY IN DISEASES OF CHILDREN.

DR. J. W. BANNING.

Mr. President and Fellow Osteopaths of the Buffalo Osteopathic Association, your program committee saw fit to assign me the subject, "Osteopathy in Pediatrics."

The term pediatrics in its generally accepted sense means the treatment of diseases of children—a big subject and one that can hardly be exhausted in the few minutes allotted to this paper. This subject does and should command a great deal of attention at the hands of the medical profession. It is one that vitally interests the state and nation, for "the boys and girls of today are the men and women of tomorrow," and if we neglect our boys and girls where are we to get our men and women. "

Statistics record the hard, sad fact that nearly one-third of all the babies die before five years of age; also, that children make up about one-tenth of our population and nearly one-half of the death list of our large cities comprises children under five years of age, and further, one-third of all diseases belong to infancy. This is a startling array of facts and has awakened a great desire among physicians to learn more about children, their management, feeding, and the prevention, as well as the treatment, of their diseases.

In considering this subject it would not be amiss to briefly glance at some of the most prominent signs of the diseases of children. It should be remembered that these signs are only suggestive, but as such are very valuable. Individuals who have little knowledge of disease are apt to decide by or take alarm at minor symptoms. Mothers who see the first few alarming symptoms are apt to be confused and mistake the nature of the disease. The chief sources from which we derive knowledge for the formation of our diagnosis and prognosis of diseases of children are the cry, the attitude and gestures, respiration, temperature, nature of sleep, countenance, mouth and breath, vomit and stool, and lastly and mainly by a physical examination of the whole body. About the first expression of a disease is usually a fever and it is often impossible for several hours and sometimes a day or more to tell just which disease is going to set in.

In the above observations we must not expect to find more than certain general truths, derived from a scrupulous and comprehensive survey of disease. It is impossible to at once note all the details and complications of a disease. This is acquired only by a close study during the progress of the disease. Epidemic diseases vary a great deal in their intensity, being occasionally very mild and at other times more severe, hence in prognosing the case the character of the prevailing epidemic, as well as the physical condition of the patient, must be taken into consideration. Diseases of the nervous system are exceptionally fatal to children and a guarded opinion should be given in those affections which are due to hereditary predispositions. It is well for the

Read before the Buffalo Osteopathic Association, Nov. 8. 1905r

physician to bear in mind that the symptoms of disease are often masked and complicated by the administration of purgatives and soothing poisons. Some silly mothers and unskilled nurses are quite fond of reckless and amateur doctoring and are not always disposed to confess their mistakes when confronted with the results of their shortcomings.

Children are susceptible to a majority of the disorders to which adults are subject, with an additional susceptibility to a large list of diseases peculiar to childhood, making the treatment of diseases of children a distinct and separate work for the physician. It is a pretty well established fact that the greater part of the sickness and death of children is due to gastro-intestinal disturbances and this leads to the conclusion that the saving of child life is largely a measure of prevention which includes good housekeeping and the strict observance of good sanitary laws. Efforts have been made by the opponents of osteopathy to leave the impression that it is opposed to everything that is non-manipulative. These impressions are erroneous for osteopathy is in hearty accord with all rational methods used for the relief of suffering children and condemns only those measures that are within themselves more detrimental to the welfare of the children than the disease itself. Instances have occurred where children have been killed outright and others maimed for life by empirical methods used for the cure of disease, and in no method is this sad occurrence more prevalent than in the indiscriminate use of strong drugs. It cannot be gainsaid that in the administration of some drugs the risk is so great that many physicians of note refuse to use them at all in their practice.

Osteopathy gives due credit to hygienic measures, proper diet, good nursing and surgery judiciously applied. And while it does not claim to be a cure all, yet it has been thoroughly demonstrated that it is an excellent remedial agent in alleviating and curing diseases of children when properly administered.

As it is impractical at this time to consider all the diseases to which children are subject, I shall attempt to discuss but a few of the more common ones. Owing to the extreme susceptibility of the gastro-intestinal tract to irritability and derangement, error in diet becomes one of the most common causes of sickness among children. Improper diet not only causes a disturbance of the alimentary tract, but through the irritation in the bowels sets up a reflex action that causes a train of secondary conditions, the extent of which is variable. The secondary conditions following gastritis conclusively demonstrate the fact that reflex disturbances are factors to be dealt with in the proper treatment of this disease. In gastritis there is invariably a reflex disturbance set up in the upper dorsal region which manifests itself by more or less muscular contraction with pain and tenderness to touch. The rigidity of the muscles and ligaments at this point becomes a disturbing factor to the nerves and blood-vessels radiating from this point, setting up irregularities in the organs to which they are distributed. This condition in many instances becomes a permanent disturbance and does not disappear with merely regulating the diet. Many

cases of chronic ailments of the stomach are traceable to the results of these reflex disturbances and must be met by other means than dieting. Nothing has proved to be more effectual in treating these disorders than the principles of osteopathy rightly administered. The treatment to be effective must be given in such a way as to relax the tissues that the nerves and blood-vessels in the area involved may be relieved from all irritation. This can be attained by first giving a few gentle inhibitory treatments over and around the area of the spinal column involved in the reflex disturbance. This should be followed in a few days by a more vigorous inhibition and a stretching of the muscles and ligaments. In addition to this there should be a slight rotation of the vertebrae to relieve pressure upon the intervertebral discs, blood-vessels and nerves. The treatment should not be too vigorous as there is a possibility of aggravating the condition. There should be little, if any, manipulation directly over the stomach as such treatment usually retards rather than hastens a cure. Now, what has been said of gastritis is true in a measure of other diseases of the stomach, as each diseased condition is accompanied by primary and secondary conditions that must be met in a way peculiar to themselves.

Diarrhoea is another common disorder met with in children. It presents many phases and has been described under numerous headings, as simple, catarrhal, inflammatory, non-inflammatory, choleraic and dysenteric. The frequency of diarrhoea in early childhood and its disastrous effects on the constitution, if unchecked, renders the due consideration of the subject of great importance. Depending, as it often does, on obvious and removable causes, it is a disorder that well repays the application of our curative resources. The circumstances and causes which bring about an attack of diarrhoea are numerous and their detection often requires great care. It has been found that the most fruitful sources of diarrhoea in children are improper food, atmospheric changes and unhygienic surroundings. The first thing attempted in the treatment of this disease, even in the mild form, should be to check the diarrhoea by temporary means until the cause is permanently removed. Lesions affecting the bowels are found in various regions, but are usually located in the lower dorsal and upper lumbar regions, either as muscular contractures or subluxations of vertebrae or ribs. These lesions affect the splanchnic nerves, producing a motor, a vaso-motor, or a secretory disturbance of the bowels. The innervation of the liver may be involved in lower dorsal lesions causing an excessive secretion of bile which irritates the bowel producing an attack of diarrhoea.

Most all bowel troubles yield readily to osteopathic treatment and the permanency of the results obtained depend upon the removal of the cause, which osteopathy is especially successful in doing. Disturbances of the bowels affect more or less reflexly the centers in the brain and spinal cord, thereby producing an additional source for the distribution of impulses damaging to the proper function of the tissues of the intestinal tract and the baneful effects

sent out from these disturbed centers reach not only the bowels, but other viscera as well, disturbing their normal functional activity.

In addition to diet and sanitary measures, the treatment for diarrhoeal troubles should be applied to the viscera and the area of the vertebral column involved in the reflex action. The tissues should be thoroughly relaxed by an inhibitory treatment over and around the area of the spinal column involved. This treatment will be but temporary in its effects unless the exciting cause has been first removed. Another measure that proves efficacious in checking undue peristalsis in the bowels is an inhibition of the vagi nerves and direct pressure over the bowels, also bending the patient gently backward over the thumb placed as a fulcrum at the junction of the dorsal and lumbar regions. This last action puts a tension upon the vagi nerves, thereby checking the impulses passing to the bowels. The tension upon the nerves produces an inhibitory influence over them lessening the irritability in the bowels and checking the drain on the system, allowing nature time to recuperate the patient. In case there is much tenderness in the bowels, direct treatment over them should be omitted and cloths rung out of hot water placed over them to reduce the pain and tenderness.

Among diseases of children, a common cause for annoyance and inconvenience to anxious parents is throat trouble. The loose cellular tissues of the throat are very susceptible to congestion and inflammation. There are many diseased conditions to which the tender throat of a child is subject through climatic changes and exposure. In most all disorders of the throat there will be muscular rigidity, tenderness and soreness. The muscular contraction disturbs the equilibrium of the nervous and circulatory systems, thereby producing a suitable culture medium for the development and multiplication of various kinds of bacteria that find lodgment in the throat. Owing to the looseness of the tissues the throat is subject to rapid and extensive swelling which threatens the life of the patient by suffocation. In treating such conditions osteopathically, the first thing attempted should be to lessen the muscular rigidity by gently manipulating the cervical and throat muscles. This will free the tonsillar, pharyngeal, lingual and palantine vessels. Good drainage being effected, the swelling subsides, the irritation to the nervous system disappears and the bacterial action is checked. Careful examination should be made to determine whether there are lesions affecting the cervical sympathetic and pharyngeal plexuses. Lesions of the upper cervical region are often brought about by muscular contraction due to exposure. These lesions are of the nature of slight deviations of the vertebræ, which interfere with the vaso-motor nerves distributed to the blood-vessels of the throat. Particular attention should be given to the condition of the cervical muscles and vertebræ in throat troubles. A treatment that will be of great benefit in draining a congested throat is to place the fingers below the angle of the jaw and pull downward and forward towards the median line of the neck. This forces the venous blood from the vessels in the throat into the large vessels of the neck and tends

to establish a healthy circulation in the throat. Under such treatment the natural processes of the body quickly restore the tissues of the throat to a normal state.

I must close. The subject grows under my pen and many interesting things remains to be said, but time forbids further discussion. I will conclude by saying that osteopathy, with good nursing, proper hygiene, suitable diet, and conservative surgery, is efficient in the relief of all curable diseases and I venture the assertion that within ten years osteopathy will greatly modify the present leading methods of treating diseases of children.

Buffalo, N. Y.

* * *

POTT'S DISEASE A PROOF OF OSTEOPATHIC THEORY.

Pott's disease, variously called caries of the spine, tubercular spondylitis, kyphosis or hunchback, is a localized tubercular ulceration of the vertebræ; affecting most frequently the bodies of the vertebræ on their anterior sides. The tubercular foci are sometimes found in one vertebræ and again in as many as ten or twelve. The disease is usually confined to the bone substance though it occasionally invades the periosteum, intervertebral discs and even the spinal cord. In the course of the disease the bone softens, breaks down and the anterior portion of the vertebræ, being crowded together, produce the characteristic hump.

The destruction of bone is a slow process accompanied by inflammation which is slight compared with the amount of tissue destruction, also the amount and rapidity of the change is less than would be expected of a higher grade of inflammatory reaction.

EFFECTS OF THE LESIONS ON THE NERVES.

In discussing the effects of these lesions upon the nerves passing from the spinal cord it will be necessary to call attention to the power of nerves and arteries to remove in the course of time structures pressing upon them—the changes being due probably to a pressure atrophy. So that pressure reactions produced by slow inflammatory processes are less marked than those produced by acute inflammation; and further, in the chronic processes nerves may accommodate themselves to considerable changes in the surrounding structures.

Though Pott's disease is essentially a chronic process, (may continue for years) the symptoms of nervous disturbance are frequently quite marked, aside from the cases of paralysis due to interference with the spinal cord itself—this interference is caused by a spreading of the tubercular infection, or a sudden breaking down of the bone structure causing compression of the cord; they constitute but a small per cent of the cases. The nervous symptoms are pain referred to the nerve terminal of the abdominal, cardiac or epigastric region or frequently to the limbs.

There are also present almost constant disturbances of the internal organs. "Especially those of the pelvis which manifest either a slowness of their action

or an increase in sensibility. The latter more particularly occurring in the mucous surfaces of the bladder and intestines which in some cases become so susceptible to slight impressions that a mere touch of the inside of the bladder by a catheter or a slight stimulation of the intestine by a purgative will be directly followed by severe spasms in the limbs." (Stanley.) Irritation by pressure upon the sensory nerve roots is referred to by the International Text of Surgery and pressure of inflammatory products upon the nerve roots as they pass through the intervertebral foramina is mentioned in the Hand-Book of Medical Science.

Park says, "Analogous to these attacks of pain (pain in epigastric, etc.) are disturbances of other nerves manifesting themselves in dyspnoea with cyanosis, digestive disturbances, nausea, vomiting and disturbances of the bladder."

AS TO CURED CASES:

These nervous disorders are found in the active process of the disease, a part of the pressure symptoms gradually disappearing with the healing of the tuberculous tissue. The hunchback so commonly met with is a cured case of Pott's disease. The relief from the pressure symptoms is explained by the above mentioned power of the nerves and arteries to remove obstructions, and is made plainly apparent by the fact that the spinal canal at the place of disease is always larger than at any other point and the foramina through which the nerves pass are often quite large. In spite of these efforts of nature, which are fairly successful so far as the acute processes are concerned, there remains a train of evil influences seen in the great deformity of the body and viscera and occasionally the complete stoppage of growth. The healthfulness of hunchbacks has been in dispute by the medical profession, but the fact that victims of Pott's disease seldom live beyond middle age ought to settle that point.

The many differences in the symptoms of Pott's disease are probably explained by the location of the tubercular foci. If the ulceration occurs in the body of the vertebræ and not close to the foramina or intervertebral disc the symptoms may be slight; on the other hand should the ulceration involve the ligaments and other structures around the bone the general symptoms may become very pronounced.

CAUSE AND TREATMENT.

The exciting cause of this disease is the tubercle bacillus, the predisposing or first cause is injury to the part, usually by a fall or blow. Since the seat of disease is an infected ulcer, movement or manipulation of the part is to be avoided, but besides the regular surgical treatment as described in the texts, osteopaths find great improvement gained by treatment for the general health and nutrition which is so often affected.

After the tubercular process has become quiescent a part of the deformity may be removed by massage and osteopathic adjustment of the parts, especially if the patient is young as is usually the case.

CYSTITIS.

DR. E. E. WESTFALL.

In presenting this paper to you it is not my intention, nor do I think it necessary, to enter into any elaborate or lengthy discussion of the etiology of the subject to be presented; with this you are all familiar, but I will confine myself chiefly to the lesions, morbid anatomy and symptoms as I have found them in my own practice.

In examining these cases of cystitis the history and symptoms have been much the same, while lesions or causes have greatly differed.

We all know if our bodily mechanism (the crowning sheaf of God's creation) is in perfect adjustment, as it came from His hands, that with proper food, air, exercise, and the observation of proper hygienic laws there can be no disease. But, on the other hand, if these laws are abused or violated in any way, either by accident, ignorance, or by our knowledge or consent, the effects are the same. We must atone for this broken law. The laws of nature are as constant and unchangeable as the laws of the universe or the Ten Commandments. These laws must be obeyed.

There must be first a cause, then the effect. Before a disease can exist there must first be a lowering of the vitality of the organ or part by a disturbance of the nerve or blood supply or other vital forces or fluids of nature.

The causes of cystitis are many, but I shall not take the time to enumerate them all, and will only give the most common, as I have found them,—such as retention of urine, foreign bodies, (such as stone,) infectious diseases, infected catheter, constricted urethra, injury by blow over pubes, inflammation extending from adjacent organs, twisted pelvis, misplaced innominate, anteverted or anteflected uterus, tight clothes, etc. But, to my mind, an injury to the lower dorsal and upper lumbar vertebra at the lumbar enlargement of the spinal cord is responsible directly or indirectly for more pelvic disorders than any other, for at this point the spinal cord terminates in the cauda equina, and if impingement should occur at this point more nerves will be effected than at any other point that supplies the pelvic organs. Some may differ with me on this point and say that the sacral, pudic and sympathetic nerves supply the pelvic organs. This is true, but remember these sacral nerves originate from the spinal cord at its termination, and any lesion at this point will affect the the nerves just the same as if it were from the sacrum. It makes no material difference where the lesion to these nerves occurs, the effect is the same. It may be at the sacro-iliac synchondrosis, or to the pudic as it crosses the spine of the ischium, or misplaced pubic articulation. This destroys the equilibrium of the organs, causing a sagging of the pelvic floor. The blood supply is disturbed, the veins are engorged with blood, the organs are congested or inflamed, the walls of the bladder become thickened, red and swollen. The urethra takes on the conditions of the bladder and often causes the greatest

Read before the South Eastern Iowa Association. Nov, 4, '05.

suffering. There is a great throbbing and surging of the blood in the arteries, forcing more blood into the already overfilled veins, thus causing rupture of the capillaries, causing hemorrhages into the cavity, thus accounting for the blood in the urine.

Symptoms: The onset may be sudden, with chill and fever, aching of the back and limbs. But most usually they complain of a fullness or bearing down pains over the pubes and regions of the bladder, with frequent desire to urinate, and unable to stand erect. Then the desire to urinate becomes more constant, and when voided gives little or no relief. The bladder and urethra are in a state of contraction or spasm, and, as the patient often expresses it, it burns like fire; for, with the urine in the bladder, the pain and suffering is almost beyond endurance. The urine is of high color and an alkaline reaction, and in the acute form is loaded with albumen, blood and pus; on standing it becomes clouded and slimy, and on examination with the microscope it will reveal large numbers of epithelial cells. In some cases the acute paroxysms will begin to subside in from two to five days. The aggravating symptoms will begin to gradually subside until they feel fairly comfortable, only to be followed by another attack on the slightest exertion. The former symptoms may occur and reoccur until the disease takes on a subacute or chronic form.

Prognosis: The course of the disease is a long and tedious one unless caught in the early stages and the cause removed. If, in the early acute stages, proper treatment is administered, the disease is readily relieved, but in the chronic form, if the cause is in inflected uterus with adhesions to the bladder, the prognosis should be guarded. A permanent cure depends on one's ability to remove the cause.

Treatment: Having ascertained the cause, the treatment is self-suggestive: Rest in bed during the acute paroxysm. Relax muscles of the back from the eighth dorsal to the fifth sacral, also over the sacro-iliac articulation. Remove as far as possible all irritations to the nerves to the parts. Treat gently, yet firmly, over the pubes and regions of the bladder, gradually drawing the pelvic organs upward and away from the bladder; this will help to relieve the congestion by removing the pressure on the veins. If the cause is an anteverted or anteflected uterus, elevate the hips and replace the offending organ, this will help to relieve the engorgement in the veins by removing this obstruction. See that the uterus is not crowded forward by an over distended impaction of the rectum. Also see that there is no twist in the lower dorsal spine that will disarrange or interfere with the free action of the diaphragm, for if there is such it may cause a lapping or fold to occur, and thus interfere or obstruct the inferior vena cava and sympathetic nerves. Insist on the patient drinking large quantities of water. This will dilute the urine and lessen the irritation from that source. Prohibit the eating of highly seasoned food. See that the bowels are kept in order. Hot fomentations applied over the pubes and bladder will be helpful toward temporary relief. I think it advisable, after one has relaxed the spinal muscles (if it is a spinal lesion), to attempt to

correct the lesion. You may not be able to correct the lesion at once, but by springing the spine in the attempt you will often give partial relief, by relieving part of the pressure or irritation to the vaso-motor nerves to the affected parts. Strong and continuous and regular treatment to the nerves supplying the floor of the pelvis avails much.

Mt. Pleasant, Iowa.

* * *

OSTEOPATHY FOR ACCIDENTS.

C. H. MURRAY, A. B., D. O.

The economic value of osteopathic diagnosis and treatment can not be over estimated in cases where the spine has been injured. This fact will be of great value to railroad companies, accident insurance companies, industrial corporations and the public in general when it becomes better known. Many are now hopeless cripples and invalids who would be enjoying good health today had a competent osteopath been called when the accident befell them. Others have been obliged to suffer great pain and financial loss for many months which would have been entirely obviated had the osteopathic physician had an opportunity to begin his corrective work sooner. I affirm that an osteopath should be called at once, because we have so many illustrations of the incompetence of the ordinary physician in finding, much less correcting, the minor subluxations caused by accident to the spine, even when the symptoms, as described by first-class works of their own school of diagnosis, would indicate that the spine was affected.

These lesions, remaining uncorrected, cause chronic disease of more or less serious import, by reducing the circulation to the spinal cord, by pressure on nerve roots and even, indirectly, pressure on the cord itself. This, in turn, affects directly and seriously the internal organs and other portions of the body innervated by the segment of the cord in question.

In proof of the above statements I want to cite three cases, exactly to the point, coming under my observation and treatment in less than a period of six months.

A gentleman aged fifty-three was thrown against a car seat in a railroad accident on the Burlington. He gave but little heed to it at first, thinking it a minor injury. In a short time pain and stiffness appeared in the back and showed a tendency to grow worse. His own physician happened to be the railroad physician as well. The regulation treatment—rest in bed, with the application of hot water, was used and after several months the patient was pronounced well and told that he might take up his usual occupation. The patient, though, knew better for he could not sit up for any length of time without pain and a spastic condition was rapidly developing in one limb.

He came to my office and on examination I found that the second lumbar vertebra was posterior, the fifth was lateral and the whole lower spine was very stiff on account of the prolonged inflammation. He was given treatment, but because of his adverse experience with doctors in general wished confirmation

of my diagnosis. I sent him to one of the best known osteopaths in Chicago, who, upon examination, gave him a type-written report of his condition. This he found to agree exactly with my diagnosis. He returned for treatment which he took for about one month, when, on account of the extreme stiffness of his spine, I sent him to The American School of Osteopathy at Kirksville, Mo., where he was treated by the Dean with the assistance of two others. Nineteen treatments were administered in thirty days, the Dean pronouncing it the most rigid spine he had ever seen. The patient returned for further treatment and at the expiration of several months, taking about two treatments per week, was so much improved that he returned to his former occupation, that of a traveling salesman. During all this time he was treated by seven different osteopaths and it is of peculiar significance that the diagnosis was the same in each instance. Had the patient not had the lesions in the spine removed he would most likely have suffered with paraplegia. Had the treatment been given soon after the accident occurred the patient would, in all probability, have been able to resume his vocation in about one month thereby saving a year's time.

Another case was that of a lady aged thirty. She fell, head first, into a basement, landing on a cement floor. She was later examined by three medical doctors who failed, so it was reported to me, to find anything wrong with the spine. She continued partly unconscious and delirious for nine days, under medical treatment, when I was called and discovered marked lesions in the lower dorsal region and at the axis, with both regions exceedingly tender. A treatment for the reduction of the lesions was given in the morning and on my return at night she was conversing with members of her family who were jubilant over the rapid progress of the case. Improvement under treatment was steady and she now attends to her usual duties without inconvenience. She told me several times during the treatment that had it not been for osteopathy she would have landed in the insane asylum.

Another case was that of a young man who met with an accident while riding a wheel. Being forced to stop suddenly he was thrown, head first, sustaining very severe injuries. He was under medical care for months, when two prominent medical doctors told his family they could do nothing further for him. I was called and found him unable to leave the house. He was developing paralysis in the right side. The leg was seriously affected. Lesions of a very pronounced type were found in the lumbar and cervical regions of the spine. After a few treatments he was able to come to the office. The improvement was continuous and corresponded with the reduction of the lesions. He is now engaged with his usual occupation and regards himself as cured.

Should an osteopath be called in during the first few hours after an accident to the spine, he could, as nearly every osteopathic physician has done, correct the lesions and have his patient completely well as soon as the inflammation incident to the accident had subsided. It would not make as spectacu-

lar a case as if it were allowed to develop into serious proportions, but it would be easier for the patient and infinitely cheaper for all concerned.

Elgin, Illinois.

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OSTEOPATHIC MANIPULATION.

CHARLES J. MUTTART, D. O.

We are all justly proud of the progress our science is making. We have won legislative battles, we have attracted the attention of the scientific world, and many of its leaders have endorsed our methods. Dr. McConnell has recently fired the first gun in the establishment of a much needed osteopathic pathology.

We have applied our theories to diseases of the human body, and we have tried them on the dog and they have not been found wanting.

Our success has naturally increased our popularity in the public mind. It is unusual nowadays to find a person of ordinary intelligence who is not at least familiar with the word osteopathy, and not a few of them have taken the treatment or have had a friend or relative who has tried it. Many of those present can remember when all of these things were quite different, and I am optimistic enough to think that the great majority of those who give our treatment a fair trial become convinced that it is a long step in advance of the methods with which they have been familiar.

Many factors have entered into the making of this progress. First, a dogged determination on the part of our great Dr. Still to overcome a prejudice born of ignorance. Second, our practice is based upon a sound philosophy. Third, we have satisfied the inquirer into our theory, and have proven our theory by demonstration. It appeals to the mind of the thinking public who have been for years waiting for something rational in the field of healing. The time was ripe for the birth of our infant Osteopathy.

The various substances and methods used in medical practice from the days of pounded toads and spiders down to the present day inoculation of human beings with serum from diseased animals, have so disgusted the thinking public that they are becoming converted to the rational system of osteopathy with justifiable eagerness. I say we have reason to be proud of our profession and there is not a man or woman here today who would wilfully place a straw in the way of this progress.

It only remains for us to be so thoroughly grounded in our principles that we may give to our patients the best there is in our science, and not disappoint them after they have discarded the old theories and submitted themselves to a demonstration of the new.

I am convinced, however, that some of us are giving our patients a somewhat false conception of osteopathic treatment.

How many of you reputable practitioners have not been asked these questions? Isn't osteopathy a very rough treatment? Don't they almost pull

*Read before the New Jersey Osteopathic Association.

you to pieces? Doesn't it require a very strong person to stand it? etc.

No doubt some of these notions have been stimulated by our friends, the M. D's., but more often doesn't the fault lie within ourselves?

Patients have probably come to you from other osteopaths saying that they believe osteopathy is what they need, but they cannot stand the other man's treatment. The time was when a patient who became dissatisfied with an individual osteopath's treatment, condemned osteopathy as a system, believing that all manipulation was osteopathy and that all osteopaths gave the same treatment. Fortunately this is becoming a thing of the past, and people are discovering that there are skillful and unskillful osteopaths as well as skillful and unskillful surgeons and medical doctors. There is no reason why we should all give the same manipulation in a given case, but there is a point upon which we should all agree and that is diagnosis. Herein lies the corner stone of osteopathy. Diagnosis may be said to be the only new departure in osteopathy. So-called osteopathic manipulation is entirely secondary, and the practitioner who does not make an osteopathic diagnosis of his case does not practice osteopathy at all. It rests entirely with us whether osteopathy is to become a great and independent school of medicine or whether it is to degenerate into a simple system of manipulation; call it massage, Swedish movement, passive exercise, as you please.

One of the greatest stumbling blocks to osteopathic progress is the practitioner who gives his patient a general treatment from head to foot, jerks the neck from side to side with no other object in view than that of making it "pop." Some osteopaths make capital out of the various "snaps" they can get out of the spine. I have no sympathy with this promiscuous snapping of bones and believe that in a large proportion of cases they are as likely to mean a displacement as they are the desired result.

The point I wish to bring out is that the progress of osteopathy is being retarded by some of us who give too harsh treatment, and drive patients away, not only from our own offices but from osteopathy.

When new patients come to us, especially women, they come in fear and trembling. They come to try osteopathy literally. Many of them ask if they cannot take one treatment to see if they can stand it.

The osteopath is more or less on probation and it behooves him to so conduct himself that first impressions will be good.

Bony lesions may be divided into two general classes, first, those of recent origin, second, those of long standing. Neither of these will be much benefited by violent treatment. Those of recent origin do not require it, and those of long standing should not be corrected by it, for the reason that nature has attempted to repair the damage done at the time of displacement, and in some cases has succeeded admirably. Therefore, if we correct the lesion suddenly by force we will set up local irritation similar to the original displacement. This is our theory regarding chronic or congenital hip dislocation; why not apply it to subluxations as well?

In conclusion I believe we should not attempt the reduction of a bony lesion until after giving a few preliminary treatments to thoroughly relax the surrounding tissues, and at the same time explain our treatment in such a way as to gain the patient's confidence. After we have accomplished these two things we can then go ahead with our corrective treatment without doing harm to the anatomical structures or the mind of the patient.

Philadelphia, Pa.

* * *

SPECIALISTS.

DR. A. P. TERRELL.

When asked to prepare a paper for this meeting, I was, for a while, at a loss to know just what subject I ought to discuss. It seemed to me that all had been said that could be said on most subjects, and to write on most any subject, I must, of necessity, "Thresh over old straw." But when I had almost despaired of finding something which would be interesting to this august body, some little imp, raven, or spirit whispered into my ear, "Specialist." Having neither heard nor read any thing on this subject, I concluded it would be a new and profitable field for cultivation. But one asks, "What do you mean by specialists?" I do not mean by a specialist in osteopathy one who knows something about every disease, and everything about some diseases, for there would be very few specialists on earth. I mean by a specialist one who has acquired a thorough knowledge of a certain disease or a class of diseases, and spends his time, talents and money investigating and treating them. That there should be specialists among osteopaths, I argue from the following considerations:

First—The spirit of the age demands it. This is an age of specialists and it is expected of us, if not demanded, and we have men and women among us peculiarly fitted by close study, careful observation, deliberate consideration, proper facilities, honest work and much practical experience to treat certain diseases. This demand of the age, we should, as far as we can without sacrificing truth or principle, gratify. It is useless for us to antagonize the spirit of the times or array ourselves against the masses just simply to be odd or to differ from others who practice the healing art. We must keep up with the procession, or be regarded as "a back number" and opposed to all progress. We must, as far as possible, "be all things to all men, that we may thereby win some."

Second—Our own friends and patients demand that we have specialists. Many of these are men and women of business. As business people, they want specialists in their own line of work. They care not how much or how little a person in their employ knows about other matters, if he or she thoroughly understands the work that they want done. From the show window decorator to the bloodless surgeon, there are specialists. When business men and women demand clerks who are specialists along certain lines, is it not natural

*Read before the Texas State Association.

that they should demand that we, too, have specialists for the treatment of certain diseases? Not to have these trained, skilled physicians, will cause us to lose many a patient whom we ought to hold and cure, and many a dollar that we ought to pocket and use.

Third—Our own busy practitioners demand that we have specialists among us. One person cannot know everything; life is too short, and there is too much to learn for any one person to know it all; especially is this true, if as Osler suggests, we are to be chloroformed at sixty. As a general thing, he who tries to learn everything, knows nothing as thoroughly as he should. Some one has very aptly said, "Beware of the man of one book." We need physicians who are perfectly familiar with certain diseases and the treatment best adapted to them, to whom the busy general practitioner can refer his patients whom he feels that he cannot, for the want of time, instruments, peculiar fitness, special education, etc., treat successfully. Many would gladly turn such cases over to a brother osteopath who has thoroughly prepared himself for the management of such cases. It would be a relief and benefit to both the physician and the patient.

Fourth—The success of the science demands that we have such practitioners among us. Every true, ambitious osteopath is anxious to see our science pushed to the front. This, we believe, can best be done by the work of specialists along certain lines—lines of work for which nature and education have best fitted them. We need specialists for the eye, ear, nose, throat, stomach, rectum, skin, genito-urinary diseases, gynecology, etc. If our physicians could take these cases and cure or greatly benefit them, our science would be greatly exalted before the people. These specialists, I believe, would be best prepared to show what osteopathic treatment is capable of doing. They could prove to the masses, that while osteopaths do not kill by poisons and the knife, they cure or greatly benefit all of their patients.

In conclusion I would say, the specialist would not be in the way of the general practitioner and vice versa. There will be plenty of work for both, and each can greatly aid the other. I know that I would, in the past, gladly have turned over some difficult cases to a specialist, had there been one near me. Through our journals and at our annual gatherings, they could greatly aid us in the discussion of certain difficult questions. They could speak as men and women of authority, or as those who possess mature, ripe, well-weighted thoughts and words. Being specialists, they would be regarded as men and women who were fully prepared to enlighten and help the general practitioner with his most difficult cases. Can't we have them? What say you, my brethren? Speak out on the subject.

Dallas, Texas.

The Journal of Osteopathy.

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Review of the Year's Happenings.

The past year has witnessed the greatest change and growth in the history of the science of osteopathy. During the early part of the year there were many legislative fights, most of which merely served to advertise osteopathy. Some legislative results were accomplished in Tennessee, Indiana and Montana and adverse legislation was prevented in other states.

With last year all the osteopathic schools adopted the three years' course. Many changes have been made in the schools themselves, several of the smaller schools closing their doors and the largest one making marked improvements in teaching facilities.

The spirit of research has taken hold upon the profession and the number of the profession who are entering the research field is rapidly growing.

During the year a number of books have been published, among which are: A Practice of Osteopathy 3rd edition, Hazzard; Elements of Pathology, Hoffman; Principles of Osteopathy, 3rd edition, Hulett; Anat-

omy in a Nutshell, Laughlin; Principles of Osteopathy, 2nd edition, Tasker; and A History of Osteopathy, Booth.

The outlook for the rapid growth of the science was never better than it is this year.

The Osteopathic Journal.

The "Special Edition" of The Journal of Osteopathy has been changed to the Osteopathic Journal. Its appearance has been improved by a new cover design and some minor changes in typography. Still other improvements will be made next month. For rates see page 24.

More Bigotry Among the Allopaths.

In Toronto, Canada, recently, two Allopaths withdrew from a household economics program because in this program Dr. Adalyn Pigott, an Osteopath, was called "doctor."

The efforts of the allopaths to bolster up a waning prestige are sometimes laughable. The course of instruction in the osteopathic colleges of today is superior even in length of time to that received by the average allopath now in practice. Yet they denominate themselves THE PHYSICIANS.

Price Raised.

Don't forget that beginning with June 1st, the subscription price of the Journal of Osteopathy will be one dollar. Until that time subscriptions will be accepted for one or more years in advance at the present price of fifty cents per year.

Northwest Missouri Association.

The Northwest Missouri Osteopathic Association met at Bethany, Dec. 30th. An excellent meeting is reported. The following officers were elected: President, Dr. R. H. Beets, Bethany; vice-president, Dr. Theodore Paul, Savannah; secretary, Dr. Millicent Smith, King City; treasurer, Dr. W. B. Edwards.

Tennessee State Board Examiners.

The Board of Osteopathic Examiners will meet February 9th and 10th, 1906. Those wishing to take the examination should write immediately to Dr. Earle Collier, secretary, 502 Wilcox Bldg., Nashville, Tenn.

The Hospital.

The A. S. O. hospital is rapidly nearing completion. Its equipment will certainly be fine. The new surgical amphitheater has no superior in the state. It is high, well lighted and the seats are so arranged that every student can see to the concrete floor of the pit.

The preparation room, etherizing room, assistants' rooms connected with it are well high perfect in their appointments. The school anticipates much good to be obtained from this department.

* * *

Alabama Medical Law Sustained.

On July 20, 1905, Dr. Greenwood Ligon was fined for practicing medicine (osteopathy) in the state of Alabama, without a license. Dr. Ligon appealed the case to the supreme court of the state. The decision of the lower court was affirmed. This is the second case which has gone to the supreme court of Alabama, the result being the same in both cases. It is said that legislation in Alabama is in the hands of a state medical association. Perhaps justice is too.

* * *

Missouri Examination.

A Missouri Osteopathic examination will be held about the first of February at Kirksville.

* * *

Dr. Still's Letters.

Dr. Still receives many letters of gratitude from osteopathic patients; not from his own patients for he no longer treats patients, but from the patients of osteopaths all over the United States. We publish the following as a matter of interest to the profession, many of whom have patients who feel as does the writer of this letter:

MY DEAR DR. STILL:—

The pleasure I have in addressing you this beautiful Sunday morning, is one that I have had in contemplation for many months. And while I feel myself utterly unable to give expression to the real sentiments of my heart concerning your wonderful discovery of osteopathy, still I must carry out my long felt desire of acquainting you with the deep sense of gratitude that I owe to you for this great benefaction to the world and to suffering humanity, and to tell you of my ap-

preciation of this great blessing, is of itself a pleasure unspeakable to me.

To these dear Bathricks, who are so noble, so truly fine in their hearts—and so wonderfully skilled in their profession, do I owe my life. I had been ill for months, had tried many fine physicians, had gone from place to place taking salt-baths, hot mineral baths, massage, electricity and every other remedy that I could think of or hear of; I do not doubt but that in nine months I had consumed perhaps two gallons of medicine of various kinds, but I want to tell you that I continued to go down hill, till I knew beyond all doubt, that a few months must finish up my earthly career.

I knew nothing whatever of osteopathy, but at last one week before Christmas, I grew desperate though I am within myself wonderfully resourceful in sickness—but my own sense told me that unless something was done and speedily, too, I should go the way of all the earth. For many years I had been a victim of insomnia in its most aggravated form—sciatica, uric acid in the blood—intestinal indigestion and a curved place in my spine that almost killed me. I could neither eat nor sleep.

I went to Mrs. Bathrick on Sunday afternoon one week before Christmas of last year. She made the most skillful diagnosis I had received and while giving me the first treatment I dropped off to sleep. There on that table did I sleep for perhaps a half an hour, she sitting down to look upon the success of my initial treatment. When I awoke I said to her, "Well, I have been to heaven. I have not known such sweet or perfect sleep since my babyhood."

My recovery from all of these terrible ailments, any one of which would soon have finished up my life, was remarkable, and today I am a well woman.

To osteopathy, which the great and good Dr. Still has discovered, does the world and humanity owe what it can never, never pay. I am grateful to you as the founder of this wonderful science, far more than I can ever express in words—and to these dear and faithful, high-toned and skillful, scientific practitioners of osteopathy, I owe the gratitude of my whole after life.

You were wise in sending two such people

to the capitol of Texas—they have made friends of the highest class people in the city and have a standing as honorable, good citizens, which readily lends itself to success in their practice.

With future sincere regard and gratitude for what you have done for the world I am ever truly yours.

* * *

Popularity of Osteopathy.

That osteopathy is becoming popular with the funny men, is again attested by the following article from a book called Adam and Eve in the Garden of Eden. The Journal does not endorse this style of wit, but publishes this extract as showing a characteristic point about osteopathic treatment. It cures.

"I remember once I was running a store in one town and lived in another, 100 miles away, and one side of my head and face became paralyzed, only a little at first but it grew worse and worse for about two weeks, until I did not know what to do. When I would talk or laugh my mouth would draw round to one side and one of my eyes became uncontrollable. I could not shut nor open it unless I would take my fingers, and I could not wink, when I wanted too, but when I did not want to wink sometimes it would wink five or six times all of a sudden. I got real uneasy, for that eye was liable to get me into serious trouble. There were lots of ladies trading at our store and when a nice lady came into the store I couldn't wink at her to save my life, and when some homely old maid, with a mole on her chin, would come in and I would look at her that eye would wink three or four times in spite of all I could do. I saw something would have to be done, as I could scarcely eat at all; when I would go to eat bean soup my mouth would draw round to one side and I was liable to get beans in my ear and shake my head, and that made it unpleasant for the other boarders of the hotel.

I didn't go to a doctor, for I knew enough about medicine to know a cathartic or emetic would not do me any good. A friend of mine told me there was an osteopath doctor in town that could cure me and insisted on me having her to examine me, so I went to her office, found her to be a very nice lady—smart and well educated. She examined

me and said my head was not level and my spinal column was out of line, and that was the cause of all the trouble. Well, I knew my head was not level, but I hated to have other people know it. She said it would cost me \$1.50 a treatment and it would take about six or seven treatments to cure me. I knew something had to be done, for I was still running the store, but when I would be selling goods and talking my mouth would draw away around to one side, and I would get the truth all twisted up so the customer would get a hold of the wrong end of the story and people began to doubt my veracity, so I told her she could proceed to business. She made me pull off my coat and vest and lay down on something that looked like a horse trough in a barn lot, with a lid on it. It was a table about four feet high, eighteen inches wide and six feet long. She got on my head, caught me around the neck and nearly twisted my head off. Of course a man would stand a lot of that kind of punishment from a woman, but I was scared. Then she worked my arms, first one then the other, to get my shoulders back to their place; then she made me lie on my face, and she got up and put her knees right between my shoulders and threw her weight on my back bones, then I was scared again. I thought she would break my back bones sure. Then she rubbed my face and eyes to get up circulation, and made me sit up on the table while she put one arm under my right and over my left arm, and put the point of her fingers of both hands against my back bones and nearly pressed them in two. She then rubbed my eyes and face again and turned me loose; told me to come back the next day and get another treatment.

I went down to the store and wrote my wife a big long letter; told her I had been to the doctor and that I never did take such a dose of medicine in all my life as the doctor gave me. I told her if I hadn't been paralyzed I never could have stood it. But I did not tell my wife it was a lady doctoring me, or the nature of the medicine. I didn't have to do that,—she knew I was getting cured, and that was enough, but she felt awfully sorry for me. When she answered and I got her letter, it had tears or slobbers on it, I couldn't tell which; but I got well all the same, and I got well fast."

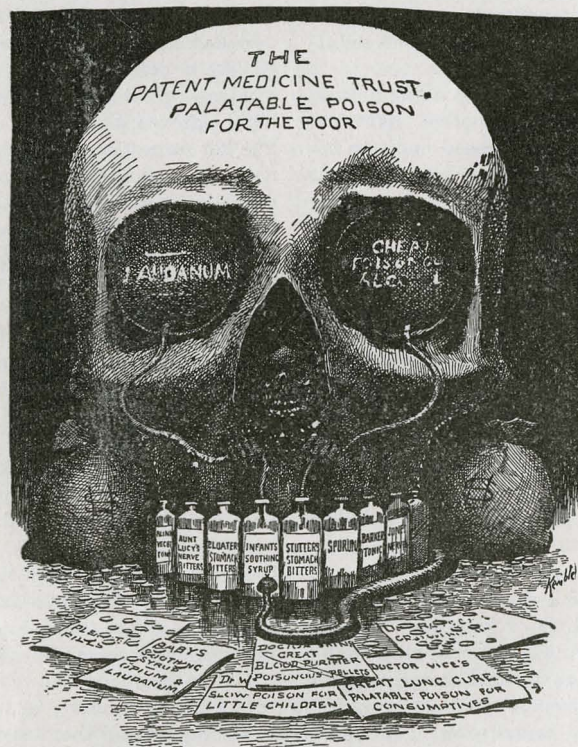
The Patent Medicine Evil.

Ten years ago the Journal of Osteopathy published an article exposing a number of gross frauds in the patent medicine business. Many objected to this exposure on the grounds that we were selfishly attacking the drug profession in order to build up our own. Since that time osteopathic papers have had little to say about this disowned but prosperous branch of drug therapy.

Within the last year the patent medicine frauds have sustained several more serious attacks from magazines which cannot be accused of having any competing interests.

the secret. You sit down to read a news item and find at the bottom of it that you should take some little liver pill. Your door bell rings, you open the door to find an almanac. All around on fences, barns and trees, in every color, you see proclaimed the virtues of a hundred various nostrums. You have seen these advertisements from infancy; their truth is not often denied, and of course you believe them.

Why are the proprietors of patent medicines able to advertise so extensively? Simply because there is such a large margin of profit. One—perhaps this is a little cheaper



Reproduced from Collier's Weekly.

Foremost among these magazines are The Ladies' Home Journal and Collier's Weekly.

An analysis of the proprietary medicine business shows that a patent medicine, to be a success, must have three advantages, namely: it must be manufactured cheaply; must have the quality of fixing a habit on its victims; and must, above all, be well advertised. Be well advertised! there is

than most—is composed of diluted sulphuric and sulphurous acids, costing possibly as much as five cents for each dollar bottle. With profit like this they can certainly afford to advertise.

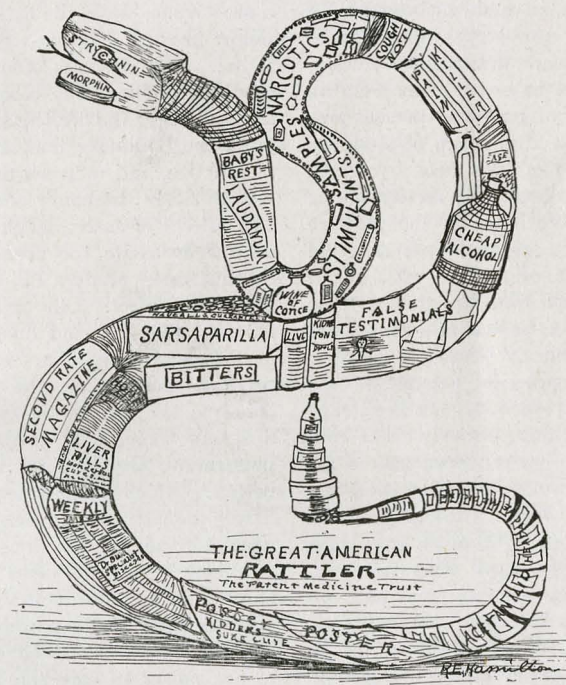
Some newspapers depend upon these advertisements for a considerable portion of their revenue; and with this hold upon the publications the patent medicine association

is able to control press sentiment to a great extent. Through these papers and through its lobbyists at the state capitols it is also able to prevent adverse legislation.

The sad part of the story is the injury they do with their poisonous compounds—which are dangerous even in the hands of a skilled physician—indiscriminately administered by persons who know nothing of their nature. Sick children who need every ounce of their vitality are lulled into quietude by opiates under the name of soothing syrups. Young men are made to believe that perfectly natural conditions are signs of a loss of vitality, and thus become habitual users of debilitating drugs. Instances might be multiplied almost endlessly showing the criminal falsity

of the claims of some of these vendors of what Collier's denominates, "Palatable poisons for the poor;" but why should we? Now that the exposures have started it is probable that the other popular magazines will agitate the question until the legislative authorities devise means of preventing the worst of the evils.

We must give due credit to our brethren, the M. D's., for their attempts to suppress the evils of fake medicine, yet they are in a measure responsible. Inasmuch as they have fostered secret prescriptions and kept the people ignorant of the facts concerning disease and remedy, they have perpetuated the ignorance which is the main stay of the fakirs.



A Little Medical Experience.

JOSIE BELL, KIRKSVILLE, MO.

Many important questions, affecting a whole or a part of the world's population, have arisen, and found minds broad enough and philanthropic enough to amicably settle them, one of most recent date being that of the Russia-Japan War. Many great and noble lives have been spent in making the race better: T. John Bernardo in rescuing English children from the streets; Charles L. Brace, American children; George Macdonald and Charles Kingsley were ardent lovers of the human family; H. W. Longfellow teaches us to love nature; R. W. Emerson to love God, in order to maintain harmony. Many grand women have sacrificed their lives in taking care of the sick and the wounded; a martyred president in freeing a race. Yet the battle for life goes on and the mystery of perfect healing is unsolved; though rapid strides have been made towards its solution. We believe the first to break away from an idolatrous practice of past and present was Dr. A. T. Still, and after years of study he developed a system of treatment by which we are to regain health by rectifying our bodies. But still the belief in the practice of medicine goes on, although we are told that the profession originated with pagan priests, and Appollo was designated "the God of Medicine;" as he was also considered "The God of Pestilence." And yet we cling to this barbarous practice, because it has grown into a belief which has not been supplanted by something better. "The old man with his deeds has not been put off for the new." We can not be talked into, nor jump into new beliefs, especially those which affect our lives. We must grow into them. It is ease we want when suffering, and when our bodies are free from pain we give the subject no thought, satisfied that some one else shall do the thinking for us that we should do for ourselves. But how are we to know its direful effects upon the human system except by experience? And that has cost many their earthly existence. Dr. Mason Good, of London, is brave enough to say this much: "The effects of medicine on the human system are in the highest degree uncertain; except indeed, that it has already destroyed more lives than

war, pestilence and famine all combined." We are not taught the evil effects of medicine, but the good; and therefore we do not know that the effects of the medicine are often harder for us to recover from than the disease itself. We may be years in overcoming what a few weeks doping with medicine have destroyed, and may never overcome the effects; while had we waited patiently nature might have restored herself, and there would have been no evil wrought. It has been our misfortune to gain most of our knowledge of the effects of medicine by experience rather than by investigation; but the experience led to a little investigation. Too many Doctors, although good and conscientious men, think more of what they have learned as to giving medicine than they do to the effects of its continued use. A little might not do much harm given for a short time; while the little given for weeks might produce fatal results or years of suffering. Few Doctors know the effects of medicine gained by experience on themselves; if they did we think they would soon cross the boundary line into another realm of practice, and welcome any curative agent which heals without destroying vitality. The effects of many medicines are either to deaden or excite the nerves. Those which do this, lessen vitality and shorten life whatever their effect. Our experience was with chloral, camphor, and fever medicine given at the same time. The chloral to ease and produce sleep; and the Doctor had us continue the use for weeks, following it with a strong tonic. The result was complete prostration, almost death itself, and an experience which a residence in hades could hardly equal; and a nervous and physical wreck for the future.

Almost a year was spent in which we were barely able to be around the house. A ten minutes walk would produce a sense of suffocation. Many times have we wished it was in our power to stay the hand that would give such medicine for we know the chance for life was being made less sure by its use. But people can not be talked into things; they must see for themselves. These thoughts have haunted us for eight years; and we write the little we know hoping to benefit some one else; to at least set them think-

ing. But the little we do know has been gained by experience and we know it. We write this without any ill feeling for any. Although we feel that our injury is life long, we blame no one, but feel that it was ignorantly and innocently done. We feel impelled to tell the story, and think every Doctor, no matter of what profession, if broad minded and generous as that profession should be, will consider without taking offense; and perhaps be benefited by a few thoughts of one, who is much less able to inform than they, if we had not had this personal experience. If we set some one to thinking, we have gained what we hoped for. In conclusion we would say as the poet has said to the wine-drinker, "Touch not, taste not, handle not, and thou shalt happy be."

*Written by a patient.

* * *

In view of the fact that legislation regulating the practice of osteopathy is to be attempted in a number of states this year the faculty and trustees of the A. S. O. have taken the following action touching upon the matter:

Resolved, that inasmuch as legislation regulating the practice of osteopathy is to be sought in a number of states this year it is the opinion of the faculty and trustees of the A. S. O. that no legislation should be asked for or accepted at this time that does not provide for an independent osteopathic board.

* * *

WANTED: By a prominent monthly magazine, with large, high-class circulation, local representative to look after renewals and increase subscription list in Kirksville, Mo., and vicinity, on a salary basis, with a continuing interest from year to year in the business created. Experience desirable, but not essential. Good opportunity for the right person. Address Publisher, box 59, Station O, New York.

* * *

WANTED—Position as assistant, or will take practice for a limited time. Graduate A. S. O. and post-graduate at St. Louis. Two years experience. Address, "W. B.", care Journal.

The O. P.

Once more we wish to commend the labors of our able brother editor of the O. P., who, as a free lance, is sticking to his motto, "Hew to the line, let the chips fall where they may." The profession wants and deserves to know the truth, which, like an amputation, may hurt much at the time, but is better for us in the end.

* * *

Be Conservative.

The members of a young and successful profession, like osteopathy, are inclined, in their enthusiasm, to claim too much.

No fact should be established in the minds of the profession by the assertion of any one man or any one group of men. A rapidly growing profession without traditions is peculiarly fitted to evolve new laws, but it is also peculiarly fitted to exploitation by some self seeking advertiser. It is our duty to advertise our science as we see it, even as a merchant advertises his wares, but when a professional man advertises his own personal ability we all unite in condemning him as a braggart.

* * *

Board of Trustees and Faculty of the American School of Osteopathy unanimously endorse Independent Board.

* * *

**APPENDICITIS,
The M. D's. Attitude.**

We are glad to note that the medical profession do not all, by any means, agree with the surgeons that all cases of appendicitis should undergo operation. Some of them are complaining most bitterly against "unnecessary" and "criminal" operations.

* * *

A Letter to Dr. Still.

DR. ANDREW TAYLOR STILL,
Kirksville, Mo.

DEAR DOCTOR:—I have the honor to inform you that at the first meeting of the Louisiana State Osteopathic Association, you were elected an honorary member of our association. With kind wishes from all the members,

Very truly yours,
G. HAMILTON LANE, D. O.,
Secretary and Treasury.

Comment on the Nobel Prize Contest.

The Literary Digest commenting on the recent articles by Drs. Still and Walsh in the Independent reproduces much of the original articles. It is a great encouragement to see two such high class publications give osteopathy so much space when many papers have not yet given up ridiculing and openly misrepresenting our work.

Some New Discoveries Announced.

Dr. A. J. Hinkleman of Savannah, Ill., announces that he has discovered some new laws governing the nerve cell, and claims that physiological processes, like menstruation, are readily explainable by these laws. He says that his experiments are not yet ready for publication. We hope he will soon be ready to fully prove his claims.

Fakes.

Osteopathy is afflicted with fakes just as are all other professions. At least two "short horn" post-graduate schools announce a chair of osteopathy, and in each instance the head of the department holds no recognized degree in osteopathy. Of the two hundred osteopaths practicing in Chicago, about half are graduates of reputable col-

leges. The country is full of these fakes. For this reason all osteopaths should pull together to secure the proper legal protection.

Additional Locals.

The following visited at the A. S. O. during the holidays: Dr. W. F. Pauly, Kahoka, Mo.; Dr. Henry Snedeker, wife and baby, Cincinnati, Iowa; Drs. Ira Collins, El Paso, Texas, and W. S. Hord, Kansas City, Mo.

Married—Dr. Rowena Wyatt of Oakland, Cal., formerly of this city, was married Dec. 20th to Dr. Clyde Outhier of Salis, Cal.

Owing to the congestion of mail and express, due to Christmas business some of the late shipments of the Osteopathic Journals were delayed.

There was a great demand for both the December Journal of Osteopathy and the Osteopathic Journal. Though we printed several thousand extras of each we could not supply the demand.

FOR SALE:—Practice in an Illinois city of 10,000; cheap if taken at once. Best suited to a lady or husband and wife. Good reason for selling. Address, Thelma, in care of Journal.

Our Next Missouri Osteopathic Association Meeting.

In order that all may begin to prepare early to attend our next M. O. A. Meeting, we call your attention now to the fact that it will probably be held somewhere between the first and twentieth of May, 1906. The place is Kirksville, Mo. We are all going home to see "pap," or at least we all should go. And if every osteopath in the State could have attended our last meeting at Springfield, Mo., I am very certain no one that could afford to go would miss this next meeting, or any subsequent one.

Besides the social, good time, we had a genuine feast of osteopathic knowledge, an exchange of experience of a value that could be estimated only by those who shared in or could hear the discussions. It was decided by almost a unanimous vote to hold our next meeting at Kirksville, the birthplace of our Science. In this, the home state of our profession, we should see to it that ours is the best and strongest association in the United States. Our State Association should have as its members every legitimate osteopath within the boundaries of this magnificent old commonwealth. The membership fee is only one dollar. If you are not a member, when you read this notice, mail at once your application together with your dollar to Dr. Adelaide V. Hedegaarde, 4549 Westminster Place, St. Louis, Mo., and begin to plan now to be with us in Kirksville next spring. To the A. S. O. graduates it will be a treat to go home to their Alma Mater and to again shake hands and visit with the one man who has done so much for them—and to all those who are not graduates of the A. S. O., it will give an opportunity to meet Dr. Still and visit the original school of its kind on earth. And besides all this we will have a two days' programme of instruction that will amply repay all for the time and expense. The new hospital at the A. S. O. will be completed and we are promised by the management of the school the most instructive demonstrations to be had.

As president of the M. O. A., I earnestly urge you—every one—to come and be present on that occasion. Knowing from experience the value of these meetings to the in-

dividual, makes me anxious that all should attend. And too, a just pride in our state organization—the mother state of our profession, osteopathy's home—which I feel you should all share, makes me so urgent in my request that you—every one—should join our association.

Should you lose or forget Dr. Hedegaarde's address, send your applications to me and I will see that they get prompt attention.

Let me say once more, if you are not all members, come join our state association now, and meet us at Kirksville where we can and will have the grandest, best time of our lives in that historic, sacred old place, dear to us all alike—no matter from what school we may come—as the center around which and from which has emanated our God-given profession.

Respectfully yours,

A. G. HILDRETH,
President M. O. A.

An Open Letter.

Since many letters of inquiry have been received at this office concerning the outlook relative to the three years' course of the A. S. O., I deem it expedient to use the columns of the Journal to give a few facts and data that may be of interest at least to the alumni. When it was made public that the course would be increased to three years of nine months each, a large number took advantage of entering the last class under the old course, swelling the February, 1905, class to over 200, nearly double the average class at this season, so that fears were entertained of a very small class in September, but contrary to our expectations the first class of the new course—Sept. 18—not only was larger than hoped for, but the average scholarship was unusually high. The class numbers 108 intelligent men and women. The examination of credentials and qualifications for entrance was carefully made and none admitted who were unqualified.

Four out of the number presenting themselves for matriculation, were refused admittance. Out of the 108 enrolled, 14 were university graduates, 30 graduates of approved colleges, 8 state normal graduates,

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41 graduates of high schools, 10 presented teachers' certificates, and 15 were admitted on entrance examination.

The members of this class are proving in class-work that they are superior in scholarship and are demonstrating to their instructors that they are well qualified. It has been the policy of the management for many years, to increase the efficiency of the school and raise the standard just as rapidly as the facilities would justify and such will be the policy in the future. We believe that with the present high standard of admission, the extension and intensity of the course of instruction, the new laboratory equipment, the new \$35,000 hospital nearing completion, the increase and facilities in clinics, the corps of superior instructors, and the spirit of holding strictly to pure osteopathy, the school is better prepared to send out graduates who will honor the science and advance the cause of osteopathy than ever before. A good course has been arranged for post-graduate work and a class will be organized in February, 1906; also another class in the three years' course.

Wishing all of the practitioners of our method of healing a prosperous and happy new year, I am

Yours fraternally,

W. D. DOBSON, Dean.

Jan. 1, 1906.

* * *

The Ancient Bone Setter.

Many medical writers have affirmed that osteopathy has been known for ages and they speak knowingly of the "bone setters" mentioned in the medical literature of many years ago. The bone setters of whom they speak were more like the magnetic healers of today, as is shown by the following extract from an article on Impostors by Ambrose Pare as long ago as 1759.

"There is another sort of Impostors far more pernicious and less sufferable, boldly and instantly promising to restore to their proper unity and seat bones which are broken and out of joint, by the only murmuring of some conceited charms, so that they may but have the patient's name and his girdle. In which thing I cannot sufficiently admire the idleness of our country-

men so easily crediting so great and pernicious an error; not observing the inviolable law of the ancient physicians, and principally of Divine Hippocrates, by which it is determined, that three things are necessary to the setting of bones dislocated and out of joint; to draw the bones asunder; to hold the bone receiving, firmly immoveable with a strong and steady hand: to put the bone to be received into the cavity of the receiving. For which purpose the diligence of the ancients hath invented so many engines, Glossocomics and Bands, lest that the hand should not be sufficient for that laborious work. What, therefore, is the madness of such Impostors to undertake to do that by words, which can scarce be done by the strong hands of so many Servants and by many artificial engines. "

* * *

The Post Graduate Course in the A. S. O.

CLASS PRESIDENT, DR. W. S. CORBIN.

Thinking a word from me at this time might be appreciated by our practitioners, especially those who have gotten to the place where you feel that you need to "rest from your labors," for a season at least, and desire to spend that time reviewing your work and getting the new ideas and practical points that are constantly being developed by all thinking practitioners; but I believe the men we owe most to in this line of our science are those men who devote their whole time to scientific research and teaching.

It is unnecessary for me to say that any of you who chance to visit the "old school" for a day can see the wonderful progress she is making from year to year, but not until you spend some months here attending lectures can you appreciate the advancement that has been made the past few years.

The underlying principle of osteopathy is unchangeable but the factor leading up to a proper understanding of that principle with a practical application of the same was never before taught as it is at present in the A. S. O.

Inasmuch as this is, in reality, the first post-graduate class ever matriculated in this school, the course, as yet, is not what

the management expect to make it; in fact many changes have been made since we began the course, they never failing to comply with any request that would add strength to an already practical course.

The post course is to be separate and apart from the other classes and this is as it should be. The present class, when entering upon its course, took some lectures with other classes, but we are becoming more and more an individual class and by the time the present senior class graduates we will be a separate and distinct class in every respect.

The past few years has shown many changes in the faculty and in every instance it has meant a better man for the A. S. O., but in our judgment the changes that have added most to the scientific teaching of osteopathy are the addition to the faculty of Drs. Hoffman and C. A. Still.

The splendid course in pathology that awaits those taking this course is just what fills a long felt want of the busy practitioner. It is not taught as it used to be, neither is it taught from a medical standpoint, but it is taken up from a scientific, hence an osteopathic, point of view.

The course we are getting on the eye, ear, nose and throat under Dr. Geo. Still is fine throughout and is greatly appreciated by the class and is something the school should feel proud of.

The last two months of our course we are to have access to a surgical laboratory where we perform all the major operations on the cadaver under the instruction of one of the college surgeons and last, but not least, the hospital is receiving its finishing touches and the members of the P. G. classes assist in all clinic operations, in the way of administering the anæsthetic, dressing wounds, etc.

Beside the above we have a course of lectures in applied anatomy, obstetrics and gynecology by Dr. Clark who makes a specialty of these branches. Dr. Geo. Laughlin conducts the general clinic and here again we have a man that has no equal in his line. Dr. Gerdine has charge of the diseases of the nervous system and it takes him but a short time to convince you that he is master of his subject. On the whole it is a splendid course and to say that I am pleased to find

such a course upon my return to the school after seven years of practice is but mildly expressing it, for the advancement in the parent school is surely in keeping with our aggressive science. I feel safe in saying that if you need a rest and desire a broader scientific education a very pleasant surprise awaits you here.

* * *

REPORTED BY DRs. ECKERT AND CASE.

ST. LOUIS, MO.

Chronic Diarrhœa:

Mr. X—unmarried, American, R. R. Postal Clerk. Age 22. Diagnosis, chronic morning diarrhœa of over six years standing.

This man came after having been treated for years by several of the most prominent physicians of St. Louis and elsewhere. They told him he had "consumption of the bowels" and would have to quit his work and go to Arizona or he would soon die. He did not want to do either so he looked into osteopathy. He had had his rectum burned with caustics and had had many different kinds of medicine used in his case to no avail. He was pale, thin and worried. No wonder, for he had to jump up early every morning for an immediate action of the bowels. He had a number of actions at short intervals until nearly noon, then peace till next day.

On examination we found unmistakable evidence of injury to the spine at about the level of the 10th rib and at about the level of the 4th rib. The part of the spine between these points was turned to one side about three-eighths of an inch. We explained to him that the nerves that preside over the motions and secretions of the bowels have branches connecting with this part of the spinal cord, and that he could hardly expect to get well till things were put to rights there; that he had no "tuberculosis (consumption) of the bowels," and that he could get well here just as well as in Arizona.

This patient had a hæmorrhage from the bowel about once every 10 days or two weeks. We told him his spine had surely been badly hurt. At first he said it had not but afterwards he remembered that a few weeks before he took sick he had been playing "crack the whip" on the ice and had been thrown so hard and had had his back hurt

so badly that he could hardly walk. He supposed his trouble was due to catching cold.

In treating him we did not have much success during the first five or six weeks except his general health seemed better. The whole back was tight and it was hard to "line up" the spine. About two months after we began to treat him, the high tension of the soft parts, the muscles, etc., began to disappear. He then began to improve and was soon on the highway to a recovery. He soon became so well that his bowels moved only once a day, about 9 a. m. He felt like a well man for the first time for years.

See how simple this case is. Here was a man whose bowels acted too freely because the nerves of the bowels, the paths over which the power comes for the movements and secretions there, were irritated. Irritation made over-activity. Removing the cause of the irritation allowed nature to make a cure. Removing causes that prevent nature's curative processes is the quintessence of osteopathy. Is that "Hocus-pocus?" Is it far-fetched? Some doctors of the old schools would tell you that it is all nonsense even if the patient did get well. The reason some doctors think as they do is that they do not understand osteopathy and can not unless they do as others have done; that is begin at the bottom of the osteopathic ladder and climb it round by round.

* * *

REPORTED BY DR. E. E. WESTFALL,
MOUNT PLEASANT, IOWA.

CASE No. 1.

Lady, 25 years of age. Injured herself by carrying a tub of water. Constipation and hemorrhoids soon followed, and at stool was in the habit of terrible straining and one day she felt something give way. Soon characteristic symptoms of cystitis appeared; first, by her inability to retain her urine without pain; then came the burning sensation and swelling of the parts. Medical aid was summoned but the symptoms grew worse. The case was diagnosed as kidney trouble and was treated as such. The symptoms became more aggravated and they

changed physicians. The next diagnosis was stone in bladder on account of the blood in the urine. In course of time another change in physicians was made and the diagnosis tuberculosis of kidneys and bladder, and the patient was given a few weeks at most to live. Up to this time two years elapsed. Patient much emaciated, constitutional debility and mental depression. In their despair they turned to osteopathy. On examination these facts were revealed: Decided lateral lesions at 9th and 12th dorsal and 5th lumbar vertebrae. The left innominate was thrown upward and backward. The levator-ani muscle was very lax; this caused hemorrhoids. The floor of the pelvis weakened by the inflammation and sagging down allowing the uterus to tumble or fall over on the bladder, which caused the cystitis. The treatment as above described was administered and in six weeks' time the patient was well and has had no symptoms of its return in six years.

CASE No. 2.

Lady, 23 years old, single. Suffering much the same as previous case. Four physicians exhausted their powers to relieve and failed. She came to me two years ago for treatment. Her trouble was caused by falling from a horse onto the frozen ground. She injured the spine at 10th and 12th dorsal and second lumbar with a decided twist at fifth, with symptoms similar to previous case. The result, ante-flexion of uterus. The slightest exertion would bring on an acute attack which could always be relieved by replacing the uterus which would cause pain in doing, but relief would be felt in a very short time. The treatment was directed to the lesions and in about four months entirely relieved the patient who is now enjoying good health and is a loyal friend to osteopathy.

CASE No. 3.

Gentleman, 77 years old, had an attack of typhoid fever, and while convalescent cystitis developed. Three years had elapsed when the case came to me. Found lesion at second and fifth lumbar, and enlarged prostate gland. At times catheter had to be used to draw the urine. I gave strong treatment along the lower dorsal and lumbar, and treated the prostate direct through the

rectum. I never succeeded in reducing the spinal lesions but reduced the enlargement of the prostate so he was greatly relieved, but never fully recovered.

CASE No. 4.

Woman, 28 years old, had been almost an invalid from cystitis for seven years. Had been treated by many physicians without results. Tried change of climate both South and West, received no benefit. Moved back to Iowa. Began treatment three months ago. Found floor of pelvis sagged, uterus prolapsed forward and other marked characteristics; unable to walk or stand on feet. Case still under treatment almost ready to discharge. I am quite sure recovery will be complete.

* * *

New Southwest Iowa Association.

The call to the osteopaths of Southwest Iowa was heartily responded to and on December 5th a goodly number met in the parlors of Drs. Wagoner & Wagoner at Creston, Iowa, and formed a permanent organization. The following officers were elected for the year: President, Dr. S. H. Runyon, Creston; vice-president, Dr. J. H. Osborn, Villisca; secretary and treasurer, Dr. L. E. Wagoner, Creston. Trustees: Dr. R. J. Gilmour, Mt. Ayr; Dr. K. Roberts, Bedford, and Dr. A. E. Dewey, Atlantic.

The following subjects were discussed: Malnutrition, Dr. Gilmour; Locomotor Ataxia, Dr. Roberts; Paralysis, Dr. Wilson; Gall Stones, Dr. Forrest; Unilateral Hæmopia, Dr. Gardiner; Neurasthenia, Dr. Gordon; Appendicitis, Dr. Dewey; Urethritis, Dr. Runyon; Tumor, Dr. Wagoner; Slipped Innominate, Dr. Osborn; Meningitis, Dr. Carpenter; Dry Chronic Catarrh, Dr. McAfee; Rheumatism, Dr. Wyland.

The association adjourned to meet again the second Tuesday of May, '06, at Creston.

* * *

Ohio State Association Held at Columbus, December 30th, 1905.

PROGRAM.

MORNING, 10 O'CLOCK.

Reports.

Fractures, C. M. T. Hulett, D. O., Cleveland. Discussion led by C. C. Hazard, D. O., Washington, C. H.

Non-Manipulative Treatment in Osteopathy, With Cases, W. N. Coons, D. O., Medina. Discussion led by C. V. Kerr, D. O., Cleveland.

Dysmenorrhea, Eliza Edwards, D. O., Cincinnati. Discussion led by W. S. Peirce, D. O., Lima.

AFTERNOON, 1:30 O'CLOCK.

President's Address, O. G. Stout, D. O., Dayton.

Tuberculosis, A. W. Cloud, D. O., Canton. Discussion led by Clara A. Davis, D. O., Bowling Green.

Gastric Neurosis, R. H. Singleton, D. O., Cleveland. Discussion led by D. C. Westfall, D. O., Findlay.

Spinal Lesions, M. E. Clark, D. O., Kirksville, Mo.

General Discussion and Questions.

Election of officers, etc.

Recommendation for Member of State Examining Committee.

EVENING, 7:30 O'CLOCK.

Address, by Chas. Hazzard, New York City.

* * *

Michigan State Association Held at Grand Rapids, December 30th, 1905.

PROGRAM.

MORNING.

10:00—Call to Order and Invocation.

10:10—Address of Welcome and Response.

10:25—"Treatment and Results in Disease of the Ear." Drs. Otto Gates and Minnie Dawson.

10:45—Election of Officers, Amendments to Constitution, etc.

11:15—Address, "The Principles of Osteopathy." Dr. J. Martin Littlejohn, Chicago.

EVENING.

1:45—Clinic, "Chronic Articular Rheumatism." Dr. S. R. Landes. Discussion led by Dr. H. E. Bernard.

2:10—Talk, "Diphtheria." Dr. C. B. Root.

2:25—Clinic, "Progressive Muscular Atrophy." Dr. G. H. Snow. Discussion led by Dr. C. L. Rider.

2:45—Paper, "Cause of Disease." Dr. E. Ellsworth Schwarty.

3:00—Clinic, "Sciatica." Dr. E. H. Culley. Discussion led by Dr. Elmer Charles.

3:15—Symposium, "Experience in Treat-

ment of Neuralgia." Drs. Chas. Sieburg, J. Stewart, Wm. Robinson, J. O. Trublood and W. G. Classen.

3:45—Talk, "Why we Should be Loyal to the M. S. O. A. and A. O. A.," Dr. Edythe Ashmore.

4:00—"Diseases of the Eye." Drs. W. S. Mills, R. B. Peebles.

4:20—General Clinic in charge of Dr. S. R. Landes.

6:30—Dinner and Toasts.

* * *

Central Iowa Association Held at Webster City, Dec. 29, 1905.

PROGRAM.

Welcome Address, Dr. Laura Dysart, Webster City.

Response, Dr. Frances Stewart, Ames.

Obstetrics, Dr. Nettie Olds Haight, Des Moines.

Case Report—Placenta Previa, Dr. U. M. Hibbetts, Grinnell.

Obstetrical Experiences, Volunteers.

Auto-Intoxication, Dr. Roy Dysart, Webster City.

Insanity, Dr. Geo. E. Moore, Des Moines.

Do We Progress in Practice? Dr. C. Parsons, Iowa Falls.

Round Table. Our Best Cases—Emergency Cases.

Banquet, by Drs. Dysart & Dysart.

Business Meeting.

Organization, Dr. U. S. Parish, Storm Lake.

President's Address, Dr. S. B. Miller, Cedar Rapids.

* * *

Philadelphia County Meeting.

The regular monthly meeting of the Philadelphia County Osteopathic Society, was held Dec. 5th, 1905, at 8 p. m., in College Hall, 33rd and Arch Streets, W. Philadelphia, Dr. J. Ivan Dufur in the chair.

Following the transaction of the evening's business the following program was rendered:

Dr. S. W. McCurdy spoke on "The Relation of School and Practitioner." He divided his subject into three parts, namely—The Relation Socially of School and Practitioner; secondly, The Relation Educationally; and thirdly, The Relation Professionally. Dr. McCurdy has been connected with colleges one might say, all his life, and

it would be hard to find one of our profession better fitted to speak on the above topic.

Dr. Mason W. Pressly, Jr., read a paper from the other point of view, The Relation of Practitioner and School. He emphasized the necessity of case reports being returned to the colleges.

A lively and enthusiastic discussion followed, touching topics of general interest brought out by the speakers.

ABBIE JANE PENNOCK,

Sec'y.

* * *

Western Pennsylvania Osteopathic Association.

On Saturday, November 25th, some thirty or forty osteopaths from the Western portion of Pennsylvania, met by invitation of the Allegheny County Osteopathic Association in Pittsburg, and organized the Western Pennsylvania Osteopathic Association, hoping by such an organization to be of great service to the state association, with and under which we expect to work, and also be enabled to conduct more instructive and helpful meetings to the practitioners of this section of the state than could be accomplished by small local associations.

In this effort we were greatly aided by Dr. O. J. Snyder of Philadelphia, president of the state association who had been invited for that purpose and to make an address upon such points as he deemed might be of interest and benefit. Dr. Snyder spoke at length upon "The General Trend of Modern Therapeutics, Past Legislation Sessions and Legislative Prospects" which was presented in a very able, courteous and convincing manner and aroused much enthusiasm and good will.

After his lecture, Dr. Snyder replied to many questions that were asked him by the audience, especially relative to our last legislative fight, which resulted in a better comprehension of the situation and difficulties that confronted us at Harrisburg than could have been obtained in any other way by those who did not actually participate in the fight by personal attendance at Harrisburg last winter. This was followed by vocal selection by Miss Combs accompanied by Dr. Florence Brown Stafford on

the piano, after which refreshments were served.

The program was concluded by effecting a permanent organization and the election of officers which resulted as follows:

President, Dr. F. R. Heine, of Pittsburg, Pa.; vice-president, Dr. Florence Brown Stafford, of Pittsburg; secretary, Dr. F. J. Marshall, of Pittsburg; treasurer, Dr. Robert P. Miller, of Washington.

Executive committee: Dr. M. S. Irwin, of Washington; Dr. E. D. Rogers, of New Castle; Dr. S. W. Irwin, of Beaver Falls.

Program committee: Dr. A. Vernon, of Bradford; Dr. C. C. Wright, of Charleroi and Dr. Julia E. Tarter, of Butler.

The meeting adjourned at 12:30 a. m. subject to the call of the president and the executive committee.

F. J. MARSHALL.

* * *

Colorado Osteopathic Association.

The eighth annual meeting of the Colorado Osteopathic Association met December 18th, in room No. 325 Charles Bldg., Denver, Colorado. The meeting was called to order by the president, Dr. J. T. Bass. The minutes of the previous meeting were read and approved; this was followed by the president's address, who briefly stated the work accomplished during the year, giving the report of the entertaining of the National Convention, and legislation accomplished.

The report of the treasurer was heard. It was moved that the full treasurer's report be included in the printed report.

D. N. Clark, Ft. Collins; V. S. Richards, Denver; L. H. McCartney, Denver, and M. W. Bailey, Denver, were elected to membership.

The following officers were elected to serve for the ensuing term: President, J. T. Bass, D. O., Denver; first vice-president, R. B. Powell, D. O., Monte Vista; second vice-president, Mary N. Keeler, D. O., Loveland; secretary, Nettie Hubbard Bolles, D. O., Denver; treasurer, G. W. Perrin, D. O., Denver.

Respectfully submitted,

W. S. WARREN,

MARY N. KEELER,

VERA S. RICHARDS.

The following program was then presented:

Paper, Congenital Hip, by Dr. C. C. Reid, Denver.

Demonstration and operation upon actual cases, by H. W. Forbes, Los Angeles, California.

Clinics for examination were presented by Dr. Mary Keeler of Loveland; Dr. E. E. Conway of Colorado Springs; Dr. R. B. Powell of Monte Vista, and Dr. C. C. Reid of Denver.

A general discussion followed which was of much interest to all present.

Paper, Concentration of Thought While Treating, by Dr. D. L. Clark, of Ft. Collins.

In the evening the annual dinner was given at the Hotel Savoy with the following program of toasts, Dr. J. T. Bass, Denver, Toastmaster:

Dr. N. A. Bolles, Denver, Legislation in Colorado.

Dr. Chas. C. Reid, Denver, Osteopathy vs. Homeopathy.

Dr. L. H. McCartney, Denver, Our State Organization.

Dr. L. S. Brown, Denver, Our Future.

Dr. Martha A. Morrison, Greeley, A. O. A., 1906.

Dr. Vera S. Richards, Song. Sunrise.

Dr. Maude McElvain Sanders, Denver, The Social Side of our Profession.

Dr. H. W. Forbes, Los Angeles, Calif., Ethics.

Dr. Geo. W. Perrin, Denver, The "Old Doctor."

Signed

NETTIE HUBBARD BOLLES,

Sec'y. C. O. A.

* * *

New Jersey Association.

A meeting of the New Jersey Osteopathic Society was held at Orange on the evening of Dec. 16th. The bill prepared by the legislative and executive committees of the society was read and unanimously endorsed. Plans for our legislative work were discussed, and enthusiasm ran high. The medical fraternity are anticipating our desires, and are leaving no stones unturned in their own organizations, and when we go to Trenton this year, we expect to confront the most

strenuous opposition we have yet had to encounter; however, prospects on our side of the fence look very bright, and with the good work each individual member of the society is doing, we can reasonably expect a victorious outcome.

HARDY W. CARLISLE, Sec'y.

* * *

PERSONAL MENTION.

Dr. W. W. Adams has again opened an office in Anaheim, Calif.

Drs. Helen and Mary Giddings have located at 810 and 11 New England Bldg., Cleveland, Ohio.

Dr. Emelie L. Green, of Detroit, Mich., has returned to her practice after a few weeks vacation in Boston and New York.

Drs. O. B. Prickett and John Reiger have formed a partnership and hereafter will practice in Gruwell Block, Billings, Mont.

By inadvertance we chronicled the change of address last month of H. A. Stotenbur, who, we understand, is not an osteopath.

Among those visiting at the A. S. O. during the past month were: Drs. E. L. Denniston, DeKalb, Ill.; J. C. McGinnis, Aurora, Ill.; Frank Heine, Pittsburg, Pa.; J. D. Heniny, Nelson, Nebr.; H. E. Bedley, St. Louis, Mo.; Earl H. Laughlin, Ashland, Kansas; Dr. Minnie Dawson, Detroit, Mich.; Dr. F. W. Hannah, Indianapolis, Ind.; Dr. Genevra Green, Kansas City, Mo.; Dr. Perry Barnes, Somerset, Ky.; Dr. A. G. Hildreth, St. Louis, Mo. and Dr. C. W. Proctor, Buffalo, New York.

Died.—In Denver, Colo., Dec. 4th, Miss M. E. Morgan, sister-in-law of Dr. J. W. Dixon. Miss Morgan was an old friend of osteopathy having taken treatment in Kirksville before the establishment of the school here.

Born—To Dr. and Mrs. A. M. King, of Artesia, N. M., Dec. 16, a son.

Born—To Dr. and Mrs. Audry C. Moore, of San Francisco, Calif., Dec. 4, a son.

Born—To Dr. and Mrs. H. R. Cowgill, of Garden City, Kan., Dec. 27, a daughter.

Born—To Dr. and Mrs. A. R. Waters, Chico, Calif., Nov. 16, a daughter.

Marriages.

Dr. William G. Southerland, and Miss Bertha May Cavatt, Dec. 11th, at Le Seur, Minn. At home after January 1st, 1906, Mapleton, Minn.

Dr. James Ivan Dufur of Philadelphia to Miss Rosabel Josephine Bates, Thursday, December 7th.

Dr. Wilbur B. Erwin of Milledgeville, Ga., and Dr. Mary Elnora Smith of San Rafael, Calif., were married in Chicago, Christmas day.

Dr. L. Numeral Turner and Miss Matildæ Dorfmueller, Dec. 27, at Orange, N. J.

* * *

Removal Notices.

Dr. A. E. Freeman from Carthage, Mo., to Cario, Ill.

Dr. A. Duke Durham from Fredericktown, N. B., to 86 High St., Medford, Mass.

Drs. Quine & Haile from 324 to 329-330 Bldg., Dallas, Tex.

Dr. Ray Davis from Kansas City, Mo., to Albia, Iowa, where he will be associated in practice with Dr. Floyd.

Dr. Harry L. Gibbs from 1253 Wilcox Ave., Chicago, Ill., to 218 West Lead St., Albuquerque N. Mexico.

Dr. W. D. Van de Sand from Kensington Bldg., to 1028 Walnut St., Kansas City, Mo.

Dr. W. B. Edwards from King City, Mo., to McFall, Mo., where he succeeds Dr. H. M. Cobb, who has gone to Colorado for a vacation.

Dr. A. N. Howley from 1523 O. St., to 313 T. St., Lincoln, Nebr.

Dr. M. E. Pluss from Chandler, Okla., to San Antonio, Tex.

Dr. L. B. Triplett from 308 Senior Bldg., to Holyoke, Mass., to 24 Besse Place, Springfield, Mass.

Drs. J. B. Marshall and E. J. B. Marshall from 2091½ Greenville, Pa., to 433 East 4th St., Jamestown, N. Y.

Dr. Emma Gardner from 101 North 9th St., Richmond, Ind., to Columbus, Kas.

Dr. L. B. Coggin from Marceline, Mo., to Oak Grove, Mo.

Dr. A. J. Hinkleman from Lost Nation, Ia., to Savannah, Ill.

Dr. Frank D. Bohannon, Anna, Ill., to Olney, Illinois.

Dr. N. C. Hawes from Northampton, Mass., to Gouverneur, N. Y.

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