

# **The Journal of Osteopathy**

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# THE Journal of Osteopathy

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KIRKSVILLE, MO., MARCH, 1906.

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## OSTEOPATHY IN THE TREATMENT OF COLDS.

DR. S. T. LYNE.

A short time ago the writer had occasion to suggest to a friend who had labored under the disadvantages of a deep cold for more than two weeks, that osteopathy could break up a cold in the early stage with from one to three treatments. While this personage knew something of osteopathy he seemed surprised at the statement, and exclaimed: "I did not know that you 'tackled' colds!"

Such an impression exists in the minds of a great many who think they understand why osteopathy is good in some conditions but not in certain others. By all such, let it be understood that the same principle is applicable in the successful treatment of all diseases, namely: remove the cause by giving freedom to the nerve and blood-supply of the affected part. This is all the assistance Nature needs in any case, for, with the nerve and blood channels free from interference, the same natural processes in the body that normally maintain health will in like manner restore health.

Exposure tends to produce a cold, primarily, by its effect on the nerves, either the central nervous system or the nerve terminals in the mucous membrane of the air passages; this results in muscular contractions which cause an engorgement of the capillary circulation. The congestion of the mucous membrane, if permitted to progress, becomes inflammation. At first the secretion of mucus is diminished, but later it is greatly increased and is of a muco-purulent character. This applies not only to coryza or cold in the head, but also to pharyngitis or sore throat, laryngitis and bronchitis—the entire air passage being lined with mucous membrane.

The part involved in a cold or its sequel depends largely upon the location of the structural lesion affecting the nerve and blood-supply. For instance, in the case of a cold in the head the lesion is usually in the upper cervical region; in bronchitis it is usually in the lower cervical or



upper dorsal; in pneumonia it is usually in the upper dorsal, but may be one or more ribs on either side from the first to the eighth.

While an ordinary cold is a very annoying complaint, many people are in the habit of doing nothing for it, permitting it to run its course as if to wear it out. This method is often ultimately successful, but doubtless those who take such chances little realize the fact that even an ordinary cold may develop into pneumonia or some chronic condition, especially if there is a bony lesion interfering with Nature's efforts to get back to normal.

Osteopathy is applied to the seat of the trouble, relaxes contracted muscles, and corrects any bony lesion that may be impairing the nerve supply. In this way the stagnant blood is removed from the inflamed area and the mucous membrane restored to a normal condition.

There is a class of individuals who are particularly susceptible to colds. In such cases, almost invariably, a bony deviation will be found which impairs the activity of certain nerves, causing them to be more easily affected, and predisposing one to catarrh, la grippe, pneumonia and even tuberculosis.

In the experiences of the writer quite a number of persons who were extremely susceptible to cold and pneumonia have had this predisposition entirely eradicated by a course of treatment. Many very distressing coughs, some of which had been previously diagnosed as tubercular, have been entirely cured by a short course of treatment. La grippe, bronchitis and tonsillitis are greatly relieved at once, and are cured in a remarkably short time. Not only has the relief osteopathy affords one suffering with pneumonia proven a wonder to many who previously thought its field limited to certain diseases, but the rapid and complete recovery of many cases of pneumonia under osteopathic regime has demonstrated the fact that osteopathy is eminently able to successfully handle even this dreadful disease without the aid of medication.

Kansas City, Mo.

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### HOW TO KEEP WELL AND LIVE LONG.

DR. S. C. MATTHEWS.

#### PART II.

It is naturally the work of physicians and scientists who make the prevention of disease their special study, to instruct the people in WHAT TO DO in order to prevent individual as well as epidemic diseases, and it is then the duty of the people to CARRY OUT these instructions.

Leaving the question of public measures out of consideration, the

following general rules may be given to the individual for the prevention of individual diseases.

I. MAINTAIN A PERFECT SPINE. For reasons given, all of the twenty-four joints of the spine must be kept open, the entire spine flexible and each vertebra in perfect alignment.

The brain is the power plant of the body. The spinal joints are the switches through which the brain-electricity passes to all the different arteries, organs and parts. The tightening or turning of any spinal joint means the closing of a switch—which means a lessening of vitality to some specific organ or part, and as a result that part becomes first weak and then diseased.

There are those who make the examination and treatment of the spine a special and constant study, and these spine specialists must be consulted occasionally by those who would keep well. This is one of the greatest secrets in disease prevention, because disease can be read in the spine months or even years in advance of its appearance. If the specialist finds a tightened or imperfect joint he knows that the organ or part controlled from that joint is weak, and therefore disease is only a question of time. His statement that a disease is going to attack this or that organ is not a guess nor a mere prediction, but the reading of a fact from a condition which exists.

The spinal joints must not only be kept open, but the vertebræ must be true to each other laterally, anteriorly and posteriorly as well, and all attachments in perfect position.

You ask what it is that disturbs the condition of the spinal joints. Every step you take, every time you stoop, or bend or turn, the spine has a part to perform. Sitting, standing, or even lying in bed strains certain spinal joints more than others. Strains, lifts, jars, colds and many other causes are all constantly acting on the spine, disturbing its perfection at certain joints more than at others.

II. EAT SLOWLY. The first and most important hygienic measure which the individual can apply to himself is to eat slowly.

The greatest offense against health to-day is the almost universal practice of OVER EATING, AND TAKING INTO THE BODY THAT WHICH THE BODY CANNOT USE.

The real object of eating is to supply the body with tissue, building material, and in amount only sufficient for renewal or to build up what has been torn down.

Viewed from this standpoint we all eat far too much. The real waste in the tissues is not great even in the hardest kind of labor, and where a mass of food is taken into the body only a small part of it is really used. The remainder is EXCESS and must be thrown out by over-



working the kidneys, the bowels and other excretory organs. Besides the excess rapidly decomposes and becomes poisonous to the system.

Another common and disastrous practice, and one which annually sends thousands to premature graves, is that of TAKING INTO THE BODY THAT WHICH THE BODY CANNOT USE. Under this head comes all drugs, alcoholic liquors and everything which cannot be converted into tissue.

Every one can understand why an engine will not work with too much coal, and also why stones should not be shoveled into the fire box.

They must also understand that the body cannot work with too much food and that whatever cannot be used by it must not be taken into it.

There is not an atom of tissue building material in drugs, whisky, or alcoholic liquors, and when these things are taken into the body it is exactly like shoveling stones into the fire box of an engine—they cannot be used and must be thrown out. But unlike stones in a fire box, when applied to living tissue, drugs, whisky and alcoholic liquors are active for harm. They inflame. They make the inside of the kidneys, the liver, the lungs and the heart look like a "blood-shot" eye. They seriously and injuriously affect the delicate membranes which line the inside of all four of these important organs. As a result these organs become first weak and then diseased. A man who drinks, in time finds his kidneys out of order, his liver inactive, his heart weak. He indulges his appetite but finally pays for it with his life.

With reference to eating, therefore, let nothing pass your lips which cannot be converted into tissue—nothing that is not in every way a pure food.

Again, take enough to supply waste tissue. Avoid having a great excess to be thrown off. Reduce the amount of food you have been taking by one-half for one day and observe how light and well you will feel.

Eat slowly. When you eat slowly and masticate thoroughly the absorbents take up the food particles as they enter the body and the work of supplying the tissues begins at once. When the tissues have been supplied you will not care to eat any more. There will be no excess to be thrown off at the expense of vitality.

If one eats hurriedly he stops only when the stomach is so distended that it will hold no more. He eats to fill the stomach instead of eating to supply the body with material to rebuild those tissues which have been torn down by exertion.

EAT SLOWLY. DIMINISH YOUR FOOD BY ONE-HALF. TAKE NOTHING INTO YOUR BODY WHICH CANNOT BE CONVERTED INTO TISSUE.

III. BREATHING TEN TIMES PER MINUTE. That improper breath-

ing is the direct cause of impure blood, general weakness and consequent disease, is a well known fact.

The lungs have but one purpose and that is to purify the blood. For this work they are composed of about 700,000,000 air cells. It requires the combined action of all of these cells to purify the blood perfectly. Therefore when only a part of the lung cells are used the work of purifying the blood is imperfectly accomplished. Healthy tissue cannot be built up of impure blood and as a result general weakness follows.

There are some who breathe thirty times per minute. They do not use half of their lung cells and are thin, weak, pale and anemic. Others breathe from fifteen to twenty times per minute, using most of their lung cells and they enjoy a fair degree of strength. Still others breathe from ten to fifteen times per minute. These are the people who use every lung cell at every breath. Their blood is perfectly purified and they have extra power of endurance.

Breathing can be wonderfully changed and improved by practice. One who breathes thirty times a minute can reduce this number to ten by careful practice. Practice slow full breathing. Sleep with your windows open. Get out in the air and the sunshine. Don't be afraid of the cold in winter nor the sun in summer. It is the people who remain continually shut up in tight rooms who breathe thirty times a minute. These people are always cold and they die of consumption by thousands every year.

Correct breathing in its last analysis resolves itself into the question of getting air into the lungs. There is no difficulty in getting it out. As you sit, as you stand, as you walk, all the time pull air into your lungs until they are completely filled. Pull in the air. Take your watch and practice breathing ten times per minute. You will soon form a habit of filling the lungs at every breath—the greatest health habit you can form. Always breathe through your nostrils. Pull in the air! Pull it in! Form the habit of full and perfect breathing.

IV. DRINK FOUR GLASSES OF WATER EACH DAY. The intestines as well as the entire system demand a constant supply of pure water. As a people we eat too much and drink too little. Reduce the amount of food and increase the amount of water.

Taking a cup of hot water the first thing in the morning is an excellent habit to form.

DRINK AT LEAST FOUR GLASSES OF WATER EACH DAY.

V. SLEEP AT LEAST EIGHT HOURS OUT OF THE TWENTY-FOUR. It is remarkable how closely health and long life are linked with sound, eight hour sleep. It is now known that sleep lost is not as readily made up as



is commonly supposed. It takes the system weeks to fully recover from a few nights of lost or broken sleep.

Regularity of habits and eight hours sleep out of the twenty-four are of the utmost importance in keeping well.

VI. EXERCISE BY WALKING. There is much false teaching to-day about physical culture. A certain amount of exercise each day is essential to health. But it is not necessary to have great muscles in order to keep well and live long. Great athletes never reach real old age. Walking in the open air and sunshine over an uneven surface is the best exercise that can possibly be taken and this should be taken daily.

VII. LAUGH. Laughter is not a whim. It has a physiological effect on the body for good and does much to keep us well. Worry, fear, anxiety, pessimism, moroseness, all lower vitality. Laughter, optimism, cheerfulness build up vitality. LAUGH AND BE CHEERFUL. Both of these contribute to health and long life.

VIII. THINK HEALTH, SUCCESS AND LONG LIFE. "As a man thinketh in his heart so is he." Our thoughts affect our happiness, our health, our success, our lives. In general terms we get what we think. Like produces like. Every one is seeking the same object and that is the attainment of happiness. In order to obtain happiness we must give happiness. To be happy ourselves we must make others happy because we reap what we sow.

IX. TAKE NO DRUGS INTO YOUR BODY. There is not a particle of tissue building material in any drug. The system cannot use drugs to build nerves, muscles, bones, teeth, eyeballs, hair, nor any other of its parts. It cannot make blood nor any of the fluids of the body out of them. Taken into the system they are waste material and must be thrown out again. Not only are they waste but they corrode, inflame and injure the delicate linings of the kidneys and other internal organs.

The tissues of the body are all made from the fluids of the body and these fluids are all made within the body from food.

Remember that the machinery of the human body was designed and made by the Infinite, and that nothing was forgotten, overlooked or left out in the making. When the inside of the body is examined it is found to contain a number of glands each of which is a manufacturing establishment which makes and turns out a fluid essential to certain other tissues.

The thyroid gland in the neck, for instance, manufactures a fluid which is used to build up the bones. The spleen manufactures blood corpuscles. The liver manufactures gall. So it is with all the other glands. They all manufacture their own fluid out of simple food.

You trust your body to manufacture its own skin, its own nerves,

its own bones. Can you not trust it to make its own drugs? It has the machinery on board to manufacture everything it requires out of the simplest articles of food.

#### HAVE FAITH IN YOUR OWN BODY.

X. CONSERVE YOUR VITALITY. Vitality is a bank account which is bequeathed to us by our parents. We add something to it and subtract something from it each day. As to how long it shall last depends not upon its size but upon how it is conserved.

Excessive labor, over-eating, loss of sleep, taking liquors, drugs and other foreign substances into the body which the body cannot use, and every form of dissipation all draw on and lower the vitality. They weaken the body and make it an easy prey for pneumonia and every disease.

XI. DEVELOP YOUR WILL POWER. To those who would keep well and live long there is much which could be said but perhaps there is no one thing of such great importance as the statement DEVELOP YOUR WILL POWER. We do not do as well as we know. Our will power is very strong in one direction but very weak in another. We are strong in all matters of labor. We can hold ourselves resolutely to our task, but we are weak when it comes to appetite, passion and desire.

The great difference in men is not nearly so much a difference in ability as it is a difference in WILL POWER. A man who is in control of himself at all times is the exception. DEVELOP YOUR WILL POWER. TRY TO BE STRONG ENOUGH TO DO WHAT YOU KNOW YOU OUGHT TO DO.

XII. STUDY THE HUMAN BODY. In matters of health as in everything else "KNOWLEDGE IS RICHES." Increased knowledge has already added four years to the average life in the past few years and it is going to solve still further the great question of health until long life is the rule and not the exception. We are all in the business of living and we must study that business. It is too important a matter to trust wholly to some one else.

We must know something about the body ourselves. We must study our body at least as closely as we study our automobile. We must know something about how to run the human machine, what to put into it and what not to put into it. We must take up the question of "How to Keep Well" and study it. We cannot afford to follow the old method of stumbling along in the dark with weakened or disabled organs or parts until we are down and helpless and then try to find a cure. Where one reached old age in the past by mere accident, one thousand will reach it in the future by LEARNING HOW TO LIVE AND BY STUDYING THE GREAT QUESTION OF PREVENTION.



Read all you can about the body. You cannot know much about the subject of living. "KNOWLEDGE OF THE BODY IS RICHEST IN HEALTH."

XIII. NEVER GIVE UP BUSINESS. Always have some business to attend to and something of importance to accomplish. Idleness invites weakness and weakness always invites disease.

When the age of fifty is reached take up the important question of MODERATION if you have not taken it up before. At fifty the fires of life begin burning a little more slowly. As to how much longer they will burn after you have reached that age depends in a large measure on how you handle the fire. If you husband your vitality—your fuel—it may burn for fifty years more or even longer. But the more you crowd the fire the sooner your fuel will be exhausted.

There will be business after you have passed on. When you reach fifty take a little more time with your friends and a little less time with your business. Have your spine, as well as your teeth, looked after a little more often. Try to prevent your spine from becoming stiff. See to it that there are no tight spinal joints to undermine the strength of the heart, lungs, liver, kidneys, or other vital organs.

Statistics show that there are eight widows to every two widowers. Business men wrong their families and the nation as well as themselves by overwork. They die by thousands annually twenty or even thirty years before their time.

After a man reaches fifty he must run moderately or run briefly and he must choose which of these two he prefers.

Always remain in business. This is important. But after you reach fifty, if not before, begin the practice of moderation. Don't wait for the breakdown. Begin in time. Be moderate. Be moderate.

XIV. BE EXAMINED PHYSICALLY BY A SKILLED ANATOMIST. While the body is perfect, like an automobile it requires not only care in running but mechanical care as well.

From time to time the body should be thoroughly and carefully examined from the mechanical standpoint. Each of the twenty-four spinal joints should be examined. If one or more of them be found tight or imperfect it should be spread apart or corrected at once. Should such a condition occur at the lung center, to correct it would mean perhaps to prevent pneumonia. Should such a condition occur elsewhere, to correct it would mean to prevent some disease of the bowels, the liver, the kidneys or other internal organs.

It often happens that the ribs become turned, slipped or drawn too close together. The tissues about the spine and chest may become hard and unyielding. The structures of the body become wrong in many ways and hence a minute physical examination from time to time

is absolutely essential in order to prevent disease, because the body must be structurally perfect or it cannot continue to be well. It is the little wrongs in a timepiece which prevent it from keeping perfect time. It is the little wrongs in the body which prevent it from keeping well and strong. The tightening of one spinal joint is sufficient to invite disease and a breakdown.

#### A NEW ERA JUST BEGINNING.

The era of preventing rheumatism, catarrh, diseases of the kidneys, liver, the heart, the lungs and all the long list of INDIVIDUAL diseases, is just beginning. The conquest is going to be the most glorious as well as the most valuable ever achieved by man.

One hundred years from now posterity will read the records of our time with amazement. They will read of thousands of deaths occurring among us from INDIVIDUAL DISEASES which they will prevent and which they will really know only from history.

"PREVENTION" is the greatest word in the medical world to-day. To CURE disease is a great work but to PREVENT it is a work infinitely greater.

The Japanese proved that typhoid fever is preventable—an examination of the water used by the soldiers being all that was necessary.

So it is with every individual disease. There is a cause for each and every one of them, and these causes are rapidly being discovered. Some lie in the food we eat, some in the water we drink, some in the life we lead, some in the foreign substances taken into the body which are neither food nor drink, many of them in a derangement of the spine and other structures of the body, which cause weakness of some organ or part and thus invite disease.

The body in perfect condition is germ proof. Germs attack only weakened tissue. One thousand soldiers drink water containing typhoid germs and twenty-five take the disease. The germs are the exciting cause but a weakened condition of the intestines is necessary for them to find a lodgment and set up the disease. The same thing is true of pneumonia and other so-called germ diseases.

Hence the great necessity of keeping the body at all times in prime condition. Such a condition means that it will be both germ proof and disease proof. A brief summary is:

1. Have the spinal joints looked after. Keep the spine as well as all other structures of the body perfectly adjusted.
2. Conserve your vitality.
3. Breathe slowly and fully. Breathe through your nostrils always, and see how much air you can pull into your lungs.



If these simple rules as well as the others herewith given are followed **INDIVIDUAL DISEASES** will become less numerous each year and prevention more and more of a reality.

It is admitted by investigators generally that the body should run, be well, be healthy and be useful for one hundred years.

This seems a dream, but the percentage of those who reach the hundred year mark is becoming greater and greater each year. And the more each individual studies the question of **KEEPING WELL** for himself, and **PUTS INTO PRACTICE WHAT HE LEARNS** the greater will be the percentage of centenarians.

New York City.

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### PNEUMONIA.

R. E. HAMILTON, D. O.

OSTEOPATHY CURES.

Among the many diseases successfully treated by osteopaths, croupous pneumonia or lung fever, stands prominent. Of all acute diseases, it causes more deaths than any other. The drug profession say that "there is no remedy which can exert a favorable influence upon the pneumonic process. According to the same authority, it runs a self limited course and its accompanying fever continues, seldom less than seven, and never less than three days. Osteopaths are continually reporting cases of pneumonia which under osteopathic treatment have been relieved of their fever symptoms in less than the time set by the M. D's. I do not mean to say that all cases recover under osteopathic treatment, but that from the very nature of the disease, osteopathic handling is most successful.

### PHYSIOLOGICAL CONSIDERATIONS.

"A free and natural flow of blood is health." This is an osteopathic truism, but needs to be demonstrated to those who are uninitiated in the anatomical way of thinking. The blood directly or indirectly feeds every cell of the body. The blood-vessels with their elastic coats are, down to the finest arterial twig, modified in size by muscle in their walls. These muscular walls are so closely connected throughout the body that in health the greatest or the least demand for blood is quickly responded to by a dilatation of the arteries. So delicate is this mechanism that even the thought of writing may cause an increased supply of blood to flow to the hand. If the body is too warm a greater radiation of heat is provided for by the expansion of the arterioles and venules in and near the skin; if too cold the blood-vessels of the internal organs expand and

those near the surface contract, thus sending the blood mass to the interior of the body and preventing too great a loss of heat. So long as the adjusting mechanism is in good condition or the demand for change of circulation is not too sudden or long continued the vessels of the body will relax or contract in response to the demands of the body. Should the mechanism become deranged or the call for change be too sudden, some organ or organs will be over supplied (congested) with blood by a partial stoppage of the circulation. If this congestion occurs in the nose or throat, it is called a cold. If the cold continues for some time, the weakened tissues are infected by microbes and changes take place in them, and the cold becomes a catarrh.

### PNEUMONIA IS MUCH LIKE A COLD.

The lungs and their great vessels contain about one-fifth of the blood of the body and any considerable shifting of the blood stream must necessarily be felt by the lungs. The compensating mechanism—vaso-constrictor nerves in the vessel walls—must be in good condition in order to compensate for the change in amount of blood in the part.

A vaso-motor center for the lungs is in the upper dorsal region of the spinal cord, when this center becomes disturbed in its activity by a lesion of the spinal column, we have a cause which predisposes to lung congestion and finally to lung inflammation.

Many cases of pneumonia—in fact a large majority of them—come from exposure to sudden changes in temperature. The tissues become weakened from the congestion and stagnation of the blood in them, thus giving opportunity for infection by bacteria. That the primary cause of pneumonia is not bacterial is shown by the fact we find in pneumonias, not only the pneumonococci of Frankel, but also several other pathogenic germs.

### THE CONDITIONS FOUND IN THE LUNGS.

When the inflammation begins, the capillaries of the lung are engorged with blood and the circulation is slowed. Soon blood plasma is poured out into the air cells, also many white blood-corpuscles and a few red. This exudate coagulates and plugs up the cavity, destroying, until the process of repair removes the plug, the usefulness of the part affected. Should the inflamed area be extensive, the patient may die of suffocation. Meanwhile, the blood, owing to its quantity and the resistance it meets, is not being removed rapidly enough and the pumping power of the right side of the heart is severely taxed. If the heart is diseased or weakened, the patient will die of heart failure. The processes of inflammation and repair, and the poison absorbed into the blood



stream cause a high fever. The bacteria present while increasing the severity of the inflammation are merely incidental to the conditions producing the congestion and any measure which tends to produce a normal blood flow will cause the destruction of the bacteria.

#### HOW THE OSTEOPATH HANDLES THE CASE.

The nursing and general care of the patient is very little different from that of any other school of practice, but the treatment is based on the apparent cause of the attack. The weakness of the lung may be due to a lesion of the ribs, the dorsal or cervical vertebræ, affecting either the nutrition or the vaso-motor control of the lungs. Treatment must always be directed to the removal of the lesions found. Vigorous treatment should be given only in the first stages of the disease the earlier the better. The trouble may sometimes be traced to heart weakness and the centers affecting the heart must be looked after.

The centers for the kidneys and the intestinal tract should be examined, as lesions affecting these organs are quite frequently found in pneumonia. Any measures—such as swathing the patient's thorax with cotton—which will cause the blood-vessels near the surface of the body to dilate, will help to relieve the congestion.

It is safe to say that practically all drugs leave some weakening after effects. Cases treated without the use of drugs, invariably recover more rapidly after the crisis of the disease is reached.

Kirksville, Mo.

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#### CANCER OF THE INTESTINES.

DR. JAMES L. HOLLOWAY.

THE data of the following case were furnished me by Dr. Maud G. Russell of Commerce, Texas, having myself examined the patient once at her request.

The peculiar and obstinate character of the ailment, coupled with the results secured through osteopathic treatment after the "Regulars" had exhausted their resources, imparts added interest to the case.

Mrs. M., aet. 37, nullipara, in July, 1902, had an attack of malarial fever which continued through August. There occurred during the progress of the attack frequent, acute, lancinating pains in the region of the stomach and upper bowel, followed by symptoms of jaundice which gradually increased in intensity. This condition became more and more aggravated, even under the best local medical skill till August, 1904, when she concluded to give osteopathy a trial. In the meantime chronic constipation had developed. Added to these complications was a per-

sistent case of amenorrhea, the menses having failed to appear for six and a half years. The uterus, while slightly atrophied, was normal in position, mobility good, tonicity of vaginal walls fair, little tenderness, no inflammation.

Four months of osteopathic treatment was attended with steady improvement, jaundice subsiding to such an extent that skin and conjunctiva assumed almost natural color, constipation less aggravated, and general health improved. Treatment was discontinued a month. Pain of a dull, aching character in the right hypochondrium returned, accompanied by pronounced icterus and distressing pruritus. Stools were decidedly drab in color, indicating stenosis or occlusion of bile duct. Treatment began again on recurrence of acute pains, these being controlled by inhibition along the ninth intercostal space on right. Patient showed improvement in increase of weight and strength. At this time the menses returned after a lapse of nearly seven years, lasting only a day, and did not appear again for four months. Thereafter they were regular as to time, venous in character, usually lasting five or six days.

Soon after this a tumorous condition was distinctly palpable in region of ninth costal cartilage extending upward to the seventh. Waist measure showed a monthly increase of about three-eighth of an inch. At this juncture an operation was advised, as the patient's weight was decreasing, anorexia present, temperature from one to two degrees above normal, and other indications pointed to carcinoma, though there was neither nausea nor coffee-ground vomitus. Operation revealed malignant tumor involving the ductus communis choledochus, pyloric orifice, upper portion of duodenum, head of pancreas, with complete atrophy of gall bladder. Nothing removed, incision closed and patient made good recovery from operation. Surgeon pronounced case hopeless.

Osteopathic lesions: Sixth dorsal rotated to right with lateral left swerve from 7th to 12th dorsal with compensating right curve of all lumbar. Lower dorsal and whole lumbar region were markedly rigid. Patient was under treatment for fourteen months, during which time constipation was cured, menses regained, normal action of stomach restored, kidneys regulated, until the encroachment of the magignant growth destroyed regularity of functional activity.

I am not sufficiently familiar with the history of the case to make deductions with certainty, but the probabilities are that the existence of the lesions referred to, affected the vaso-motors of the uterus which gets its blood supply through the ovarian and uterine arteries. The physiological condition in menstruation is hypertrophy of the mucus membrane of uterus due to active growth of its connective tissue ele-



ments and greatly increased vascularity. Gradually there occurs an infiltration of blood corpuscles and plasma through rupture or diapedesis. It must be evident that the condition of flow must be non interference with the vascular supply of the organ. This may be brought about in at least two ways, viz., misplacement causing torsion and consequent reduction of blood supply, or spinal lesion affecting vaso-motors. Trophic disturbances deranging cellular function of mucous membrane is in reality but a vaso-motor affection. In the case of this patient, position of organ was normal but an atrophic condition existed. Thus it may be safely inferred that the immediate cause of the amenorrhœa was the spinal lesion affecting ovarian and hypogastric plexuses.

Since the lower dorsal and upper lumbar were involved, there necessarily followed a paretic state of the lower bowel, venous stasis of the part of the whole portal circulation, resulting in auto-intoxication, constipation, and the improper functioning of the whole biliary apparatus. The liver's double blood supply, viz., portal vein and hepatic artery, is governed by the hepatic plexus, made up principally of the left pneumogastric and splanchnics as off-shoots of the solar plexus. Derangement here must of necessity affect the physiological activity of liver cells, as well as those of the pancreas and spleen, giving rise to acute and ultimately to chronic catarrhal conditions of the ducts,—the certain forerunner of jaundice, gall-stones, cirrhosis of the liver, hyperemia of spleen, and pancreatitis. Continued irritation in this neighborhood through altered blood and nerve supply, finally affected the columnar epithelium of the ducts leading into the duodenum, drainage through lymphatics was blocked, and we had the resulting cancerous growth with its soft consistency and colloid degeneration, showing, upon section, agglutination and involvement of organs contiguous to these ducts.

The temporary relief and re-establishment of normal functioning of the uterus and bowel afforded by osteopathic treatment, are a vindication of our principles of etiology and but for the long standing anatomical derangement coupled with the deleterious results incident to strong medication, no doubt we have reason to believe the outcome of this case would have been quite different.

Dallas, Texas.

### CAN OSTEOPATHY CURE PULMONARY TUBERCULOSIS?

DR. H. H. SMITH.

In these days of awakened interest in the treatment of tuberculosis, a disease which most schools of healing have considered almost hopeless if not altogether so, the various schools have had to change most of their views, in regard to the treatment. The M. D's. are giving less drugs, all schools are using the "out-door treatment" more or less, and I am firmly convinced that a rational out of door treatment is fully one-half of the cure. Now of one thing I am very sure, and that is that osteopathy with its control of the circulation, of the stomach and liver, its absolute power to correct all spinal irritation, to raise the ribs thereby giving more room for lung expansion; osteopathy combined with out of door exercise, good sunshine, a careful blood building diet can cure pulmonary tuberculosis. So believing that all osteopaths ought to give to their fellow workers all data that might be of help to them in similar cases, I am going to submit the following case, giving history, symptoms, etc. I have the gentleman's full permission: I do not mean to be boastful, I give this simply for the good of the thousands that are facing the grave from the dread disease—consumption, and in the hope that osteopaths will take hold of this disease and conquer it. I believe we can do it. Here is the result I accomplished and the means used to do it:

Name, Mr. Edward Stuckey, Olds, Iowa, age thirty-seven; German, occupation, principal in public schools. He came to me September 15, 1905, weighing only 132 lbs. (usual weight, 150). Symptoms: hacking cough with muco-purulent sputum, night sweats, a weak rapid pulse, poor appetite, bowels constipated, had a slight hemorrhage. Inspection, upper chest sunken, especially the right, ribs very oblique, prominent scapulæ, abrupt depression above and below clavicles, a bad posterior condition at fourth dorsal vertebra, rest of dorsal flattened, third, fourth and fifth ribs on right side sunken in. Percussion, dullness in region of fourth and fifth interspace on right side in front. Auscultation, subcrepitant rales in upper part of chest on right side.

Treatment every day, except Sunday, raising the ribs strongly with correction of dorsal vertebræ and third, fourth and fifth ribs, of course. Special attention given to stomach, bowels and liver to get the only cure for consumption, i. e., good germ fighting blood. I paid special attention to his diet, prescribing good wholesome food, especially milk and raw eggs. I had him walk every day at least two miles.

Result: gained four pounds in weight, better appetite, better bowel action, and no night sweats after sixth treatment. His family wanted



him to gain faster, so on September 28th, he commenced taking treatment of a magnetic healer. He stayed with him until October 30th, when he returned to me, having gotten enough of the "magnetic" kind. He had lost the four pounds and some more, and the treatments had made him extremely nervous.

I commenced the old routine. Here are the results as shown on my case record, from October 30th to November 10th: gain ten pounds November 10th to 28th, one-half pound more. November 28th to December 7th two and one-half pounds more.

His weight now January 30th, 1906, is 160 lbs; his chest measurement is thirty-six and one-quarter inches; forced inspiration thirty-seven and one-half; forced expiration thirty-four and one-half. I am sure that his chest has increased one and one-half to two inches, as his clothes he used to wear when he commenced are too tight in the neck now, and his vest tight across the chest. I am sorry I failed to take his chest measure at the first. He has on several afternoons lately walked ten miles without undue fatigue, and I am still treating him. I haven't heard him cough for nearly two months. His appetite is great. Now I submit this case hoping to hear from others. Fellow osteopaths, we have a good field before us, and I am sorry to say, plenty of material.

I see that the M. D's. are saying now, drugs are useless in consumption, except for its complications. Good! They will be brothers in the fold with us, yet.

Olds, Iowa.

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**MEASLES.**

DR. E. E. TUCKER.

The glory of the osteopathic profession is that it proceeds upon a fact and not a theory. Its diagnosis is positive, and not approximate, and moreover is fundamental. If a lesion be found in the mechanism of any organ that is diseased, it is essential that this lesion be removed; other measures, beside this, are secondary. When the osteopathic physician examines a case and declares the existence of a mechanical lesion in connection with the case, any system or method which does not look first to the removal of this condition is superficial and palliative only.

Palliative measures, however, are of unquestioned value and use in any case. The treatment might in all cases be divided into principal and palliative. The principal treatment looks to the removal of the cause,—mechanical lesion, abuse of function, local irritation, hereditary influence, or whatever the cause be determined to be. The palliative

treatment directs itself to the actual condition in the diseased organ. Palliative measures are constantly advised and used, and to advise and use them properly requires that the condition in the body itself, the whole connection between cause and superficial symptom, be understood.

In measles, for instance, what is the relation between the conditions that the osteopathic physician finds, and the highly complex symptoms that arise therefrom? Partly therefrom, for it is not maintained that these lesions are more than part cause of the disease.

THE PATHOLOGY

The principal treatment in cases of measles, will depend of course on the lesions that are found. These are not always the same; the most constant lesions are in relation with the innervation of the lung, where the most severe symptoms are found. The osteopathic physician will of course direct his attention to whatever lesions he finds, in the understood way.

The palliative measures will depend upon a complete understanding of the condition that obtains in this disease. An analysis and correlating of the symptoms of this disease reveals a triple succession of phenomena. The first of these is the febrile one. The onset of the disease is with chilliness, fever and constitutional reaction, similar to that of any other fever.

The second series of changes is in the mucous membrane of the respiratory tract. Some days previous to the onset of the attack, there appear the so-called taches blutres, on the gums near the roots of the molar teeth, which disappear. At the beginning of the attack, a slight coryza exists in the buccal membranes, which spreads and progresses downward, growing more severe as it spreads, until it reaches the bronchi and lungs, where it is most severe, most of the deaths from this disease being due to the pulmonary complications.

The third of the series of changes, that in the skin, begins about the fourth day, when the constitutional reaction has reached its height. Although an erythematous eruption often precedes the outbreak of the attack, associated probably with the taches blutres, the eruption does not begin in earnest until this time. It appears first on the cheeks and forehead, having a mottled appearance, described as consisting of crescent shaped patches of erythema. (See also smallpox). This eruption spreads, following the course of the inflammation in the respiratory tract, though after an interval of time, until it reaches the chest, where its manifestations as also the mucous inflammation, are most severe. It often spreads to the abdomen, as also the inflammation may extend along the mucous membrane of the digestive tract, to involve the intestines.



At the end of the fifth or sixth day, the attack usually subsides.

In this disease there are both anatomical and physiological peculiarities. An anatomical peculiarity requires an anatomical explanation, and a physiological peculiarity, that we notice is the peculiar shape of the eruption. This should point to some peculiar arrangement of the structure that is involved to cause this erythema. There is no peculiarity of the blood mechanism that we know that could cause this manifestation. It is barely possible that the relative proximity of the channels of lymphatic drainage should be responsible for the clear spaces leaving the distant parts red. But in the nervous system, it is quite possible that the peculiar arrangement of the terminals of the nerves of temperature might correspond with the crescents of erythema. Experiments have determined that the sense of temperature is not evenly distributed over the surface of the skin, and this is the only function that is known to have an uneven distribution. Moreover, the eruption is apt to appear at the edges of the hair, and does not often pass beyond that point. Although there are nerves of temperature in the scalp, it is certain that nature whose parsimony is so strict, will sacrifice them where they are not needed in favor of places where they are. Nerves of temperature are very deficient in the scalp.

Investigations should accordingly be made to learn whether the nerves of temperature sense are involved in the disease. It is known that a chilling of the skin is particularly dangerous in this disease; and for a long time after recovery, the danger from exposure is very great. The part of the body usually affected in colds of any sort is just the area involved in measles. The disease begins as an ordinary coryza. A great many other diseases begin in the same way, however, so this circumstance has no very valuable significance. There is contained in it however, the suggestion that possibly the nerves of reaction to cold are overburdened in the disease, and themselves involved in some morbid condition. There are the same reasons for believing this possible as were given previously in a discussion of diphtheria, and the same reasons for believing it to be a fact as well, namely, the occurrence of paralysis as a sequel of the disease.

With regard to the suggestion that it is the nerve mechanism of reaction to temperature that is involved, we have this fact, which may be of some value; there is a similarity between the eruption of this disease and that of smallpox, both in the peculiar crescentic shape of the eruption when it first makes its appearance, and in the places where it first appears. Smallpox is certainly a cold weather disease. Though cases of both these diseases occur at other times, yet the influence of atmospheric conditions must be acknowledged to be a very potent one.

In any case, an examination reveals a complexity of symptoms whose only common ground is the nervous system. The only common ground between the progressing inflammation in the respiratory tract and the eruption in the skin—both progressing downward gradually, the one following the other after an interval of days—is the nervous system, through which the irritation is reflected first to the membranes of the throat, and after the internal nerve excitation has become more severe, to the skin. It is suggested that eruption of the skin without local cause at any time indicates involvement of the nerve cells as the cause. We have it most characteristically in the case of cerebro-spinal meningitis, in which the state of the skin is the clearest indication of the disease. In typhoid fever, the only possible relation between the cæcum and the skin, in which appears an eruption, is the nerves. The eruption appears in the parts of the skin supplied by nerves from the same segment as those to the cæcum, giving an anatomical justification for the idea. So in measles, the eruption may be taken as further evidence of the fact that involvement of the nerves is the paramount cause of the peculiar phenomena.

Now we have a downward progression of events in this disease. Supposing that the involvement of the nerves is the specific cause of the phenomena of the disease, what can be the explanation of the downward progression of events? In the degeneration of a nerve fibre, that part farthest from the cell, centre of nutrition, suffers first, and the degeneration progresses uniformly from that point to the cell itself. Now when any cell is involved in the reaction to injury, the first evidence thereof is the failure of normal function. Failure of function on the part of any nerve cell means first of all the failure properly to nourish the cell fibre—hence the disturbance, therein, possibly the death thereof, beginning first at the periphery, and progressing thence towards the centre, where may be expected a severer manifestation. The phenomena of measles corresponds accurately with this suggestion. First the mere cold, as the nerve fiber begins to be involved, spreading downward to the chest, where, as the nerve centre is reached, the greatest severity is shown. Then, when degeneration, or dissemination of the material, or some other part of the cycle, has set in, the eruption of the skin appears, progressing downward, until the nerve cell is reached, when the greatest severity is shown. Why the local manifestations follow so closely the part of the cord that is at that time involved, may be understood in this way. The body consisted originally of segments, each one independent and performing for itself all the vital functions. In matters of correlated activity, this independence has disappeared, and one part of the body acts for the whole; but in many respects, and these the most fundamental,



the segmental arrangement still obtains—as in the reaction to injury. Thus in the degeneration of a fibre, though there are constitutional reactions, yet the locality of the symptoms may serve as a guide to the part of the cord that is involved. Anatomical peculiarities demand anatomical explanations.

There is, further, an incubation period—presumably the interval before the reserve power of the nerve begins to give way—it takes a nerve some time to starve. There is also immunity conferred by the disease. In Dr. Still's expressive phraseology, this is due to the death of the mother—to the death of the nerve cells that gave birth to the disease—a statement which corresponds perfectly with the analysis here presented.

Finally, there does occur paralysis as a result of the disease; and if not paralysis, some other permanent weakness or disturbance; it is seldom that the disease leaves the patient as it found him. These facts, taken collectively, are the strongest possible evidence of the involvement of the nerves as their cause. Although this involvement of the nerve centers may have occurred secondarily to the surface involvement, yet the possibility is equally great either way; and together with the other evidences, the case must be regarded as a pretty strong one in favor of the primary involvement. All the arguments given in previous articles on fevers with regard to the germ theory (Typhoid and Malaria in Journal of Osteopathy) apply equally well here.

Finally, it is true that the onset of very nearly every acute disease that we find described is with chill, or rigor, and fever. Now if we are to find explanations for the features of disease in anatomical and physiological facts, it follows that this, the feature common to them all, should have to do with some thing that is common to all organs. The things that are common to all organs are the blood, the lymph, and the nerves. The blood is certainly not found to be affected as a whole as all of the rigor, etc., develops before there is even any appreciable local change in the circulation, or in the lymph. The only thing that is left is the nerves. The disturbance of the nerves is primary to the development of any symptoms—or rather is synchronous with the beginning of them, and so takes place at the very time that the chill and fever take place. The evidence points to the fact that the chill and fever are referable to the nerves.

Therefore in diseases in which the reaction of the nerves to injury is primary, the chill and fever should be pronounced. Or to state it otherwise, when the febrile features are pronounced, as in the fevers, the overthrow of the nerves might be suspected as an important factor, or the important factor.

#### RELATION BETWEEN LESION AND DISEASE.

In the treatment of the fevers, the measures should be adapted to what knowledge we possess of the causes and real conditions of the disease. Certainly, medicines, which are not known to have any relation to any of the causes or conditions, should not be depended on, except as emergency measures.

The osteopathic physician will direct his efforts to rectify any abnormal condition that he may find; this is the primary treatment, indisputably the first thing to be done. After removing any irritant, or impediment to circulation, secondary treatment may be directed to giving as perfect and abundant supply of blood to the part affected as possible—in the case of measles, to the upper dorsal segments of the cord, and thence up to the medulla.

Care should then be directed to guarding the patient against any unevenness of temperature. The room should be kept at an even temperature of about 76 degrees, to make heavy bed clothing unnecessary and to remove the danger of exposure from the restlessness of the patient. The combination of abundant circulation and even temperature is required. The child should be guarded against exposure until convalescence is completed.

Experience has taught us that the nerves affected are in close proximity with the centres for the eye and the ear, and for the bronchi and lungs, and these therefore should be more particularly guarded against abuse, or even from use. But with inflammation in certain fibres of the cord, it is important to guard all functions of the body against abuse or irritation, lest the internal plus the external irritation be too much for them, and cause permanent weakness in them.

Inflammatory changes deep in the spinal cord are probably difficult to reach with palliative measures. Hydrotherapy, usually so effective in more superficial situations, is less effective here; and moreover, the effect of cold water upon the skin is to be avoided. Hot compresses, however, to the sub-occipital nerves should be of benefit, provided that the head is well protected from cold and draughts immediately after the removal of the compress. It takes only a second or two for the cold to injure—only time enough for the shock of the cold to be felt by the nerves. The disease itself is not dangerous; the chief importance attaches to the avoiding of complications.

New Orleans, La.



### ARE WE PREPARED FOR EMERGENCIES?

DR. J. A. DE TIENNE.

Paper read before The Greater New York Osteopathic Society at a meeting in Fifth Avenue Hotel, Nov. 18, 1905.

To answer this question either affirmatively or negatively would be short of complete truth. We are prepared, and we are not prepared.

There are some features of our scholastic training that have fitted us eminently to cope with ordinary emergencies of the common practitioner.

As anatomists, none are superior. We are skilled in detecting the abnormalities of the human form. We know the action of the skeletal muscles. With the contour of individual structures such as bones and joints they form, none should be more familiar. We are thoroughly familiar with the regions of the body, and especially with the particular spinal origin of the innervation of those regions.

We are becoming familiar, as the days go by, with the peculiar sort of impulses passing over these nerves, and the direction in which they pass, whether to or from a viscus. We know, to a great extent, and are learning—though possibly slowly—the exact origin of the different nervous impulses to the vital organs. For instance: It has been found that inhibitory fibres to the heart's action are found in the vagus, the center of which is reached only indirectly, through a control of the vaso-motors to the cells of origin in the bulbar portion of the cerebellum, while accelerator fibres are found in the upper dorsal. The nerve supply to the body of the uterus is derived from the upper lumbar while the nerve supply to the cervix has a sacral origin. The peristaltic function of the alimentary canal, exclusive of the rectum, is due to innervation from the pneumogastric, while sensation and trophic influences are experienced through and due to nerves of spinal origin, and so on with other organs. Now if we possess to some extent, and are learning both by investigation and general practice, those and other anatomical facts as thoroughly, and fully realize as practitioners should that no function of the body as a whole, or of any structure of the body, is a result of aught else than the intactness of the nervous mechanism of the individual structures, we are prepared for whatever may befall the body, outside, of course, of purely surgical cases.

The experience of our system of practice is that we have been able in fully 90% of the cases of chronic inflammation to obtain benefits or cures. Now, it is conceded that simple inflammation is more amenable to treatment than chronic. What then we are able to do in chronic cases we do surpass in acute cases.

Who of you has not met a persistent case of inflammation upon which probably a number of the "regulars" have worked and failed? You directed your efforts toward restoring proper nerve force to the inflamed area and succeeded eminently. It was simply a question of removing, by manipulation, the obstruction to the venous drainage or arterial supply of the vaso-motor centers in the spinal cord, which supply the inflamed area.

What are the fundamental conditions in emergencies requiring treatment, and what is the experience of osteopathy in meeting them? The supreme efforts in emergency cases should be directed toward controlling the inflammation incident upon lacerations, burns, or fractures, and toward conserving the vital forces of the body. Now, who is better equipped than the osteopath to do these things; for where is the osteopath that does not know from theory and practice that inflammations are not amenable to ointments, salves, lotions, and compounds of every sort, which are termed antiphlogistic. We know that inflammations are subdued only by the natural forces of the body, viz., the intactness of the vaso-motor system.

Now, therein, is our system superior to any system that has sprung from the ingenuity of man. This truth alone, viz., that the mildness of inflammation is in direct ratio to the intactness of the vaso-motors to the inflamed area, marks an epoch in the treatment of inflammation. This one truth is today being demonstrated all over the world by upwards of four thousand (4000) osteopaths, and to the complete satisfaction of thousands of human sufferers. The complete mastery of this one truth has elevated our system to a place of preeminence among the world's remedial agents.

What osteopath has not been called to the bedside of a patient who is supposed to be dying of inflammation of some portion of the lung structure, the vital forces of the body almost spent, and the heart action slow. The "regulars" had resorted to his last and "most powerful drug" stimulant. You stepped in and revived your patient to the extent that she recognizes her family and friends, and it may be, lives hours or even years longer. How did you do it? You used nature's forces by removing the obstruction to the circulation into the spinal cord at the vaso-motor centers of the heart and lungs. Nature's own remedy, the blood properly distributed, did it.

From experience, however, we are not wholly qualified for emergencies of a serious nature. There are several forces that keep us from obtaining the experience in this line of work for which we are so especially fitted in many ways.

First: We have gone before the public with so simple a theory of



practice that they, after these thousands of years of mystery and mysticism that have enshrouded the medical practice, have been loath to entrust serious and acute cases to us. Ours is so simple, though none the less potent, a system that two or three generations, on account of the prejudice of the heads of families, will be required to reveal its absolute efficiency.

Second: We are so busy with our practice which is so attractive in many particulars, that we have not taught the public that we are willing and able to handle such cases. We are absorbed in "breaking bones," to use an osteopathic phrase, and people overlook the fact that we might be able to mend broken bones.

Third: Some practitioners are so satisfied with what they have attained that they are not willing to study deeper the science, even for their own betterment. Many are content with skill enough to detect lesions in the ordinary case, and depend upon the ability they have in removing them and secure what benefit or result may happen. Compared to the number of able men in the field as practitioners, very few are endeavoring to broaden the scope of the possibilities of osteopathy along lines of even minor surgery.

Fourth: Laws of many states, and public opinion of many communities, have made it desperately unsafe for the osteopathic practitioners to accept cases that probably are fatally stricken.

Fifth: Our theory of therapeutics was so attractive, so alluring to us and so unusual, so extraordinary, that we were loath in early days to soil our hands with the blood of wounds, or risk handling the long fractured bone, or step the flowing of a torn endometrium. The pendulum swung so far in the days of osteopathic infancy that we almost lost sight of the fact that metallic and vegetable compounds are not all useless and not all used for internal dosing; that some may be used even by the most orthodox osteopath as antiseptics. But then we didn't use them for fear the public would count us among the medics; we wanted to, and possibly had to shun the very appearance of the practices of the medical fraternity, else we might have been absorbed by them. In these particulars, no doubt, we are not prepared; but with all our shortcomings, it is a fact that wherever the osteopath has gone in cases of emergencies, he has been able to give a strict account of himself. He has met the emergency successfully, and even after the application of the remedies of the "regulars."

Brooklyn, N. Y.

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**Ex-Governor Hogg Dead.**

In the death of Ex-Governor Hogg, which occurred March 3rd, the State of Texas loses a great statesman, and the practice of osteopathy a staunch friend.

\* \* \*

**The Granger Case a Victory for C. E. Still and Osteopathy.**

The celebrated Granger suit against Dr. C. E. Still resulted Saturday, March 10th in a hung jury. This suit in a measure was an attack on osteopathy but in the trial the prosecution and defense vied in lauding the cures of the osteopaths. The suit which is one of a widow and a crippled child against a man reputed to be rich is the only one on record in Missouri where a jury out of sympathy did not give damages to the plaintiff.

The importance of the results in the Granger case as well as some minor matters caused the Journal to be late this month.

\* \* \*

**Recognition of Central College of Osteopathy Withheld by A. O. A.**

On November 27 and 28, 1905, Dr. Jas. L. Holloway, having been authorized by the Trustees of the A. O. A., inspected the Central College of Osteopathy, located at Kansas City, Mo., and duly reported to the Committee on Education. This committee prepared a detail report, which was submitted, on January 8, to the Board of Trustees of the A. O. A. The report, while it mentioned some commendable things in the management of the school, showed that it was inadequately equipped for scientific instruction. The closing paragraph of the committee's report follows:

In view of the above facts, the Committee on Education of the A. O. A. most respectfully recommends that the Central College of Osteopathy be not recognized by the American Osteopathic Association till such time as it becomes adequately equipped for the scientific and practical demonstration and presentation of the subjects recognized by the A. O. A. as necessary to the thorough education of an osteopathic physician; nor till such time as it may become so fully established as to give reasonable evidence of permanency. This recommendation is made not only in view of the facts set forth in the above report, but in accordance with the following statement made by the A. O. A. at its meeting in Cleveland in 1903: "No new school should in the future receive the commendation of the A. O. A. before first laying the plans before the Board of Trustees, presenting unmistakable guarantee of stability, and securing the sanction of the Board before entering upon its work."

The report and recommendations of the committee were approved by the Trustees.—Journal of A. O. A.



**The Tennessee Association.**

The Tennessee Osteopathic Association held a meeting March 10th. Many things of interest were expected. The president of the A. O. A. and Dr. A. G. Hildreth were on the program. Report of the meeting will be given in our next issue.

\* \* \*

**State Board of Examiners.**

The Tennessee State Board of Examiners met March 9th and 10th at Nashville. Considerable mention of the meeting was given by the Nashville papers, and pictures of the board were published by the Memphis News Scimitar.

\* \* \*

**Book Review.**

Mechanotherapy—The Seventh Volume of Cohen's System of Physiological Therapeutics, published by P. Blakiston's Son & Company.

Barring the fact that osteopathy is given an inferior place in this book and even referred to in a discourteous and prejudicial manner, it is a work that we would recommend osteopaths to buy, and would take pleasure in doing so. Inasmuch as this book contains a full and complete description of the various mechanical methods of treating diseases there is much in it that every osteopath should be acquainted with if for no other purpose than that of comparing intelligently his own methods with the various other mechanical methods of treatment.

Although the principles of osteopathy are for the most part distinctly different from those of the other mechanical systems, still there is more or less in the practice of these various methods that is somewhat similar. We do not refer here to general massage but more particularly to the mechanical correction of deformities and a number of other procedures to be spoken of later when we refer to the full contents of the book. The initial chapter deals with massage,

giving a full description of it with the various movements employed in administering it and its value in neuresthenia spinal cord diseases, insomnia, constipation, fractures, toricollis, headache, etc.

This is followed by a two page lambast on osteopathy. Next the methods of exercise are considered. A description is given and their value pointed out for exercises to increase muscular development, breathing exercises, exercises for gout, obesity, spinal curvature, the Schott & Oertel systems of exercises for heart disease, exercises to combat inco-ordination in locomotor ataxia. The Swedish or Ling system is also described.

In the chapter on Physical Education by Muscular Exercise, the author discussed the physiology of exercise exhaustively. It is demonstrated here how function makes structure. This is followed by a chapter on Medical Gymnastics in which the value of such exercises as walking, running, wrestling, boxing etc., is given.

Under the chapter on Orthopedic Apparatus a description will be found of the various apparatus that will be found useful in many cases of Pott's disease, club-foot, and cases of paralysis with secondary deformity.

The chapter on Corrective Manipulation in Orthopedic Surgery describes the Lorenz method of correcting congenital dislocation of the hip, the manipulative method of correcting curvatures and club-foot, and the method of breaking up ankylosis of the various joints.

The book is then concluded with the chapter on Ophthalmic Therapeutics. Under this heading the various errors in refraction are described and the proper glasses indicated for their correction. In addition instruction is given in the manipulative procedures to be used in these cases.

It will be noted that a wide range of subjects is taken up, in fact, the whole field of mechanical therapeutics is considered. With the exception of the

reference to osteopathy the various subjects are presented impartially, each system described fully and its therapeutic value justly stated.

The fact that osteopathy is an independent system and not an adjunct to medical practice is no doubt responsible for the manner in which it has been presented in this work. Only dignified reference is made to all systems and methods except osteopathy and the author shows himself to have a complete knowledge of their claims and workings, but his chapter on osteopathy shows only prejudice and entire ignorance of its claims, principles and practice.

The absurdity of the author's statements is apparent. Perhaps some osteopaths claim too much and some are not educated in their own profession as they should be, but what school of medicine is free from incompetent exponents? Osteopathy claims nothing it has not demonstrated.

It seems to us that publishers should cease to attempt to discredit osteopathy by misrepresenting it if they expect to sell us their books. We advise to 5000 osteopaths who buy books to patronize only those publishers that do not discredit our profession. We would like to see osteopathy honestly presented in this work on Mechanotherapy and trust the publishers will see fit to have this article revised by some one capable of doing it properly when a new edition of it is published.

\* \* \*

**Western Pennsylvania Osteopathic Association.**

The first regular meeting of the Western Pennsylvania Osteopathic association was held last evening at the Hotel Henry. This our first meeting, had an attendance of forty-eight osteopaths, which speaks well for the professional enthusiasm of the osteopaths of Western Pennsylvania.

The banquet opened the program with

Dr. Hildreth and wife of St. Louis, Mo., as guests of honor. Dr. Hildreth gave an interesting and instructive talk on "Educational Legislation" and conducted a clinic.

Dr. Husk of Pittsburg read a paper on "Professional Ethics."

The program closed with a short business session.

F. J. MARSHALL, D O., Secretary.

\* \* \*

**Indiana Osteopathic Society.**

At a called meeting of the Trustees of the I. O. S. held in Dr. O. E. Smith's office, Indianapolis, Feb. 22nd, much important business was transacted. And among other things, the date of the next mid-year meeting was fixed for May 18th and LaFayette was chosen as the place. We are preparing for a big time and hope to have a full attendance.

The program committee has already got busy and have promised us a rare treat.

E. C. CROW, Secretary.

\* \* \*

**Fourth Annual Convention Oregon Osteopathic Association, Imperial Hotel, Portland, Oregon, Saturday, January 13, 1906.****MORNING SESSION.**

Address by President, Dr. J. E. Anderson, The Dalles.

Prayer, Rev. E. S. Muckley, Portland.  
Address of Welcome, Dr. O. F. Akins, Portland.

Reading of Constitution and Code of Ethics by Secretary, Dr. H. C. P. Moore, LaGrande.

Reports of Secretary, Treasurer, Board of Trustees, Legislative Committee, Program Committee and Delegates to American Osteopathic Association.

Application for Membership.

Unfinished Business.

New Business.

Greetings from A. O. A. by Dr. F. E. Moore, Trustee.

**AFTERNOON SESSION**

Paper—Typhoid Fever, Dr. L. B. Smith  
Portland.



Paper—Conditions of the Hip, Dr. G. S. Hoisington, Pendleton.

Paper—Tuberculosis, Dr. W. L. Mercer, Salem.

Paper—Constipation, Dr. R. C. Hicks, Astoria.

Discussions will follow each paper.

Clinic—Paraplegia, Dr. O. F. Akins, Portland.

#### EVENING SESSION.

Unfinished Business.

Election of Officers.

#### OFFICERS.

President, Dr. G. S. Hoisington, Pendleton, Ore.; first vice-president, Dr. Otis F. Akin, Portland; second vice-president, Dr. W. O. Flack, Portland; secretary, Dr. Mabel Akin, Portland; treasurer, Dr. F. J. Barr, Portland.

#### TRUSTEES.

Dr. R. B. Northrup, Portland; Dr. J. H. Wilkins, McMinnville, Dr. L. B. Smith, Portland; Dr. C. J. Ramsey, Albany; Dr. W. T. Schoettle, Portland.

\*\*\*

#### Meeting in Wisconsin.

All but four of the membership of the W. S. O. A. were in attendance at the meeting held in the club room of the Hotel Pfister, Milwaukee, Feb. 22-23. The features of the meeting were the clinics by Drs. Laughlin and Clark of Kirksville, and the talk on Business Methods, by Dr. Fryette of Madison. Dr. Clark repeated the talk on Gynecology which he gave recently for the New York osteopaths. Dr. H. H. Fryette of Chicago was present and gave a good address on Osteopathic Physiology.

The evening of the 22nd, an elegant banquet was served by the Milwaukee Athletic Club. The following responded to toasts: Dr. A. U. Jorris acting as toastmaster: "Our Guests," Warren B. Davis; "The Father of His Country," Marion E. Clark; "The Father of Osteopathy," Jesse E. Matsen; "Law Making," Louise P. Crow; "The Lasses," E. M. Olds; "The A. O. A.," George M. Laugh-

lin; "Our Aspirations," Essie E. Cherry.

At the business meeting, five new members were received into the association, and Beloit was chosen as the next place of meeting. Officers elected are: President, E. J. Elton, Milwaukee; vice-president, J. R. Young, Beloit; secretary, Franklin Fiske; Portage; treasurer, Eliza Culbertson, Appleton. Members of Executive Committee, Jesse E. Matsen, Eau Claire, Member of Legislative Committee. Leslie E. Cherry, Milwaukee. Delegate to A. O. A., Louise P. Crow, Milwaukee. Alternate, Franklin Fiske.

The association passed resolutions commending Dr. Jorris in his fight against chiropractors.

Yours fraternally,  
FRANKLIN FISKE, D. O., Sec.

\*\*\*

#### California Osteopaths.

The first meeting of the Northern California Osteopathic Practitioners held in Fraternal Hall, Feb. 10th, 1906 was a decided success.

The sessions were held in the afternoon and evening and were under the auspices of the San Francisco Osteopathic association.

President William Horace Ivie presided at both the afternoon and evening sessions.

Papers were read by Drs. Jas. C. Rule, Mary V. Stuart, S. F. Meacham, Ernest Sisson, Effie L. York, A. C. McDaniel and J. W. Henderson. All were listened to with keenest appreciation.

About twenty-five practitioners from out of town were present at both sessions.

At the business meeting of the association eleven applications for membership were received.

It was announced that at the April meeting of the association Dr. Audrey Moore would have charge of the program.

The annual election of officers will also occur during the meeting in April. Much credit is due the program committee for

the program, which they arranged for both sessions.

The meeting adjourned at 11:18 p. m.

LOUISE C. HEILBRON, Sec'y.

\*\*\*

San Francisco Osteopathic Association,  
Odd Fellows Building, Corner 7th  
and Market Streets.

Fraternal Hall, February 10th, 1906.

#### PROGRAM.

##### AFTERNOON SESSION.

2:00—"Medical Gymnastics," Dr. James Rule. Discussion, led by Dr. W. C. Bean.

"Osteopathy, First Aid to Nature," Dr. Mary V. Stuart. General discussion.

"Lumbar Lesions," Dr. S. F. Meacham. Discussion, led by Dr. S. W. Willcox.

"Cervical Lesions," Dr. Ernest Sisson. Discussion, led by Dr. Chas. F. Ford.

##### EVENING SESSION.

Business meeting.

"Clinical Demonstration," Dr. A. C. McDaniel. Discussion, led by Dr. Henry F. Dessau.

"Gynecology," Dr. Effie E. York. Discussion, led by Dr. Susan Orpha Harris.

"Rib and Dorsal Lesions," Dr. J. W. Henderson. Discussion, led by Dr. Myrtle E. Herrmann.

"Clinical Demonstration," Dr. Isaac Burke. Discussion, led by Dr. S. D. Cooper.

\*\*\*

#### Maine Osteopathic Association.

The Maine Osteopathic association held its annual meeting at the office of Dr. Viola D. Howe, Portland, Me.

Six of the seven members of the association were present. The president being absent, his annual address was read by the secretary.

The work for the year has been excellent considering the number of members.

Several cases of enuresis were reported and comparison made.

The following new officers were elected: Dr. Viola D. Howe, Portland, president; Dr. Lillian P. Wentworth, Augusta, vice-president; Dr. D. Wendal Coburn, Port-

land, secretary; Dr. Benj. V. Sweet, Lewiston, treasurer.

SOPHRONIA T. ROSEBROOK,  
Secretary.

\*\*\*

#### New Classes at the A. S. O.

The American School of Osteopathy will hereafter matriculate students but once a year.

The following is a list of students entering the classes in February:

##### POST-GRADUATES.

Dr. Richard H. Armond, Primghar, Ia., graduated A. S. O., 1906.

Dr. Isabel Elizabeth Austin, Belleville, Ill., A. S. O., 1906.

Dr. A. M. Bruce, A. S. O., 1906.

Dr. Lillian Josephine Court, Eddyville, Ia., A. S. O., 1906.

Dr. Emma B. Dill, Chillicothe, Ohio, O. C. O., 1904.

Dr. Charles Swan Fisher, Wauwatosa, Wis., A. S. O., 1906.

Dr. Geo. M. Goodell, Albion, Ia., A. S. O., 1906.

Dr. J. O. Glenn, Ritzville, Wash., A. S. O., 1903.

Dr. Amanda N. Hamilton, Bellefontaine, Ohio, A. S. O., 1906.

Dr. Julia Johnson, Ashbury Park, N. J., A. S. O., 1905.

Dr. E. H. Laughlin, Ashland, Kans., A. S. O., 1903.

Dr. Anna B. Lown, Hartford, Conn., Massachusetts College, 1905.

Dr. Nellie Margaret Pierce, Belleville, Ill., A. S. O., 1906.

Dr. Cora Evangeline Snyder, Pueblo, Colo., A. S. O., 1906.

Dr. Carrie Burke Taylor, A. S. O., 1905.

Dr. Garrett E. Thompson, Washburn, Ill., A. S. O., 1906.

Dr. Wm. R. Ure, Saginaw, Mich., A. S. O., 1906.

##### SENIORS.

Daniel Neil Morrison, Boston, Mass., Massachusetts College of Osteopathy.

G. H. Yoden, Bradshaw, Nebr., Still College of Osteopathy.



## JUNIORS.

W. H. McCoach, B. Ph., Buffalo, N. Y.,  
Atlantic School.

Mrs. Mary Lyles Sims, Clinton, S. C.,  
S. S. O., Philadelphia, College.

## SOPHOMORE.

Mrs. John M. Dyer, Pulaski, Tenn.,  
S. S. O. Kentucky.

## FRESHMAN.

Henry Carson, Jr., Brooklyn, N. Y.  
Miss Anna Appleby, Creston, Ia.

Mrs. Emma E. Alplanalp, New York  
City.

Miss Belle Christy, Oil City, Pa.

Robert H. Conover, Little Silver, N. J.

Roland Smith Coryell, Cornwall, N. Y.

Robert Britton Dobson, Peoria, Ill.

Fred Blair Fleming, Solomon, Kans.

Hiram M. Frost, Denver, Colo.

Minnie Erminia Flattery, Richmond,  
Ind.

Mrs. Dollie Hunt Gallagher, Minneapo-  
lis, Minn.

Miss Aurelia Peck Grether,

Frank S. Groves Washington, C. H.,  
Ohio.

John W. Kinzie, Overbrook, Kans.

Elva James Lyman, Iowa Falls, Ia.

Eleanor Round McCurdy, Owosso, Mich.

Mrs. Mary Witten Peery, Lazewell, Va.

Ernest S. Powell, Kirksville, Mo.

Miss Ivy Ohlin Rice, Tamaroa, Ill.

Mrs. Julia L. Smith, Evanston, Ill.

Willis V. Smith, Lamoni, Ia.

Homer Edgar Sowers, Warren, Ohio.

Chas. Bernard Spohr, Berthand, Colo.

Clarence Neel Walker, Monroe, Ga.

Clement Woolson, Newark, N. J.

\* \* \*

## Personal Mention.

The building in which Dr. P. M. Agee  
has had his offices, was burned the fifth  
of February.

In our last month's list of visitors we  
inadvertently omitted the name of Dr.  
W. S. Maddux of Fairfield, Ia.

Dr. E. E. Tucker, the author of the  
article on Measles in this issue of the

Journal is not the Dr. Tucker who ad-  
vertised himself as "Nature's X-ray."

Dr. Bertha Thomas while out skating  
February 4th, fell and broke both bones  
of her leg. Dr. W. T. Thomas, her hus-  
band, and Dr. H. L. Barnum reduced the  
fracture.

Dr. P. M. Agee of Independence, Mo.,  
notifies us that he has severed his con-  
nection with the Central College of Os-  
teopathy of Kansas, City, Mo. "for  
good cause"

Among those who visited at the A. S.  
O. the past month, we notice Dr. O. H.  
Kent of Falls City, Nebr.; Dr. B. O. Bur-  
ton of Shenandoah, Ia.; Dr. O. E. Millay  
of Barry, Ill.; Dr. T. C. Morris of Nash-  
ville, Tenn.; Dr. J. T. Atkinson of Brant-  
ford, Ontario; Dr. Alice Patterson-Shib-  
ley, Washington, D. C.; Dr. Theodosia M.  
Purdum, of Kansas City, Mo.; Dr. C. M.  
T. Hulett of Cleveland, Ohio; Dr. W. J.  
Conner of Kansas City, Mo.; Dr. A. G.  
Hildreth of St. Louis; Mrs. A. G. Hil-  
dreth of St. Louis; Mrs. J. W. Skidmore  
of Corinth, Miss.; Mrs. Mattie Corbin  
Summers of Muncie, Ind.; Dr. Theresa  
Cluett, Sioux City, Ia.; Dr. C. L. Rider,  
Detroit, Mich.; Dr. Joseph H. Sullivan,  
Chicago.

\* \* \*

## Marriages.

Married—Dr. Alice M. Patterson and  
Geo. H. Shibley, Jan. 30th, 1906. Dr.  
Patterson has been practicing in Wash-  
ington, D. C., for seven years.

Married.—On the 7th of February at  
Auburn, N. Y., Dr. Stanley R. Meeker  
and Willola Barker.

\* \* \*

## Births.

Born.—To Dr. and Mrs. Francis J.  
Beall of Syracuse, N. Y., Sunday, Feb.  
11th, a son.

Born.—To Dr. and Mrs. E. Q. Thawley,  
Sunday, Feb. 4th, a daughter.

\* \* \*

## Deaths.

Died.—Dr. Chas. Corbin of Mitchell,  
Nebr., died March 3, 1906. He was

buried at Kirksville, Mo., Mar. 9th. Dr. Bldg., Lincoln, Nebr., to Beaver Crossing,  
Corbin was widely and favorably known Nebr.

in the osteopathic profession. Quite a  
number of the osteopathic practitioners  
attended the funeral here.

Died.—Dr. T. F. Kirkpatrick of Balti-  
more, Md., died Feb. 12th. He was a  
graduate of the Northern School of Osteo-  
pathy in the class of '97. Dr. Kirk-  
patrick has a large professional acquaint-  
ance. We much regret his death and ex-  
tend sympathy to his bereaved family.

\* \* \*

## Removal Notices.

Dr. G. W. Leslie, from Davenport,  
Wash., to Marshfield, Ore.

Dr. C. E. Taylor, from Evansville, Wis.,  
to the Fair Blk., Grand Junction, Colo.

Dr. Perry J. Barnes, from Summerset,  
Ky., to Wellington, Kans.

Drs. F. W. and Anna B. Woodhull, from  
Philadelphia, Pa., to 411 Granger Blk.,  
San Diego, Calif.

Dr. Geo. A. Miller, from 1323 Gardener  
St., to 225 E. Victoria Ave., Santa Bar-  
bara, Calif.

Dr. F. C. Bond, from Montezuma, Ia.  
to 706 E. 4th St., Waterloo, Ia.

Dr. Lizzie Herberer, from Carrington,  
North Dakota, to Monmouth, Ill.

Dr. Clara H. Williams, from Chicago,  
to 207 and 208 Carl Bldg., Corner Ross  
& Wood Streets, Wilkinsburg, Pa.

Dr. H. R. Bell, from Ft. Atkinson, to  
526 Oak St., Baraboo, Wis.

Dr. W. S. McClain, from Franklin, Ky.,  
to 517 N. 33rd St., Philadelphia, Pa.

Dr. Franklin Coon, from Fernwell Bld.,  
Spokane, Wash., to Oaksdale, Wash.

Dr. F. W. Hanna, from Indianapolis,  
Ind., to Hotel Key West, Los Angeles  
Calif.

Dr. J. C. Goodell, from Selma, Calif., to  
Box 145, Covina, Calif.

Dr. A. O. Gates, from Detroit, Mich., to  
314 Meisel Block, Port Huron, Mich.

Dr. Roy W. Marsh, from Connelsville,  
Pa., to 85 West Main St., Uniontown,  
Pa.

Dr. E. R. Ryerson, from 304-305 Funke

Bldg., Lincoln, Nebr., to Beaver Crossing,  
Nebr.

Dr. J. H. Corbin and Margaret A. Cor-  
bin, from 31 Broad St., to 32 Summit  
Ave., Westfield, N. J.

Dr. J. L. Huntington, from Omaha  
Nebr., to Santa Barbara, Calif.

Dr. L. Kate Morse, from 2118 Estrella  
Ave., Los Angeles, Calif., to Corcoran  
Kings County, Calif.

Dr. J. W. Hawkinson, from Morris,  
Minn., to New Ulm Minn.

Dr. Grace E. Rosecrans, from Hart-  
ford, N. J., to 46 West 17th St., New  
York.

Dr. C. A. Dodson, from Greenfield, Ill.,  
to Gerber Bldg., Edwardsville, Ill.

Dr. W. A. Cole, from Burlington, Ia.,  
to Security Bldg., Dubuque, Ia., where  
he will take charge of the practice of Dr.  
M. D. Cole.

Dr. W. B. Van De Sand, from Kansas  
City, Mo., to Moundridge, Kans.

Dr. A. V. Goodrich, from Byer, O., to  
Box 935 Jacksonville, Fla.

Dr. Maria B. Walkup, from 30 Ter  
Bldg., Roanoke, Va., to 105 Campbell  
Ave., Roanoke, Va.

Drs. Ella P. and Clarence Ray, from  
Okmulgee, I. T., to Alexander Bldg.,  
Tulsa, Ind. Ter.

Drs. G. R. and Nellie R. Page, from  
64 Market St., Pughkeepsie, N. Y., to  
156 Fifth Ave., New York.

Dr. S. A. Bartlett, from Dallas, Ore.,  
to Idaho Trust Bldg., Lewistown, Idaho.

Dr. C. L. Kirkham, from Niagara Falls,  
N. Y., to Rooms 400-2-4 K. L. & M. Bldg.,  
New Castle, Pa.

Dr. A. W. Berch, from Milwaukee, Wis.,  
to McMillan Bldg., La Crosse, Wis.

Dr. B. S. Peterson, from Spearfish, S.  
D., to Albion, Nebr.

Dr. Delia B. Randel, from 159 Griffith  
St., to 528 North State St., Jackson, Miss.

Dr. O. H. Kent, from South Auburn,  
Nebr., to Falls City, Nebr.

Dr. Lamar K. Tuttle, from 38-40 W.  
33rd St., to 126 East 34th St., near Lex-  
ington Ave., New York City.



Dr. William L. Grubb, from Des Moines, Ia., to 803 Franklin Ave., Wilkesburg, Pa.

Dr. A. Maud Sheridan, from Alma, Neb., to Holdrege, Neb.

Dr. Eugene Tiberghin, from Agra, Kans., to Phillipsburg, Kans.

Dr. E. L. Bowman, from Georgetown, Texas, to Tulsa, Ind. Ter.

Dr. Katherine C. Duff, from 815 N. Cleveland Ave., Canton, Ohio, to 811 Golden Ave., Los Angeles, Calif.

Dr. Edwin C. Ray, from Homestead Bldg., to Room 507-507½ First Nat'l Bank Bldg., Nashville, Tenn.

Dr. M. T. Bruner, from Barber Bldg., Joliet, Ill., to Aurora, Ill.

Dr. D. P. Putnam, from Sioux City, Ia., to 2120 Vermont Ave., Los Angeles, Calif.

Dr. Adaline P. Miller, from Wahoo, Nebr., to 2120 N. 27th Ave., Omaha, Neb.

\*\*\*

#### Locations.

Dr. Roy T. Quick has located in the Kanawha Banking & Trust Company Bldg., Charlestown, W. Va.

Dr. F. H. Sweetman has located at Burlington, Kans.

Drs. Wheeler & Wheeler have opened offices in Whapeton, N. Dak.

Dr. Emma Purnell announces that she will succeed Dr. Lillian Hartzler and has opened an office at 206 E. King St., Lancaster, Pa.

Dr. Ambrose B. Floyd has opened an office at The Markeen Bldg., Buffalo, N. Y.

Dr. Oliver S. Leitch announces his location in Mermod & Jaccard Bldg., Suite 521-22, St. Louis, Mo.

\*\*\*

#### Business Change.

Dr. Alice M. Patterson has retired from the well known Patterson Institute of Os-

pathy and Dr. Wilber L. Smith, who has been a partner in the business for several years, will continue the practice.

\*\*\*

#### The Ladies Organize.

Some ladies of Kansas City who are in the osteopathic profession have organized "A Women's Osteopathic association" for the advancement of the science and for mutual benefit in their work. A line of study has been planned which will be of valuable assistance in their practice. The following are members; Dr. Matilda Loper, president; Dr. T. Purdom, vice-president; Dr. Harriet Crawford, secretary; Dr. Lillian McKenzie, treasurer; Dr. Mary Harwood, Dr. Generva Green, Dr. Inez Green, Dr. Annie I. Peters, Dr. Sallie Harding, Dr. Cramer, Dr. Bertha Whiteside, Dr. M. Oliver, Dr. Emma Cooper, Dr. Leffler, Dr. Clara Moffett.

HARRIET N. CRAWFORD, Sec'y.

\*\*\*

WARNING:—The undersigned recently received from a practitioner in the field a bottle of patent medicine compounded by Mrs. J. A. and C. Robert Kopp, at York, Pa., and named Baby's Friend. The letter states, "A patient of mine gave her three days old baby one teaspoonful of the stuff and the child went into a stupor at once. The pupils were pin-pointed, skin cool and heart beat and respirations were slowed. I treated this case as one of opium poisoning and it was twelve hours before my little patient was out of danger."

Analysis shows that Kopp's Baby Friend contains in 100 c. c., 0.0719 gm. of morphin sulphate approximately about one-third of a grain to the fluid ounce.

All practitioners should advise mother's in their families against the use of such a poisonous, as well as useless preparation. HOFFMAN-STILL LABORATORIES.

Received too late for classification.

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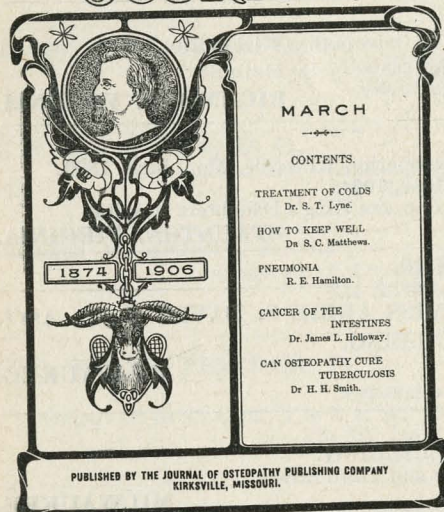
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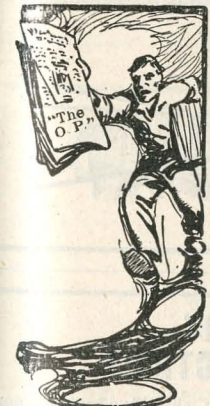
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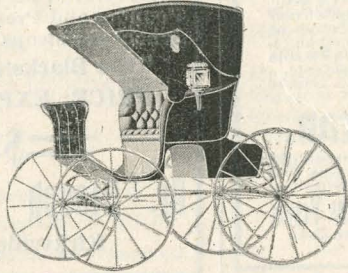
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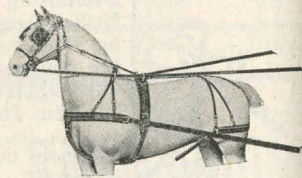
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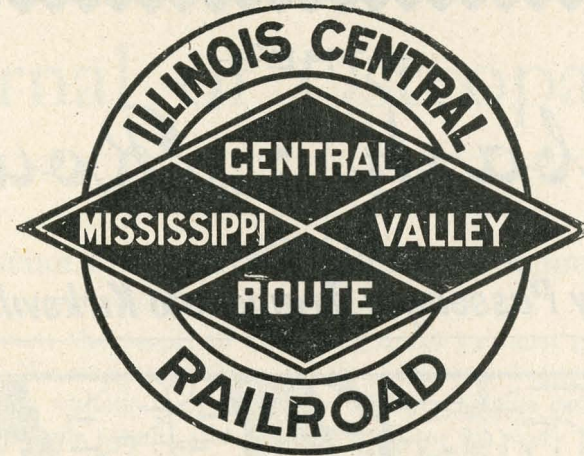
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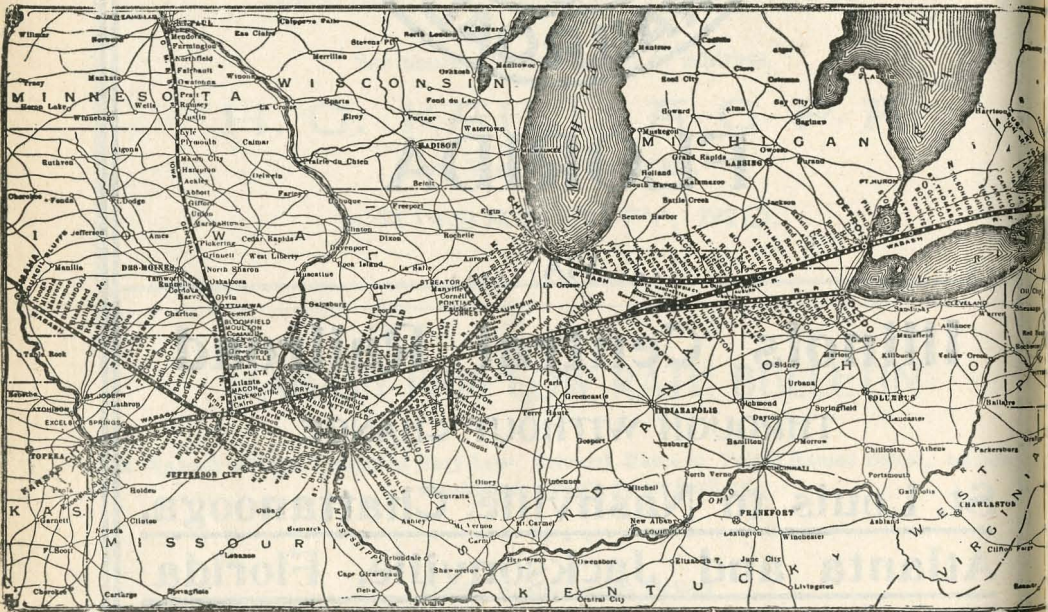


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