

# **The Journal of Osteopathy**

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# THE Journal of Osteopathy

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## TRUTH.

Truth blooms eternal, reigns supreme  
In cloudless skies cobalt, serene,  
In growing, born of gladdened sod,  
Green-decked in raiments clothed of God.

Long shall its petals kiss the dew  
In flowered vales beneath the blue,  
Long as each petal fades and dies  
A silent chord shall reach the skies.

When inspiration sings, though bowed  
Shall haughty leerings of the proud  
Despise its music to the ear,  
Or in aged wisdom, create fear?

Dark is the place where falsehood hides,  
And he a felon, who derides  
The outer workings of the truth,  
And shrouds them in a garb uncouth.

Then brothers of the healing faith,  
Let us not follow strife's black wraith;  
But rather peace and unity,  
And seek the truth that maketh free.

CARMINE S. STAHL, M. D.

## THE TREND OF THE TIMES.

L. VAN H. Gerdine, A. M., M. D., D. O., A. S. O. HOSPITAL, KIRKSVILLE, MO.

Very significant in showing the tendency from drugs to other methods, especially mechanical, is the article recently published in the Johns Hopkins Bulletin, by Dr. William S. Thayer, professor of practice of medicine, in the Johns Hopkins Medical School. Notwithstanding the doctor tries to be witty at the expense of osteopathy, he really makes stronger admissions in its favor than have yet been made by any medical man of late. One is familiar enough with the condemnation of drugs by medical men of eminence, but usually nothing but ridicule is heaped upon osteopathy, if indeed it be mentioned at all. Dr. Thayer, however, comes out openly and some of his observations are worth a wider hearing than they will receive in their original place of publication, i. e., the Hopkins Bulletin. He says:

"Men trained in exact methods of thought and action could not fail to realize the folly and danger of an indiscriminate use of drugs.

### Says "Awakening" Is Coming.

"An awakening is gradually coming over the profession with regard to the enormous therapeutic reservoir which we have in the rational and carefully planned application of the more SIMPLE PHYSICAL and mental METHODS of TREATMENT. Few of us often consider the part that the PURE PHYSICAL and psychical METHODS of TREATMENT play in the case of the GREAT MAJORITY OF MALADIES which come under our observation. It is no exaggeration to say that THESE METHODS ARE THE MOST IMPORTANT THAT WE HAVE. True success in practice is usually dependent upon the attention of the physician to the little physical and psychical details of his work. But the world at large takes a very different view of the practice of physic, and it is even amazing to see how deep rooted is its faith in medical magic. The rise and development of the trained nurse, however, is an interesting evidence of the fact that the public is beginning to realize these truths.

"What does the patient mean when he says, as he so often does, that, after all, a good nurse is more important than a physician? He means that the measures carried out by the nurse—the care she has taken of his skin, his muscles, the judicious preparation and administration of his diet, the little attentions which promote his general physical comfort, the confidence inspired by her cheerful and tactful behavior—have had more to do with his recovery than any other prescription that the doctor has given him—and he is right.

"What is the secret of THE SUCCESS OF THAT GENTRY WHO USE THEIR HANDS so much better than they use their heads—the so-called 'OSTEOPATHS'? (Can a man have skillful hands without a skillful head?—Ed) Is it not in great part that, BY PRACTICE and EXPERIENCE, MANY HAVE BECOME FAIRLY SKILLED masseurs, WHOSE TREATMENT IS OF REAL VALUE to the admiring patients whose 'dislocated' vertebræ they so marvelously manipulate?"

His reference to the osteopath as "a fairly skilled massuer" and thus attaining his success, is doubly interesting, inasmuch as formerly the osteopath was denounced as a "bad massuer only" and success from their method has not before been admitted, unless it were explained as a "psychic result." Dr. Thayer now openly admits their success along mechanical lines, and gives them credit with having skill. We must remember in this connection that all mechanical procedures are grouped under the term massage by medical men, so that we may interpret Dr. Thayer about as follows, "the osteopath obtains success through a skillful use of mechanical measures." This interesting admission in conjunction with the other one in the same paper concerning the general futility of drugs, shows that at last the medical men of reputation are beginning to appreciate the growing significance of osteopathy in the world of healing.

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## PRIMITIVE OSTEOPATHY.

CALVIN M. CASE, M. D., D. O., ST. LOUIS, MO.

(Written ten years ago when author was a student in the A. S. O. His experience as an osteopathic practitioner has justified his predictions. In this article he tells of certain primitive practices, fore-runners of Osteopathy.)

We osteopaths must make up our minds to bear some things that are very annoying. I suppose an old school doctor who decides to give up drug therapeutics and to try to learn a better method, has a harder time than others. My friends, actuated by honest but mistaken motives, generally have a shot at me to the effect that it is a pity to see a man who has had exceptional advantages in getting a medical education, chase off after such an "Ignis fatuus" as osteopathy; that I ought to know better; that osteopathy is a fad and will only last a few years; that people go into it because they can make some money playing on the credulity of the public; and all such "tommy rot" as that. Some of them insist that our cures are made by "suggestion" like some of those mentioned in "Bernheim's Suggestive Therapeutics." Of course we

know better, but they don't. In my own case I tell them to "go warm themselves" when they annoy me too much, but unfortunately, I have no way of preventing them from annoying my relatives, and it is annoying indeed to have them say to my father, for instance, "Can't you get him to give up that folly? Has no one any influence with him? What a pity to see a man follow such heresy as that—another man gone wrong," etc. "If what you say is true why did it remain for a western man in a small town to hit on the truth? Why didn't some famous eastern doctor or European scientist find it out long ago?" I can only say, I do not know why Dr. Still found it out and Dr. Smith, Jones or Brown did not. I cannot tell why Roetgen found out about the X-rays and Tesla, Edison, Emmens, Bell and others did not. I can only take the fact as I find them. I can only remind them that it is a common saying among old school doctors that "medicines were made to give, not to take" and that we stand by the results we get.

**"We Treat Them; They get Well."**

Dr. Harry Still hit the nail on the head one day when he was teaching us at a clinic. He made some remarks about the theories and principles involved in the case in hand and wound up by saying, "They come to us. We treat them. They get well. That's what we want." People who have only glanced at the surface of our science say, "It is absurd. It is just as natural for a sick man to take medicine as it is for a duck to go barefoot. Why do our thoughts turn to a dose of medicine intuitively when we are sick, if it is not the right thing? Why do primitive or savage nations turn to medicine to cure their ailments if it is not the rational method?" Ah! now we have it. The idea of dosing a sick man is undoubtedly the result of a mental warp caused by generations of false teaching. Most of our ladies use a side saddle because of the same influence of long continued false teaching. Any one can see with half an eye that it is no more philosophical for a woman to hand herself on a peg on the side of a horse than it would be for a man to do so. How would Roosevelt's rough riders look equipped with side saddles?

**Some Examples of Rational Treatment.**

If a gnat gets in your eye and gives you pain what is your first impulse? To put up your hand and rub or manipulate, or to run out and hunt up some zinc and some sulphuric acid, make some sulphate of zinc, dissolve it in water and use a few drops three or four times a day? If you have a "stitch in your side" do you not, immediately rub it and rub it hard too? Does it not generally go away immediately? Or perhaps you run to a bottle of iodine and paint on a coat of that. The in-

fluence of your false teaching may be "in the ascendant." If a little child runs bawling to its mother and shows a bump on its head where it has fallen on something, what does she do? She says "There! There! Let mama rub it." She works with it a minute. She says "now it is well." She kisses the place and says "There now—run along and play. It will stop hurting." And away the little one goes and forgets it even had a fall. This is maternal instinct, a pretty good card to draw to,—by the way. Do savage nations turn to drug therapeutics instinctly? Not by any means. A medicine man with them is a sort of a cross between a priest and a magician. No drugs are used at their "medicine dances" in which they have so much faith and history informs us that mechanical measures of one kind or another in the treatment of disease are as old as mankind.

About the massage and kindred methods in use among the Greeks, Romans, and Egyptians in ancient times, it is not my purpose to speak at present, but please let me call your attention to some matters of interest in connection with the crude methods of savage nations. One might almost call it the "kindergarten" in a scheme in which osteopathy is the "Senior class in the college."

**Lomi-Lomi of the Hawaiians.**

The most interesting of all these, especially now that Hawaii has become a member of the United States' family, is the Lomi-Lomi of the Sandwich Islands. My attention was first called to it years ago by my mother who had read an account of it in some periodical. I then went to a friend who had lived in Honolulu and he said he knew there was such a treatment but had never seen it applied. I went to the St. Louis Mercantile Library and hunted for hours and finally found what I wanted in a book on Northern California, Oregon and Sandwich Islands, by Nordhoff. I have a copy of it and propose to offer it here. I see Dr. D. R. Graham has it in his book on massage. He says: "Whenever you stop for lunch or for the night, if there are native people near, you will be greatly refreshed by the application of the Lomi-Lomi. Almost everywhere you will find some one skilled in this peculiar, and to tired muscles, delightful and refreshing treatment. To be Lomi-Lomied, you lie down upon a mat, or undress for the night. The less clothing you have on, the more perfectly the operation can be performed. To you thereupon comes a stout native with soft, fleshy hands, but a strong grip, and beginning with your head and working down slowly over the whole body, siezes and squeezes with a quite peculiar act every tired muscle, working and kneading with indefatigable patience, until in half an hour, whereas you were weary and worn out,

edge of the anatomical structures, and the physiological functions of the human body, in its widest sense. Then is observed the fact that man is a complete being, capable of performing his own mental and physical acts when in health. That disease is simply disorder, and to restore health necessitates a correction of the disordered parts.

In the restoration of health the osteopath works entirely in harmony with nature, correcting disorders of mind and body purely upon a physical basis through the application of his advanced knowledge of the laws and principles of the human body, thereby looking upon disease as some disorder of the normal function of the body, and not as an entity to be attacked by some foreign force which would only alleviate, antagonize or overshadow the real trouble.

#### Examination of Patients From Physical Standpoint.

The patient is examined from a physical standpoint. Pathological conditions and symptoms are used as clues to find the cause of the disease. Back of these signs and symptoms of the disease must be traced the origin of the nerve supply, and the course of the blood channels from the parts diseased to the exact region, or primary lesion, causing the abnormal condition. When the point of exact cause of the disease is located, aid is given crippled nature in re-establishing the normal activities of its forces.

The cause of the disease may be a dislocated or sub-dislocated bone, ligament, cartilage or muscle, causing an inhibition or irritation of a nerve fibre or an obstruction of an artery, vein, lymphatic or some fluid of the body, thereby resulting in disorder to the part of the body to which the affected nerve or vessel is distributed or connected.

The mode of treatment is a scientific manipulation, by applying the mechanical principle, which is indicated in each separate case.

#### Osteopathic Treatment Applicable to all Conditions Not Surgical.

Osteopathic treatment is not simply applicable to a particular line of diseases, but controls with precision and success all curable diseases of the entire category, through its newly discovered principles, peculiar to osteopathic practice, which are of an unerring and comprehensive nature. It cures with exacting certainty and every abnormal and diseased function of the human system relative to perfect health.

In laws and principles being in harmony, and in fact part of the infinite natural forces of life, would show its predominance over all previous schools of medicine.

The drug-giving schools in many instances, expect to perform cures by directing their medicinal agencies to the morbid conditions and symptoms exhibited. They do not seem to realize that structural and func-

tional tissue disorders are results of affected nerve force or vascular channels, which may be more or less remote from the manifested disease.

The osteopath does not depend upon medicine to act upon the structure or function of the disordered tissue, which diseased tissue is simply an effect, but upon the natural forces within the human body, by first correcting the devitalized physicality of any region that may be affected and thus restore physiological harmony to the diseased parts, and this being done, health must ensue.

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## OSTEOPATHY SUCCESSFUL IN PARAPLEGIA.

A CASE REPORT BY ARTHUR TAYLOR, D. O., NORTHFIELD, MINN.

**SOCIAL HISTORY**—Mr. D., age forty-six, white, married, good appetite, six to seven hours sleep nightly within past year. Superintendent of creamery.

**FAMILY HISTORY**—Is good.

**SUBJECTIVE SYMPTOMS**—A little over three years ago patient first noticed a stiffness in lower limbs which gradually increased; could not step over a threshold or rug and finally could not walk at all and was bedridden. Any movement of the body soon became almost unbearable on account of the severe spasms caused. He did not dare to go to sleep so long as he could remain awake, or he would always awake with a sudden jerk that caused these spasms. In a few weeks the upper limbs and neck became set. Sphincters have never been involved. Bowels have moved every day.

**OBJECTIVE SYMPTOMS**—Found patient on back as above mentioned. Adductors of thigh were set; great rigidity of all spinal muscles, especially cervical region. Muscles were also slightly hypertrophied. Reflexes greatly exaggerated. No loss of sensation and no ocular symptoms. He has never had any of the specific diseases.

**DIAGNOSIS**—SPASTIC PARAPLEGIA: (Tabes Dorsalis Spasmodique).

**PROGNOSIS**—Must be guarded as complications are apt to set in at most any stage of the disease. It may invade the gray matter and characteristic complications will present themselves; it may extend to the posterior columns, etc. Recovery is very slow, if at all; however we note that a number of cases have been reported greatly improved and cures in others under osteopathic measures. The outlook for these cases depends greatly upon whether the patient is under osteopathic care or medicinal. In the above case nerve specialists and local physicians pronounced the case incurable and said that he would live but two or three months.

**LESIONS**—Great restriction of spinal movement. Posterior dorso-lumbar curve; great approximation of spinous process of axis and occiput.

**TREATMENT**—Treated case three times per week for about the first three months and then gradually decreasing until patient was able to ride to the office. During the winter months he was unable to get to the office so lost about five months treatment. At present he comes now and then, perhaps two or three times a month. It is now two and a half years since I first took the case. Treatment has been directed to spinal region mostly to produce mobility and relieve spinal contractures. It was a very difficult case to treat at first on account of sensitiveness; however the cervical region was fairly easy to get at. I think that a little preliminary work in this case was justifiable in the way of reducing sensitiveness, etc. In time the patient could take an adjustive treatment and from then on we made better progress in restoring spinal movement.

**RESULTS**—Patient can do considerable work but cannot walk very far without the aid of crutches which he was unable to get along without ever since the attack. Can walk up or down stairs without crutches. Fairly normal range of movement is established generally but lower limbs soon become fatigued.

**LESIONS CORRECTED**—Dorso-lumbar posterior curve is nearly normal; the upper cervicals being the most obstinate; however the relations between axis and occiput are greatly bettered. No treatment other than manipulatory and accompanying dietetic measures was used.

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## INFANTILE SPINAL PARALYSIS.

E. H. LAUGHLIN, D. O., A. T. STILL INFIRMARY, KIRKSVILLE, MO.

What is Infantile Spinal Paralysis? It is a paralysis found chiefly in young children, usually of the limbs, and trunk, beginning suddenly, various in duration and extent, followed by recovery in some parts and not in others. There is a muscular wasting due to inflammation of part of the spinal cord. Over sixty per cent of the cases occur before the third year of life, males and females alike.

### Causes.

The causes of the disease are, anatomical displacements, injury, exposure to cold, excessive muscular exertion, etc. Onset may follow acute diseases, such as scarlet fever, measles, and whooping cough, sometimes the blood vessels of the cord seem to be dilated and thrombosis of the vessels or hemorrhage occurs. The atrophied muscles are found to have undergone degeneration with disappearance, (to a certain

extent) of the transverse striæ, and again many fibres are simply narrower than normal; the amount of change in the muscles varies according to the amount of wasting.

### Symptoms.

We have two classes of symptoms at the onset of this disease. (1) The paralysis which is usually preceded by (2) illness, vomiting, headache, etc., these vary much in amount and duration. The pain in the limbs and nerve tenderness usually pass off in a few days. The paralysis (usually) is motor only, sensation is impaired only when inflammation is so great as to extend to all the conducting columns of the spinal cord.

If the extensors of the knee are slightly affected there is no "knee jerk." In some cases of cervical poliomyelitis the process may spread into the lateral columns, so that in addition to the wasting and paralysis of the arms, there may be paralysis minus wasting of the legs. If the paralysis of the limbs is incomplete the muscles involved vary, and the degree of affliction of individual muscles also vary.

The anterior tibial and peroneal muscles are affected more often than the calf muscles, hence a form of club foot (*talipes equinus*) is common. We have four stages of this disease (1) Initial—lasting for a few hours, week or even thirty days; (2) Stationary period—lasts from a week to a month; (3) Regression—palsy lessens and passes away, except from parts in which wasting occurs; this period lasts from one to six months; (4) Chronic—atrophy continues, contractions and deformity develop, relapses and secondary attacks are almost unknown.

Diagnosing this disease is difficult only when in early stages, because the only diseases outside of the nervous system which may be mistaken for it are those in which movement is associated with pain, such as hip joint disease, acute necrosis of femur or humerus, etc.

### What Osteopathy Can Do.

Now comes the question, what can osteopathy do for those suffering with infantile spinal paralysis? It depends largely upon the age, length of standing, and conditions that exist. If the cases are of short standing osteopathy can do a great deal for the majority of them, but if of long standing benefit is all that can be expected.

When these cases are presented to the osteopathic physician, they are usually of long standing, and have tried most all other forms of the healing art. In giving our treatment the osteopath intends to increase the nutrition to the affected portion of the spinal cord and to the affected muscles. The anatomical abnormalities are corrected, and treatment should be had about four times per week.

In giving our treatment we do not expect (or do we claim) to rebuild

wasted and degenerated portions of the cord, but we do claim to (and we can) restore nerve cells that have lost their function but not degenerated. In the cases in which the limbs are paralyzed we usually find a dislocated hip. When we do, we set it, because the dislocation will help to shut nutrition off from the paralyzed muscles; which need all the nerve and blood supply they can get.

In the later stages when deformed or weak and ant-like limbs have resulted, various means may be adopted (to assist while osteopathic treatment is being had) in order to improve the function of the part. (1) Mechanical support; (2) tenotomy or division of muscles or facia; (3) tenoplasty or grafting of healthy tendons to a paralyzed one; (4) arthrodesis.

#### Actual Results Obtained.

In my practice I have treated dozens of these cases and find that we get good results when the patient stays under our care any reasonable length of time. I have had cases to quit treatment because they could see but little improvement after one month's treatment, most of these cases need from six months to three years of treatment. The best result I have ever obtained was in a young boy of about twelve years old. The case was of sometime standing, the boy was unable to walk alone, would drag his right limb (this being the one affected). I treated this case first two years ago, and have given this case eighteen months of treatment. The boy now can run, play tennis, swim and has only a slight limp. This case will need about six months more treatment, with a six months rest. Am also treating two little girls who are about six years of age, both of these girls were unable to walk, one so bad that she could not sit up; this one has had two years of treatment. The other one about one year of treatment. Both of these girls are now walking. You say, "My it takes a long course of treatment." Yes, it does, but take in consideration the results. As I look at these cases I often think if osteopathy has done nothing else except what it has done for these children suffering with this terrible disease it has been a great blessing to the world.

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## SORE THROAT.

R. E. HAMILTON, M. PD., D. O., PROFESSOR OF PRINCIPLES OF OSTEOPATHY, KIRKSVILLE, MO.

The expression "sore throat" is applied in a general way to nearly all throat troubles. In this article it will be limited to those affections known popularly as colds.

The most common exciting cause of sore throat is sudden chilling of the skin over any considerable portion of the body or continued cold upon a smaller portion particularly the back of the neck. Any general disturbance of the body may also act in predisposing to colds, especially fevers and those diseases which affect primarily the circulation of the blood.

#### Predisposing Causes.

The prime predisposing factors in the production of sore throat probably reside in the structures affected. The nourishment of each organ of the body is under the direct control of the muscular wall in the arteries and these muscular walls are in turn controlled by a delicately balanced system of nerves known as vaso-motors. This system responds to the calls of the various parts of the body for more blood or for less blood by causing the expansion or contraction of the arterioles supplying those parts. For example, exercise of the arm causes a flushing of that part by the increase of blood sent to the muscles. Another and more pertinent example, is that of the contraction of the vessels of the skin when exposed to cold. The blood is sent to the deeper portions of the body to prevent the loss of heat. This transferring of the blood naturally brings an unusual amount to those parts which we know as mucous surfaces, i. e., the nose, throat, trachea, stomach, etc. So long as these organs are healthy no disturbance is caused by the excess of blood, but if one of these organs is weakened by disease or abuse then the congestion may set up an inflammation and this is what happens in the group of troubles which we call colds.

#### Vertebral Maladjustment Chief Cause.

As to these predisposing causes a part have been mentioned. The main one however is a vertebral lesion as has been proved by the success of osteopaths in the treatment of sore throat. The nerves governing the pharynx, larynx, and tonsils, are in close relation with the cervical vertebrae. Mal-position of these vertebrae and contraction of the muscles and other tissues of the neck account for a majority of the predisposing and for a part at least of the exciting causes (cold draft on neck) of sore throat.

#### Success of Osteopathic Treatment.

The success of osteopaths in the treatment of sore throat is such that a majority of the great singers and actors of this country are now either taking or recommending osteopathic treatment.

#### A Word of Warning.

Sore throat is such a common trouble that every other man has a remedy for it and every housewife two. Indiscriminate dopping is dangerous, as seen by the following extract from Diseases of the Ear, Nose and Throat, by S. C. Bishop, M. D., LL. D., D. C. L.

in response to stimuli," whereby a message is transmitted through sensory fibres to a center in the spinal cord; there it is transformed into an efferent impulse (usually motor) and sent to the part of the body receiving the innervation from the nerve center thus operated upon.

#### **Action of Centers Described.**

The spinal cord contains most of the nerve centers which may be excited reflexly. The action of these centers being independent of the will and occurring before the mind is conscious of it. It is therefore within the power of the osteopath to produce effects in almost every part of the body through the wonderful mechanism of this spinal keyboard. Although it is a well established principle of physiology that the action of nerves can be influenced by mechanical stimulation, it remains for the osteopath to demonstrate that it is entirely practical and that it is more effectual to apply the stimulus to the nerve supplying the tissue or organ than directly to the structure involved.

#### **How Stimulation is Secured.**

He has also proved that a sudden pressure properly applied to a nerve followed immediately by retraction will stimulate and excite the nerve to action; also a quiet gentle steady pressure quiets or deadens the action producing for a time the effect of nerve paralysis or osteopathic desensitization. It is therefore obvious that there must be perfect continuity of nerve force and proper innervation in order that any organ may receive a message to discharge a function. Nerve life is a very essential factor in the vitality of every tissue or organ. With a thorough knowledge of the various nerve centers and the innervation of the different tissues and organs, the osteopath is able to co-ordinate the nerve force of the body to a remarkable degree.

#### **Nerves Can be Quieted.**

He can increase the nerve current to almost any part of the body and can quiet an excessive one as well. The efficacy of osteopathic theory and treatment has been satisfactorily established in the treatment of the worst as well as the mild nerve troubles, in ataxia, paralysis, anaesthetic and hyperaesthetic conditions as well as in the regulation of the peristaltic action of the bowels, the regulation of the heart action, controlling the caliber of the blood vessels and the relief and assistance so effectually rendered in child birth.

#### **Results are Obtained by Adjustment.**

The osteopathic work consists in properly adjusting the parts of the intricate human machine which gives unrestricted passage to purified blood and freedom to nerve force. Free nerve force and pure blood are the builders of the body. The osteopath thus assists nature by directing nerve force and blood flow in a normal manner.

## **SIMPLICITY IN TREATING DISEASE.**

B. H. CUBBAGE, D. O., BEATRICE, NEBR.

The most deplorable characteristic which our up-to-date civilization presents, is our abhorrence of simplicity. We have striven so arduously for complications that it has become "second-nature," and the more war-dance and fake-medicine-man mystery we can jam into a thing, the better we like it. The more adjuncts, such as vibrators, X-Rays, surgical instruments, etc., we find in the doctors' offices, the more mystery it adds to the healing art. Now, when a person comes to the doctor with some ailment which is causing him serious inconvenience, he gets greatly irritated if he is given a simple explanation as to the cause of the disorder, and be told a simple remedy, especially if it be something he must do himself, rather than a pill, a powder, which can be swallowed, believing it will accomplish any and everything.

Not long since a man came to me, as a last resort (as many do), having tried nearly everything that had been suggested to him with little or no beneficial results. He was given a treatment which took perhaps eight minutes and told to return in two days, which he did, with these words: "Say, what did you do? I have been getting better ever since you treated me." The treatment seemed so simple to him that he could not understand the reason for the benefit.

Fortunately this love for complications is often a myth, and rending it asunder, we find the simple things are the real things after all.

Older methods of treating disease, as compared with osteopathy, remind me of a lady who had lost the key to her trunk. She visited every place in the city where trunks were sold, with the vain hope of finding a key that would unlock the trunk. Alas, none could be found, and she was about to give up in despair when the thought occurred to her that the locksmith might have the key. Sure enough he had the "right" key, and gave it the turn that opened the trunk.

If these poor human (trunks) machines of ours had been cut into less, and shattered less with drugs, the doors which have been closed so long against every effort of nature would swing open to receive some of the good things nature has in store for us.

Osteopathy is the little fellow with the "key" who has been successful in unlocking thousands of (trunks) human machines in the past few years. In fact, he has had so much exercise and experience opening trunks which contain the secret of health that he is ceasing to be a little fellow. But no matter how large he grows he will always retain his simplicity, which marks the really great man.



## THE APPENDIX AND ITS TREATMENT.

By J. FOSTER McNARY, M. D., D. O.

(Assist. Clinician in surgery at Wis. Col. of Phys. & Surg.

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As the members of this association are aware, there has been a growing tendency, both in our national and state associations, towards stimulating individual practitioners to select some subject of keen interest to themselves and strive to formulate some osteopathic conclusions based upon the results of their own work.

It has long since been recognized that old school statistics are not proven true by osteopathic experience, and it becomes necessary for us to produce our own prognosis, and indications for treatment, which can only be done upon actual clinical experience.

I was early impressed with the necessity for much needed revolution along surgical lines, and just as thoroughly convinced that, while osteopathy in the early future would eliminate many present day abuses, it would never entirely abolish the need for this radical treatment. My feelings along this line were evidenced during my term as an officer of your body when three members were appointed on your programme committee whose work was directed along the lines of osteopathic surgery.

This term, "osteopathic surgery" has been much misunderstood, and I hope, at this time, to make clear what I meant to convey. While "osteopathic surgery" points towards no particular change in surgical technique at the operating table, it does stand for a clearer understanding among osteopathic practitioners themselves, of just when during the treatment of a given case it should revert to the surgical field, and why. Further: "osteopathic surgery" stands as the arch enemy of surgical abuse. I ask your indulgence in considering this paper, knowing our native tendency to mentally combat any phase of treatment not osteopathic, and appreciating the scope of the subject selected and the inability of the writer to do it justice.

I assure you that an honest attempt to find the true borderland between osteopathy and surgery is no easy task. There were no trodden pathways to follow, no decades of literature from which to compile the contents of this paper. On the contrary, it is necessarily, to a great extent, the results of the writer's personal opinion, and while some points may be stated emphatically as fact, I must reserve the right to alter any opinion herein expressed when we have further clinical facts and more actual experience from which to judge.

Remember, if you will, that the object we are striving for is to eliminate one of the osteopathic leaks, which transfers cases from our field into surgery without the consent of the osteopath, which results as follows: The surgeon, while gaining the benefit of the added reparative power which the patient receives through treatment, ordinarily leaves the suggestion in the mind of the patient that he came to surgery none too soon, usurping in this way the honor of all the result attained, while, at the same time, he sends the patient back to the medical world, an enemy of this science.

### APPENDICITIS.

The subject of appendicitis has been chosen as a typical example of intra-abdominal lesions, in which, from its several varieties, we have indications for both osteopathic and surgical treatment. It will be our object to try, during the course of this discussion, to bring out the reasons and the time when, during the course of osteopathic treatment, the case becomes surgical.

**History**—As early as 1759, during the autopsies performed by Mestivier, the first statement in medical literature referring to appendicitis is to be found. He said "The cecum was covered by gangrenous patches and I had scarcely opened the appendix when we found a large rusty pin, which irritated the mucous coat and caused death."

Next in 1812, Parkinson, a London physician writes "A boy aged five, died after two days. His illness was characterized by vomiting, great prostration, and slight rapid pulse. The autopsy showed general peritonitis with recent adhesions, while all of the tissue in the abdomen but the appendix was healthy. This was perforated and contained feces." He recognized that perforation caused death. You will notice that the first author saw that irritation of the mucous coat caused fatal termination, while again, in 1827, Dr. Melier found hard intestinal contents in the appendix which he claimed were similar to gall stones. To-day, as you know, these fecal concretions are called enteroliths. These few examples serve to show that early authors noticed that inflammation of this area alone does exist and furnishes symptoms of pain, tenderness, temperature and death.

We could follow on down through the history and show the growing impression of the importance of appendicular inflammation in the mind of the physician until we come to this last decade, when it is only too evident we have passed the line where the patient receives the greatest benefit, and on to evidences of abuse, the correction of which, can only be looked for in the osteopathic field of practice, and we should start early to prevent a similar mistake of our drifting too far the other way.

**Anatomy**.—A few statements relative to the physiology and anatomy will serve to refresh our minds.

The appendix is a hollow pouch of variable length, appended to the lower and posterior surface of the cecum. Its location in the right iliac fossa is commonly known as McBurney's point. The organ consists of three layers and an outer covering of peritoneum. Its mucous membrane is thickly studded with Lieberkuhn's glands; the function of this organ is not clearly known, however, I think we are safe in saying that, from an osteopathic viewpoint, the secretions of these glands are of importance in the general metabolism of digestion.

The appendix and cecum derive their blood from the ileo-cecal artery, a branch of the superior mesenteric, this artery dividing into an anterior, posterior and an artery to the appendix. This latter vessel passes down behind the cecum and is subjected to mechanical pressure when there is an accumulated fecal mass in the ileum and cecum. The venous blood returning via the same general pathway empties into the superior mesenteric and portal system. The lymph drainage is carried from the appendix by way of the mesentery of the appendix, which ordinarily extends along but half the length of the appendix, and like the other nutrient vessels, is carried against gravity, upward and backward through the mesocolic nodes to the receptacular nodes. The nerve supply is sent from the spine at the level of the eleventh and twelfth dorsal, finding its way to the appendix through the splanchnic system. We may well remember in passing that the middle division of the twelfth intercostal nerve passes downward into the abdomen between the transversalis and internal oblique, supplying sensation to the transversalis, external and internal oblique, rectus, and even extending to some of the gluteal muscles.

The ileo-cecal valve guards the lumen opening to the appendix as long as there is no fecal impaction in the cecum. The opposite is true in disease, such as constipation. From these facts it will be seen that, in constipation or enteroptosis (sag-

ging of the viscera) the arteries, the veins, the lymphatics, and the nerves, supplying and draining the appendix are all, to a greater or lesser extent, prevented in their functional activity, in the presence of this foreign mass or sagging tissue, and this hinders the expulsion of its contents. Normal body temperature stimulates absorption of the liquid elements, the solid residue remaining produces the enterolith, which acts as a foreign body, inflames and thickens the mucous membrane, and furnishes a ripe field for future infection and disease.

**Frequency of Appendicitis, and its Etiology.**—Out of 4028 autopsies, during the last six years, in three of our eastern hospitals, the records show that there were 86 cases or 2.1% in which death was due directly to acute inflammatory disease of the appendix. Of this number, 66% were males, 33% females, with greatest frequency between the ages of 30 and 40.

**Appendicitis from an osteopathic standpoint**—Is necessarily of two great types, pseudo and true. Bearing in mind the anatomy just described, we readily see how a lesion of the twelfth dorsal or twelfth rib produces sensory changes through the abdominal branch of the twelfth costal nerve, creates irritability and tenderness over the abdominal muscles in the right iliac fossa. This condition, in the presence of constipation, produces what I choose to call pseudo appendicitis, and does set up a line of symptoms similar to the true type of the disease, except muscular rigidity of the abdominal muscles and high temperature. In this condition the abdominal muscles are ordinarily relaxed, and for this reason it is at times easy to palpate the fecal mass in the cecum, which has very often been the source of error in diagnosis, but should never occur in the osteopathic practice. However, if this state of affairs is allowed to continue without osteopathic correction, we can all see how it could readily lead to microbial infection, and the lighting up of a true type of the disease.

**Predisposing Factors.**—*Locus minoris resistentiae*. This local point of least resistance is produced by the state of facts which we have been just going over, and is sometimes called by the old school idiopathic, which really means that the facts are obscure or unknown from their point of view.

**Age.**—Forty-four per cent of all cases occur during the third decade. Young adult life is next in frequency, while old age is practically exempt.

**Nativity:** The people of all nations, except the negro, and all classes are equally subject to the disease.

**Heredity:** Involves only to this extent: in families where constipation is common in each member, in that class of so-called 'straight spines,' and in the neurotic, there is a tendency towards either false or true appendiceal symptoms. Exciting causes: a. Constipation; b. Traumatism; c. Enterocolitis; d. Menstruation; e. Foreign bodies.

The effects of constipation have already been described. The effect of trauma in my mind, where constipation and impaction have existed is more often the cause than any other known agent, except spinal lesions.

Enterocolitis must be taken into consideration in that class of cases where a sagging down of the viscera, so-called enteroptosis produces mechanical pressure upon the vessels draining the cecum and appendix.

In cases of a long appendix which lies low in the pelvis and in such cases where pelvic inflammation exists together with the formation of adhesions, and when the appendix has been caught up by such adhesions, the symptoms of appendicitis commonly occur, when the real cause may lie in the ovary. In this type we may expect to find the lesion at a lower level of the spine than is described in simple appendicitis.

**Foreign bodies:** These do exist, but without such frequency as has been commonly considered. It is nevertheless true that in recurrent attacks, where old adhesions have constricted the appendix some place along its course, the so-called enterolith or concretion does act as a foreign body and pre-disposes to acute attacks.

**Immediate Cause.**—Involvement of spinal centers and microbial infection.

#### SYMPTOMS.

A chain of symptoms as variable as the number of observers has been described, however, for our practical work the following should be taken into consideration: Local pain and tenderness, muscular rigidity, muscular spasms, nausea, vomiting, temperature, pulse, spinal centers and tumors.

**Pain:** Pain is always present at some stage, generally at the onset. It is of an acute, excruciating character increased on pressure.

**Muscular rigidity:** While this is not necessary in pseudo appendicitis, it is the symptom which I would have you carry home as the one positive, almost invariable symptom in cases of the acute infectious types, and the diagnosis of this type should never be made unless rigidity of abdominal muscles is present.

**Muscular spasms:** The abdominal muscles suffer paroxysmal contractions during the course of an acute attack, and this is the reason that the patient prefers to lie flat on his back with the right leg flexed, in order to relieve the tension whenever the muscle spasm occurs.

**Nausea and vomiting:** Nausea is almost always produced during the examination of the patient while the physician is palpating, over the right iliac fossa. Vomiting occurs in 34% of all cases that have not had the benefits of osteopathic treatment, but this is reflex and may be expected to subside as soon as the muscular tension of the spine is relaxed.

**Temperature:** Before osteopathic treatment begins the temperature may be ranging from 99 to 103. After the treatment has become effective the temperature subsides and will remain in abeyance unless, due to absorption of infective toxins, it rises to or above 102 degrees F., in which case the osteopath may logically conclude that his patient is losing ground, and must look well to the variety of appendicitis which he is treating. The reason for this will be explained under the heading of diagnosis.

**Pulse:** Ordinarily, we may say, that the more rapid the pulse the graver the type, but while under osteopathic treatment, if the pulse becomes full and strong, it should be received as evidence of cardiac irritation from absorption, and after a few hours the system becomes intoxicated, the heart will be rapid and thready.

**Spinal centers:** In the false type we may expect to find involvement of the spine or ribs producing reflex disturbances. These lesions occur any place in the spine from the level of the fourth dorsal segment to and including the ilium, but in true appendicitis, where the infective and degenerative types of the diseases are present, we may always expect to find our spinal lesion at the level of the eleventh or twelfth dorsal.

**Tumor:** A palpable tumor of the cecum or appendix is present under three conditions. First, in the early stage it may be fecal impaction of the cecum. Second, in any case or any stage where previous attacks have occurred, there may appear under the examining fingers a resistant mass which is the result of an old adhesion, and third, in the presence of an encapsulated abscess. Distention and tympany of the abdomen occur in that class of cases where obstruction is present, and in all cases where septic peritonitis exists. Complications of the acute form: Adhesions;

supuration; septicemia; intestinal obstruction of the ileum; pyemia; abscess of the liver and kidney; fatal hemorrhage; chronic appendicitis.

The complications need no separate mention, except to say that all of them but fatal hemorrhage are the result of neglect, late diagnosis, or ignorance on the part of the physician, for the time has passed when there is any longer any excuse for the toleration of pus or its consequences in the abdomen, unless the patient presents too late for treatment, in which case there will be no complication except the undertaker's bill.

Perforation or hemorrhage: deserves a word of consideration. If, during the course of any acute abdominal disease, where there has been temperature, rapid pulse, pain and tenderness, whether or not the appendix is the seat of the trouble, if after sudden intense pain the temperature immediately drops and the facial expression becomes anxious, the eyes sunken, the skin damp and cold, even though the patient claims to feel very much better, which they almost always do for an hour or two, the physician should anticipate rupture of the bowel or hemorrhage and direct immediate surgical intervention, instead of being elated over what appears to be a satisfactory change.

#### DIAGNOSIS.

Sudden acute pain over the right iliac fossa with local tenderness and muscular rigidity, with or without a tumor are pathognomonic of appendicitis. These classical symptoms, according to the old school, are sufficient. It is, however, necessary to remind you that until the eleventh and twelfth dorsal spine have been examined, no positive diagnosis of true septic appendicitis should be made. Now to the osteopath, if these conditions arise in spite of treatment, together with a temperature of 100 or more, he is justified in declaring the diagnosis, and should at once study at length the symptom and declare in his own mind what variety of appendicitis he is dealing with.

#### VARIETIES.

Pseudo; acute septic; acute gangrenous; acute recurrent; chronic. a. Without acute attacks; b. With acute attacks. Obliterative.

**Pseudo:** This type of the disease commonly occurs in patients subject to constipation in which there has been no other known cause except irritation of the spinal centers; the patient only becoming conscious of these when the hands of the osteopathic physician have palpated the spine. These lesions are commonly reflex and as has been said, can appear at most any level of the spine, and right here I want to bring out the great point of difference between false and true varieties. *Viz:* While the appendix may show a state of congestion there are no rapidly degenerative tissue changes produced in the appendix itself from reflex lesions.

Further, I am safe in saying that any of the commonly described symptoms of appendicitis can occur in this type of the disease, except muscular rigidity and the evidences of pus. While I am not as yet prepared, on account of lack of sufficient data, to state or accurately estimate the percentage of attacks of appendicitis which come under this heading, I predict that future experience will place 66% of all appendiceal attacks in this class. This type of the disease is strictly, and I might say solely, an osteopathic type, and in the presence of early osteopathic treatment, the prognosis of pseudo appendicitis is favorable to say the least.

**Acute Septic.**—On account of its sudden onset this septic variety is seldom brought to the attention of any physician until it is well defined and serious. It is characterized by shooting pain in the region of the appendix, by muscular rigidity, by rising temperature from the onset, and ordinarily by vomiting. Twelve hours after the patient is first seen all of the symptoms are worse. The facial expression is

anxious, the face is pallid, cheek is flushed, the lips are dry and red, and in all, the picture is one immediately dangerous. The bowels are constipated, the urine is febrile, of dark color and high specific gravity. This type of the disease is of severe infectious origin and may follow the history of traumatism, in which the patient has received a blow or fall, striking the right abdomen, the virulence of absorbed toxine sets up an acute peritonitis almost at the inception of the disease.

It is unnecessary to declare that this type is not osteopathic, but should revert at once to the surgeon, wherein lies the only hope of that patient's life.

Further: Every hour of delay means either days of hospital life, or worse, and I wish something might be said in this paper to call your attention to these facts with sufficient emphasis, so that none of us in the future will have charged to our door, a fatality, the result of neglect of our duty, or an attempt to produce osteopathic results where nothing but failure can follow.

**Acute gangrenous:** Patients suffering from this type come from the so-called neurotic, the "Straight Spine," the over-worked, the under-fed and those that "Worry," etc. Their spinal muscles are rigid, general digestive power is impaired. This accounts for the sluggish acting bowel, malnutrition, insufficient venous drainage, resulting in an inflammatory zone in the abdomen. This condition when acted upon by an immediate cause admits a slow, mild infection to occur, but nature, as she always does, takes advantage of this slow acting process and walls off—or circumscribes the diseased area before the formation of albuminous degeneration or pus. Now by the time that abscess has formed, a thick protective wall has been thrown out, a local peritonitis only can follow, and while the appendix may become degenerated and its thick walls even sloughed, the entire disease process is enclosed within this hyaline capsule. This type stands in the middle of the road between osteopathy and surgery, osteopathy being indicated in the early stages, to repair the spinal nerve pressure and increase trophic impulses to the affected area, to prevent impaction of the cecum, and should be continued until such time as the manifestations of pus are in evidence. The question now will arise, What are the evidences of pus during the course of osteopathic treatment of a given case? In the writer's opinion they are as follows, given in their order of importance: If the erector muscles of the spine in the lower dorsal and upper lumbar, together with right rectus and transversalis become more rigid after the third or fourth treatment or if the anterior abdominal muscles of right side are still noticeably, more contracted than the left. If pain is lancinating in character and increases in severity. If the temperature rises two degrees in 48 hours after the onset and if the morning temperature remains above 102 F., after the second day with the pulse gradually increasing from the start. If a tumor of increasing size appear at or about McBurney's point, when the physician is confident the bowel contents have been evacuated. If the skin becomes yellowish and soggy in spite of the temperature and treatment. These conditions demand special attention on the part of the osteopathic physician, because, through early treatment, many attacks of this kind, will be prevented. He must constantly be on the alert during the course of the treatment for these conditions in the patient which denote pus, and when pus has formed, it should immediately be opened and drained.

**Acute recurrent:** Acute recurrent is not only a repetition, since the cause is not removed with the subsiding symptoms, but each attack produces inflammatory changes in the peritoneum, causes adhesions which bind the appendix to adjacent structures, produces constrictions around its entire surface as the connective tissue adhesions contract, pulling twisting and contorting the appendix, accounting for

the many different shapes which show themselves in the operating room. With each new attack, new adhesions form, the old ones constantly becoming more and more dense making nutrition and repair less possible, and acting as a predisposing factor in the production of subsequent attacks, and producing what is known as chronic appendicitis, as well as the obliterative form. This as you know is the condition so commonly treated surgically between the attacks and is bad practice. Osteopathic treating between the attacks should pay special attention to the adherent mass, it being elastic connective tissue can be stretched and loosened through the abdominal wall without tearing and without forming new adhesions. We must remember however that this class during the acute stage is more prone to infection and if an attack does begin while the treatment, "between attacks," is in progress, the sooner such an appendix is removed, the better.

#### DIFFERENTIAL DIAGNOSIS.

Gall stones; twisting of an ovarian pedicle; torsion of a movable kidney; intestinal obstruction; typhoid fever; extra uterine pregnancy on the right side.

While it is true that all these and many others have been sources of error in diagnosis, it is further true that certain symptoms are common to all acute disorders within the abdomen at their onset, such as intense sudden pain with a variable degree of collapse, and a tendency to nausea and vomiting.

But to osteopaths there is one comparatively safe diagnostic fact, and although this does not appear in print to my knowledge, it is based upon some 300 or more cases in my own observation and is as follows: If the organ affected is striding along the different degrees of degeneration toward pus, the trophic center controlling such an organ is invariably the seat of either a palpable lesion or location of exquisite pain on pressure. In other words, while a distant spinal lesion may set up a sympathetic chain of symptoms in an organ through the reflex system, I hold that neurotic and sensory symptoms may result, but if degeneration occurs the spinal center controlling the organ involved will be disturbed.

#### TREATMENT.

When the osteopathic physician is called to a case in which he suspects appendicitis, the following order of treatment is, in my opinion, indicated. First, adjustment of the spine, with special attention to the 11th and 12th dorsal and 12th rib. If, after the first six to twelve hours, the classical symptoms are increasing in severity, and if the first call is made during the day of the onset of the disease, the abdomen should be gently lifted up by one hand applied over the posterior abdominal wall, while the other hand is directed toward the right iliac fossa, and if possible with the patient's feet elevated. The pressure should be so directed as to lift the cecum and the viscera of that side, gently but firmly upward, in order that any mechanical obstruction to the circulation be relieved. This exhilarates both the blood and lymph drainage, and with the nervous impulses which derive from the spine corrected as far as it is possible, there is left the correction of the constipation and fecal impaction. The method which I use to do this is as follows: Beginning on the fecal matter in the sigmoid flexure by rectal enema of one pint of tepid water injected slowly into the rectum, allowing the contents of the sigmoid to be dislodged in this first injection, this completes the first treatment.

Six hours later this is repeated in the same order, first the spinal treatment, then the bimanual elevation of the contents of the right iliac fossa, and again by injection. This time 12 inches into the bowel another pint of tepid water is allowed slowly to enter the bowel and flush the descending colon. At this treatment a cold water bag

is applied over the right abdominal region. Following this from six to ten hours, another treatment similar to the first two is given the patient except that a high colonic enema is injected into the bowels, say twenty or twenty-two inches through which is passed a variable amount of cold water, ranging according to the severity of the temperature from one pint to two quarts by what I have chosen to call the percolative enema, viz., without pressure, by not raising the bag above the level of the hips of the patient, the cold water is allowed to pass, drop by drop, or in a small stream as is possible into the ascending colon, thus serving two purposes in the treatment. First, the cold inhibits the bacterial proliferation and retards the disease process, while from absorption into the tissues and drainage through the lymph channels, the toxic substance is eliminated from the affected area which is shown by the increased amount of urine voided, the color of which changes from the ordinary febrile to a copious, colorless excretion of urine, the amount of which is proportioned to the amount injected.

By following this procedure through nine cases that have come under my own observation, the results so far are most gratifying. In none of these has surgical intervention been necessary, but in following this treatment we must ever bear in mind that, if in the course of the treatment at any time the patient begins rapidly to lose ground in spite of the treatment, and show signs as has already been described, we must be ready at any moment to take advantage of the results of surgical science. This treatment, as I see it, will eliminate all pseudo attacks; many of the simple and in fact any variety, if treated early, except the acute septic, and by this means we turn over to the surgeon, only those cases in which he can be of greatest service to the patient. Be confident in the results of your treatment, but don't allow past successes to influence you the least in recognizing the types which are surgical, and using your every influence to see that the surgeon is given charge of the true surgical cases early enough to be successful.

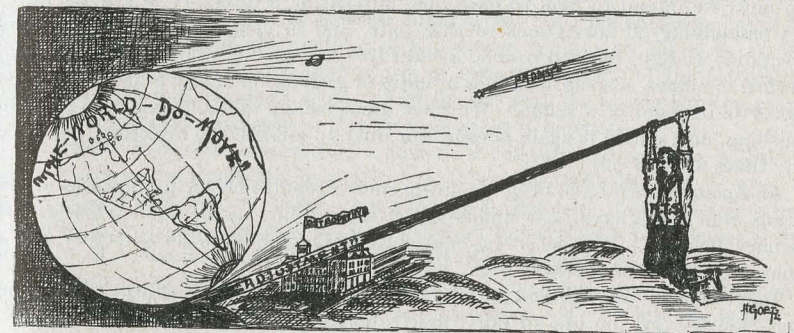
I trust that my meager efforts along this line, expressed as they are, will assist some of you in the formation of a more definite mental picture of the types of appendicitis and be of service to you in directing a rational and successful treatment for those patients who suffer from this dreaded disease.

NOTE.—Read before the State Osteopathic Association at Beloit, Wis., February 23, 1907.

A clinical specimen of each variety—taken from life—was shown to the Convention at the time the type was being described.

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#### OSTEOPATHIC ADJUSTMENT MOVES THE WORLD.



# The Journal of Osteopathy

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KIRKSVILLE, MO., FEBRUARY, 1908.

## EDITORIALS.

**Partnership Dissolved**—Drs. H. M. Still and Chas. Hazzard have dissolved partnership, Dr. Still retiring.

**The Directory**—After much arduous work the 1908 Directory has been issued, only four or five days later than we had agreed to deliver it. At the request of the A. O. A. officials, we held copy to the last minute in order to insure A. O. A. accuracy, commencing with the composition on January 1st. The machine work alone of setting up and casting the type took some ten working days, besides the time consumed in job work of the Ads and of assembling the pages; making ready forms for the press and running them, there being ten forms, consumed twelve and one-half days. This does not take into account the enormous amount of work entailed in reading, checking, revising and re-checking the copy, and the first, second and page proofs. There are some errors in the alphabetical list, practically none in the geographical, and for those that did slip past us, we pray the indulgence of the profession. Three months from now, we intend to mail to each one, purchasing a directory at regular rate, a sheet embodying all corrections to that date, and in order better to secure these corrections, we have decided to send a sheet free to each one who makes a correction in regard to names, schools, locations or dates of graduation of any practitioner listed, or notes the omission of a name. We have gained many valuable lessons on Directory publishing, and should it again become our duty to publish the directory, we can do many times a better job.

**An Apology**—We have been acquiring such a reputation for promptness of publication, that there have been numerous letters scolding us for not having sent the February Journals. The delay was caused by work incident to the Directory, and we do not expect it to be repeated soon.

**Don't Knock**—We received the following from Madison Square Station, New York, dated January 3rd on one of our "fourth notice" cards: "Your methods are so

reprehensible, I must decline. Am independent of your Directory and would rather not be identified with it. Have paid most liberally for instructions and feel that my obligation to markedly sentimental publications, has long since been met. Am very much afraid you have made a botch of it as usual. Don't be so breezy, it offends good taste. A Post Graduate D. O." Since but six of the osteopaths listed from New York and Brooklyn failed to reply to their cards, we are at loss to understand who wrote so cowardly a roast and did not have the manhood to sign his name.

**Smart Alexness Was on a Card**—Another instance of smart Alexness was shown by a card post marked Cornwell on the Hudson, New York, and the individual was listed as a graduate of C. H. H. S. 1903, previous degrees, M. D., Member of H. L. S. associations. Hold licenses in Cornwell; Street Number 14 Skedunk Ave., Town and State of Washington, D. C., and was signed by one Frances White. Both Dr. Frank White and Dr. Frances White filled out their cards, and this was evidently a poor attempt at a joke. In striking contrast to these was the letter from Dr. Miller of Cedar Rapids, Ia., saying that he wished to thank us for the best and most accurate directory yet issued, and complimenting us on the "many improvements." Also the letter of Dr. Frances J. Marshall of Pittsburg, who said the Directory was the freest from errors of any that she had seen.

**This Month's Journal**—Dr. McNary's article presented herewith, the first of our feature articles, is destined among osteopaths, to become a classic on this subject. We wish all to read the letters by Drs. Hildreth and Heine, as calling attention to present vital needs of the profession. The Editor believes that reciprocity should be given only to those who have practiced and not to new graduates, but he does believe that there should be a uniform standard for reciprocity. At the convention in 1906 he advocated this in talking with a number of state board members and was turned down hard, just as Dr. Hildreth had prophesied he would be.

**Next Month's Journal**—A lot of good news notes and other interesting material was crowded out this month, but will appear in the March Journal. The Journal of Osteopathy is now run on a cash basis and subscriptions, not paid up, are dropped. This is in accordance with the new postal rule.

**To Our Friends**—We wish in this way publically to acknowledge our indebtedness to the many practitioners who assisted us in the Directory and whom we have been unable to thank individually. By mistake several secretaries were published as not responding, who did not desire to pay the 2c. fee, but had sent in lists, after the A. O. A. had instructed us to indicate state membership gratis.

**This Month's Cartoon**—The little cartoon drawn by Dr. H. F. Goetz was suggested by Dr. C. M. T. Hulett's statement "The World Do Move." Dr. Goetz shows the founder of Osteopathy as the modern Archimedes, applying to the universe the lever Adjustment through the medium of Knowledge typified by the A. S. O. The cartoon is so apropos of the present efforts of certain members of the osteopathic profession to pollute the basic principles of osteopathy with the wornout and by-many-discarded principles of medication, that we reproduce it herewith.

**Osteopathy Free**—In an eastern newspaper the following ad appears, headed as above: "Examination and trial treatment free. Treatments \$1.00. Dr. ———." The Old Doctor says that he thinks that the people that take these free treatments are cheated, as such an osteopath evidently doesn't know what a bony lesion is and couldn't in all probability could give a treatment that was worth 25 cents.

**Osteopath as Medical Board President**—Indiana, that rock ribbed medical state has now at the head of its medical board, an osteopath. To be sure, he is also an

M. D., but in his home town, he is known as an osteopathic physician. Dr. J. E. P. Holland thus enjoys the distinction of being the first osteopath to preside as the official head of a medical board.

**Summer Post Graduate Course**—In response to the numerous requests for post-graduate work this summer following the A. O. A. Convention, the A. S. O. management has decided to present a short course between the Convention and the opening of the fall term of school. The work will be along practical lines, including laboratory diagnosis; obstetrics including demonstrations on the manikin and clinical demonstrations; practice and orthopedics and administration of anesthetics; physical and osteopathic diagnosis and technic and will give a special course on minor and major surgery, detailing the advances in surgery and correlating it to osteopathic principles and practice. There will also be discussions and demonstrations given on emergency work.

This course will in no way conflict with any summer course which may be given by the A. O. A.

**Rules for Four Year School**—The New York Regents have ruled that "a school satisfactory to the Board of Regents" is one which has a four course in operation, but have partially nullified their decision by allowing instead the declaration that such a course will be established by 1910. This gives the schools a leeway in adjusting their courses. After 1909 Wisconsin will require four years, Indiana now requires that amount of time. With the various states requiring of the osteopaths the same amount of schooling as of the M. D's., the Editor does not see how our practitioners can longer be forbidden the practice of surgery. In fact practically all osteopathic laws provide for minor work, and several states, conspicuous among them, Missouri, Texas, California, Utah and Massachusetts already allow the practice of major or operative surgery. This is in striking contrast with the pin-headed Dopers in Illinois, who wish to call the extraction of a splinter by a catch forceps, surgery, (!) and to hale before the court the osteopathic physician so practicing.

**Dr. Terrell's Article**—There was an excellent article on Leucorrhoea by Dr. A. P. Terrell, published in December and January. It was divided in a rather awkward manner. Subscribers who did not secure copies of both sections may do so as long as they last, by writing.

#### OSTEOPATHIC JOURNAL, VOL. IV, NO. 3.

The Trend of the Times.....	L. van H. Gerdine, A. M., M. D., D. O.
Primitive Osteopathy.....	Calvin M. Case, M. D., D. O.
What Osteopathy Is.....	C. P. McConnell, M. D., D. O.
Osteopathy Successful in Paraplegia .....	Arthur Taylor, D. O.
Infantile Spinal Paralysis .....	E. H. Laughlin, D. O.
Sore Throat.....	R. E. Hamilton, M. Pd., D. O.
Surgery Developing.....	Franklin Fiske, A. B., D. O.
The Nervous System.....	J. E. Downing, D. O.
Simplicity in Treating Disease.....	B. H. Cabbage, D. O.

Ready Feb. 20, 1908. Order Early.

## LETTERS TO THE EDITOR.

### WISCONSIN.

A. U. JORRIS, D. O., LACROSSE, WIS.

Our Board meets May 26-7-8 in special session. Regular meeting, second Tuesday in July. Also May meeting at Plankinton Hotel, Milwaukee. July meeting at Madison, Park Hotel or Capitol Bldg. The Board has again adopted the rule requiring six months' practice and residence in the state from which applicant comes, in cases of reciprocal licenses. Hereafter new graduates must all take the examination or practice six months in their own state before applying for reciprocal license.

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### OSTEOPATHY IN CHINA.

JEAN MCBURNEY, M. D., D. O., Tak Hing Chau, West River, via Canton, China.

Your communication of Sept. 7th, '07, received a short time ago. I know of only three osteopathic practitioners in China. They are the following: McBurney, Jean George, S. C.-'02; McBurney, Kathryn, S. C.-'03; Scott, Ida May, S. C.-'03.

All these are at present in Tak Hing Chau, West River, S. China, and all are here as medical missionaries, having received the degree of M. D. before studying osteopathy. I do not know of any one having been sent out by the missionary board as an osteopathic physician alone. If you learn of any in this part of China, I will be glad to know of them.

I believe there is no law in this part of China with regard to practicing the healing art. We were not required to pass any examination, nor have we been required to show any credentials. I think an osteopath could come the same as an M. D.

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### LEGISLATION.

A. G. HILDRETH, D. O., ST. LOUIS, MO.

While it is true that this is what is known as an off year in a legislative way from the fact that so few of the general assemblies of the different states are in session this winter. Yet it is also true that there has never been a time since our profession began to seek recognition by law when there was absolutely a more grave situation confronting us than at the present time. The tendency of our people to listen to the suggestions and seemingly fair propositions that are constantly being made to us to join forces with our old enemies in creating composite boards, together with the seeming fairness of such treatment as presented to the average legislator makes our work doubly hard. But it does seem to me that the treachery of such a proposition could be readily detected by every osteopath, especially so when the proposal comes as it does every time from the only enemy we have ever had to meet. Could the osteopathic profession individually go over in detail every incident of my own personal experience there would not be one single one of them who would ever even consider a law giving us one lone member on their board. They would rather have no law at all. This I am fully aware is a very radical position to take. But the signs of the times demand a firm radical position with energetic earnest action. The uniform bill adopted at Denver in 1905, and recommended by the A. O. A. would and has made

us a good law—it is fair and just to all schools—and while it creates an additional board in each state, yet it creates no added expense any where, and but gives to us our just rights. A standing and a prestige such as no other law can give us. The osteopaths in every state should get busy. No matter whether you have a law or not. We should all every where be clever vigilants. In states where we have our own boards keep them and where we only have a member on their boards fight just as faithfully to create our own board as we do in states where we have no law.

The necessity of the hour is a full realization of our legislative situation, and the awakening to a live activity that always means success.

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#### STUDENTS' SURGICAL WARD.

GEO. A. STILL, M. S., M. D., D. O., SURGEON A. S. O. HOSPITAL, KIRKSVILLE, MO.  
TO THE OSTEOPATHS OF MISSOURI AND THE NEIGHBORING STATES:

There are occasionally cases which come under your care that need operation and hospital treatment, but are unable to pay the usual hospital rates, even though the operation be done free, and it is concerning these cases that I address you.

The present students at the A. S. O. have installed a ward where such cases can be received at the rate of \$5.00 per week, which includes their treatment by the senior students and post graduates, consultation and examination by the staff, and all the necessary expenses connected with either the operation or the after treatment; but in all cases we must be notified in advance about the case. We will receive in this ward only such cases as are unable to pay the regular rates. These requirements are necessary on account of the fact that there are only twenty beds in the two student wards, and that although the wards have been opened a little less than one month there are already more than half of the beds occupied, and within a month, there is no doubt but what arrangements will have to be made some little time in advance in order to take advantage of these wards.

Whenever you have cases of this nature, drop me a line and I will make arrangements to handle them as soon after getting the letter, as possible.

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#### MORE ABOUT MASSACHUSETTS.

HOWARD T. CRAWFORD, A. M., D. O., DEAN, M. C. O., BOSTON, MASS.

In the December number of the Journal of Osteopathy, I notice an article by Dr. A. F. McWilliams in which are some misleading statements. The doctor calls Dr. F. Bourne Lake to task for a statement in the October Journal regarding the desirability of osteopaths passing the State Board of Registration in Medicine. Whatever criticisms Dr. McWilliams has to make of this statement are considerably vitiated by the fact that he himself thought it wise to appear at least twice before this same board for examination.

He further says that "a great many osteopaths in Massachusetts often avail themselves of this privilege by giving drugs to their patients very often. "This should be stated on his part as a matter of belief and not of fact, for I very sincerely doubt its truth.

His statement in the next paragraph that "too many osteopaths want the right to give drugs and if they can't get that in an osteopathic bill they will fight it" is a mis-statement. Having been in practice here four times as long as Dr. McWilliams. I am in a position to state that such assertion is wide of the truth.

His final statement that "there is a big field here for any number of good osteopaths" will need a little analysis, outside of its implication that the majority of the practitioners here are incompetent. In Boston and vicinity there are at present 103 osteopaths, which is a larger number, in proportion to the population, than in any other city, with the exception of Los Angeles, Calif. Let us not, then, hold out inducements to the students just graduated, that this field is in any great need of more osteopaths. Personally it is of no consequence to me how many come, as I feel perfectly competent to hold my practice against such an invasion, but I maintain it is not fair to spread broadcast any impression that there is a dearth of D. O's. hereabouts. Such is not the case.

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#### SELFISHNESS THREATENS OUR EXISTENCE—A RINGING CALL BY THE CHAIRMAN OF A. O. A. COMMITTEE ON LEGISLATION.

DEAR DOCTOR FISKE:—

You have doubtless noticed that osteopathy has made greater advancement in states without osteopathic laws than in those with them, and in states before recognition has been gained than in those same states afterwards.

Why is this? While there is uncertainty as to our legal standing and while attempts at securing legislation are being made it is comparatively easy to incite activity and to keep up interest in our city, county and state societies, but, when once we are recognized and licensed, things are different. We selfishly attend to our own practices and let osteopathy drift.

Another thing—by passing strict laws, which do not provide for reciprocity, we are building fences around our states.

So many of us are slow to realise that the more good practitioners in a field the greater the growth of the science.

I venture the assertion that, with its present number of practitioners, there is not a single state in the union in which osteopathy can permanently hold its own. Some of the wide-awake states, Wisconsin, New York, etc., realizing this, are at present doing everything in their power to attract new practitioners.

For years physicians of the older schools have discussed the subject of interstate reciprocity in licensing. All admit its fairness and the advisability of establishing it but it has been a difficult matter to solve because of the multiplicity of standards. With us this should not have been such a factor. Their arguments are ours.

The present purpose of laws is to prove the professional and the moral fitness of the new addition. Things should be made easy for the practitioner yet, at the same time, must protect the public and preserve the reputability and character of the profession.

A physician's moving from one state to another is dependent upon the comity existing between states known as interstate reciprocity.

Why a physician on the borderline is not allowed to practice in both states or why a competent physician should not be allowed to practice in any state is beyond the ken of the lay mind.

Every state should hold examinations—having passed once and received a license why is it necessary to go over it again if we move? In all European countries the State examination entitles the successful candidate to practice in all of the provinces.

Extending comity by the recognition of licenses is authorized in but few of our

states so physicians of long practice who, through years of service, have won capability and reputation and who, for pleasure, health or increased professional opportunities, desire to make a change in location, find themselves barred from removal to another state.

Every physician knows more about his profession after years of experience than when he first came from college but he cannot, in many branches, pass a good examination.

A physician who has engaged in practice and made his reputation should realize on his capital. Laws should be such that such an asset should be measured at full value and the owner spared the anxiety and the possible humiliation of a technical examination upon details which have been forgotten or displaced by the more valuable lessons of practical clinical experience. His capability and his reputation should be his passports.

Compare by bedside tests the old with the new—the one with experience is the one all of us would choose to attend us.

Allowing reciprocity to physicians in good standing and licensed to practice in one state might be objected to by young colleagues who have passed with brilliancy or by members of boards who pride themselves on the reputation of giving the most difficult examinations but allowing it will result in no serious detriment to the individual physician or to the state at large.

Reciprocity is not wanted to protect tramps. It should not be obligatory but should be left to the discretion of the board—this saves the engrafting on them of the incapable and the unworthy.

If you will look over the files of the Journal of Osteopathy and of those of the A. O. A. Journal you will be surprised to find how persistently Doctor Hildreth has preached to us that a poor law is worse than no law and that the only satisfactory law for the osteopath is one which provides for an independent board and which carries a reciprocal clause.

I am ashamed to state how little attention we have paid to the advice of the man who has, for years, made this his special study. Medical boards control our practice in fifteen states; there are combination boards in eight; while but thirteen have independent osteopathic boards—of these last but nine are allowed to grant reciprocity. (Some of these have ruled against it.)

Anyone who will look at these matters beyond the confines of his own practice will surely see that we have erred in not listening to Dr. Hildreth's advice.

Osteopathy is surely stronger to-day than it has ever been but the danger which lies before us is great and we must heed the warnings being given by those who are looking at things from the standpoint of the greatest good to our science at large. We must keep actively awake and broaden our field of observation.

The members of the present legislative committee are unanimously in favor of continuing the policy which has always governed this committee, viz., NO LAW RATHER THAN A POOR ONE. AN INDEPENDENT OSTEOPATHIC BOARD. RECIPROCITY.

Fraternally yours, FRANK R. HEINE,

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#### TEXAS LAWS CONSTRUED.

J. F. BAILEY, D. O., OSTEOPATHIC REPRESENTATIVE ON TEXAS BOARD, WACO, TEXAS.

I notice under this caption that Dr. James L. Holloway of Dallas, Texas, has communicated with this Journal an article wherein he answers some questions, but to save a great deal of correspondence and trouble to the osteopaths throughout the

United States, it might be that the following explanation would be of some benefit.

Question. Is osteopathy under the law construed as the practice of medicine?

Answer. Any person shall be regarded as practicing medicine, within the meaning of this act, who shall publicly profess to be a physician or surgeon, and shall treat, or offer to treat, any disease or disorder, mentally or physically, or any physical deformity or injury by any system or method, or to effect cure thereof, and charge therefor, direct or indirect, money or any compensation, shall be considered as practicing medicine within the meaning of the law.

Question. What is the ruling of the Board concerning reciprocity?

Answer. The Board favors extending reciprocity to states having requirements equal to the State of Texas upon examination only.

The States in which reciprocity relations have been established and are as follows: Missouri, (partial); Maine, Nebraska, Maryland, West Virginia, Illinois, Minnesota, Wisconsin, Michigan, (partial); Kentucky.

Of course there are a number of other states which are deemed eligible, but relation has not been established.

As to an interrogation whether this reciprocity extends to States having Osteopath Boards, or is intended to apply to medical "Drug" Board only, will say, that the reciprocity relation will be established with all Boards, Schools make no difference if the requirements are equal to those of Texas.

Answer to question 5.—No Temporary license will be issued to any one not practicing, or having practiced in the State. The only means by which they may obtain license to practice in Texas, will be to present themselves before the State Board and obtain license by an examination.

An osteopath coming to Texas from States wherein reciprocity relations have been established, without examination from the State Board from which he comes, will be required to stand the examination before the Texas Board, as is stated in the above, that the reciprocity is extended to States upon examination.

In a later letter, Dr. Bailey furnishes the following additional information from letter by Attorney General to Secretary of Board:—

DEAR SIR:—

Question—"FIRST: If an applicant holds a certificate granted by one of the State Boards under the act of 1901, upon an examination, and failed to record same prior to the 13th day of last July, is he entitled to a certificate from this Board when his right to obtain said license is based solely upon this certificate?

ANSWER—If an applicant holds a license granted by one of the State Boards under the Act of 1901, upon examination, and failed to record same prior to the repeal of said Act, he is not entitled to a certificate from the present Board by virtue of said license. The right to record a license granted by one of the State Boards under the Act of 1901 passed with the repeal of said Act. The Act of 1907 only authorizes the recording of licenses granted by the present Board.

Q.—"SECOND: If the holder of a State Board certificate who obtained the same by verification or reciprocity and failed to record it, can we legally grant him verification?

A.—2nd. The same rule applies to those holding State Board certificates obtained by verification or reciprocity under the Act of 1901.

A.—4th. I THINK it is IMMATERIAL WHETHER those persons who obtained certificates from one of the former Boards and had said certificates recorded in some county in Texas EVER RESIDED IN TEXAS OR NOT.



Q.—“FIFTH: Can the new Board go behind the action of any of the old boards in granting licenses to ascertain whether or not fraud has been practiced?”

A.—5th. The PRESENT BOARD CLEARLY HAS THE RIGHT AND AUTHORITY TO INQUIRE INTO the action of the old Board in granting the license in order to ascertain WHETHER OR NOT FRAUD OR DECEPTION WAS PRACTICED in passing examinations and SECURING LICENSES from any of the old Boards.

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## ASSOCIATIONS.

**The Atlant<sup>3</sup>, Ga.**, osteopathic physicians have organized the Atlanta Osteopathic Society. H. W. S. Hayes, president; J. W. Phelps, vice-president.—ELMER T. HALL, secretary and treasurer.

**California—Sacramento Valley Osteopathic Society**—The annual meeting of the Sacramento Valley Osteopathic Society was held in Sacramento at the offices of the Drs. Daniels on Saturday, Jan. 11th.

The meeting was well attended and proved a very enthusiastic one. The program consisted of papers by Carrie H. Slater of Marysville and H. F. Miles of Sacramento and a demonstration of physical exercises by J. C. Rule of Stockton.

The following officers were elected for the ensuing year: President, J. C. Rule, Stockton; vice-president, W. D. Slater, Marysville; secretary, L. R. Daniels, Sacramento; treasurer, Edna C. Daniels, Sacramento; directors: A. R. Waters, Chico; C. A. Haines, Sacramento; Carrie Slater, Marysville.

Resolutions were adopted making meetings bi-monthly instead of monthly and pooling the R. R. fare of all members attending.

The next meeting will be held at Stockton, March 14th.

L. R. DANIELS, Sec'y.

**California—Pasadena**—The women osteopath practitioners of Pasadena have formed a Woman's Luncheon Club with these members: Lillian King, Cora Snyder, Florence E. Crosseau, M. L. Dowlin, Kate B. Holmes, M. Letitia Richards, Coral Crain, Festal Crain, Dorothy Birlew and Lillian Whiting.

**California—Santa Clara County**—The regular monthly meeting was held at the home of Dr. Mary Morgan of Los Gatos. Dr. Morgan had provided an interesting clinic—a case of partial blindness caused by the rotation of the atlas to the left, which affected the superior cervical ganglia “from which gray fibers pass to the gasserian ganglion and reach the eye through the ophthalmic division of the fifth and long ciliary nerves.” After the meeting refreshments were served by the hostess and a pleasant social time enjoyed by all.

**Denver City**—The Denver Osteopathic Association held its regular meeting at the Brown Palace Hotel, Saturday evening, January 4th.

About half of the members were present to enjoy a paper on Obstetrics, which was followed with a discussion participated in by several.

The paper, which was a most excellent one, was prepared and read by Julia V. Frey. We are pleased to have our new members take an active part in the meetings and feel that we are beginning the New Year well by our first meeting being so full of enthusiasm.

FANNIE LAYBOURN, Sec'y.

**Florida Annual Convention** at St. Petersburg was called to order by the president, A. E. Berry, of Tampa, who in an address of welcome, touched on the unity, needs and fundamental principles of the osteopathic profession. The election of

officers resulted in: President, C. E. McKinnon, Jacksonville; vice-president, C. E. Bennett, Pensacola; secretary-treasurer, J. S. Blair, St. Petersburg.

W. H. McCoach, of St. Petersburg, presented a paper on “Diseases of the Respiratory Organs,” after which a general discussion followed.

“Typhoid Fever and Its Treatment,” by St. George Fechtig, of New York City, with the discussion led by C. E. Bennett, of Pensacola.

C. E. McKinnon, of Jacksonville, a real “Florida Cracker,” spoke on “Dengue Fever,” especially emphasizing the lack of complications under osteopathic treatment.

It was voted that the Secretary thank the Board of Trade for their proffered entertainment and forego the pleasure until they are again privileged to meet in St. Petersburg.

The next annual meeting will be held in November, 1908, at a place to be selected.

**Illinois—Sixth District**—A meeting of the Sixth District Illinois Osteopathic Association was held in the office of A. S. Loving, 12-14 Morrison Block, Jackson, Ill., Thursday evening, Dec. 26th, with quite a number present.

M. E. Clark with his family was spending the holidays in the city with Mrs. Clark's relatives, and the opportunity to have Dr. Clark present at the meeting was too good to be lost, and the date was fixed accordingly.

Two clinic cases were used and these with numerous others were discussed until a late hour. Successes and failures were freely recounted and Dr. Clark's experiences in the field were very interesting and instructive. The technique of various neck and body treatments was shown on several of those present. The meeting was entirely informal and adjournment was taken with a feeling that it was good to be here

A. S. LOVING, Councilor.

**Illinois—Third District** met in Galesburg as scheduled, at the call of counselor Browning and organized permanently the third district, I. O. A. The following officers were elected: R. S. Halladay, president; Etta O. Chambers, vice-president; M. P. Browning, secretary and after the business session including a telegram to Dr. A. T. Still, extending greeting and announcing our intentions of seeing him August 6th, in a body, pooling our R. R. fare for future meetings, etc., the program followed: J. D. Cunningham sent his paper, which was read by secretary pro tem. Lola L. Hays, secretary, acted as president for the day as Dr. Halladay was ill. E. M. Browne, state president, I. O. A. and J. S. Baughman of Burlington, Iowa, each gave a fine address. The meeting was declared a great success in every way and the outlook for an exceptionally strong association in the future is especially bright. We meet every two months in Galesburg.

**Iowa Sixth District**—The Creston Morning American says of the meeting—Drs. Geo. F. Wagoner and Lillian Wagoner returned home last evening on No. 12 from Shenandoah, where they attended the district meeting of the Southwestern Iowa Osteopathic association. After the business session the discussions held included the following, and a rousing good meeting resulted therefrom:

Dr. Chappel, of Sydney, very ably discussed the subject of appendicitis.

Dr. G. F. Wagoner, of Creston, led the discussion on chronic constipation.

Dr. Collier, of Clarinda, handled the subject of “Spinal Curvature of Long Standing,” with satisfaction to all.

The subject of diphtheria was well gone into by Dr. Burton, of Shenandoah.

Dr. Chappell gave an outline from the legislative side of the physician.

Dr. Dalin handled the subject of pneumonia very ably.

Dr. Collier extended an invitation to the association to hold their next meeting with him at Clarinda, which was accepted.

**Kansas City Woman's Association**—The Woman's Osteopathic Association of Kansas City, Mo., held their regular monthly meeting on the evening of January 7, 1908, at 520 New Ridge Bldg.

The program consisted of two papers: "Neurasthenia," by Alma Kinney and "Septic Diseases," by Sophia Hemstreet. A general discussion followed reading of papers.

The following officers were elected for the ensuing year: President, Bertha Whiteside; first vice-president, Elinor Balfe; second vice-president, Alma Kinney; secretary, Nellie Cramer; treasurer, Katherine A. Loeffler.

MATILDA E. LOPER, D. O., Sec'y.

**New York State**—The first midyear meeting of the New York Osteopathic Society convened at the Knickerbocker Hotel, New York, Jan. 18th, at 10:00 a. m.

The attendance was large and represented the flower of the profession, not alone from New York but Pennsylvania, Massachusetts, New Jersey and other neighboring state. The personnel of the meeting is best expressed in the words of one of the beacon lights of the profession, author of a text book, and one who is always found at the helm in questions of osteopathic advancement. Addressing the writer he said: "The tout ensemble of this meeting is the best I have ever seen and is an eloquent characterization of the progress we are making."

Dr. Forbes, the head liner, who with his cerebrum bulging with osteopathic nuggets and sleeves brim full of surprises, came, spoke and conquered. His clean cut scientific exposition of osteopathic mechanics and technique, delivered in plain but pure English, framed in a uniform terminology and coupled with an earnest desire to have each and every one see and thoroughly comprehend each minute détail presented, foretold a new era in osteopathic science. His illustration was pregnant with logic and very suggestive of diligent study and profound thinking.

Dr. Forbes spoke, the night before, at meeting in Philadelphia and many of those who heard him came to New York, enthusiastic and feeling that they could ill afford to lose the opportunity to hear him again. The eagerness with which he was buttonholed after the meeting and in the evening characterized the interest and attention he had created.

Dr. Chiles, in his subject of Nephritis, thoroughly reviewed, pathologically and physiologically, the functions of the kidneys and then took up the treatment from the standpoint of diet and physiological chemistry. The discussion which followed tended to show that the profession is alive to our resources in the successful handling of this disease and stimulated many to relate their personal experience, the summation of which was, that medicinal treatment is practical negative, and often admitted so by M. D's., while osteopathic treatment does invariably benefit those cases.

W. A. Merkley read a paper on Eczema, contending that there were two forms of this disease; acquired and congenital. He did not agree with most authors on the question of heredity and cited several cases which had come under his care to support his views that it was hereditary. He thought that most, if not all, acquired cases could be traced to an osteopathic lesion.

C. D. Berry read a paper on appendicitis based on actual experience with a number of cases.

Dr. Forbes entered into the mechanics of occipital lesions giving six classes as follows: Bilateral anterior occipital, bilateral posterior occipital, unilateral anterior

occipital right and left, unilateral posterior occipital right and left, rotated occipital right and left, lateral occipital right and left.

Dr. Forbes carefully elaborated on these various lesions, illustrating in his inimitable style with the aid of lead pencil, handkerchief, tape or any object that was handy, the normal and abnormal position and relations of the several articulations and created a profound impression by the mathematical precision with which he reduced to their simplest terms, axis, rotation, flexion and extension.

The subject of case reports was again wrestled with and finally turned over to a committee with instructions to compile an uniform system for gratuitous distribution to members of the society. A committee was also appointed to commend Mr. Ed. Bok, Editor of the "Ladies' Home Journal" for courtesies extended to the profession in opening the columns of his magazine to the subject of osteopathy.

D. S. Brown Pennock of Philadelphia gave a very comprehensive and practical talk on examination and treatment of valvular heart lesions, discussing, like a veteran, the various sounds and murmurs.

In the evening the Greater New York state Osteopathi Society gave a banquet and ball to celebrate the occasion of our victory at Albany last winter, and to honor the officers of the society who so faithfully labored to that end, and was a fitting climax to the day's program.

JAMES P. BURLINGHAM, Sec'y.

**Ohio State**—The program of the meeting was: President's Address, H. E. Wors-tell, Canton; "The Hip Joint," L. C. Sorenson, Toledo; "Miscellaneous Cases and Their Treatment," Orella Lock, Cincinnati; Address—"Study in Technique," C. W. Proctor, Buffalo, N. Y.; "Osteopathic Treatment of Fevers," D. C. Westfall, Findlay; "Osteopathic Treatment of Mental Abnormalities," L. A. Bumstead, Delaware; Address—"Personal Element in a Successful Practice" C. W. Proctor; "Obstetrical Experiences," M. F. Hulett, Columbus; "Atlas and Axis Lesions," J. F. Reid, Warren; "Tumors," J. Martin Littlejohn, Chicago; "Results in a Few Forms of Paralysis," J. F. Bumpus, Steubenville; Address—J. Martin Littlejohn, Chicago. Banquet—Grand Hotel.

The officers elected are: President M. F. Hulett, Columbus, O.; vice-president, Eliza Edwards, Cincinnati, O.; secretary, E. H. Cosner, Upper Sandusky; treasurer, W. S. Peirce, Lima.

**Philadelphia County**—The Philadelphia County Osteopathic Society met on Tuesday evening, January 7th, in the Grand Fraternity Hall, 1414 Arch St. There was an exceptionally large number of osteopaths present and we held a very enthusiastic meeting. Dr. O. J. Snyder, president of the Pennsylvania State Organization presented a proposition from one of the daily newspapers to the effect that said daily would devote one-half of their Editorial page to the interests of osteopathy for one day and suggested that the other half of the page might be used for the cards of the various osteopaths. This evoked considerable discussion with the result that Drs. Snyder, Keene and Turner were appointed a committee to investigate the proposition and report to a special meeting of the society. C. T. Bryan, president of the Board of Directors of the Philadelphia Free Osteopathic Dispensary next presented his report to the society.

This dispensary is supported entirely by the profession and is a separate affair from the College Infirmary, and has seventeen physicians on its staff. Dr. Bryan told of the good work which was being done by this institution and made an appeal for funds, alleging delinquency upon the part of the subscribers. No action was taken.

D. S. B. Pennock gave a clinical demonstration and lecture on Physical Diagnosis which was enthusiastically received and heartily applauded.

W. B. Keene read an excellent paper on the "Necessity of Association." It was a forceful argument and was well received.

George W. Riley, president of the New York State Association was then introduced and gave us a good heart-to-heart talk. Dr. Riley was given an ovation for his efforts. The general good fellowship lasted until the midnight hour warned us to disperse. It was a great meeting and marked an epoch in osteopathic gatherings.

WALTER LEWIS BEITEL.

**Portland (Ore.) City**—This association requires its members to answer roll call with a point on some subject chosen for the evening. The program announced is:

February 1, 1908—"A Definition of Osteopathy." La Grippe, W. A. Rogers; Spinal Meningitis, R. B. Northrup.

March 7—"A Principle of Osteopathy." Typhoid Fever, C. E. Walker; Appendicitis, H. F. Leonard.

April 4—"An Anatomical Fact Upon which Osteopathy is based." Tuberculosis, B. P. Shepherd.

May 2—"A Physiological Law Upon Which Osteopathy is Based." Osteopathic Diagnosis versus Laboratory Methods, Otis Akin; Functional Heart Disease, W. W. Christie.

July-August—Osteopathic Picnic.

September 5—"Some Effects of Nerve Impingement noted in Practice." Constipation, Kathryn Rueter; Innominate Lesions, Mabel Akin.

October 3—"Some Uses of Osteopathic Inhibition." Dysmenorrhea, Gertrude Gates; Fibroid Tumors, Clythie J. Ramsey.

November 7—"Some Uses of Osteopathic Stimulation." Infantile Paralysis, Frances Graffis; Osteopathy in Obstetrics, M. T. Schoettle.

The officers are: R. B. Northrup, president; W. A. Rogers, vice-president; Mabel Akin, secretary; Kathryn Rueter, treasurer; Clara Macfarlane, Curator.

The motto is: "Pro Bono Publico."

**Oregon State**—The sixth annual convention which met at Portland, elected the following officers to serve during the coming year: President, Otis F. Akin, Portland; first vice-president, C. T. Samuels, Baker City; second vice-president, Gertrude Gates, Portland; secretary, Mabel Akin, Portland, treasurer, H. F. Leonard, Portland.

The opening session of the association was called to order by President Hoisington, of Pendleton. Addresses were delivered by the president and Otis F. Akin. Hezzie C. P. Moore read a report of the meeting of the A. O. A.

The afternoon session was devoted to lectures on the theory and diagnosis of diseased conditions and methods of treatment.

At the concluding session in addition to the election of officers, papers were read on gynecology and obstetrics.

About forty members of the association were present, from all parts of the state.

Prior to the opening of the concluding session, the delegates were tendered a banquet at the Oregon Grill. R. B. Northrup acted as toastmaster. Responses were made by F. E. Moore, B. P. Shepard, C. T. Samuels and Otis F. Akin.

**Virginia State**—The Virginia Osteopathic Society was organized Dec. 23, at a largely attended meeting of osteopaths from all sections of the State. The meeting was held in the office of E. H. Shackelford, at 102 East Grace Street.

Charles R. Shumate was elected president, and Margaret E. Bowen, of Tazewell, was made secretary and treasurer. The by-laws adopted are the same as those used by the North Carolina society.

### Woman's O. S. of Boston.

The year's program was Applied Anatomy of the Spine considered by areas. Each evening the first half is given to Vertebrae, Individual Peculiarities. Body; Processes; Faces; Foramina; Efferent Nerves; Afferent Nerves; Muscles supplied by these Nerves; Blood Supply of these Muscles. The latter part of each meeting is to be used as an Open Parliament. (a) Effect of Lesions; (b) Illustrative Cases. Prior to February, there had been considered the Upper and Lower Cervical and the Upper Dorsal Areas. The remaining meetings will consider:

February 21—Middle and Lower Dorsal Areas. Paper, Dr. Kathryn G. Tallant; Parliament Leader, Bertha E. Carter;

March 20—Lumbar Area. Paper, Ellen Bird Nott; Parliament Leader, Edith Stobo Cave.

April 17—Gentlemen's Night.

May 15—Sacral and Coccygeal Areas. Paper, Grace B. Taplin; Parliament Leader, Margaret T. Finneran.

June 19—Annual Business Meeting. The Spinal Column as a Unit. Paper, Edith F. Child; Parliament Leader, Geneva C. Carpenter.

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## NEWS NOTES AND COMMENTS.

**Builds Lucrative Practice**—Dr. Wilbur Clark of Glendora, Calif., is described by the local papers as "building up a lucrative practice due to his technical knowledge and skill."

**Classmates Hold Reunion**—Drs. Harry and Dorothy Gould Sinden and Dr. Henderson recently visited with Dr. Weegar, 1721 Main St., Buffalo, and talked over recollections.

**Flees From the Blizzard**—Dr. C. G. E. Sieberg of Menominee, Mich., is continuing his vacation trip and expects to be for a few weeks yet at Los Angeles, Calif., "escaping the blizzards of the now wintery northwest."

**Opens Branch Office**—Dr. Helen R. Hunter of Los Angeles has arranged for branch office at Elmonte, Calif.

**Will Take a Year's Rest**—Dr. Beth V. Hall of Whittier, Calif., writes that she has broken down in her practice and sometime since sold it to Dr. Guy W. Elder, a recent P. G., of the Los Angeles College. She says that she will take at least a year's vacation but is in doubt as to whether she will ever again be able to resume practice.

**Graduate of Three Schools of Medicine**—Designating her as a "graduate of three schools of medicine, the osteopathic, allopathic and homeopathic" the Whittier California News announces, that Dr. Mary Kraft of Los Angeles, has decided to locate in that village.

**Calls at the Journal Office**—Dr. Harry Forbes of the Los Angeles College called on the Editor a few minutes recently, while enroute from the East to his home in California.

**Georgia Favors Osteopaths as Legal Experts**—Dr. Frank F. Jones, of Macon, Ga., writes: "We have no law for our protection in Georgia, but three years ago, in a damage suit against the Macon Railway and Light Co., the Supreme Court of Georgia admitted my testimony and gave a lengthy decision in favor of osteopaths as expert witnesses."

**Partnership Formed**—Dr. J. M. Smith of Carrollton, Mo., and his son E. C. Smith of Savannah, have formed a partnership at the former town.

**"Hear Everett Hum"**—The above is the catch phrase on the stationery of Dr. Neffler, president of the Washington State Association. He wrote to let us know that he was although busy keeping Everett humming that he did not want to be classed as a "lost" osteopath. His card had gone astray.

**Stockholders Meeting**—Stockholders of the Pacific College of Osteopathy, held their annual meeting at the office of the college, Daly St., and Mission Road, Los Angeles, Jan. 13th.

**Annoying Accident**—Dr. Carrie A. Bennett of Joliet, Ill., had the misfortune Dec. 28th, to fall, sustaining a Colles' fracture of the right arm. She has made a fair recovery as far as the fracture was concerned but there will be some deformity and the sprain of the wrist which accompanied it will necessitate her retirement from practice for some months. In the meantime, she is doing post-graduate work at the A. S. O. In her absence Dr. Mabel F. Morgan, of Keosauqua, Ia., will be in charge of the practice.

**May Move to Greenwood**—The Greenwood, S. C. Index, says that Dr. Frances Butcher, who has been located at Greenville, S. C., intends moving to Greenwood.

**Join the Burr Colony**—The San Diego, Calif. Sun states that Drs. Nellie M. Pierce, and Isabel E. Austin of San Diego, have rented the Cherokee Cottage in the Burr Colony at La Jolla, intending to practice there.

**Osteopathic Advertising Without Practitioners Name**—Several osteopaths insert their Ads in the paper, telling of osteopathy only, and mentioning the names of no practitioner. This seems to be an ethical way.

**Branch Office in Santa Paula**—Dr. J. J. Otey has opened a branch office at Santa Paula, Calif.

**Hulett Honored**—The above was the heading of a news note from the Columbus, Ohio Citizen, telling of Dr. Hulett's election as president of the Ohio Society, and as member of the State Examining committee.

**Returns From European Trip**—Dr. Mary Steele Ewing has just returned from a European trip lasting a year, and has located for the winter at Arcadia, Florida.

**Recovering From Erysipelas**—We are informed by friends of the patient that Dr. A. Freeman, of Cairo, Ill., is recovering from a bad attack of erysipelas. He has been under the care of Drs. Piper and Bohannon.

**Returns From Vacation**—Dr. A. Still Craig, of Maryville, Mo., has returned from a vacation trip to points in Illinois, among them being Ottawa, where he visited Drs. Noyes and Moriarty.

**Has Resumed Practice**—Dr. W. J. Keyes of Portsmouth, Ohio, who for sometime has been in the employ of the Buster Novelty Company, will hereafter devote himself exclusively to the practice of osteopathy.

**Opens Office in Monrovia, Calif.**—Dr. Kenneth V. Price of the January class of the Pacific College has located in Monrovia, Calif.

**To Locate in Independence, Oregon**—J. L. Callaway, known to his classmates as Long John, who is one of the "lost osteopaths," is mentioned in a clipping from the Independence Enterprise, as being in that town with a view of locating there permanently. Students at the A. S. O. of a few years ago, will remember Dr. Calloway, six and one-half feet tall, with his tall plug hat, going to the athletic games with Jimmy, the Creton, two and one-half feet tall. The pair formed a picture never to be forgotten.

**Not in the Directory**—Graduates of schools such as the Washington Institute, who are neither members of the state or national associations, did not have their names in the A. O. A. Directory. One of these is Dr. Ninon Jolidon Croake, who has just resumed her practice at 513 So. L. St., Tacoma, Wash.

**Receives Extensive Notices**—Dr. William Robert Pike, of Long Beach, Calif., who has been appointed leader of the Section of Hygiene and Dietetics at the next A. O. A. convention, has been widely noticed in the Long Beach and the Los Angeles and San Francisco papers. Dr. Pike's first intimation that he was being considered was the letter containing his appointment.

**Wins Mal-Practice Suit**—Dr. William Meeks, who is not now in active practice, was recently made the defendant in a mal-practice suit, the plaintiff alleging fracture of the femur. The testimony by Drs. Geo. Laughlin, G. A. Still and Wm. Smith would easily have won the case any way, but when the country doctor employed by the plaintiff as her expert, admitted that no physician of any school could have done any better and many would have done worse, the Judge took the case from the Jury, instructing them that the plaintiff had failed to establish a single point.

**Doctor's Bill Cut Down**—Doctor J. O. Hatten, pioneer osteopath of St. Louis, recently sued a certain Mrs. John Ryan, for professional services, alleging that he had made 85 calls at \$3.00 per call. Her complaint was given in the newspaper as muscular rheumatism. Mrs. Ryan alleged that Dr. Hatten said unless he cured her, he would make no charge. Dr. Hatten denied that he ever promised to cure anybody, and the Jury brought in a verdict for \$25.00. The trial was written up in sensational style in the St. Louis papers, one of them giving large picture of the doctor and with it a picture of an emaciated woman wrapped in a blanket and on a stretcher.

**Pacific College Graduation Exercises**—The commencement exercises of the Pacific College were held at the Woman's Club House, 940 Figueroa St., Los Angeles, Jan. 23rd. The exercises consisted of musical selections, addresses by Rev. Bert Estes Howard and Dr. D. L. Tasker and the conferring of the degrees by Dr. J. C. Hunt, president of the board of directors. Dr. C. A. Whiting announced that the following were entitled to diplomas: Martha Barnby, Emma Barron, Ellen Mathews, A. B.; William Clyde Morgan, Arthur Pike, Kenneth Valentine Price, D. S. T.; Harry Sewell Richardson, Charles Francis Scott and Perry Zealey Swart.

**"Chiros" After Legislation in Washington**—The Washington State Chiros under the leadership of Spokane members of the cult are out for a law in that state. Among the false claims which they make in their newspaper announcement are, "the new scheme of chiropractice requires as much study as the allopaths, homeopaths or osteopaths." "We cannot possibly harm a patient under our system." "We have passed our examinations and received our diplomas ENTITLING US UNDER THE LAWS OF MOST STATES TO PRACTICE." One statement they make, which is not according to Palmer is "Our treatment consists principally of MASSAGE in manipulating the nerves, tissue and muscles." This short fake on osteopathic practice will continue to flourish so long as there are not laws requiring adequate preparation and so long as there are graduates from schools otherwise reputable, who give "general" treatments—the kind styled by McConnell as "bastard pawing."

**Is Factor in Suit for Damages**—Especially interesting was the testimony by Dr. G. W. Bumpus in a recent suit for damages from the fact that the papers all reported the damages were awarded solely on account of the expert testimony adduced by the plaintiff, which testimony we learn was given by but one expert—Dr. Bumpus. One account of the trial said:

"The doctor, in the course of his examination and explanations to the jury used a chart showing the human vertebræ column, and also an actual human vertebra, by reference to and with the use of which he made intelligible to his hearers the theories he advanced.

"The testimony of the doctor was instructive and entertaining and at the conclusion of his direct examination he was questioned to some extent by Mr. Russell for the defendant company, as to the character or method of the treatment followed or resorted to by osteopaths."

The lesions were occipital, seventh and eighth dorsal, left twelfth rib, and left innominate.

**To Let Inferior Osteopaths Practice**—There was introduced into the legislature in New York, a bill which innocent enough in appearance, according to legal opinion, would entirely nullify the beneficial effect of the recent New York osteopathic law. This law provided for the licensing of all osteopaths then in practice in the state who were graduates of schools having a certain standing, and while it worked no hardship on regular practitioners, put an effective quietus on the fakes, which were very numerous in the state. Other practitioners were to be admitted provided that they were graduates of a school recognized by the board, and also had taken an examination, which was to be the same as all other applicants. The existing osteopathic schools were notified that they could qualify by declaring that they would have the four year course in working order by 1910. This, most of the schools are arranging to do. The fakes had no resource, but remove to New Jersey, Pennsylvania, or some other benighted state which had no law. This new bill would allow any graduate of any osteopathic college whatever, without examination, to be granted a license. It is reputed that it was introduced by the New York Society of Osteo-therapists, which is another name for the New York State fake society. Editorials and press reports were of the opinion that the bill could not possibly receive favorable consideration.

**Particulars of Dr. Craig's Death**—Mr. W. O. Davis, an attorney of Versailles, Ky., writes the following particulars of the death of Dr. Irvine Craig, mentioned in a recent Journal:

"Dr. Craig died on Monday, December 16th, very suddenly. He had been subject for twenty years to epilepsy and had had a number of spells. I believe, however, that for eighteen months of his attendance at school at Kirksville and immediately afterwards he was free from these spells, and on leaving college went to Danville, Va., where he located to practice his profession of osteopathy. He was doing well and had a satisfactory practice at this place, when he began having spells of epilepsy and returned to Versailles, where he practiced his profession since that time. He has been quite a sufferer but was full of energy and determination and made a most noble struggle for his existence and livelihood. On the evening of his death he was left by his wife for about thirty minutes in their room, and on her return she found he had fallen from the couch where he had been lying and was dead at that time, evidently having died from a spell of epilepsy. He leaves a wife, Mrs. Hattie Staley Craig, who formerly resided at Fairfield, Ill., and one son, Berrwick Craig, who is an electrical engineer at Schenectady, N. Y. Dr. Craig was in his fiftieth year, I believe, when he died. He was recognized by all who knew him as a Christian gentleman and stood high in his profession and in the estimation of all the people of his community.

Very truly yours, W. O. DAVIS.

**Illinois Third District Congratulates**—"The third district Illinois Osteopathic Association in session in Galesburg, January 29 to A. T. Still greetings. Will be with you August 6th in a body." M. P. Browning, secretary.

**From a Florida D. O.**—"We are having "good old summer time" weather here now. I feel like a fried oyster. Had a twelve mile spin on my bike under old Sol's broiling rays to-day." Dec. 30, '07.

**Two Successful Practitioners**—Drs. Crow and Crow, whose new osteopathic home is shown in the cut herewith, were members of the "big" A. S. O. class, of June, '01, and after a short stay in Petoskey, Mich., located in Elkhart, Indiana, in Sept., 1901. They did not let the little matter of licenses deter them, but practiced



until they were arrested in January, '05. The new law was enacted in March of that year and after taking the examination in May, they were no longer molested. They believe in pushing their own town, and also in "Jining," being members of both A. O. A. and I. O. S. Dr. E. C. is president of the latter association.

**Dr. Smith Succeeding in Lecture Field**—That there is a widespread desire on the part of the public to know more of osteopathy was well shown at the little town of LaBelle on the evening of Saturday, the 18th. A lecture on the subject was announced to be delivered by Dr. Smith, it was specially mentioned in the local paper that the lecture would not interest children and it was requested that such would not attend and so leave room for adults. The entire population of LaBelle is 1230, and over 350 attended the lecture, while in the entire audience there were only three children. The minister of the Methodist Church arranged to dismiss his congregation at a special meeting which he was holding somewhat earlier than had been intended in order that they might attend the lecture. Such spreading of the truths of osteopathy and explaining of the principles on which it is founded can have only one effect, for when osteopathy is understood it appeals to all intelligent persons.

**DR. ASA G. WALMSLEY**

Graduate and Post Graduate under the founder of Osteopathy.

**PETERBOROUGH, ONTARIO, CANADA.**

**Dr. William Smith** is one of the most brilliant writers in the profession. His works appear **only** in *The Journal of Osteopathy*.

Please mention the *Journal* when writing to advertisers.

(by those who know nothing about it) not to legislate in favor of, is going to become the fashion, because perforce, it is the most direct medium by which women can attain Hogarth's line of beauty.

On the merits of the new back making corsets, which laces in front instead of in the back, one cannot pass judgment until some of the backs are produced, but the osteopathic back may be seen any day, so many are the women who have had their spinal columns manipulated back to health, strength and beauty by the D. O's. If you don't believe this, take your back to an osteopath, if it doesn't show the Hogarth line of beauty already, and see what he has to say and what he can do.

So madame and mademoiselle, get you ready. Off to the back remodelers and, don't forget that prediction about the D. O's."

**Osteopathy on Deck**—The Los Angeles Times says:

"The Southern California Practitioner, a "regular" medical journal, in its February number, publishes an article on "State Examinations in Anatomy," by Dr. Dain L. Tasker, of Los Angeles (osteopath,) who, under the new law, is a member of the State Board of Medical Examiners.

**Automobile as an Ad**—The Ventura, Calif., Democrat is advertising Dr. Adams' new red auto, saying, "He splits the circumambient atmosphere like a hot case knife going through a spat of spring butter."

**Not Known to the Profession**—In the attempt to break the Snell will of Clinton, Ill., one L. E. Dodson of Bloomington, supposed to be an osteopath was on the stand. Since the Illinois law permits any old fake to call himself an osteopath, there are many in that state who have never had osteopathic training. We suppose this is one of them.

**Student Complimented**—Mr. C. H. Wimpres of Riverside, Calif., who has just entered the Los Angeles College, before leaving Riverside, was the recipient of a gold watch, a token of esteem from his former co-laborers in the Riverside Trust Company, and the Arlington Heights Fruit Company.

**Terre Haute Osteopaths Advertise**—In the Terre Haute Tribune of February 28th there is a half column write-up of osteopathy followed by personal notices of Drs. Minnis, Morrison, Rhodes, Stewart, Thomasson. Each one plays up the best points he can in personals, some of which are rather fulsome in their praise.

**Electric Osteopath**—Dr. F. A. Lacy, SC-02 has a card in the San Francisco, Calif., Call advertising himself as "Specialist in Osteopathy, Electro Therapeutics."

**"Prominent Osteopath Not an Osteopath at All**—Columbus, (Ga.) papers and dispatches from there recently told about "Dr." L. F. Myers, an osteopath of that city being shot by a patient. The reason given was "he sent me telepathic messages until I had to kill him." The would be homicide is said to be mentally unbalanced. The only osteopath in Columbus is Dr. Chas. E. Lorenz, A-99, which fact was stated in a circular gotten out by the Georgia Osteopathic Society.