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Journal of Osteopathy

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THE Journal of Osteopathy

VOL. XVI.

KIRKSVILLE, MISSOURI, JANUARY, 1909.

NO. 1

WHAT NEXT?

FAREWELL ADDRESS BY F. C. SMITH, PRESIDENT '08 CLASS, A. S. O.

HONORABLE FACULTY, CLASSMATES, LADIES AND GENTLEMEN:—

At last we stand upon the platform of graduation. How eagerly and with what joyful anticipation we have looked forward to this time. As freshmen, how far away it seemed as those three years stretched their tedious lengths before us. To-day, as we look back at those three years receding in the distance, crowded full of hard work and pleasant associations, how short, how insufficient they seem. How unrecalable they are! Would we bring back a month, a day, an hour, that we might use it better? Alas, that opportunity has passed, and we must face the future there to make up by unremitting toil that loss.

During these three years we have formed true and lasting friendships and as we leave Kirksville, we shall carry with us pleasant memories of associations which are dear to us and will be a great pleasure to recall in the future. Our professors and above all the Old Doctor himself have inspired us to noble thoughts and a higher aim. We have had the trials that must come to every class yet we trust that we have only been made stronger thereby.

Tomorrow sees the close of a scene which marks an epoch in our lives. It marks a point from which we must calculate the beginning of our life's work. We have had the advantage of one year's work over the classes that have gone out before us; but we must not underestimate the value and hard work of our pioneer osteopaths who have hewn paths into the forest of superstition and unbelief. Tomorrow we step from this platform with our diplomas and go forth to meet the world; yet it is not that diploma or the fact that it is issued by the American School of Osteopathy that will bring us success, but it is the effort we have put forth to obtain that diploma.

What is our ambition? What is the goal toward which each of us looks with longing and toward which we are directing our energies? Is it fame, honor, power, wealth? Or do these things fail to attract us? Certainly these are good to have yet of themselves are not worth striving for unless they embrace a higher purpose to a nobler end. Few people in the healing profession ever attain much distinction. We have not the advantages to soar to glory like the orator, the statesman, the writer or the politician. For these deal with multitudes of people thereby scattering their influence much more widely than does the doctor who meets one person at a time and whose work must be limited to a comparatively small community. It is true there are some physicians who have attained world wide reputation, but this is through letters, lectures, the advancement of new ideas or in connection with some institution of healing.

Physicians as a class are not wealthy. In fact it is almost impossible for a physi-

cian to become wealthy by private practice alone. Do you wonder why this is true when for the last twenty-five years our medical mills have been grinding out physicians and surgeons by the hundreds and thousands every year? Those who have wealth must make it by investment or speculation in other lines.

I do not condemn wealth. I am not ignorant that wealth is a good thing, for it may bring power, it may bring leisure, it may bring liberty. It is the golden key that unlocks the way to education, to refinement, to culture, and to the arts and literature of civilization. Wealth may be an excellent thing, but uncoupled with intelligent purpose it becomes a disappointment and a regret instead of a blessing. Let us not measure our success as a profession by the number of dollars we have made, for real worth must be weighed in scales more delicate than the balance of money. Material success is good but only as a necessary preliminary to better things. "The measure of our true success," says one man, "is the amount it contributes to thought, to moral energy, to intellectual happiness, and to the spiritual hope and consolation of mankind."

What then should be the aim of the physician? I believe that the first and immediate aim of the great and good physician is to restore his patient to health in the shortest time.

When this has been accomplished he has a more elevated ambition, something nobler and still more humane occupies his attention—the prevention of all diseases. The old proverb that an ounce of prevention is worth sixteen of cure is an axiom. We have been taught while here in school that nature is the great restorer of health, that osteopathy is simply an aid to nature. Yet we have seen with even ours, the most self-evident and perfect of all the healing sciences, how relatively little can be done for disease when once established, as compared to the value of prevention. We have a step farther; let us find the prime cause.

The laws of physics are universal but it took a man like Dr. Still to show to the world that the human body is a machine and subject to the same physical laws as is any machine made by man. He taught us how perverted structure brings about abnormal function and so causes disease. What was the cause of the perverted structure? Can this not often be traced to unhygienic surroundings, to carelessness or to neglect of nature's laws? Look along the history of medicine and you will find that the greatest progress has been made in establishing conditions to prevent diseases rather than the formulating of any special panacea for their cure.

Let us look back for a moment to the middle ages, and compare the then existing diseases with those of our present time. Hygiene scarcely existed. The ancients had regarded simple laws for health and the prevention of diseases, but with many other things these for centuries had been neglected or forgotten. The Mohammedans and Jews alone practiced a sanitary science. The rest of Europe did not realize that the public health might be preserved and diseases prevented by cleanliness and observation of the simple rules of hygiene. Diseases then raged which have since disappeared or if still prevalent are much diminished in virulence. The peasant sought for his daily bread in a refuse heap and lived so huddled together with his beasts that no one will wonder at the frequent occurrence of terrible epidemics. The townsman lived in the stench of narrow streets. There was practically no drainage. Often the bodies of those who had died of the black plague were allowed to remain unburied for days. In England even until the sixteenth century rushes were used for covering floors, which made splendid hot-beds for disease-producing bacteria. The clergy, by preaching contempt of the body, indirectly encouraged neglect of the most neces-

sary care of it. Indeed, personal cleanliness was as little understood as the care of the house. Clothing was often worn until ready to drop off with rotteness. Such a regime naturally favored terrible epidemics. In the tenth century a gangrene raged which loosed the members of the body joint by joint. The impoverished condition of the blood increased the numbers of scrofulous. Leprosy, which began with the crusades, later developed enormously and lasted throughout the middle ages. In 1250 the army of St. Louis in Egypt was decimated by dysentery and scrofula. It is estimated that the Black Death during one epidemic killed 25,000,000 people. In 1348 this terrible disease visited England where it raged frightfully fed by the squalor and filth it found. Again and again it broke out until it reached its climax in the great plague of London in 1665. Another awful epidemic in London was the sweating sickness which usually killed its victim in twenty-four hours or less. Erasmus rightly attributed this terrible disease to the filthy habits and unhygienic surroundings of the people.

Does anyone doubt that the lessened frequency and virulence of these terrible epidemics in our present age is due to more hygienic living, to the better care and cleanliness of our bodies, houses, streets, etc., rather than to any special remedy for their cure? The healing profession has made more progress in the last one hundred years than it had in all previous time. Has there ever been a time in the history of medicine when there was as great progress made in the improvement of unhygienic conditions as has been made during the last century? And was there ever a time when people relied less on curative agents for restoring health outside of obeying nature's simple rules of living, than there is at the present time?

To note the great advancement which is being made along these lines, we have but to look at the improved conditions on the Isthmus of Panama brought about by the United States government. Mosquitoes have been eliminated; the cities of Colon and Panama, once pest holes of disease, have been paved with vitrified brick, sewered, piped for water, and cleaned up generally. Reservoirs have been built. The people are compelled to keep the cities clean. The result is that there has been no yellow fever in more than two years, and no plague since 1905. The death rate has constantly decreased.

In the middle ages the doctors sought universal remedies and panaceas; they made use of formulas and cabalistic words; they prescribed strange remedies such as liver of a toad, blood of a frog, a rat or a goat; they bled people only on certain days and after having observed the position of the stars and the moon, certain remedies cured the ills of the nobles but were bad for the serf. Kings cured by touching. The king of England cured epilepsy, the king of France scrofula. In the present age it will be denied by no civilized people that these strange remedies and peculiar modes of healing were nothing more than the result of a superstition which existed at that time. Yet can it be denied that some were cured? Not because of any virtue in these peculiar methods but because of the strong faith of the people in them.

The medicine man has long been regarded as having supernatural powers. The people have placed in him a blind faith to cure their diseases; it is this faith by its mental effects, that has played the principal part all through the history of medicine. The people should be taught that the cure of diseases depends on scientific principles, that the prevention of disease and the retainment of health is as truly a science as mathematics and vastly more important. They should know the importance of keeping well, that it is easier to retain health than to regain it when once it is lost

Dryden wrote,

"The first physicians by debauch were made;
Excess began and sloth sustained the trade.
By chase our long-lived fathers earned their food,
Toil strung the nerves and purified the blood.
But we, their sons, a pampered race of men,
Are dwindled down to three score years and ten.
Better to hunt in fields for health unbought,
Than fee the doctor for a nauseous drought.
The wise for cure on exercise depend.
God never made his work for man to mend."

When we deal with the human structure, let us not forget that it is the most perfect of all the structures of God's own handiwork. Most all of us would hesitate to repair a watch, yet human life is so cheap that we sometimes grow almost careless in dealing with the perfect and delicate mechanism of the body. Extreme care and precaution should be taken to study the laws governing the body.

"It is an axiom in science that nature will not be the servant of men who are too brainsick or too proud to perceive and respect her laws. The only mode of inducing her powers to work is by learning their terms and letting them have their own way."

In order to work to the best advantage in eliminating diseases and disease producing factors, we must study to know their real cause.

The National Public Health Defense League and the Association for the advancement of Science are doing much along hygienic lines. They are seeking to obtain the government's aid in stamping out disease. Among the special facts that they have brought before Congress are:

"That the Ohio River represents a thousand miles of typhoid fever; and the Hudson River, the whole distance from Albany to the sea, spreads infection among millions from polluted water and ice."

"That of our 80,000,000 population 8,000,000 must die of tuberculosis, most of whose lives might be saved by properly enforced health laws."

"That the milk supplies of many cities lie across state boundaries and cannot be supervised by the authorities of the states in which the cities are, and infant mortality varies directly with the purity of the milk."

Such movements should receive our undivided support.

Another cause of disease, the evil consequences of which, we are glad to note, the people are at least beginning to realize, is intoxicating liquors. It is unnecessary to bother you with the proofs of this being a disease producing factor for any book on nervous and mental diseases gives evidence enough to convince anyone. Alcoholic liquors in excess, are a most prolific cause of nervous diseases. Alcoholism is justly credited as exerting the most sinister influence on the nervous system even leading to an acquired state of degeneration. It makes up a large list of the diseases which the doctor is called upon to treat. It feeds penitentiaries and asylums. These evil do not stop with the individual himself but are handed down to posterity. How often we can trace a neurasthenic, hysteric or epileptic back to a drinking father. Further, we have said nothing of its indirect causes of disease, the half-fed, half-clothed mother and children, as a result of the father spending his money for drink. It weakens the reserve power of the individual making him more susceptible to other diseases.

Another vast and damning evil, a curse that infests the race and a crime against

innocent women and children, is the existence of illegal houses and criminal practices. I do not believe I go outside of our work when I mention these things, for no one is in a better position to know their evil consequences than is the physician. Good health is the birthright of every child. We owe a debt to our posterity; it is our duty to transmit to them strong bodies and healthy minds. Unless this is true the race instead of evolving will degenerate.

It is most certainly the duty of every physician to use his powers to help eliminate these things. How often it is true that the physician himself is the very poorest example of health, and instead of using his influence against these evils is himself a dissipated man. Emerson said: "The one prudence in life is concentration; the one evil dissipation; and it makes no difference whether our dissipations are coarse or fine." What the world needs most to-day is men; men for physicians and in every walk of life. "Character must stand behind and back up everything—the sermon, the poem, the picture, the play. None of them is worth a straw without it." Let us as members of the class of '08, let us as osteopaths be educated men and women. Let us be broad and our field of vision not limited or hedged about by pampered theories or narrow prejudices. May our minds ever be open to truth and to the advancements and investigations of science. Let our work be the stamping out of disease, the uplifting of society and the propagation of a stronger race. Success, honor, wealth, power, come unsought to him who forgets himself and works for the elevation of mankind.

"We are our own fates. Our own deeds are our doomsday. Man's life was not made for Men's creeds, but Men's actions."

* * *

OSTEOPATHIC DIAGNOSIS, II.

FRANKLIN FISKE, A. B., D. O.

PRELIMINARY CONSIDERATION OF PELVIS.

In the November issue there was considered the mechanics of the spine as a whole, the mechanical center of the spine and the reason for the conclusions given. This paper will consider more in detail the mechanics of the pelvis.

Osseous Factors—The pelvis is made up of four bones or rather four groups of bones; the two ossa innominata, between which lies the sacrum bearing at its lower extremity, the coccyx. All four are firmly bound together by numerous ligaments and muscles. Each of these bony groups is made up of certain factors; the innominate of the ilium, ischium and pubis; the sacrum of the four to six sacral segments; the coccyx, of the three to six coccygeal segments, but this segmentation does not, as a rule, seriously affect the mechanics of this region. Taking the sacrum as a centre, we will consider respectively the articulations with the innominata and with the coccyx, after which that with the fifth lumbar can be studied.

Sacro-Iliac Articulation—This articulation has been the subject of much discussion, originally being regarded by most anatomists as a synchondrosis and movable only under pathological conditions. Dr. Still was the first one to notice the true nature of this joint, and to insist that motion existed and therefore subluxations were possible. This he contended for many years, osteopathic text books meanwhile continuing in the obsolete medical nomenclature, and denoting it as a synchondrosis. The effect of osteopathic teaching is now shown by the fact that the recent editions of all standard anatomies admit this motion, some going even so far as to name the

articulation an arthrosis. Alert in their efforts to incorporate and claim as original discoveries the truths of osteopathy, medical writers give the honor of this discovery to Goldthwaite.

That there is motion can be proved by a simple experiment. Have the subject stand erect and let accurate measurement be made of the distance between the innominates at a given level, preferably the upper part of the sacral spine. Let the subject then bend far backwards, throwing the pelvis forward and causing the concavity of the curve from calcis to occiput to look backwards. Measurement made as before will show a diminished distance. Then have the subject bend far forward causing the convexity of the curve from occiput to calcis to look backwards, and measurement as before will show the distance increased. In the first manoeuvre on account of the pull of the vertebral column forward, there was strain brought on the anterior and upper aspect of the sacrum, and to compensate the innominata rotated backward, approaching each other. The reverse was true in the forward bending.

Mechanics of Rotation—If motion then takes place there must be a definite region and a definite manner in which it occurs. A study of the sacro-iliac articulations shows that the general plane of the articulation in the average spine slopes mesially from before backward and from above downwards, but the greatest width of the sacrum is neither at the extreme anterior or posterior nor at the extreme superior or inferior limit. In general this articulation is so shaped that the center around which its rotation occurs is approximately midway in an antero-posterior direction and opposite the second sacral segment in supero-inferior direction. On account of the placing of the ligaments in relation to this articulation, motion is not limited to rotation, but may exhibit various other slips under certain strains, further consideration of which will be given later.

Diagnostic Points for Innominate Lesions—That a point may be available for purposes of accurate diagnosis, it must have (a) certain degree of prominence, (b) an approximate regularity always present and (c) it must be situated sufficiently distant from the center of motion that its deviation shall be easy to note. There are several points in regard to the innominate which fulfill these conditions.

Each Pubis presents a spine, separated by the inter-articular cartilage and denominated by Dr. Still the "cross bones of the pelvis." In all unilateral deviations of the innominate these spines will present a deviation, and also in asymmetrical bilateral deviations as well. Normally these two points should present about the same sensation that is elicited by placing the finger of one between two knuckles of the hand. To palpate those points the patient should be placed in the dorsal posture; the middle finger of the palpating hand can define the median line by means of the umbilicus, then passing the hand downwards along the abdomen the superior aspect of the pubes is first noted, the middle finger engaging the supra-pubic notch the first and third fingers, the two spines respectively. In unilateral deviations, in general there is more tenderness on side of deviation and apparently the cartilage has remained with the unaffected bone.

The Anterior Superior Spine is perhaps the commonest point of diagnosis, and is of use in unilateral and asymmetrical bilateral conditions. To palpate it the patient should be in one of two positions, (a) in the dorsal or (b) the seated.

(a) In the dorsal position the operator should stand at the side of table facing the patient's head, then the thumb can be placed beneath the anterior superior spine and by the operator standing first on one and then on other side of the table ocular judgment can be made of the condition.

(b) With the patient seated the operator sits behind the patient and reaching around, places the palm of middle finger underneath the anterior superior spine and estimates the distance from himself to the respective spines.

Posteriorly There are Two Points of considerable diagnostic importance as well as the area included between them. One, the more inferior, is the **posterior superior spine of the ilium**. The other the writer has seen fit to denominate the **posterior tubercle**. On examination of all skeletons, cadavers or living subjects it will be found that the crest of the ilium has not the same appearance the entire distance between the anterior superior spine and posterior spine, but that at a point varying from a half inch to one and half or two inches distant anteriorly from the posterior superior spine there is an abrupt change. This change is marked by a more or less prominent tubercle. Between this tubercle and the posterior superior spine there is a subcutaneous area appearing in spare persons as a ridge, in fleshy ones as a furrow. Both of these points, the posterior superior spine, and posterior tubercle are of importance in diagnosis of all conditions of the innominate.

The Relative Height to which the crests of the ilia rise when the patient is seated may be used to a certain extent.

The Length of the Legs may be used in diagnosis, although this is of rather doubtful importance. To ascertain the relative length, the patient may be placed in either dorsal or ventral posture. If dorsal the thumbs should be placed beneath the internal malleoli and swinging the legs to insure freedom of the patient, the length may be compared by means of the joint of the thumb. Deviations of a 16th of inch are discernable. With the patient in the ventral position the palm of the hand and the fingers should be placed around the instep, the palms of the middle fingers being pressed beneath the internal malleoli. After proper relaxation measurement can be made by the finger nails.

The Spine of the Sacrum, and the **sacro-coccygeal articulation** are of importance in certain conditions, to be noted later.

The Inter-innominate Distance as determined by ocular estimate or actual measurement furnishes a valuable diagnostic point, and can be estimated with the patient either seated or in ventral posture.

The Condition of the Tissues between the innominate and the sacral spine often gives a clue to the innominate affected.

Some of the subluxations of the innominate and the forces producing them, as well as characteristic diagnostic points in relation, will be considered in the next paper.

AMERICAN SCHOOL OF OSTEOPATHY.

* * *

Osteopathic treatment if taken in a timely and proper manner, is both prophylaxis and therapeutics—one is the prevention, and the other is the cure, of disease. It is far more sensible and scientific to preserve one's health when well, than to seek relief from disease when sick. It would be worth money in any well man's pocket to have a clean certificate of health from an osteopath. To prevent disaster is better than to repair its breaches. The time will come when people will be professionally examined to be sure that they are well, rather than treated because they are sick. Then, whether in health or in sickness, osteopathy is the greatest benefit to people!

A. S. O. HOSPITAL NOTES.

Among the interesting cases at the hospital since the last report are several tumor cases, one particularly interesting, being a patient of Dr. J. E. Gibbons of Concordia, Kansas, who had a mass of fibroids impacted in the pelvis so tightly that both ovaries were practically crushed, one of them being flattened out as large as three ordinary ones. Pressure had caused adhesions to the other viscera and especially to the rectum. Three fibroid bands also attached the appendix to the tumors. Although in a single mass there were about thirty-five small tumors in the group, entirely surrounding the uterus. They were of the sub-peritoneal variety, hence no metrorrhagia, as occurs with the other types.

Several lacerations have been repaired, one case being a complete tear of several years standing. Healing has been very good in all the cases.

A complete excision of the breast and axillary glands was performed for carcinoma on a patient from Aux Vasse, Mo. The wound left, due to a neat plastic repair healed with a central scar no larger than a quarter. The patient went home in two weeks. Compare this with most complete operations of this sort.

Mrs. Susie Allen of the senior class, who has had several attacks of appendicitis, had an operation in which a piece of gangrenous intestine and the appendix were removed. Primary union followed and she was dismissed in two weeks.

Dr. C. A. Peterson, of Harwarden, Ia., accompanied his brother and sister-in-law to the hospital the latter part of November, to have an operation on the lady for ovarian cyst and prolapsus. She returned home alone, entirely healed, after a little over two weeks.

Master Eugene McCracken, son of Dr. McCracken of Albany, Mo., had the skull trephined for a chronic mastoid abscess which had been opened twice before, elsewhere. He returned home three days later under the care of his father.

November 27th, Dr. George Still performed several operations at Lafayette, Ind., for patients of Dr. K. T. Vyverberg of that place.

The A. S. O. Hospital has not gone radically to surgery. One must remember that most of the surgical cases of most of the practicing osteopaths are sent here and that the surgical staff and the present equipment make it possible to take many of the most serious nature, that formerly went elsewhere.

The confidence with which the most difficult cases are taken, is based on results in cases, many of which were declared inoperable by other surgeons.

In regard to "no case of appendicitis" being operative, there are few who have seen more than a very limited number of cases who believe this.

About five years ago, a young man died in Kirksville, from an appendiceal abscess, following the refusal of a surgeon to operate and Dr. Eugene Link was one of the witnesses of the postmortem. He was also a witness to the ante-mortem opening of a similar condition in Dr. Wm. Smith, recently. As the pus and gangrenous material flowed out, he remarked; "That looks just like young ——— did at the post-mortem but I believe I prefer to see it on the living."

Taken in time, practically all cases are curable without operation, but not all are taken then. At that "no operation at all" is the advice, if one can not have a good surgeon.

The hospital has purchased a new electric vacuum sweeper and cleaner which is without doubt the most sanitary and safest way to clean an institution. The A. S. O. Hospital is as up-to-date as any in the country, and adopts new things as soon as they are proved valuable.

VASO-MOTOR REFLEX ARC.

FRED N. STEEN, D. O., VANCOUVER, B. C.

As early as 1733 the notion that the small arteries change their calibre was put forward by Stephen Hales. Among the many ingenious experiments he devised is the following: Tying a brass tube into the aorta of a dog and employing a head of pressure equal to the normal aortic tension, he injected water and measured the outflow per minute from the divided vessels of the intestine. He found that while cold water diminished, hot water increased the outflow. "The amount of dilatation in the ear of the rabbit that follows section of the cervical sympathetic nerve is a sign of the strength of vascular tone. It must be borne in mind that dilatation is not always produced thereby, seeing that the tone of any particular vascular area is constantly varying." (Shafer). Thus if the rabbit be placed in a warm atmosphere, division of the cervical sympathetic will induce but little change in the vascularity or temperature of the ear, while if the atmosphere be cold the temperature of the ear may rise after the operation 5 degrees C. or even 10 degrees C.

"Schiff made a further discovery of great importance: After dividing one cervical sympathetic nerve he found on exciting the animal or taking it for a run in the warmth of the sun the ear on the uninjured side became slightly the warmer, and the vascularity of the ear more pronounced, so soon however as the animal became quiet these conditions were once more reversed." (Schaffer).

That the temperature changes produced in the tissues in some manner affect the arterioles, thus producing the vascular changes is sufficiently obvious in view of these experiments. That the temperature has not a direct effect upon the unstriped muscle of the arterioles is evident from the fact that vaso dilatation is produced when the cervical sympathetic is cut, although the rabbit be in a cold atmosphere.

Those experiments show conclusively that when the nerves of a tissue are intact the effect of cold is vaso-constriction, of warmth vaso-dilatation. Hence it seems almost self-evident that the vascular changes which occur in the tissues coincident with alterations in temperature must be produced reflexly through the sympathetic nervous system. When a muscle contracts in doing work its temperature rises several degrees above the normal internal temperature of the body and the flow of blood to it is greatly increased whether it be the muscle of the arm, heart, stomach, etc. If the vascular changes in the uninjured tissues in the experiment given above are brought about by alterations of temperature it is reasonable to conclude that the increased blood flow to the active muscles is due to the rise of temperature in the muscle. Afferent as well as efferent nerve fibres can be traced to the arterioles of nearly all tissues. These afferent fibres are probably sensory and susceptible of excitation by different stimuli.

"Experimental stimulation of any sensory nerve in the body can produce vaso-constriction, it may in certain conditions produce vaso-dilatation. It seems probable that vaso-motor reflexes can be excited from excitation of sensory nerves in the walls of the vessels themselves." (Shaffer).

Reflex vaso-motor effects generally appear in the vascular area from which the sensory excitation arises. "On stimulation of the posterior roots of the eleventh and thirteenth thoracic nerves of the rabbit the kidney expands." (Schaffer). Placing the hands in warm water will bring about dilatation of the vessels while cold water has the opposite effect. To remain quietly in an atmosphere several degrees above the normal internal temperature of the body brings about dilatation of all the

blood vessels and acceleration of the heart due to the lessened peripheral resistance.

From these experiments it seems only reasonable to conclude that a change of temperature in any organ or tissue (in health) however brought about will cause changes of calibre in the arterioles. "Increased functional activity of any organ or gland in the body is accompanied by a rise of temperature and an increase of blood due to vascular dilatation." (Schaffer).

The afferent fibres which are found accompanying the arterioles probably have a function, and of all stimuli affecting them the thermal stimulus is the most constant, for a tissue or organ is ever varying in its temperature owing to variations in functional activity. If it can be conclusively shown that the tone of the arterioles of all tissues varies with the temperature changes and that vascular tone depends upon the integrity of a local reflex arc; having the peripheral terminations of the afferent fibres arising in the arterioles as well as the termination of the efferent fibres, our views in regard to applied anatomy would be considerably modified. For, it would then be evident that the afferent fibres of the sympathetic and cerebro-spinal system are just as important to the circulation as the efferent fibres given off from 2 D to 1 L segments of the cord.

The most striking instance of efferent vaso-motor fibres would be in connection with the cervical sympathetic.

Here the afferent fibres could only arise in connection with the vascular supply of head tissues from the fifth nerve. Now the nucleus of termination of the afferent fibres of the fifth nerve descend as low as the fourth cervical segment of the cord. Could we not explain the results of cervical treatments given to affect head tissues through increasing the circulation to the cervical segments in which these afferent fibres have their deep origin. And as afferent fibres from the hand and arm pass into the cervical cord, could we not also explain results gained, in a similar manner.

The afferent fibres of the pneumogastric also descend in the cervical cord and these nerve fibres probably regulate the blood supply or aid in performing this function in all organs to which the tenth nerve sends sensory fibres. We would not be driven to explain effects of cervical lesions through pressure of the vertebræ or the cervical sympathetic ganglia, an unlikely assumption. The cervical and lumbar regions would then be on par with the dorsal in as far as affects are produced through the sympathetic, adopting the theory by which we generally explain our results, that is, by increasing the circulation to the vaso-motor centres. The cell bodies found in the nuclei of termination of any of the afferent fibres would seem to be as important as any other link in the chain going to make up the vaso-motor reflex arc. The posterior root ganglia which lie in the intervertebral foramina are more exposed to injury than any other part of the nervous system and being trophic to peripheral parts would affect vaso-motor reflex arc. That the afferent nerve fibres of any tissue have an intimate relation with the vaso-motor nerves of same is shown conclusively by the following facts: "Division of the fifth nerve paralyzes the vaso-motors in the interior of the eyeball and in consequence derangements in the circulation take place bringing about important pathologic changes" (Landois). In herpes zoster the afferent nerves and posterior root ganglia are only involved, yet disturbance of the circulation and pathologic changes occur. In muscular atrophy it has been shown that the pathologic changes are due to irritation ascending to the spinal centres and producing the pathologic changes reflexly in the extensors of the joints.

The joint lesions in locomotor ataxia would seem to be a conspicuous example of

the importance of afferent nerves in their physiological relationship with vaso-motors. Here we find pathologic changes in the bone which appear very similar to the changes found in rickets, that is, a rarefying osteitis brought about through vaso-dilatation, owing to the vaso-motor reflex arc being broken through degeneration of the posterior nerve roots, the increased vascularity producing the pathologic changes in the joints. "Kassowitz has proven experimentally that hyperemia of bone results in defective deposition of lime salts and produces all the characteristic changes of bone found in rickets." (Osler), page 427.

If section of the fifth nerve brings about vaso-dilatation in head tissues it is reasonable to assume that section or degeneration of posterior nerve roots would induce vaso-dilatation in the tissues in which are found their peripheral termination.

These facts would seem to strengthen the conclusions arrived at in article by the writer "Do we increase the blood supply?" Conclusion. Vascular tone depends on local reflex arc, and varies with variations of temperature brought about by changing conditions of functional activity hence in our applied anatomy of nervous system we should consider all afferent fibres as well as the efferent fibres given off from second dorsal to second lumbar. In all living matter we can observe this law. That is, within physiological limits cold causes contraction while heat causes relaxation. Temperature depends upon functional activity of tissue. The degree of contraction or relaxation of muscle tissue especially depends upon temperature within certain definite physiological limits, brought about through the thermal stimulus acting on the terminations of afferent over efferent nerves.

* * *

CASE REPORT.

On June 1st, 1908, a patient came to us from St. Louis, after unsuccessful treatment at a majority of the sanitarium, medical, hydrotherapy, etc., suffering with what her mother had termed, "nervousness with spells."

The patient was a girl of twenty-seven, small, weighing probably ninety pounds, having typical expression about face and eye of an insane person. I examined the patient with Dr. Geo. Laughlin, who decided it belonged in the manias, and told me to treat her and observe for a time. The previous history of the patient was; When she was sixteen she entered puberty. In playing around a building fell and in some way hurt herself. No one could give any detail of the accident and at that time she was in the public school, about the eighth grade. The first thing noticed, that she was extremely nervous and especially so when working with arithmetic. After a long seige of home work in mathematics, she would get wrought up to such a nervous pitch, that she would start to mutter, move around without reason and make all manner of gestures. Her mother took her out of school, treated with local M. D's. without improvement. The girl failed in health, but the spells became more localized as to time. Preceding the attack she would take all the paper she could get and do long division sums on it, this acting from about her seventeenth year on, as the periodical symptom. She did not read, but would talk to herself. Never became violent, and always had the alertness of a mentally deranged patient in quickness and wit of answer.

On physical examination I found lesions of the atlas, axis, first ribs, first, second and third upper dorsal; contraction of the muscular tissue of the eighth, ninth, and tenth dorsal. On percussion of the abdomen, tenderness was elicited in the left iliac fossa, about a finger length toward the median line from the left anterior superior

spine. I made no local examination, in that the patient had made up her mind that she would not have osteopathic treatment. Her temperature during the most of her time was subnormal, being about 97 two or three fifths. Her pulse rate was about 94. Respiration 22.

I treated her along for two months with little or no improvement, after which it was noticed that she picked up magazines and looked at the pictures and rather enjoyed and anticipated treatment. Sleeping seemed very light and the least noise would startle her, when she would get up, put on the sheet, and go through tableaux and other foolish gestures, and accuse the students in the ward of everything and anything, becoming most abusive, without offering any violence. During July and part of August, her mother had asked a number of times about the advisability of operation, which had been recommended at St. Louis on the pelvic-vescera and insisted that I make local examination at that time. I advised against the operation, until at least three months of treatment had been given. At this time I made local examination with the assistance of three nurses and superintendent of the Hospital, for the patient resisted frightfully. Finding a cystic degeneration of the left ovary, retroversion of the uterus, infantile type and a smooth vaginal wall. On informing the mother of this condition she was anxious for operation. I put it off for some time, in that the patient had been improving since she had begun to look at the pictures and magazines. On the 15th of Sept., I called in Dr. Geo. Still and asked him the advisability of an operation and he said if she needed it, we would do it. In the meantime Dr. Gerdine, professor of nervous and mental diseases had examined her and twice held clinics in regard to her pronouncing the case that of demetia precox. He saw her again after her operation and was surprised.

In summary of the osteopathic treatment, lasting five months exactly I would say,—Improved her mental condition somewhat; never was I able entirely to abate the pain in the left iliac fossa; she improved in appetite, in sleeping, ceased muttering, except at times; menstruation was normal, which prior to coming to Kirksville, had caused much pain. I was able to reduce the lesions that I found, but was not able to overcome permanently the contracture along the greater splanchnics.

Dr. Geo. Still treats of the surgical condition which we met, Dr. Gerdine the psychology.

W. H. McCOACH.

The patient referred to by Dr. McCoach and operated upon by Dr. Geo. Still (see their reports), I examined on admission to the hospital and showed as a case of Dementia Precox to the post-graduate students. My findings were as follows: Age twenty-seven, (developmental period of life). History of long standing and progressing disorder with no intermissions of normality. It began insidiously with symptoms of nervousness and neurasthenia. Patient showed lack of interest in everything; stays off in one corner of the ward with back turned to the other inmates and visitors, is inactive unless told to do something. Mood neutral; shows neither joy, sorrow, anxiety, grief but general indifference, etc. Delusions of persecution present—thinks people are watching her and plotting against her—putting things in her food to spite her, etc., misinterprets remarks made as reflections upon her character—thought my object in talking to her was to abuse her, consequently wished me to go away. Would not begin conversation spontaneously but only answered questions and curtly at that. Occasional outbreaks showing excitement and accusing attendants of attempts to maltreat her and rating them soundly, using profane and vulgar expressions. Memory poor; couldn't remember me on my second visit or

recent events in general with accuracy—memory for early things better. Power of concentration lost—cannot carry on conversation continuously but changes from one subject to another without apparent reason—sometimes answering quite irrelevantly. At times will sit for hours doing nothing. Breaks out into silly laughter frequently. Opposes doing anything requested of her—refuses to serve as clinic or to collect urine for examination. Curious mannerisms in facial expressions and body movements.

Secretive—goes to bathroom only when nobody is around—will not inform nurse of her menstrual flow, refuses physical examination. Thinks I am a lawyer. Hates men in general and doctors especially. Says she is detained by force and will report all of us when she gets away. Fond of using or rather misusing big, high-sounding words—says I am “cultivated in ignorance” and seems fond of applying that phrase to everybody. Orientation good—knows her surroundings perfectly, also name of day, where she lives, etc.

From the above I diagnosed the “hebephrenic” type of Dementia Precox. In these cases the prognosis is usually bad, complete recovery occurring in only about 8% of cases according to Kraepelin. Two or three weeks after this patient was operated I examined her again and I found her apparently rational and vastly improved in all respects.

L. VAN H. GERDINE.

Some time in September, I was approached by Dr. McCoach, concerning a case which had been diagnosed “Dementia Precox” and in which he suspected some pelvic trouble and knowing that I had cured some cases of insanity by operation, he suggested a more thorough examination, and this was made revealing cystic degeneration of both ovaries to a marked degree and parenchymatous degeneration of the uterus with marked atony which showed no tendency to respond to treatment. Accordingly, as a last resort an operation was decided on and soon afterwards, performed. It showed that the diagnosis was correct and the operation was a complete excision. Recovery from the wound was rapid and uneventful, except for some trouble, for a week, with gas. Mental improvement was immediate and, there has been no relapse to date, Dec. 20, a report having been received to-day. No attacks of flightiness whatever have occurred since the removal of the irritating organs.

GEO. A. STILL.

FINAL REPORT IN CONDITION OF THE PATIENT DESCRIBED ABOVE.

On Sunday, Dec. 6th, patient's mother traveled some seventy miles to express her thankfulness for the condition of her daughter at this time. Daughter had gained some 17 lbs., has had no delusions, hallucinations or illusions since the time of her operation. She now well recalls events, names of friends, and other little incidents up to her 17th year, but says little or nothing of the last ten years of her life. Eats well and has perfect rest, and in every way looks as though the condition was cured.

W. H. McC.

Bellingham, (Wash.) paper gives advice to osteopaths.—“Osteopaths should add a sledge hammer to their collection of instruments of healing. Over two years ago S. P. Strong, of Youngstown, Ohio, struck his left knee cap against a wagon wheel and has since been unable to bend his knee. While assisting to hitch a horse to a wagon the other day the animal kicked him on the lame knee and twenty minutes afterward the lameness entirely disappeared.”

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Changes of Address.—Those writing, requesting changes of address, will please send both old and new locations, so that the change may be made promptly.

KIRKSVILLE, MO., JANUARY, 1909.

EDITORIALS.

The New Year—Time has honored the custom of "Turning over a new leaf" on the first of the year. Can not we as osteopathic physicians, look to our professional good and make a few resolves.

First—Let us remember that each one is but one, and so should not presume to dictate to the others in matters of associations, whether national, state, district or local; in matters of policy, whether in regard to prices, advertising or other personal considerations.

Second—That there are two sides to every question, so let us not criticise our fellow practitioner, but rather let us look to our own acts from other peoples' standpoints and see if we have aught to improve and employ our time in making that improvement.

Then let us remember that in union only is our salvation, and band ourselves together in our various associations, obeying the decisions made in the best interest of the majority, and in all our acts, put ourselves "in the other fellow's place" and do what we would like to have him do if our places were reversed.

This may be Utopian—what if it is? If but one person decides to act in this way as a result of the writing of it, the work will not have been in vain.

Along this line, is Dr. F. C. Smith's graduation address printed on page seven of this issue. Read it, imagine that you are again just graduating, and if you are not satisfied with the way things are going and have gone, start anew.

The Journal for 1909—With the new year, the Journal will be published on time each month. We have enlarged our staff of regular correspondents and expect to cover the field of osteopathic news more thoroughly than in the past. Feature articles will be introduced each month, which will be of live interest to the profession. The

columns are open to the profession for anything of interest to the profession, along osteopathic lines and not in the nature of personal attacks. The Journal is yours, USE IT.

Osteopathy a Complete or Incomplete Profession?—A glance at the older osteopathic bills shows that without exception, the practitioner is forbidden the practice of major and minor surgery, administration of anesthetics, sometimes, even the practice of obstetrics. Then we find added permission to practice obstetrics, then the practice of minor surgery, and now in a very few states, the administration of anesthetics and the performance of major operations. What is the explanation of this change? A glance at the catalogs of the schools will show, the gradually broadened curriculum. At the American School of Osteopathy, there is now given full instruction in both experimental and operative major surgery, the subject being handled in a far more thorough manner than even now it is taught in many "regular" medical schools. Some of the other colleges have projected or under way similar courses. WHY THEN SHOULD NEW BILLS PROJECTED FORBID TO THESE GRADUATES THE PRACTICE OF THAT FOR WHICH THEY ARE QUALIFIED? If our older graduates are not qualified, as they in the vast majority are not, withhold from them this permission until they have secured the requisite additional instruction. Make the practice of surgery legal only to the advanced graduate or post-graduate who has the credentials and can pass the requisite tests. Let those who have been insisting that the course as formerly given was too short, return to school and complete their qualifications. Then, should occasion for surgery arise, let us not be compelled to run to some one who has an "M. D." tacked onto his name and stand aside, confessing that we are incompetent to meet all emergencies, that we are but partially prepared tyros in the healing art. If we are to be physicians, let us be PHYSICIANS and not mere fair weather assistants and substitutes to the "regular" practitioner.

Is An M. D. Authorized to Practice Osteopathy?—Under the heading, "Unlawful for M. D. to Pull Teeth," the following dispatch appeared recently in St. Louis papers. "St. Paul, Minn., Dec. 11.—The Minnesota Supreme Court to-day affirmed a decision of the District Court, holding it unlawful for a practicing physician to practice dentistry."

This opens a question vital to our practice. A few years ago, our practitioners were accustomed to foster the idea "Well, even if it does no good, it can do no harm." We know, or ought to, that it is just as dangerous for an unqualified person to attempt to administer osteopathic adjustment, as it is for an unlearned person to attempt to prescribe drugs, if not more so. Many laws especially state that "this shall not apply to any 'regular practicing physician in the practice of his profession' " or words to that effect, thus permitting any M. D. to prescribe and administer osteopathic adjustment, if he desires. It is a fact that almost without exception, the medical practitioner knows absolutely nothing of spinal diagnosis and possesses fingers absolutely strangers to the sensations produced by palpation of a vertebra. Why then should we permit one who could not recognize the plainest sort of a subluxation, even if pointed out to him, to attempt its reduction, and admit that by his superior knowledge, he is qualified without a day's study to practice that which required us many long months to master?

Doctors of Mechano-Therapy—A nice question for our state boards is a definition of osteopathy which will reach the various fakes on it, such as chiropractic, mechano-therapy, neuropathy, etc.

Reading Advertisements—Publishing costs money and this money is provided in two ways, by subscriptions and by advertisements. We are co-operating to get you the most for your money and one way for you to help is by reading what our advertisers have to say. Then should you write to them, say you saw the advertisement in the Journal. You will get your money for the trouble, by receiving a larger and better Journal. Turn now to the advertising pages, read them, answer those propositions which seem to you attractive, and please say you saw the advertisement in the Journal.

* * *

POSITION OF JOURNAL ON APPENDICITIS QUESTION.

In regard to Dr. F. J. Feidler's communication in December Journal, in which he makes the statement, "that no case of appendicitis is operative," several correspondents have written, asking if the Journal of Osteopathy, or the profession at large endorses such an opinion. In reply, I can say emphatically, that SUCH AN OPINION IS NOT ENDORSED. The communication was published merely as an example of the ideas held by SOME FEW of the profession. For an authoritative statement on the subject, and a view which is endorsed by the American School of Osteopathy and the profession in general, I will quote the article by Dr. Geo. A. Still, the professor of Surgery at the A. S. O., in the November Journal, in which he says, "two people who need a PRIMARY operation on the appendix; the first case is one who has an abscess. The second is one who has a recurrent type that will not quit recurring under treatment. The latter usually has a stricture of the appendix like the condition of the Fallopian tube in pyosalpinx." Besides this there may be cases where the appendix is involved secondarily in such a manner as to require an operation. THERE MOST CERTAINLY ARE CASES OF APPENDICITIS WHICH REQUIRE OPERATION.

One might just as well say that because he had never treated a case of eclampsia that there was no such a thing. No one has a right to pose as an authority on obstetrics after having had none but a few normal deliveries. The Journal wishes to be considered conservative, but at the same time to be considered intelligent. Some are inclined to diagnose every condition of the throat, regardless of the real condition, as diphtheria. Then they summarize saying they have treated and cured many cases of diphtheria when the fact is, the cases were only canker sore throats. Others are inclined to diagnose every pain that is in the abdomen, as appendicitis.—F. F.

* * *

ON THE CHOICE OF TEXT BOOKS IN OSTEOPATHIC SCHOOLS.

In the A. O. A. Journal for November and December, editorials have appeared condemning the schools in general for not using as texts all of the "Osteopathic" books on the market. As instructor in one of these condemned schools, I should like to say a word as to my reason for not using as texts the works published in my department of "Practice." In the first place I use no prescribed text, but mention in general all of the leading works upon the subject both osteopathic and medical with special emphasis upon Osler's "Practice" and Cabot's "Diagnosis." The subject is assigned in advance and the student is at liberty to use what work he will. The chief use of these books is for the sections on diagnosis and pathology and the hygienic and dietetic methods of treatment. The osteopathic ideas upon etiology and treatment are considered in addition, thus rounding off each subject as a whole. The osteopathic part is directly supplied by the teacher, and gained from his own

observation combined with that of his colleagues in the American School. Now it is well known that Osler's Practice takes the lead in the English-speaking world and it is equally well known that Osler's therapeutics are the therapeutics of nihilism so far as drugs are concerned. The instructor therefore has simply to replace Osler's drug nihilism by osteopathic procedure based upon the causative lesion and the thing is complete. We thus have the advantage of the use of the best known text and most authoritative work and also the beneficial influence upon the student derived from reading of Osler's ideas of drugs—a very important point in my opinion.

In the next place, the osteopathic books are not complete enough to be used alone, therefore must be used in conjunction with others and often the student cannot afford to buy more than one. He is always advised, if he can afford it, to use the osteopathic as a reference work. Hazzard states distinctly in its preface, that his work is to be used in connection with a larger text containing the pathology and symptomatology, and no one can doubt that these subjects are best treated in works like Osler which indeed serve as a model for the other, and later osteopathic works, like McConnell's and I am that sure Dr. McConnell would not for a moment maintain that his work equals Osler in this respect.

Again osteopathy is but in its beginning. Many things are yet to be learned; much of what has been written so far, represents of necessity but the individual and his experience and there is still room for much difference of opinion. While respecting greatly therefore the authors of our various texts, I must maintain my right to individual liberty of opinion, and must admit that in many respects I differ radically from them. If the teacher is worthy of his place, it is his duty to teach his opinions if they are consonant with the principles and practice of the school which he represents. Certainly he should not be a mere phonograph for "records" made by other and previous instructors who happened to put their opinion in print. Suppose I were to have my teachings taken down and typewritten copies made and later printed. Suppose I should then resign my position. Should I expect my successor to take my work and slavishly follow it merely because I had preceded him? Not at all. Indeed I should have a low opinion of my successor if he couldn't think for himself and followed in my wake like a dummy.

Again there are many inaccuracies in the books previously published and misstatements of fact—to my way of thinking. How could I therefore honestly recommend any as the one text book? The question may be asked "And do you then pretend to know so much more than all the rest that you thus criticize the others?" This is not at all to the point—the fact is that I differ and am I to teach my own or the opinion of somebody else with whom I disagree? I never ask the student to take my word alone for anything, I ask him rather to consider the evidence which I present and see whether he judges it satisfactory, I ask him to compare the opinion of others, and then to draw his own conclusions.

Where a text is entirely satisfactory, as is the case of Hulett's work in "Principles," it is recommended as the required text. While I have chosen illustrations solely from my own department, from their personal expressions, I can state similar opinions obtain with them.

But as reference works, I recommend the other books, while preferring as a text a book like Osler which gives the well known facts of symptoms and pathology and then add the osteopathic ideas of etiology and treatment as I conceive them in collaboration with my colleagues.

L. VAN H. G.

STATE BOARDS AND LEGISLATIVE.

California—Another Examination Held at Los Angeles, Dec. 2nd and 3rd—The subjects on which questions were propounded included anatomy, histology, physiology, chemistry and toxicology, hygiene, pathology, bacteriology, obstetrics, gynecology, surgical and medical diagnosis. The examination was for those intending to practice in the regular school and also osteopaths.

Idaho—Dr. Houseman Describes Reciprocal Arrangements—We will reciprocate with any board that will grant us the same favor provided its requirements are as exacting as our own. We reserve the right to examine individuals from these states if credentials as recorded are not satisfactory.

We will grant reciprocity with the following states, viz.: Indiana, Montana, Missouri (in case certificate was issued since 1908), Michigan, Minnesota, North Carolina, Tennessee, and Vermont. Fraternally, E. G. HOUSEMAN, Sec'y.

Massachusetts—Boston Transcript Says Osteopaths are Not Fakes—Concerning the arrest and conviction of "Dr." Taff, an account of which was given in December Journal, the staid old Boston Transcript says editorially, Dec. 2nd:

"The newspapers spoke of the arrest, conviction and sentence of an 'osteopath' the other day, for healing people and taking much money from them, though never either educated or registered as such as the law provides. Evidently he was no more an osteopath than he was an allopath or any other 'path. It is no longer possible to use osteopath as a variant of common acceptance for quack. There are plenty of osteopaths who are well prepared to do what they profess to do. They are doing their work and doing it well. Those in need of physical aid should pass by the 'fakir,' with unblushing and unlimited pretensions and promises to cure, and find a genuine, qualified, law-abiding physician. There are now plenty of such among osteopaths bearing the State's authority to practice."

Missouri—A New Member Appointed—Dr. J. B. Cole of Columbia, Mo., has been appointed in place of Dr. Chas. E. Boxx, resigned. Kansas City papers have been publishing amusing accounts of a meeting at St. Louis, early in December. The next meeting will be held in Kansas City, Jan. 14th.

Michigan—Resolution for Admission of Licentiates of Other States—

Resolved; That a license issued by a State Board of Registration or Osteopathic Examining Board, based upon an examination in anatomy, physiology, physiological chemistry, toxicology, pathology, bacteriology, histology, neurology, physical diagnosis, obstetrics, gynecology, minor surgery, hygiene, medical jurisprudence, principles and practice of osteopathy, with a general average of at least 75% and proof of graduation from a reputable school of osteopathy, after completing three courses of nine months each, besides proof of preliminary training of at least high school or academy graduation, shall be accepted at the discretion of this board, in lieu of an examination as provided under Sec. 2 of Act 162 Public Acts of the State of Michigan, 1903, provided that said applicant shall file a certified copy and recommendation from the secretary of the State Board of Registration from which said applicant applies, together with the affidavit of two reputable osteopaths of said state, as proof of his reputation. Said applicant must show proof of having been in actual practice in said state at least one year immediately preceding application.

Be it Further Resolved; That this resolution shall not be construed as binding either state board, unless the other state board grants like privileges and the Secretary of each State Board shall issue a certificate in the usual way upon the filing of

proof payment of the required fee, and the concurrence of a majority of the board.

North Carolina—Report of State Board Meeting—The North Carolina State Board of Osteopathic Examination and Registration met in Greensboro, N. C., October 22nd and 23rd for the purpose of examining applicants for license to practice osteopathy in North Carolina.

The officers elected for the ensuing year are as follows: A. Z. Healy, Goldsboro, president; A. R. Tucker, Durham, re-elected secretary, and W. B. Meacham, Asheville, treasurer.—A. R. TUCKER, Sec'y.

North Dakota—An Independent Board is the Object of New Fight—Dr. G. M. Whibley of Grand Forks writes that a number of representative osteopaths met at Fargo, Dec. 8th, and drafted a bill which will be presented at the coming session of the legislature. Dr. Whibley says:

"We are going to try for a separate board.

We expect that the medical men will try pretty hard to prevent us from winning out in surgery and obstetrics. That is where we will get our hardest fight."

Ohio—Chiropractor was Acquitted—"Dr." H. L. Murchison, who was enjoined from practicing chiropractic at Sandusky without a state license and who was freed from injunction was arrested by the State Board, but Dec. 4th was acquitted. The Sandusky correspondence of the Toledo Blade, says in part:

"The plans of the various physicians' organizations in Ohio for a strict enforcement of the statute requiring practitioners to secure from the Ohio State Board of Medical Examiners a certificate of fitness before marketing their knowledge of surgery or medicine or prescriptions, for a fee of any kind, received a serious set back in the court of common pleas here last evening when H. L. Murchison, chiropractic, was acquitted.

The acquittal of Murchison is even a more serious blow to the medical societies of the state than was the order of dissolution entered by the circuit court in the injunction case. Murchison, having been deprived of his income for several months and put to the trouble and expense of defending himself, now threatens to begin suit for damages.

Dr. Merz, who took the initiative in the fight on Murchison, issued a statement last night, in which he directs attention to the fact that he is a member of the state registration board for Erie county, and that he had merely acted for the state board and the Erie County Medical society."

Oklahoma—Report of Examination—"The State Board of Medical Examiners of Oklahoma met at Muskogee, Nov. 10th. A class of forty-three were examined. There were four homeopaths, and one eclectic the rest were regulars. One lady. Four colored candidates. Gov. Haskell has appointed the Physio-Medical member in the person of Dr. L. E. Emanuel, of Chickasha. Dr. Emanuel is a graduate of the Texas Physio-Medical College. The next meeting of the Board will be held at Chickasha on Jan. 12, 1909. Applications for examination must be filed with the Secretary fifteen days before the meeting. We have no reciprocity. No temporary permits are issued.—DR. FRANK P. DAVIS, Sec'y.

Pennsylvania—Dr. Snyder discusses the new bill proposed in Pennsylvania. The Philadelphia Public Ledger of Dec. 12th gives the following:

"Another effort will be made by osteopaths at the coming session of the legislature to have a law passed regulating and recognizing its school of practice. The proposed measure has been drawn by the officers of the Pennsylvania Osteopathic Association. A vigorous campaign will be directed by Dr. O. J. Snyder of this city president of the association.

Osteopaths have sought recognition at previous sessions, but failed. Two years ago a bill was passed, but was vetoed by Governor Stuart. That measure made the profession amenable to the Board of Medical Examiners upon all subjects for examination required in common of the three medical schools—allopathic, homeopathic and eclectic. Members of other schools objected to this arrangement of the ground that osteopathy was not recognized, and it was largely for this reason that the Governor withheld his sanction.

To meet this objection the bill has been changed to provide a separate Board of Osteopathic Examiners. Under its provisions no person would be permitted to practice osteopathy until examined by the board in all branches similar to the examinations required of other prospective medical practitioners, except the substitution of osteopathic therapeutics for materia medica. The proposed bill provides for a board of five men who must be graduates of a 'legally incorporated and reputable college of osteopathy and shall have been licensed to practice osteopathy under the laws of this State.'

Persons now practicing osteopathy in the State would be granted a license upon giving proof that they are of good moral character and hold a diploma from a legally incorporated and reputable college.

'We consider it imperative,' said Doctor Snyder yesterday in speaking of the legislation desired, 'that the practice of osteopathy should be regulated by law to the end that those desiring osteopathic treatment will no longer be imposed upon by such as are not qualified to practice. There are many in this State who have never attended an osteopathic college, but who are masquerading in the livery of reputable doctors, and the public does not know to the contrary.'

'It is also imperative that we secure a law to protect the science of osteopathy from misrepresentation. Since osteopathy is a demonstrable and verifiable science, having proved its efficacy in competition with the medical schools, why then haven't we the right to ask that it be protected against misrepresentation by unscrupulous persons!

'We do not expect opposition to this bill, not even from the medical profession. Whatever opposition will come will in all probability be from quacks, who have rapidly increased during the past few years in this State.'

It is understood that osteopaths will not oppose the measure proposed by the allopathic school, that the four schools be placed under a single board in order to unify the medical profession of the State.'

Washington—Washington After a Law Against the Fakirs—The Seattle Post Intelligencer of December 6th, says:

"Offering to pay all the expenses of a state board of osteopathy if the state will only give them the right to protect their profession from quacks and fakirs, the 300 legitimate and graduate osteopaths of the state have prepared a bill which they will submit to the legislature next month, designed to place their profession in the same position as that given to the medical practitioners by the state medical board. The osteopaths desire to have a state board of osteopathy appointed by the governor, which will require a strict examination of all osteopaths before they are admitted to practice in the state, which will abolish the quack osteopath, who has never been inside of a school, and thoroughly protect the profession against chicanery.

Whereas the physician or surgeon would be protected from an influx of outside fakirs by the state medical laws, the osteopaths are absolutely helpless, having no legal status.

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Thirty-nine states in the Union and Hawaii have passed laws in recent years protecting the practice of osteopathy and placing it on a par with medical practice. The bill which will be submitted to the coming legislature is practically the same as the law now in force in Minnesota. Dr. F. W. Winter, who is a member of the committee which is presenting the new bill to the legislature, is authority for the statement that at present nearly 50 per cent. of the osteopaths practicing in Seattle are not legitimate practitioners, have never been educated in a school of osteopathy, and are merely eking out a living at the expense of the reputation built up by successful osteopaths.

The bill which will be submitted this year provides for a board of five members, to be appointed by the governor, with power to give examinations to those seeking to practice osteopathy and to admit reliable members of the profession to practice. Although some states have combined their boards of medicine and osteopathy, the result, osteopaths say, has been less successful than when separate boards existed. The osteopaths are not asking any financial aid, being willing to support a board if the state will legalize it."

Washington—A Brief Definition of Medicine—In a three column article, Drs. Coon and Coon of Walla Walla appeal to the citizens of that state for fair play towards osteopaths, as an attempt will again be made by the A. M. A. this winter to exclude them from that thriving western state. In the article, which thoroughly reviews the situation, is printed the definition as proposed by the M. D's. in their bill of two years ago. It is so brief that we publish it herewith.

"Any person shall be regarded as practicing medicine within the meaning of this act who shall within the state, by advertisement, or by notice, sign or other indication, or by statement, printed, written or oral, in public or in private, made, done or procured by himself or herself, or any other, at his or her request for him or her, claim, announce, make known or pretend his or her ability and willingness to diagnose or prognosticate any human disease, ills, deformities, defects, wound or injuries; or who shall advertise, make known or claim his or her ability and willingness to prescribe or administer any medicine, treatment, method or practice, or to perform any operation or manipulation or apply any apparatus or appliance for cure, amelioration, correction, or modification of any human disease, ill, deformity, defect, wound or injury, for hire, fee, compensation, or reward, promised, offered, expected, received or accepted, directly or indirectly; or who shall within this state diagnose or prognosticate any human diseases, ills, deformities, defects, wounds or injuries, for hire, fee, reward or compensation, promised, offered, expected, received or accepted, directly or indirectly, or who shall within this state prescribe or administer any drug, medicine, treatment, method or practice, or perform any operation or manipulation or apply any apparatus or appliance for the cure, alleviation, amelioration, correction or modification of any human disease, ill, deformity, defect, wound or injury, for hire, fee, compensation or reward, promised, offered or expected, received or accepted, directly or indirectly."

* * *

Advises Decision In Court—In the answers to correspondence, Dec. 6th, the Brooklyn Eagle said:

"The Eagle cannot help 'Osteopath' in unraveling the problem of his standing in that school of medicine. The men practicing in your branch should take the question to a good lawyer and have it threshed out in court. It can be settled in no other way."

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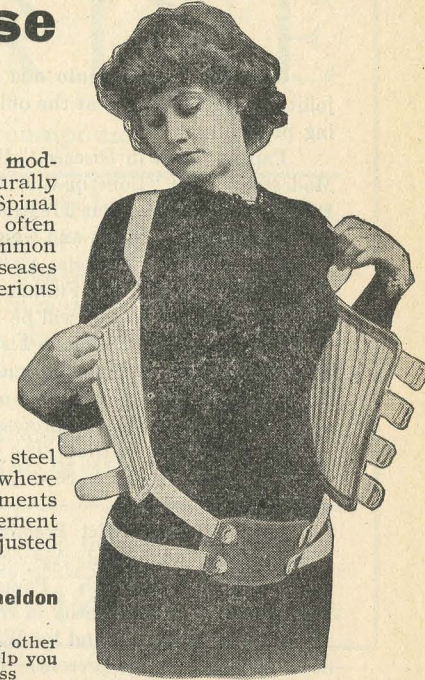
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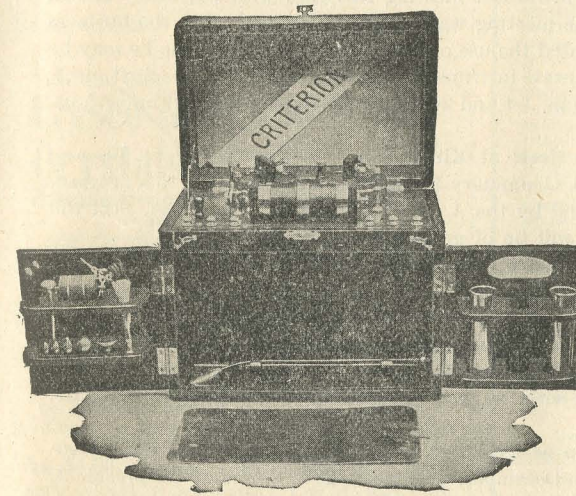
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ASSOCIATIONS.

California—Sacramento and San Joaquin Valley—The two associations held a joint meeting, Dec. 5th at the offices of Dr. Snare in Modesto, listening to the following program:

Paper: "Diet in Disease," P. V. Aaronson of Fresno; "Clinics," J. P. Snare of Modesto; Paper: "Constipation, Its Cause and Treatment," Grace Hain of Stockton; Paper: "Colds and Their Treatment," Minerva K. Chappell of Fresno.

Gulf States—Florida and Gulf States Hold Joint Session—The Gulf States Society made up of Florida, Georgia, Alabama, Louisiana, Mississippi practitioners will hold a joint meeting with the Florida Association at Jacksonville, Dec. 31st and Jan. 1st. Dr. F. F. Jones says this will be the best meeting ever held in the south.

Illinois—Third District Listen to Dr. Burner—After a program by Drs. Henderson, Barker, Halladay and Thompson, Dr. Ethel Louise Burner of Bloomington addressed the Third District osteopaths at Galesburg, Dec. 3rd, talking on various subjects of interest to the profession. The next meeting will be early in February.

Illinois—Fifth District—The regular meeting was held at Decatur the 19th with Dr. F. P. Pratt of the A. S. O. as the chief speaker. An account will be given next month.

Iowa—Third District Practitioners Take Part in Open Parliament. The third District Iowa Osteopathic Association held a very interesting meeting at Burlington in Library Hall, Dec. 4th. Papers were read by the President, J. S. Baughman, of Burlington, on "Osteopathy in Acute Diseases," by G. C. Farmer, of Oskaloosa, on "The Pelvic Region," and by W. O. Pool, of Fairfield, on "Myelitis." U. M. Hibbetts of Grinnell was present. He conducted an "Open Parliament on Tumors," and also assisted in Clinics and in the discussion following each paper. The next meeting will be held at Centerville.—OLLIE H. P. MYERS, Sec'y. Pro Tem.

Louisiana Will Elect New Officers—The Louisiana osteopaths will meet in New Orleans, Dec. 26th, at which time they will have their annual election.

Michigan—Southwest Practitioners View the Spinograph—The Southwest Michigan Osteopathic Association held its last meeting Nov. 7th with Dr. Betsy Hicks, Ward Block, Battle Creek. The meeting was well attended and after the business session Dr. Still Craig demonstrated the use of his Spinograph. We hope he may be able to make a practical and accurate instrument for the profession. The next meeting will be held in Kalamazoo, Jan. 1st and 2nd. Dr. H. W. Forbes will be with us.—FRANCES PLATT, Sec'y.

Missouri—New Association Meets at Kirksville—The New Northeast Missouri Association will meet at the A. S. O. January 1st and 2nd and will listen to a program by members of the profession and by the A. S. O. instructors. Dr. G. A. Still will conduct surgical clinics, which will be of great interest.

Missouri—Border Practitioners are Rain-Proof—The S. W. Mo. and S. E. Kans. Osteopathic Association met Nov. 28th, with Dr. Martha Cox, Joplin. These meetings are proving a decided success and so helpful, that the pouring rain did not prevent a good attendance. The program was well prepared and discussed with interest. Sprains and Strains, Dr. Kenaga; Spinal Curvature, Dr. Willis; Talk to Mothers, Dr. Trabue. Adjourned to meet with Dr. M. S. Slaughter at Webb City, Jan. 2nd, '09.—FLORENCE GEESLIN, Sec'y.

New Hampshire—Meeting to be Held Dec. 26th—The N. H. Osteopathic Association meets the last Saturday in December, then meetings at the call of the president.

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Officers: G. W. McPherson, Pres.; J. M. Gove, Vice-Pres; Margaret B. Carleton, Treas.; W. D. Emery, Secy.—Fraternally, WILLIAM D. EMERY.

North Dakota Osteopaths Elect Officers—The North Dakota Osteopathic Association met at Fargo, Dec. 8th, and discussed legislative matters. Dr. Helen de Lendrecie was chosen president and Dr. Orr Sanders, secretary. Another meeting will be held in Grand Forks early in January.

Pennsylvania—Philadelphia Practitioners Discuss Lorenz Method—The December meeting of the Philadelphia Osteopathic Society was held Tuesday evening, Dec. 8, '08, at 1414 Arch St., President Beitel in the chair.

At the close of the interesting business portion of the meeting, Dr. Beitel introduced Dr. E. M. Downing, of York, Pa., who lectured to us upon "Congenital Dislocation of the Hip." He presented a patient, upon whom he had performed the Lorenz operation a year ago. The cast was removed in June, with the gratifying result that the little girl's limbs are now of equal length. Dr. Downing's lecture on the history and treatment of such cases, was most instructive.

Dr. Myron W. Bigsby was introduced as the second speaker of the evening and gave us a talk with practical demonstration on "The Technique of the Lumbar Region". The evening was passed most profitably.—ABBIE JANE PENNOCK, Sec'y.

* * *

NEWS NOTES AND COMMENTS.

Decides to Stay—Dr. C. W. Williams' health has improved so much, that he has decided to remain in Santa Rosa, Calif.

Gives Another Talk—Dr. C. J. Muttart told the Railroad Y. M. C. A. members how to repair the body in a lecture at their audience room, Dec. 10th.

Will Assist in Practice—Dr. L. L. Garrigues, who is taking a post-graduate course at the A. S. O., left for Cairo, Ill., where he will assist Dr. Freeman in his practice, on account of sickness in the latter's family.

Lost One Is In Successful Practice—Dr. A. F. V. Davis, one of the lost ones, says that after graduating at the L. A. C. O. he located at Harrington, Wash., where he is in successful practice.

Veteran Osteopath Commends the Journal—Dr. C. E. Hulett of Topeka, Kans., one of the veteran osteopaths of the profession, sends the following letter:

"Doctor, please find enclosed \$1.00 to pay for the Journal for 1909. I don't want to do without; please be sure I am on the list. Always let me know in time."

Winters in Missouri—Dr. Mary J. Keyte of Sierra Madre, Calif., visited in Kirksville, recently and from there will visit her son Ivy, who is professor at Missouri College, and will spend the winter with him.

Pass Successful Examination—Drs. Nettie and Flora Satterlee write that they have been informed by the Texas State Board that they were successful in passing examination. Dr. Kathryn Nicholas was successful in passing the Nebraska State Board at a recent examination.

The Athens of Florida—Dr. S. R. Love has a souvenir postal showing a photograph of his residence and offices and with photograph of himself in the corner. On the address side is an Ad of DeLand and Dr. Love's card.

Advertises Himself By Advertising Colleges—Dr. H. F. Morse of Coulee City, Wash., according to the Wilbur Washington Register advertises osteopathy by advertising osteopathic colleges. This is a method that could be copied with profit by other practitioners.

Located in Buckley—Dr. T. C. Ewing, L. A. C. O., '06, has located in Buckley, Wash.

Opens Branch Office—Dr. H. E. Douglas, SC-'04, has opened a branch office in Oroville, Calif.

Is in Porto Rico—Dr. Marthena Cockrell, of Wilmington, Del., is in Porto Rico taking care of a patient.

Spends Christmas at Kirksville—Dr. Lee K. Cramb of Butte, Mont., visited Kirksville during Christmas week.

Locates in Johnson City—Dr. W. E. Swan, A-'98, has located at Johnson City, Tenn., with an office in King Bldg.

Partnership Formed—Dr. J. C. Goodell, of Covina, Calif., has rented a cottage at Escondido, where he will practice in partnership with Dr. E. A. Plant.

Successfully Treats Blood Poisoning—The Fullerton, Calif. Tribune gives an account of a patient of Dr. Adams, who was threatened by blood poison from a fly bite, but has completely recovered.

Sells Practice and Travels for Health—Dr. B. O. Burton of Shenandoah, Ia., has sold his practice to Dr. Taylor of Newton, Ia., and will not practice this winter, but will rest and recuperate in Sulana, Calif.

Takes P. G., at A. S. O.—Dr. Grace Curry Parks of Delphos, Kans, is taking a post graduate course at the A. S. O. Dr. Parks is accompanied by her husband, who may decide to take up the study of osteopathy.

In North Dakota Partnership—Dr. G. Morrison Whibley of the June, '08 class A. S. O., has formed a partnership with Dr. W. F. Harlan of Grand Forks, N. D., Dr. Harlan having found his practice too large for one man to handle.

Mrs. Leffingwell's Boots in the West—Mrs. Leffingwell's Boots was played at the Lois Theatre, Seattle, during the week of Dec. 5th. Friday evening, 200 seats were reserved by the osteopaths and their friends. Two of the osteopaths, Drs. Eck and Feidler, had box parties.

To Incorporate Sanitarium—The Seattle, Wash. Times gives a prominent write-up to a prospective sanitarium in that city to be in charge of one Cora L. Hammond, "an osteopath and chiropractor with offices in the Arcade Annex." Osteopathically, the lady is unknown to us.

From One Extreme of the U. S. to the Other—Dr. W. H. Efford who has been having a very successful practice in Washington State, has deserted it for a milder clime, and expects to practice during the winter at St. Petersburg, Fla. Dr. Efford stopped over at Kirksville for a visit and to have some of the kinks taken out of his vertebrae.

Married in Virginia—Moundville correspondence of the Wheeling, W. Va. News of Dec. 7th, contains the announcement of the marriage at Moundville of Mr. S. R. Anderson of Miracle, W. Va., and Miss Mary Blanche Roberts of Moundville. The paper states that Miss Roberts is an osteopath, but we have been unable to locate her school affiliations.

Baby Show For Hospital—The Los Angeles Examiner says that although several babies were not prize winners, all received prizes, and the result will net a substantial sum of money for the hospital. At the baby show, held Dec. 4th by the P. C. O., for its hospital on Workman St., there were 40 candidates, Americans, Germans, Hungarians, and one "little Chaclat drap."

Californians Try Osteopathy Instead of Anti-Fat—The Los Angeles Record says that in that city the women who would be slender do not patronize various drug

cures, but try diet, gymnastics, etc., and heading a paragraph Osteopathy Friendly, says:

"The osteopath has proven a friend to many of the afflicted and, with the help of the diet prescribed by the osteopath, many a sylph-like form has been attained."

Defies Her Parents—Objecting because of the doctor's divorced wife Mrs. S. W. Poland of Columbus, O., attempted to prevent the marriage of her daughter, Dr. Eleanor Poland, to Dr. J. T. Morris. Quietly securing a license the doctors were married the evening of Dec. 5th. Dr. Morris is a graduate of A. S. O., '98, and has been practicing in the Harrison Bldg., Columbus, O. Dr. Poland, who is a graduate of the Chillicothe school, '00, was associated with him in practice.

A Warning—"Journal of Osteopathy—Please announce in your Journal that R. P. Stirling is going the rounds among osteopaths taking subscriptions for the *Cosmopolitan Magazine* under the pretext that there will appear during the year of 1909 twelve articles written by prominent members of the profession on Osteopathy. He got my sub. paid, and after writing company, they write me he is an imposter.—Resp't., T. J. WATSON."

Osteopathy—Discussed in New Thought Magazine—The December issue of *New Thought*, contains the following: "Osteopathy claims that pain and disease spring from physical maladjustment; and by reducing the dislocation, breaking up adhesions and arousing the diseased organ or organs which have become enervated as a result of the physical displacement, osteopaths perform their cures. What clears the way for the action of Vital Force? Osteopathic adjustment. What arouses the cell-activity of the diseased organ? Vital Force. What starts the arousing process? The energy that directs Vital Force,—the *vis medicatrix naturæ*."

Hints to Our Patients and Friends—That is the title of a sixteen page, 3x6 booklet gotten out by Drs. A. J. and Clara E. Harris, of the Jackson Bldg., Nashville, Tenn. It includes talks on the blood, dietetics, nutritive value and digestibility of foods, colds and their prevention, diseases treated, alcohol and patent medicine, results of intemperance as shown by insanity, rheumatism, hepatic and renal colic, dress, osteopathy vs. drugs. The key of the book is placed on the front page as follows: "All bodily disorders are the result of mechanical obstruction to free circulation of the vital fluids and nerve forces."

Leaves Medical Appointment to Practice Osteopathy—The Roanoke, Va. Times, of Dec. 9th, says:

"Dr. J. R. McCrary, of Jonesboro, Tenn., has formed a partnership with Dr. Walkup and will locate in Roanoke, having engaged offices in Watt, Rettew and Clay building. Dr. McCrary is a graduate of osteopathy, also medicine and surgery. He has just finished a two-years' contract as physician and surgeon for the well-known railroad contractors, Carpenter and Boxley Bros., Rhinehart and Dennis Co. and Pipscomb Construction Co. on the Carolina, Clinchfield and Ohio Railway."

Another First Osteopathic Coroner—Dr. O. C. Keller must divide the honor of being the first osteopathic coroner, as Dr. E. C. Polmeteer, of Sigourney, Ia., was elected on the Democratic ticket in November in a county normally 600 republican. His term extends from Jan. 4th, '09 to 1911. As an example of the regard in which Dr. Polmeteer is held in his location, is the statement given us by friends, that he has been elected to the supreme office in each of the following different societies: Blue Lodge and Royal Arch Masons, and Knights of Pythias. To be exact, since there is an hour's difference in time between central and mountain time, as one party suggests, in the race for distinction for the first coroner, Dr. Polmeteer has Dr. Keller, "skinned to a frazzle."

A Rather Flattering Local—One of our correspondents furnishes the following ad run by a former partner of his:

"Dr. _____, Osteopath, of _____, has taken charge of the office occupied by Dr. _____ in the _____ Building. Dr. _____ is an experienced Osteopath, a graduate of the University of _____, _____, and of the American School of Osteopathy, Kirksville, Mo., under Dr. A. T. Still, the founder of osteopathy and a member of both National and State Osteopath associations. He will be in _____ every Tuesday, Thursday and Saturday. Phone _____."

The Ad is rather poorly located, being in a local column, between an Ad of a Chureh sale and a butcher's announcement.

A New York M. D. thinks that only people who are really sick go to the "regulars" and so says in the Times. He discusses the number of physicians in the United States, showing that there are more in Greater New York than in the Dominion of Canada, and more than five times as many as in the state of Connecticut. Nearly three-fifths of all the physicians in New York state are in Greater New York, and only three states in the union have more than this metropolis, namely, Illinois, Ohio and Pennsylvania. Giving as a third reason why that a new practitioner has hard sledding, Dr. F. Seigel says:

"Doctors now are only called upon to treat those that are really sick. The vast number of individuals with imaginary ailments are being taken care of by the Christian Scientists, osteopaths, and the Emmanuel Movement."

Dr. Gamble in Hard Luck—Salt Lake papers contained extensive write-ups of the trouble between the Drs. Gamble. Dr. Mary Gamble according to the Salt Lake Tribune, sued for divorce and alimony, asking \$5,000 alimony, payable \$150 a month, and \$300 attorney fees. She was granted \$450 alimony, payable in sums of \$25.00 a month, \$150 attorney fees and costs, amounting to \$138.40. This was on July 4th, and a few weeks afterwards, Dr. Gamble, and a Miss Benson, who was the other woman in the case, were married in Southern Utah, keeping their marriage a secret for some-time. Late in November the payment being overdue, Dr. Gamble was given pre-emptory order from the court to pay up or be in contempt. Dr. Gamble's reply was that he had paid up to October regularly, but in that month, he collected only \$64.00 and out of this he had to pay running expenses. The outcome of the matter has not been ascertained.

Saves Football Player's Life—The Daily Missoulian of Dec. 6th, gives the following account of the timely presence of Dr. Asa Willard, at a football game between the sophomores and freshmen of the University of Montana at Missoula, Dec. 5th.

"Ryan, who made one of the two touchdowns credited to his team, was called from right tackle and had advanced the ball about five yards when he was tackled by two men of the opposing aggregation. The full force of the collision took effect near his heart and he fell back, striking on the frozen ground with the back of his head. Dr. Asa Willard happened to be watching the game from the side lines, and his assistance in restoring circulation undoubtedly saved the life of the husky tackle. Three minutes afterwards two physicians, Drs. Farnsworth and Dodds, had arrived from town in an automobile, but Ryan was on the road to consciousness. He was carried from the field to the gymnasium on a stretcher and the scrimmage in which he was injured was the last of the game."

New Hospital Under Osteopathic Management in Boston—The Morning Globe of Dec. 6th, said:

"The announcement was made last evening at the second in the course of lec-

tures of the Boston osteopathic society in Huntington Chambers hall that the Boston osteopathic hospital association had been organized and that the out-patient department would be open to the public tomorrow.

The institution will be located at 5 Oxford terrace. The organization was launched by the Boston osteopathic society and the expenses were appropriated from its treasury. The hospital will have a separate board of directors and a separate treasury and will administer all its own affairs.

The out-patient will be open three days a week for the admission of new patients and every day, except Sunday, for treatment. Membership on the staff is not confined to members of the Boston osteopathic society, but will be open to all competent graduates of osteopathic colleges recognized by the American osteopathic association and all treatment will be administered by graduate osteopaths. The board of directors will consist of Dr. A. F. McWilliams, chairman; Dr. A. F. Rogers Dr. Mary A. Heard, Dr. Ada Achorn and Dr. Ralph H. Smith.

Dr. Charles C. Teall of New York, an ex-president of the American osteopathic association, was the speaker last evening and explained the principles of osteopathic treatment of disease and the rapid growth of the school."

Grave Danger in Osteopathic Treatment—This is the head of a half page talk by Dr. C. H. Murray in the Elgin, Courier of Dec. 8th. In talking of the bad effect of popping bones for the sake of the pop, Dr. Murray says:

"Just as disease developed in dogs when experimented with, so disease follows in the man who submits to the severe, meaningless, blundering manipulations of a faulty osteopath. This must be so. If cures follow the removal of a lesion, disease will follow the making of a lesion, no matter what university the manipulator may come from or under whom he may have graduated as an osteopath.

I talked seriously to one osteopath for making every patient's neck pop with a wrench. Told him it was apt to cause an exostosis (growth of bone) on one of the vertebrae. He admitted doing it for the psychic effect. Later he did it to an Elgin business man. The psychic effect was so strong that the man did not return but later developed severe eye trouble.

I could mention case after case of this kind, having had four under my care at one time, who had been injured in this or similar ways. Some were maimed by an attempt to remove lesions that did not exist. Others by a severe general treatment given in the hope of hitting the right spot. This sort of bungling work injures the science, causing some to shudder at the very name "Osteopathy" and to advise their friends against it."

Regardless of whether we agree or disagree with Dr. Murray's method of bringing it before the people, there is a good deal of truth in what he says, and a careless inexperienced osteopath undoubtedly can injure people and often likely does.

Around the World in 1920—Dr. R. T. Clark requests that the Journal print the following letter, concerning Dr. Clark's idea as printed in the Journal several months ago, and later in the O. P.

"I see your letter to the profession in the O. P. in regard to a trip around the world by the osteopaths in 1920.

I am interested in your proposition. I see Dr. Bunting suggests that you make the time earlier. I think your date is very good because a great many osteopaths who would want to go would have to save up the money in the meantime and make their plans accordingly so 1920 is probably early enough. Because, for a trip like that and to get a ship load of people together on a deal of that kind will take a whole

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OSTEOPATHIC VERSUS DRUG TREATMENT.*

M. CLAYTON THRUSH, PH. M., M. D.

PHILADELPHIA.

A concise exposition of the important principles of osteopathy and their relation to scientific medicine:

"The most experienced surgeon knows nothing of anatomy in comparison with the educated osteopath."

"The osteopath is a physician and surgeon in the best sense of the term, thoroughly conversant with the anatomy, physiology and pathology of the body."—The A. B. C. of Osteopathy, 1907.

During recent years a number of cults or sects have sprung into prominence, the cardinal features of the majority being an alleged cure of diseased states by the employment of other means or agents than drugs, which latter are decried and declared as poisonous and injurious.

Conspicuous among these is a system called osteopathy, and during the past few years, because of attempts to secure legal recognition, it has come into sufficient prominence to attract the notice of the members of the medical profession and the laity throughout the United States, as its disciples can be found in almost every village and hamlet in this country.

It has been one of the subjects for discussion at many of the local and state society meetings in the various states, especially since the osteopaths have been very active in legislative matters. There are now thirty-eight states that have laws recognizing and regulating the practice of osteopathy, and the medical profession, as a whole, has been disgracefully apathetic and deserves no credit for permitting this official recognition without most emphatic protest.

I sincerely believe that the majority of the members of our profession possess but a vague and indefinite knowledge as to what osteopathy really is, and the great majority of us have a very imperfect conception of its so-called principles and the precepts based thereon.

Realizing this fact, the object of this paper is to present a concise yet comprehensive view of this alleged science of osteopathy as defined in their standard textbooks and periodicals, so that, by being familiar with its tenets and principles, we can intelligently work together as a body, first for the protection of the public and, therefore, indirectly for the higher interests of medical science and its art, on which afflicted humanity relies for relief, cure and the prevention of disease.

What is Osteopathy?

Hulett, in his "Principles of Osteopathy," defines it as follows: "Osteopathy is a system of therapeutics which, recognizing that the maintenance and restoration of normal functions are alike dependent on a force inherent in protoplasm, and that function perverted beyond the limit of self-adjustment is dependent on a condition of structure perverted beyond these limits, attempts the re-establishment of normal function by manipulative measures designed to render to the organism such aid as will enable it to overcome or adapt itself to the disturbed structure." Thus the pathology of osteopathy repudiates science and explains typhoid fever, tuberculosis, scarlet fever, pneumonia, smallpox and other ills of humanity as due to misplaced tissues.

*Read in the Section on Pharmacology and Therapeutics of the American Medical Association, at the Fifty-ninth Annual Session, held at Chicago, June, 1908.

Osteopathic training is claimed so to augment the sense of touch that the fingers are enabled to locate the exact spot of the dislocation, and by osteopathic knowledge of anatomy manipulate, as no one else can, the tissues* back to their proper relationship and thus cure the afflictions of humanity!

Origin of the Term Osteopathy.

The term osteopathy is from the Greek words "osteo" (bone) and "pathos" (suffering) and literally signifies "bone suffering." But this does not refer to "bone disease" or "bone treatment," as we might suppose, but has reference to the chief basal fact of the body, viz., the order and mechanics of the body. It is on this fundamental idea of order and mechanical relation in the body that the alleged science is based.

Origin of the Science.

The founder of the alleged science of osteopathy was Dr. A. T. Still, who for (a few) years was a practitioner of the erroneously called allopathic school. He announced publicly the principles of the new science at Kirksville, Mo., in 1874.

Osteopathic Education.

The osteopathic schools, according to Dr. (never received M. D.) O. J. Snyder, president of the Pennsylvania Osteopathic Association, are well versed in general medicine, and they claim to have had originally four terms of five months each, but recently this has been changed to three terms of nine months each. The reason for this change has not been given. The total number of hours devoted to the complete course is about the same as in the average regular medical school. They claim to teach everything the same as the regular schools, except materia medica, for which they substitute the principles of osteopathy. These statements are published in the March, 1907, issue of their leading journal entitled *Osteopathy*. As a matter of fact they teach the fundamentals erroneously, especially anatomy and physiology.

Now, if these statements are true that they teach the same subjects in as thorough a manner and devote the same number of hours to the subjects, then why do they object to the graduates of their schools passing the same examination as do the graduates of the other medical schools, and then be left to practice whatever branches of therapeutics they may elect? Because, like all sects, they wish to have sole control; their existence depends on self-control.

In other words, why not place all medical graduates on an equality, as they should be then required to possess the same preliminary education, a similar medical course for their degree and the same state board examination, differing only in substituting osteopathic manipulation for drugs under the subject of therapeutics in their college and state board work? Is not this a just and equitable arrangement? On therapeutics only do the allopathic, homeopathic and eclectic schools differ at present.

The only way to attain this end is one medical board made up of representatives from each system of medicine. This is what we desire the legislature of this and other

*Dr. Andrew Still in the January, 1908, issue of the *Ladies' Home Journal*, writing on the subject. "How I Came to Originate Osteopathy," makes the following statements: "I do not believe, and I say this after forty years of close observation and experiments, that there are such diseases as fever—typhoid, typhus or lung—rheumatism, sciatica, gout, colic, liver disease, croup, or any of the present so-called diseases. They do not exist as diseases. I hold that separate or combined they are only effects of cause, and that in each case the cause can be found and does exist in the limited or excited action of the nerves which control the fluids of a part of or of the entire body. The therapeutics of osteopathy are independent and original, and as extensive as the entire medical and surgical fields."

commonwealths to grant for the protection of the educated physicians, no matter what the school, against the quacks, charlatans and incompetents who pose as physicians. This is all that we desire, and such an arrangement would be just as advantageous and protective to the properly trained osteopath as it would be to the members of the regular school.

In an address to the members of the legislature of Pennsylvania in 1907 by the Pennsylvania Osteopathic Association in support of the bill to regulate the practice of osteopathy, favorable consideration of their present bill is asked for the following alleged reasons:

First.—Because osteopathy, as an accepted science in the practice of the healing art, has come to stay, as can be testified to by the thousands of its patients in Pennsylvania to-day.

Second.—Because of the great success and popularity of osteopathy as a method of healing, the public are demanding protection from impostors and frauds, who are endeavoring to practice the art without the proper educational qualifications, to the detriment of the health of the credulous and uninquiring.

Third.—Because all other forms of practicing the healing art, allopathy, homeopathy and eclecticism, are regulated and protected by the laws of Pennsylvania.

Fourth.—Because the osteopathic profession desires only fair play and a square deal with other schools of medicine, and this bill provides that applicants to practice osteopathy shall take the same examinations as are required of those wishing to practice medicine, and that the state medical council shall issue licenses to practice osteopathy in the same manner as it issues licenses to practice allopathy, homeopathy or eclecticism.

Fifth.—Because a consideration of the present bill will disclose that the osteopaths are ready and willing to adopt the same educational qualifications as required by the other schools, both preliminary and collegiate.

Now, if these are their true reasons for official recognition, as they pretend them to be, having presented them as such to our legislature, then why do they object to one medical board with proper representation? There can be but one explanation for an objection by the osteopaths: They do not intend to furnish the same qualification for licensure. Otherwise they would not have presented their bill providing for a distinctive board composed of osteopaths. The reasons for this are obvious to any one.

Theory of Osteopathy.

According to the statements of the leading osteopathic authorities the osteopathic treatment is purely mechanical and consists of manipulations which seek to remove all obstruction to the vital forces of the body, and the theory on which it rests is that all diseases are due to some mechanical obstruction to the vital forces in the body, which may be removed mechanically without use of drugs. They claim that the method of treatment is based on a thorough knowledge of the normal and abnormal anatomy and physiology of the body.

The Cause of Disease.

Here the osteopath likewise differs from medical practitioners. The ideas held by osteopaths as to the etiology of the various diseases may be summed up as follows:

First.—Perverted Mechanics: That is mechanical derangement of the anatomic parts of the body. A very common cause of disease. Structure determines function. If the structural relations of the body tissues are all right, then the functions are normal, but if the structure is perverted in any way then the function is also perverted, and this is what we denominate as the cause of disease. This is the *Magna Charta* of osteopathic declaration, the golden rule of osteopathic procedure.

Second.—Bacteria: Bacteriology is alleged to be taught in every osteopathic school with the same exactness as in the best regular schools.

The osteopath has always held to the germ theory as the cause of certain dis-

eases, but the osteopath does not use the same means to recover the health of a patient so infected, yet he recognizes that such conditions exist. The osteopath, emphasizing that disease is primarily of mechanical origin, holds, therefore, that germs are generally a secondary factor in the cause, and he believes that so long as the tissue of the body are healthy no germs can infect the body. There must be a suitable soil for the bacteria to live in or the bacteria will not cause infection. He further believes that if any part of the body is infected, and he can restore a good circulation of pure blood to the part so as to restore a healthy condition of the tissues, the invasion of bacteria stops then and there. I should like to know what specific dislocations cause, respectively, the infections, as microbial diseases result from misadjustment of structure, according to osteopathy.

The osteopath recognizes that disease may be due to toxic or poisonous compounds which may enter the system, but you will notice that the cause of the presence of toxic products is due to a perverted function, which is the result of a perversion of structure.

In case of the ingestion of a fatal dose of a poison, the osteopath would give the usual antidote and treat accordingly. They have a course in toxicology in their college course, claimed to be properly taught.

Osteopathy As A System of Medicine.

The osteopaths state that osteopathy is not a part of medicine and has nothing in common with it, other than the professed aim to cure disease. Its diagnosis and treatment are wholly unlike those of any other system of healing. The aim of medicine is to relieve symptoms, whereas osteopathy has for its object the removal of the cause. The regular physician treats symptoms, whereas the osteopath treats the lesion causing the symptoms.

Osteopathy As Related to Massage and Swedish Movements.

Osteopathy is claimed to be entirely distinctive from massage or Swedish movements, resembling them only in being an application of a mechanical principle. Massage and Swedish movements are only systemic exercises, whilst osteopathy is adjustment. Osteopathy is not exercise, and it is not given with the object of giving exercise to a patient, although in taking the treatment the patient receives a variable amount of exercise according to the lesion requiring adjustment.

Osteopathy As A Science.

The osteopath looks on the human body as a machine, and if the machine is in perfect order and harmony within itself then a state of health prevails. The bones form the foundation and framework of the body. The muscles and ligaments are strung on the bones, and the bones have more to do in determining the order and form of the body than any other tissue in the body. The nerves become irritated by physical, chemical, traumatic or other causes, and these irritated nerves cause the muscles and ligaments to contract, and this brings about more or less maladjustment in the body.

These maladjustments interfere with the function and are termed lesions, or the seat and underlying cause of disease. All diseases are due to lesions, and these lesions may occur in any portion of the human body. The osteopath claims that with a proper knowledge of the anatomy of the body he can detect these lesions, and the purpose of his treatment is to remove them and thus establish harmony and order in the body, which is the basis of health. The body being a vital machine, all it needs is to be able to perform its functions, and then it recuperates itself. Hence, by various manipulations, using the bones as levers, the purpose of the osteopath is to readjust

a maladjusted body as structure determines function, and if we re-establish a normal structure then normal function will result. To cause this adjustment may require only a single movement, as in reducing certain dislocations as around the elbow or hip joints by rotating the arm or leg and pushing into position; or it may require several weeks' treatment, as where certain of the vertebræ are involved, and in giving the treatment the practitioner may have in view either or both of two objects. He works to right the spine and to affect it alone, or he works on the spine to affect some other part of the body pathologically connected with the part of the spine in question.

In the treatment of the spine, twenty-one different methods of manipulation are resorted to according to the lesions present, as described in Hazzard's Practice of Osteopathy. I will merely mention two of them to show the kind of methods that are used.

For relieving contractures and toning up flabby muscles the patient lies on the ventral aspect of the body in a comfortable position, the head is turned to one side, and the arms hang loosely down at the sides of the table. The patient relaxes all his muscles, and the osteopath stands at the side of the patient and uses the palm of the hand or the cushion of the fingers to thoroughly manipulate and relax all the spinal muscles. In treating the muscles on the side toward him he works from one end of the spinal column to the other in a direction at right angles to the general direction of the muscular fibers. He treats the muscles of the opposite side by spreading them away from the spinous processes.

In case of curvature or sagging of a portion of the spine, or lateral deviation of the vertebræ, the patient lies on his side, and the practitioner stands at the side of the table in front of the patient. With one hand he grasps the uppermost arm of the patient just above the elbow; the other hand he holds under the spinous processes or any portion of the spine under treatment. Now, using the arm as a lever, he pushes it downward and forward, at the same time springing the spine toward him.

In order to have a practical demonstration of this treatment I consulted one of our prominent osteopaths, a member of the faculty of the Philadelphia College of Osteopathy, and, as expected, I had a slight curvature of my spine, etc., which he manipulated, using a number of their classical manipulations. He informed me that each osteopath has certain manipulations characteristic to himself in addition to the classical ones, and he also told me that all that they do is to stimulate the circulation and make people "feel good." "That is why osteopathy is so popular."

The Office Equipment of an Osteopath.

The office equipment usually consists of a reception room and one or more booths or "work rooms," in which there are a leather covered table and several chairs or couches. The patient, if a man, removes his top clothing down to his underclothes except his trousers; and if a woman, after removing the outer garments in a similar way, she wears a loose gown during the treatment. "Their peculiarly sensitive sense of touch responds through two thicknesses of clothing, as they determine the lesions causing the disease with the X-ray tipped digital phalanges of their fingers which show the maladjustments of structure and dislocations." They certainly possess supernatural power of palpation and, strange to say, it is all acquired in three years!

As a rule, their offices are attractive and handsomely fitted up, even in the country towns.

Character of Cases Treated.

The majority of the patients are from among the middle and upper classes, as their treatments are rather expensive for poor people, although they have free dis-

pensaries connected with their colleges. Their usual fee is \$25.00 for twelve treatments, some charging more, some less. The time required for a treatment varies from ten minutes to an hour.

Osteopathy will never interfere to a great extent with medical practice, as the great majority of the patients are treated in the offices for conditions that allow them to be around, and if they are really sick of some acute disease, a regular practitioner is called, so that osteopathy is a sort of gymnastic specialty, as it were, and not invoked as yet for illness which regular practice confronts. Of course, some osteopaths attempt to treat serious cases, but they are in the minority.

Thus we have a clear conception of what osteopathy really is and stands for as stated by the leading authorities of their school.

Now let us consider the relations between osteopathy and the various branches of medicine, remembering that they treat all these affections solely by manipulation as they are opposed to the use of drugs in the treatment of disease.

Osteopathy and General Medicine.

The osteopath represents himself as a competent clinician and treats all the various medical diseases, including the acute infectious diseases such as typhoid fever, tuberculosis, malaria, pneumonia, etc.

Diseases of Children.—The osteopath treats all the various diseases of childhood, including the contagious type, such as diphtheria, scarlet fever, etc., and he is opposed to the use of antitoxin in diphtheria and also to vaccination.

Ophthalmology.—The osteopath treats such diseases of the eye as granular eyelids, strabismus, pterygia, partial and total blindness, eyestrain, etc., and he does it by manipulation alone, for according to their pathology these conditions are due to maladjustments. They treat practically all the usual eye diseases.

Diseases of the Ear.—In the treatment of diseases of the ear, the osteopath uses a head mirror and ear speculum. He treats various types of otitis, deafness, earache, etc. He uses and recommends antiseptic agents in solution, injected by means of an ear syringe, yet he claims to be opposed to drugs!

Diseases of the Nose and Throat.—They treat the various affections of these parts, including such diseases as laryngitis, tonsillitis, parotitis, pharyngitis, stricture of the esophagus, etc.

Neurology.—They treat the various nervous affections, such as chorea, epilepsy, locomotor ataxia, paralysis agitans, etc.

Diseases of Women.—Diseases of women are a most important part of osteopathic practice, and they make vaginal examinations for the purpose of diagnosis, and in giving treatment they not only treat the patient along the lumbar portion of the spine, but also treat through the vagina, especially in such conditions as uterine displacements and prolapsus. They treat various menstrual disorders, ovarian and tubal inflammations, leucorrhoea, uterine tumors, carcinoma, etc. Some of their treatments for gynecologic conditions are of especial interest, and they have special text-books on osteopathic gynecology. The following is a good example: In Hazzard's Practice, page 418, for the treatment of uterine hemorrhage the following procedure is recommended: "Often a quick, rather hard jerk at the hairy covering of the mons veneris is sufficient to contract the vessels and stanch the flow. Stimulation of the clitoris is also an important means."

Obstetrics.—Osteopaths treat and deliver pregnant women and recommend special procedures to aid in the delivery of the child. A few of their special manipulations are of interest, as recommended on page 418 of Hazzard's Practice. To deliver

the placenta "a quick pull at the mons veneris will aid in expelling it." "Desensitize the clitoris to stop after pains."

Genitourinary Diseases.—They treat orchitis, varicocele, enlarged prostates, impotency and even gonorrhoea and syphilis. Gonorrhoea is usually readily cured without the usual sequels (page 422, Hazzard's Practice), and it is done by manipulations which "frighten the gonococcus."

Orthopedic Surgery.—Osteopaths make a specialty of reducing deformities and dislocations; hence they treat all the affections classified under this heading, such as spinal curvatures, Pott's disease, etc.

Diseases of the Skin.—They treat the common skin diseases, especially those of systemic character, including syphilis, etc.

Surgery.—Osteopaths recognize surgery as a branch of medicine at times necessary, but some of the treatments that they recommend before resorting to surgical means are particularly interesting. One will suffice to illustrate some of the barbarous and dangerous procedures that are advised in their text-books and carried out in actual practice among civilized people throughout the United States.

In Hazzard's Practice, page 174, we read under treatment of intestinal obstruction: "Some writers recommend thorough shaking of the patient. The patient is held by four men by the arms and legs, first with the abdomen upward, then downward, while the shaking is done. There should be much persistence in the treatment." This treatment would certainly relieve the obstruction, especially if the intestines are soft and gangrenous, but the undertaker's service would be required a little later as an adjuvant to the treatment.

Limitations of Osteopathy.

Hence one can readily see from the above classifications that osteopathy has no limitations, as they claim to cure every disease that ever has existed or ever will exist, as can readily be proved by an examination of Hazzard's work on the practice of osteopathy. They even treat pneumonia, typhoid fever, tuberculosis, acute nephritis, uremia, smallpox, parasitic diseases, such as those caused by various intestinal worms, and even tumors melt away as snow under the midday sun, according to their authorities.

Do Osteopaths Use Drugs?

It is frequently stated that osteopaths condemn the use of drugs and are opposed to them. A few examples will prove the falsity of such statements. As stated before, in the case of acute poisoning, the usual chemical antidotes are ordered, and they are taught these in their medical course. In Hazzard's Practice, page 390, we read under treatment of variola: "The ordinary methods of preventing pitting by keeping the face washed with a carbolic or mercuric chlorid solution and covered with clean cloths saturated with warm water should be used."

Again, on page 394, under worms: "For tape-worm the patient should then drink quantities of pumpkin-seed infusion or eat a gruel made of mashed pumpkin-seed."

On page 353, under myxedema, we read: "It seems that in these cases thyroid feeding, a treatment regarded as specific, would be necessary."

On page 227, under the subject of chronic cystitis, we find: "In this form and in septic cystitis, washing out the bladder is a valuable aid to the treatment. For the chronic cases, sterile normal salt solution (40 to 60 grains to a pint) or weak solution of mercuric chlorid (1:50,000 or 1:100,000) are recommended. For septic cases, a saturated solution of boric acid may be used. Their explanation of microbic infection is here over-looked.

On page 162, under cholera infantum, we find: "Hot injections are valuable measures, aiding in the removal of the irritant material from the bowel. A mustard plaster over the abdomen relieves pain." These statements are taken from one of their leading books on the practice of osteopathy. But how in the world any one can stop the growth of diphtheria bacillus in a child's throat by raising the clavicle and pressing the first rib downward and forward, working at its central articulation to correct the position of its head, is beyond my comprehension. Or in the case of hemorrhage complicating typhoid fever, inhibition of peristalsis should be done by work from the ninth dorsal vertebra down along the lumbar region. How this checks hemorrhage I should be pleased to hear some one explain. In my judgment, it would increase it, and if manipulation is very vigorous the danger of perforation would be greatly intensified, yet this is the treatment recommended.

Also, where a child is suffering from infection with the oxyuris vermicularis around his rectum, how raising the lower ribs causes their expulsion requires a little Christian Science faith to comprehend, does it not? Their vaso-motor arc explanation is disproved by the facts of physiologic science!

Several of the patients who have been treated recently at the Philadelphia College of Osteopathy have been advised to use certain medicaments at home when manipulations did not relieve them, as they have told me personally, yet the osteopaths state that drugs are poisonous and injurious and they are opposed to them. I have seen prescriptions in drug stores written by osteopaths!

Osteopathic State Boards.

Now, what are the objections to the osteopaths receiving official recognition in the various states and being licensed as the result of examinations before state examining boards composed of osteopaths?

1. They are not required to possess the same preliminary educational requirements as members of other medical schools, some of their graduates not even possessing a grammar school education.

2. The course is completed in three years, while regular practitioners are required to take four years.

3. They represent themselves as physicians when using the title Doctor, and they treat every disease that is known, whether they can do good or not, manipulation often imperiling the life of a patient when suffering from certain affections, like tubercular arthritis or intestinal obstruction, etc.

4. They treat any one who applies to them whether they are under the care of another physician or not; hence have no code of ethics, except to use a name and collect the fee.

5. They treat patients in conjunction with practitioners of other schools, illustrating that the commercial weakness of birds of a feather affects the medical profession as it characterizes man everywhere.

6. A number of them secretly treat patients who are under the care of a regular physician.

7. If a patient's condition becomes serious they promptly drop the case and have the family send for a physician. They do this only because they can not fill out death certificates. License them and they can. That is what they desire.

8. They occasionally write prescriptions for drugs or give verbal orders for their use, notwithstanding their claim that they are opposed to the use of drugs as remedial agents.

9. They have not the slightest knowledge of the proper phraseology in the construction or writing of a prescription.

10. If they should become licensed, they will not confine themselves to manipulation, but will attempt to practice regular medicine as well, thus antagonizing their own statements by using drugs and baths, yet they claim to oppose them.

11. They presume to pose as expert witnesses in litigation.

12. They are opposed to vaccination, the use of serums, such as diphtheria antitoxin, and other agents, such as electricity, X-ray and hydrotherapy.

Now, what is the cure for the present existing conditions in the medical profession throughout the United States?

1. A one-board bill with proper representation, the same educational requirements and equal recognition to the graduates of all the various medical schools, the examination being the same in all subjects, except therapeutics, on which questions relative to the particular system of medicine studied should be asked, or the subject omitted entirely, allowing each one who receives the licensure to practice whatever system of medicine he deems best, i. e., protecting the public from the fearful consequences of incompetent practitioners by requiring by law that everybody who offers his services and assumes the responsibilities of treating disease, deformity and injury, should qualify under one standard of knowledge, training and ability, and this opportunity free for all alike. There are forty-four states at present that have a one-board bill in operation.

2. This standard to be the same in each and every state in the Union, so that proper reciprocal relations would be established which would enable a physician receiving the licensure in one state to transfer and practice his profession in any other state should he so desire, and at any time.

3. Any physician addicted to drugs or alcohol, or convicted of criminal or malpractice, abortion or other practices contrary to the laws of his state, shall have his license permanently revoked, and said revocation to bar him from the practice of medicine in any other state.

4. A common standard of preliminary education should be exacted of every person desiring to enter a medical school anywhere in the United States, and every student should be required to pass this examination, no matter what his credentials are, not excepting a degree in arts or science; said examination to be about equal in standard to the present preliminary examination in law in Pennsylvania or New York or the equivalent of the present medical standard of the New York Board of Regents. This standard would debar a large number of students who do not possess the proper preliminary education and who are a disgrace to the medical profession.

5. Every applicant should be of sound mind and body and of good moral character.

Abstract of Discussion.

DR. ALEXANDER S. VON MANSFELDE, Ashland, Neb.: There are very few members in this hall, I am afraid, who have not been guilty, when their patients have asked: "Have you any objection to my taking a few osteopathic treatments?" of answering: "Oh, I don't suppose it will hurt you. It is just massage." I hope that members of the American Medical Association will not hereafter commit the wrong of saying that osteopathic treatment is massage.

DR. JOHN KERCHER, Chicago, Ill.: I wish to quote from a booklet by W. Livingston Harland, an osteopath, a definition of osteopathy assumed to be authoritative. When I get through I shall be glad if any one can enlighten me on the meaning, as I do not understand it yet, although I have read it several times: "Osteopathy may be formally defined as the science which consists of such exact, exhaustive and verifiable knowledge of the structure and functions of the human mechanism, anatomical, physiological and psychological, including the chemistry and psycho-physics of its known elements, as has made discoverable certain organic laws and remedial resources within the body itself, by which nature under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial, or medical stimulation, and in harmonious accord

with its own mechanical principles, molecular activities and metabolic processes, may recover from misplacements, disorganization, derangements, and consequent disease, and regain its normal equilibrium of form and function in health and strength." The volume is called "Osteopathy: The New Science." It stands as a sort of text-book for the osteopathic cult and the author, in his introductory, says: "This little volume, which we believe is the first that has ever been published in book form on the science of osteopathy," etc.

Dr. R. A. LYMAN, Lincoln, Neb.: The osteopath surrounds some of the newer methods in therapeutics by a system of graft which is not understood by the layman. This fact medical men should remember. To the layman's mind osteopathy and massage are one and the same. A short time ago a prominent member of the faculty of the University of Nebraska asked me what I thought of osteopathy. He had been treated by an osteopath, had been benefited, and now praised the "doctor" highly. I gave him the substance of the "system." He had supposed that osteopathy and massage were identical. When I took the trouble to explain that massage is but one of the methods of treatment that has been used for years by the regular profession he regarded osteopathy in an entirely different light. Psychotherapeutics and Eddyism are identical in the mind of the average layman. It is our duty to explain these fads to our patients. If this is properly done the average thinking man will get the proper perspective. Such a procedure on the part of medical men will do more towards eliminating these systems of graft than all the legislation which might be enacted.

Dr. M. CLAYTON THRUSH, Philadelphia: I presented this paper primarily for three reasons: First, to show in a concise way what osteopathy really is and what constitutes its important principles. I have talked with many physicians on this subject and none could give me anything like a satisfactory explanation of the claims of osteopathy. Second, to show how dangerous it is. Every one in this room has been asked by a patient whether he should try osteopathy. Often these patients have a disease in which the methods used by osteopaths will do harm and may even cause death. Third, to plead for a one-board medical law. We have only ten states in this great union without such a law at present! Each man who practices healing, no matter what his cult, should be required to pass the same medical examination and with the same preliminary requirements, etc. We have only seven states which do not require every candidate to be at least a graduate of some reputable and chartered school of medicine; and with only seventeen states remaining which do not possess reciprocal relations, our work is almost but not quite finished. We want to get these seven states in line. When we do this we shall have this task complete. Do not forget the important facts which I have outlined in my paper and which prove that in recommending osteopathy you are recommending to your patients procedures that may mean death or at least harm to your patients.

Courtesy of the Journal of the American Medical Association.

* * *

NEWS NOTES AND COMMENTS.

British Association Entertained—Dr. and Mrs. William Smith entertained the British association with a reception and dinner the evening of Dec. 17th. Following the reception, a photograph of the members of the association was taken.

Entertain During Christmas Week—The Virginia-Kentucky Society of the A. S. O., will entertain at the resident of Mrs. Coke, Saturday evening, Dec. 26th.

Students as Volunteer Police—The Los Angeles Times is authority for the statement that a number of the students of the P. C. O. have organized a vigilance committee to protect the nurses and patients of the osteopathic hospital from the insults of toughs in the neighborhood.

Discussion Over Body for Dissection—The bodies in Los Angeles County it seems are assigned to the colleges in proportion of the students in attendance at the various schools teaching anatomy. One body turned over to the P. C. O. was that of one August Allen, who died in the county hospital. The Los Angeles papers state that the college authorities refuse to give up the body unless they are reimbursed \$15.00 which they spent for embalming. There was a bond given by the college of \$1,000 to guarantee that bodies would be used only within state and in no case would be used "in such a way as to outrage public feeling." Allen's cousin, a fireman, named Oscar Anderson, refused to pay the \$15.00 and asked for the body, threatening if he does not get it, to make an attempt to have the bond declared forfeited.

Damage Suits Against Plaster Doctor—Dr. Arthur Taylor, of Northfield, Minn., writes concerning the plaster doctor of Wisconsin. He says:

"John Till, the 'plaster-on-the-back' man who has been doing so much in Wisconsin has another damage suit against him. By placing his hands at the base of the brain for an instant, he then tells each patient what his or her trouble is without asking any questions. The treatment is for all cases, an application of Croton oil and covered over with cotton for a certain number of days and so on until patient is supposed to be cured. He has had several damage suits before on account of the ulcers caused by his applications which some patients have a hard time with before healing will take place."

Osteopathic Music Author—Mr. Will W. Grow of the freshman class, A. S. O., is the author of a number of songs, among which are Fountain of Youth, Sunbeam of my Childhood Days, Dementia Americana.

Will Lecture in Carnegie Lyceum Hall—Dr. William Smith will deliver a popular lecture under the auspices of the New York Osteopathic Society in Carnegie Lyceum Hall, the best auditorium of New York City, the evening of January 4th.

Magazine Ads Still Good—If you have not yet provided yourself with magazines for next year, turn to the November Journal and accept one of our magazine offers in that issue. We will duplicate the offer of any reputable magazine agency.

Orange Office Not Changed—Dr. Chas. E. Fleck desires us to state that only his Newark office was changed. His Orange office remaining as before, 462 Main St.

Answers to Questions in Osteopathic Diagnosis—A number have asked for the answers to the questions published in the December number. These will be published in the February number in place of Dr. Fiske's article on Pelvic Diagnosis.

Recent Rulings on Pure Food—The department has decided that flour cannot be sold in United States in interstate commerce which has been bleached by nitrogen peroxid. It has also been decided that soaked cheese must be so labeled. One point of interest to all is the change in the guarantee label. A number of firms have been advertising the guarantee label, leading to the impression that the government made the guarantee, so a new label has been prepared as follows: "Guaranteed by (insert name of guarantor) under the food and drugs act, June 30th, 1906." These new labels must be in use within two years.

OSTEOBLAST

IV.

ADVANCE

SUBSCRIPTION

The 4th volume of the A. S. O. Junior Annual, THE OSTEOBLAST, is in course of preparation. It will show the uniform excellence of the preceding numbers. Delivery May 1, 1909.

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REGINALD PLATT; Editor
KIRKSVILLE, MO.

The A. M. A. discussion on Osteopathy will appear in Feb. issue.

To Purchase X-Ray Coil—The American School of Osteopathy is negotiating for an X-ray coil of the most approved and modern make.

Dr. Mary Walters Comments on Hospital—Dr. Mary Walters, formerly superintendent of A. S. O. Hospital, after a visit to the Mayo Hospital at Rochester, makes the following report:

"Having heard and read so much in regard to the superior work in surgery by the Doctors Mayo of Rochester, Minn., I decided to see some of their work.

Upon leaving the A. S. O. Hospital I spent a few days in Rochester visiting the operating room, where Dr. Wm. Mayo did all the work. As far as their technique and speed are concerned I could not see where in they were superior to our own surgeon, Dr. George Still.

I have seen many of the surgeons that are considered the best in America, England and Scotland and found Dr. G. Still equal to any in his work.

The operating rooms in the A. S. O. are sufficient for so new and so small a hospital. Yet there are many conveniences lacking that put an untidy appearance upon their work. They are also in need of trained assistants.

This difficulty will be overcome, no doubt, in the coming years as their class of senior nurses increases."

Locates in Ridgway—Dr. F. Leon Antes announces his location in the New Reality Block, Ridgway, Pa.

A Clever Announcement—Dr. W. L. Grubb, who has a branch office in Wilkinsburg, Pa., has moved from the Carl Bldg., to the new Wilkinsburg Bank Bldg., and makes his announcement on a souvenir postal card bearing a picture of the new bank.



Outbursts of Everett True—From the Columbus, (O.) Citizen.

NEWS NOTES—Continued from page 36.

lot of time and correspondence. So I would hold on to your date, get your organization started, the officers elected next year as you suggested at the convention at Minneapolis and I think you can make it a go.

I would like to plan such a trip, it certainly would be a great occasion for all the people who went on the trip. Find enclosed ten cents in stamps as my contribution to help you in your correspondence. I was in Europe last summer a year ago and it certainly is worth one's while to travel over the world a little bit."—Yours fraternally, CHAS. C. REID, D. O.—A. 99-SC. '02.

Dr. Clark, in describing his location, Natchez, Miss., waxes enthusiastic and says "this is the home of the rose, the magnolia and the mocking-bird, their beauty, fragrance and song, woven as a silvery thread of cotton, through and through the fabric of Mississippi's inviting hospitality, these are the true aristocrats of the beautiful South. To stand on the high bluff at Natchez and look out over the graceful sweep of this Queen of waters, is said to be the most beautiful river scene ever lingered upon by the eyes of man."

An Echo of the New York Election—In the Journal it was stated that the New York M. D's., were working against Governor Hughes in his candidacy, and Dr. Jacobi's endorsement was printed. Our New York correspondent, has secured for us a copy of a circular letter, that was sent out, so he was informed, by the New York County Medical Society. As an evidence of their tactics, we print it.

"On May 13, 1907, Governor Hughes signed a bill, which at present is the law of the State, by which the osteopath is put upon the same plane as the doctor of medicine. The Department of Health of the City of New York refused to recognize the osteopath as a physician. Judge Dickey, of the Supreme Court, on May 16, 1908, issued a peremptory writ of mandamus directing the Department of Health of the City of New York and its agents to register as a physician one Charles F. Bandel, osteopath. This order was appealed from by James D. Bell, Assistant Corporation Counsel of the City of New York, and was argued by him before the Appellate Division of the Supreme Court, Second Department, on May 22, 1908. Affidavits were made by the following well-known physicians and surgeons of New York City: Dr. William H. Guilfooy, Dr. Edward G. Janeway, Dr. Walter Bense, Dr. Herman M. Biggs, Dr. John J. Erdmann, Dr. L. Emmett Holt, Dr. Onslow A. Gordon, Dr. Joseph H. Raymond, and Dr. Sylvester J. Byrne, in opposition to the granting of this order of Judge Dickey. The Court of Appeals of the State decided on October 13, 1908, that under this law (Chapter 344, Laws 1907) a person duly licensed by the State to practice osteopathy is a physician within the meaning of the Act regulating the practice of medicine.

Does not Governor Hughes richly deserve a rebuke at the hands of the physicians upon whose profession he placed an indignity by putting charlatans on a plane with educated and trained doctors of medicine?

Vote against him and work against him."

Rules of the Massachusetts Hospital—Further information regarding the new hospital in Boston, is given in the Boston Post, as follows:

"Is osteopathy a scientifically correct method of treating disease?

This question is going to be answered in Boston in the immediate future by means of an elaborate system of scientific tests. For some years there has been a lively controversy between the osteopaths and the medical fraternity over this question. Consequently the tests which are to be made in Boston are expected to attract a great deal of attention.

The Boston Osteopathic Hospital Association, which has recently been organized by the members of the Boston Osteopathic Society, has established an outpatient department at 5 Oxford terrace. This institution opens its doors to the public tomorrow.

On three days a week new patients will be examined and diagnosed by three especially qualified examiners attended by the board of directors.

No students are to participate in this work, all examination and treatment being done by competent graduates of recognized osteopathic colleges.

Only such cases will be accepted as present unquestionable irregularities of bony adjustment and which give evidence of probability of favorable results from corrective treatment.

The Boston Osteopathic Society will continue its course of popular lectures through the winter, a number of the most distinguished exponents of this school of practice having been engaged to come from various parts of the country."

The Boston Globe says: "Three days each week—Monday evenings from 7 to 9, Wednesday afternoon from 3 to 5, and Saturday forenoon from 10 to 12—patients will be examined and their cases diagnosed by three qualified examiners. No students will participate in the work, all treatment being given by competent graduates of recognized osteopathic colleges."

Medical Society Invites All—Dr. A. D. Campbell of Philadelphia sends us the following clipping from Philadelphia Ledger of Dec. 12th:

"A majority of the members of the County Medical Society have come to the conclusion that the time is ripe for a declaration of its stand as to the latitude that should be allowed to physicians in the liberal pursuit of their profession.

At its last meeting a resolution was adopted which sets forth that:

"The Philadelphia County Medical Society, as the exponent of the recognized profession in this teaching centre, declares its belief in the right of a physician, to use mental, chemical, mechanical, electrical, manipulative, dietic or any other legitimate means of treating disease; the same holds true of dosage, small or large. Furthermore, the society embodies the modern spirit as to professional fellowship, and points with pride to its record for broad-minded liberality in election to its membership. Graduates of various "schools" of practice have been and are now on its rolls."

A declaration so broad as this is almost if not quite unprecedented in the history of medical societies. It is said that the action taken was hastened by the proposed holding of a special meeting next week to debate the vaccination question. In the preamble to the resolution complaint is made that wilful misstatements by certain interested elements in the community throw an incorrect light on the attitude of the regular medical profession in its efforts to protect the public by suppressing medical criminals and illiterates."

A Unique Explanation of Osteopathy—Dr. L. E. Landone in a talk before the 100 year club at the Woman's club house in Los Angeles, gave a good talk on health, but a rather queer explanation of the origin of osteopathy. The following account appeared in the Examiner:

"Americans have not awakened to the vitality of the torso," he said. "The torso contains all the vital organs and we have not yet learned the value of the proper exercise of this part of the body.

"The Merry Widow' waltz, as danced in New York, I mean on the stage, of course, is the most perfect torso movement I have ever seen in this country. It took

several months of practice for the beautiful, graceful flexibility of which these women are almost perfect exponents..

"There is a system of relaxation which is more valuable than the best massage ever known. Osteopathy or bloodless surgery, is the outcome of this.

"Few persons know that the origin of bloodless surgery grew out of a self cure of a man in England who suffered from asthma. He had a constant desire to lie on his back. He obtained a ball something like a croquet ball, and rolled around on the floor with this under his back. Nature knew better than man what this invalid needed. One day the ball pressed against one vertebra of the man's spine and it was forced back into place. His cure was instantaneous and doctors then began the study of surgery through manipulation.

"I have been asked what exercise will overcome the evil ways of sitting among school children, especially those who sit at desks. Well, the best exercise is not to allow them to sit at desks at all. The present day desk is merely the evolution of a very painful cramped desk used in early school days to keep little children from getting out of them. They were not designed for comfort, and the present day desk is exactly the same harmful, uncomfortable pattern, made in larger proportions.

"The greatest teacher I ever knew was a woman who did not believe in desks. She provided rugs for her little pupils to sit on. They twisted and turned and relaxed and were happy little scholars. One day a committee called on her and they told her her class was not an orderly one. She said: 'Well, the order of these children is the order of heaven.' I have never known a teacher who could get so much out of her scholars as this one.

"The Government report of the United States divides food into three classes: Proteids or albumens, carbohydrates and fats. They should be divided into six classes correctly. The proper classification is proteids or albumens, starches, sugars, fats and oils, water refuse and organic salts."

Osteopathic Work in Lorenz Treatment—Dr. E. M. Downing spoke before the Philadelphia society recently on this subject, of which speech, the following is a review:

"Of congenital dislocations of the hip—which is by far the commonest of congenital displacements—about 85% are females. Nearly 35% are bilateral, and of unilateral cases, the right and left hips are affected in nearly an equal number—the cause is wholly unknown, and we are ignorant as to the reason why so many are of the female sex. Heusner believes the capsular ligament to be more lax in females, though he fails to produce proof. There is defective development of the acetabulum, especially of the upper posterior portion. This is probably due to fixation of the limb in utero in a position of abduction and flexion. In a very few cases the injury may be done at birth, especially in breech presentation. Rarely there may be heredity. My own case, the youngest of six children, is negative as to history. Nothing is known in any collateral branch of the family that could have a bearing on it, and the labor was normal, with head presentation.

The only trouble that simulates congenital dislocation is coxa vara, and diagnosis may easily be made if we observe a few points of differentiation. Coxa vara is one of the "static" deformities, caused usually by rickets in early childhood, but sometimes by rapid growth and malnutrition at adolescence. In this condition the angle of the neck of the femur with the shaft is increased, owing to the softening of the bone and the weight of the trunk. It does not develop until some time after the child begins to walk, while congenital dislocation is apparent as soon as walking is

attempted. Motion is restricted, especially upon attempt at extreme abduction, the great trochanter coming in contact with the upper rim of the acetabulum. There is increased mobility in congenital dislocation, on the other hand, and in extreme flexion and adduction the head of the femur may be felt upon the dorsum of the ilium—that is, in the usual form of the displacement, the upward and backward. Again, when the head of the bone is displaced, there is telescopic motion between the thigh and pelvis when the patient is placed supine, and the pelvis fixed, while the thigh in extension is alternately worked up and down in relation to the pelvis. Of course in coxa vara, the head of the femur being in the socket, there is no such telescopic movement.

An X-ray picture should be made in every case, not only to verify the diagnosis beyond all doubt, but to determine whether there is any deformity of the neck of the femur that would prevent a successful reduction. Sometimes the angle of the neck with the shaft, which is normally from 120 to 140 degrees, is so lessened as to prevent the head from remaining in the acetabulum after the removal of the cast, even after a successful reduction has been effected. The neck may be anteflexed or rotated.

I do not agree with Dr. George Laughlin regarding preliminary treatment. I am fully convinced that the pull of the adductor muscles and the anterior ilio-femoral or Y ligaments is very greatly lessened by appropriate treatment previous to the operation, thereby lessening the surgical shock. Moreover, by gradual stretching of nerves and vessels, we overcome the likelihood of paralysis and gangrene, both of which have occurred when reduction was accomplished at a single operation. It is my belief also that fracture of the neck or shaft of the femur is much less likely if the preparatory treatment is given. Dr. Laughlin holds that during a course of preliminary treatment the good effects are counterbalanced by the tonic effect of the treatment on the parts we wish to become relaxed and elongated. I am persuaded that such treatment, properly administered, is of direct benefit, and hastens recovery after operation.

The technique of operation is practically that of Lorenz, varied by the personal methods of manipulation of the operator. (Here were described the manner of making plaster bandages, handling the plaster, applying it—spica or figure-of-eight, finishing of cast, etc.) The after-treatment, consisting of massage and manipulation of the parts, is after the Lorenz method.

As to results, Lorenz divides the successful cases into two classes—"anatomical" and "functional" cures. The latter is one in which the head of the bone is not in the socket, but occupies a place near the socket, with improvement as to length and functioning of the limb. In selected cases—that is those under four years of age, he claims success in nearly 50% of his cases, but other writers dispute this, saying that 25% would be nearer the true figures. Osteopaths have not operated on a sufficient number of cases to enable us to publish any statistics, but we hope to show a higher percentage of cures than these figures.

* * *

ALL THE OSTEOPATHIC NEWS WHILE IT IS NEWS.

The Journal of Osteopathy, as in the past, will continue to give all the osteopathic news while it is news, and the cancelling of the motto on the mailing envelope means merely that the assistant postmaster general, thinks that it is advertising, and therefore not allowable, according to postal regulations.

AN ACROSTIC.

(A year's sub for the first correct solution.)
 My first is an English beast of power
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 Are always being in the way
 My whole to serve mankind is bound
 With skill and learning most profound.

—Submitted by Dr. E. E. Tucker.

HOW MUCH WOULD YOU GIVE FOR A PATIENT?

Dr. Corbin says he secured at least five new patients from a hundred copies of the Osteopathic Journal, which he sent out in his little city.

Try an Osteopathic Journal for a New Year's Present.

The January number now on sale is an especially good one with which to begin the new year. It contains the following excellent articles.

AN ADEQUATE EXPLANATION OF OSTEOPATHY,

A four page rational and convincing explanation. (Reprinted from Dr. Walker's article in December Journal.)

NELSON'S ENCYCLOPEDIA DEFINES OSTEOPATHY,

Dr. Teall's new article as it appears in the encyclopedia.

WHAT WILL OSTEOPATHY REALLY DO,

Three pages of good sound argument that convinces.

TREATMENT OF CONSTIPATION,

Two pages based on Dr. B. F. Still's article in the December Journal.

THE ELIMINATION OF THE DEGENERATE,

A three page article on prophylactic treatment and hygiene.

CONTRACTION AND RELAXATION,

Good advice for changeable winter weather.

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Various bits of sanitary advice and health news make out the sixteen pages of this excellent number.

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JOURNAL OF OSTEOPATHY PUB. CO.,
 Kirksville, Missouri.

CHICAGO CORRESPONDENCE.

The Chicago Osteopathic Association held their regular monthly meeting December 3, 1908. In the absence of Dr. Proctor, president, Dr. McDougall, presided.

A benefit was announced in the form of a performance at the International Theatre. Fifty per cent. of the price of the tickets is turned over to the Chicago Association. The association decided that half the proceeds shall go to the Littlejohn Hospital and remainder to the Research Fund.

Dr. Goodspeed read note from Dr. Forbes stating he would be in Chicago January 9th. A committee had the matter in hand and sent out announcements for a dinner and demonstration by Dr. Forbes for above date.

The question of a more desirable meeting room was discussed and an effort will be made to secure the Public Library for our meetings.

Dr. Carl P. McConnell spoke on "The Osteopathic Examination." His remarks are fully reported in the Journal of American Osteopathic Association for December, 1908. Will give just an outline in this correspondence. His remarks were emphasized by demonstration on a patient. Dr. McConnell dwelt on the necessity of the careful attention to details. He divided his subject into various divisions of Muscular Lesions, Ligamentous Composite and Visceral Lesions. Under Osseous Lesions, he said:

"The Osseous Lesion is by far of greatest importance and I am strongly of the opinion that he who does not believe in osseous lesions has not the osteopathic concept and really knows comparatively little osteopathy—we must have a working knowledge of mechanics—the second essential is to maintain flexion, traction and rotation of the exaggerated lesion until not only disengagement of the articular points is assured but what is just as necessary, to hold this advantage until the maximum point in the retracement is negotiated. If the above is carefully followed much energy would be spared the osteopath.

A muscular lesion may be primary and we may have a permanent bony lesion as a resultant which in turn will initiate a train of disorders.

The ligamentous lesion as a separate and distinct lesion is more or less of a myth, but as an important pathologic feature of both the osseous and composite lesions its significance can hardly be overestimated.

The composite lesion refers to the incipient curvatures and rigid areas usually of four or five to seven vertebrae.

The visceral lesion is a real lesion. It is a pathologic state following displaced stomach intestines, kidney, ovary, uterus, or several viscera together.

The first practical essential is to recognize the fact that what may be normal to one individual is not necessarily so for another. Intimately related to the above is a well developed sense of touch. Unless one knows how a normal structure feels to one's tactile sense he certainly will be unable to duly appreciate the infinite varieties of the disordered structures. Noting general body conformation is highly important. Round shoulders may be entirely dependent upon a posterior lower dorsal; depressed upper ribs may result from a pendulous abdomen; a lateral curvature from a subluxated innominate; an irritable irregular spine may be secondary to a twist between the fifth lumbar and sacrum thus disturbing the line of gravity of the sections above.

There is a wealth of pathology to be discovered along the nerve centers and courses and vascular changes contiguous to and within the spinal structures that is dependent on the so-termed osteopathic etiology."

Osteopathy and its History.

One hour of practical, sensible explanation of Osteopathy and its principles; then one hour of pictorial history.

I am now prepared to book engagements to lecture on above subject on each Saturday evening during the school year, exclusive of those which occur in vacations, my time for those being already engaged. My lectures are fully illustrated by a selection from over 300 slides. To all osteopaths in practice at points which it is possible for me to reach by six o'clock on Saturday, leaving Kirksville at 11:14 a. m. Friday, I extend an invitation to write to me for explanatory literature, press and other opinions. Early application will be necessary, as in the school year I have only about twenty-five available dates.

William Smith, M. D., D. O.
Kirksville, Missouri

H. M. STILL, Pres. WARREN HAMILTON, Vice-Pres. W. G. FOUT, Cash.
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This outline cannot do justice to Dr. McConnell's utterances so get the full report in the Journal of the A. O. A.

The American College of Osteopathic Medicine and Surgery has changed its name to The Littlejohn College and Hospital. Under this single name and charter the College, Hospital and Training School for Nurses will be conducted. The original charter is maintained. The college, hospital and training school apply and teach the osteopathic theories of diagnosis and therapeutics, surgery and obstetrics so as to maintain the same as an independent system or science of healing.

The College and Hospital were inspected by the State Board of Health recently, all the members of the board being in attendance.

The Hospital was half full up to its complement one week after opening and it has been gradually increasing its patronage. One room was furnished by the senior class of the college and an appropriate engraving placed in the room with pictures in remembrance of the class.

Dr. J. Martin Littlejohn goes to Toledo to the State Association meeting of Ohio osteopaths to give a public address on the evening of January 7, '09. In the newly issued History of Chicago and Cook County published by Judge A. N. Waterman, two pages are devoted to a historical sketch of Dr. J. M. Littlejohn.

The faculty of the college meet monthly at supper down-town in the Boston Oyster House. This ensures a good attendance, regular meetings and a fine social time for the discussion of college and extra college matters.

* * *

LATEST FROM WASHINGTON STATE.

The following is an outline of a bill to regulate the practice of osteopathy.

State Board of Examiners, five members, graduates of recognized school of two years. Board self-sustaining—D. O's. practicing in state must apply within sixty days. Two year graduates of recognized schools and other graduates who have practiced ten years prior to Jan. 1, 1909, to receive certificates. Those coming later written ex. and after Jan. 1, 1910, three year graduates only. Reciprocity clause. Penalty for practicing without license or for use of usual terms to designate an osteopath. Duty of county attorney to prosecute violators. All subject to state and municipal regulations relating to contagious disease, births, deaths, and public health. No internal medication.

Decision Goes Against "Dr." Pullman.

The State of Wash., Respondent, v. B. C. Pullman Bellingham, Appellant—

"For practicing medicine without a license."

The decision of the Supreme Court in above case, viz.:

"The appellant, it is true, prefixed to the word "physician" the words "Osteopathic and Magnetic" in one instance, and the word "Drugless" in another, but these do not make the use of the words lawful. The statute is a prohibition against any use of the word in connection with announcements of the profession or business of a person other than practitioners of medicine or surgery who have passed the examination prescribed in the statute and received the license therein provided for, and this prohibition is not evaded by the use of qualifying adjectives prefixed to the prohibited words. The statute also uses the word "Doctor" instead of the more common abbreviation "Dr." but it is equally a prohibition against the use of either."

So you see we can not call ourselves osteopathic physicians and its high time we had a law. This fellow is not a regular osteopathic graduate but the effect is the same.

Still National Osteopathic Museum, Kirksville, MO

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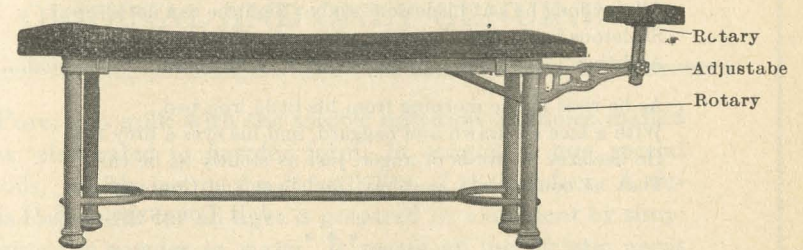
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the end of the table and swing his feet in the air at a cost of your own strength. Write for descriptive circulars and prices.

DuBois book on psychic treatment of nervous diseases is the best and the latest, no Osteopath can afford not to read it. It is a book recommended by Dr. Gerdine, the Professor of Nervous and Mental Diseases at the A. S. O., and the authority of the profession on that subject. Price \$3.00.

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DR. SMITH'S LECTURE.

On the 27th November, Dr. Smith lectured at Missouri Valley, Iowa. This is what Dr. H. W. Gamble writes on the 2nd December.

"Everyone here is very much pleased, all express greater confidence in osteopathy because of a better understanding of its principles." "Some of our oldest patients believed in a blind way and had confidence in osteopathy being able to do certain things, yet now believe that we are modest in our claims and that we have a greater school and science than they ever before realized." "Those who did not attend, who did not realize the treat in store them for are busy kicking themselves for not getting out." "Nothing we ever did before served to boost osteopathy in this town as did your lecture, no intelligent person could hear it and doubt that osteopathy has a just claim for front rank."

For Press and other opinions, address,

DR. WILLIAM SMITH, KIRKSVILLE, MO.

* * *

"DEMENTIA FRESHMENSIS."

When you see a freshman sitting at his table all alone,
With a book up before him, in his hand an ugly bone;
With his face all seamed and wrinkled, and a look of dark despair,
As he scans the page before him with a dull and vacant stare,

Pray don't think that he is crazy, though he looks that way, no doubt,
For the Vidian canal he's hunting and he can not trace it out;
As he holds the skull before him, he jumps quickly, from his chair,
For he thought that he had found it; but alas! it wasn't there.

This poor, sad, despondent fellow, is in trouble, awful deep,
All day long he's at his lessons and at night he can not sleep;
Skeletons loom up before him; grin and offer him the hand,
And they say big long words to him that he doesn't understand.

As he rises in the morning from his little iron bed,
With a face all drawn and haggard, and his eyes a firey red;
He declares in words of anger, just as stoutly as he can,
That he could write anatomy, and beat Old Cunningham.

J. H. COURNYER, A. S. O., 1911.

* * *

BUSINESS CHANCES.

For Sale—A good practice in an enterprising manufacturing place of 8,000 in Western Pennsylvania. Easily accessible to Pittsburg. Osteopathy established eight years and of the best standing. Must sell at once, even at a sacrifice. Address at once W. P., care of the Journal of Osteopathy.

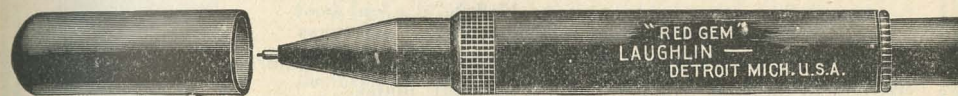
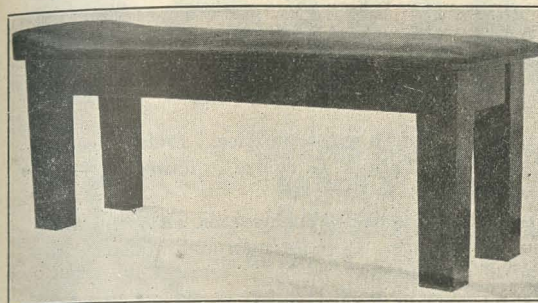
For Sale—Practice in flourishing Montana town for sale at price of office furniture. Reasons for leaving and terms given to prospective buyer. Apply Montana, care of the Journal of Osteopathy.

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For Sale—Good practice in best oil town in Pennsylvania, or will consider lady partner with view to going away for a while. Apply to A. M. W., care Journal of Osteopathy.

REMOVALS.

- Avery, F. E., from 918 S. Geddes St., to 153 Walden St., Cambridge, Mass.
- Barnes, N. B., from Trinidad, Colo., to Emmett, Idaho.
- Bolam, Julia S., from Anderson, Ind., to Monett, Mo.
- Burton, B. O., from Shenandoah, Ia., to Sultana, Calif.
- Dill, Emma B., has located at 1100 West Pico St., Los Angeles, Calif.
- Dunnington, Wesley P., from 424 So. 54th St., Philadelphia, to 6415 West Chester Road, Millbourne, Upper Darby, Pa.
- Fox, John De., from Creighton, to 514 North 24th St., South Omaha, Nebr.
- King, A. M., from Los Angeles, Calif., to Kennewick, Wash.
- Lockwood, Jane E., from 93 Prospect Ave., to 748 Ellicott Square, Buffalo, N. Y.
- McKinney, C. DeGress, from Cincinnati, Ohio, to Lebanon, Mo.
- McMasters, Lester A., from St. Charles, Ill., to 315 The Temple, Danville, Ill.
- Northern, R. J., from Colorado Springs, Colo., to Big Timber, Mont.
- Wageley, C. C., from 444-5 Frisco Bldg., to 624 Union Blvd., St. Louis, Mo.
- West, J. A., from Paris, Mo., to Louisiana, Mo.

BIRTH.

Born—November 22, to Dr. and Mrs. J. H. Wilkins, of McMinnville, Ore., a daughter.

MARRIAGES.

Married—Dec. 4th, at Columbus, O., Dr. John T. Morris and Miss Eleanor Poland, both of Columbus.

Married—At Carlinville, Ill., Dr. Nellie Lowe Haynes, and Mr. Edmund Parker, both of Carlinville. Dr. Parker was a member of June class, '08, and is practicing at Carlinville. Mr. Parker is a member of the Junior class of the A. S. O.

DEATHS.

Died—James Perrin, father of Dr. George W. Perrin, Denver, Colo., died Nov. 27th, 1908, at the old home in Thorntown, Ind. Pleuro-pneumonia. Deceased was 80 years old.

Died—Harry Laybourn, brother of Dr. Fannie B. Laybourn, Denver, Colo., died Dec. 14th, 1908. Paralysis, after a lingering illness covering a period of eight years, during which time Dr. Laybourn had sole care of him.

BOVININE

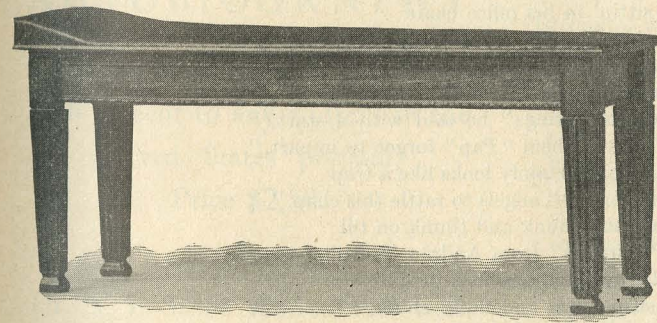


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Died—November 22, 1908. Next to eldest son of Dr. J. O. Hatten, of St. Louis, Mo.

Died—November 26th, Mr. John Hastings, father of Dr. Sarah H. Middleditch. Died—In November, at Decatur, Ill., Dr. Guy C. Chenowith, of Los Angeles, Calif. Dr. Chenowith was a graduate of the L. A. C. O., '07.

Died—At Winfield, La., of apoplexy, Mr. William H. Strong. Major Strong was one of the warm supporters of osteopathy, making two special trips to the Capitol in the recent legislative fight. He has been in every osteopathic fight for the last eight years.

* * *

Doc Bing—A number of our subscribers caught the idea of Doc Bing, the good natured wind-jammer sitting in his office wearing out the seat of his trousers and describing all his mighty achievements which he had accomplished—in his own mind. Some of the best we print herewith. One good one was on page 797 of the Dec. number.

Doc Bing sat and whistled some,
And tugged at his whiskers and chin;
He wobbled his head and wrinkled his nose;
Then down came his feet—"I kin
"And I will:—Go git him, Mary Jane Drath,
"Go git him, let him see her, that smarty 'Awstapath.' "

* * *

Doc Bing pulled at his fringe of saft grey hair,
Then he sighed then smiled in his old office chair.

* * *

DOC BING—CELESTIAL OSTEOPATH.

Doc Bing a sittin' in his office chair
Was wafted to Heaven, 'Twas fully up there.
Beautiful angels with tinsel wings
Were playin' on harps and such like things.
"Them dog-gone wings" he said with a start,
"The workin's of them "Pap" forgot to impart."
Said Bing, "this certainly looks like a trap
Set by those "nifty" angels to rattle this chap."
So he thunk and thunk and thunk on till
He got a "wireless" from Andrew T. Still.
In jeweled crown and new sheath skirt,
Diamond suspenders and fluffy shirt
Bing's sittin' in his gold office chair
Just adjustin wings away up there.

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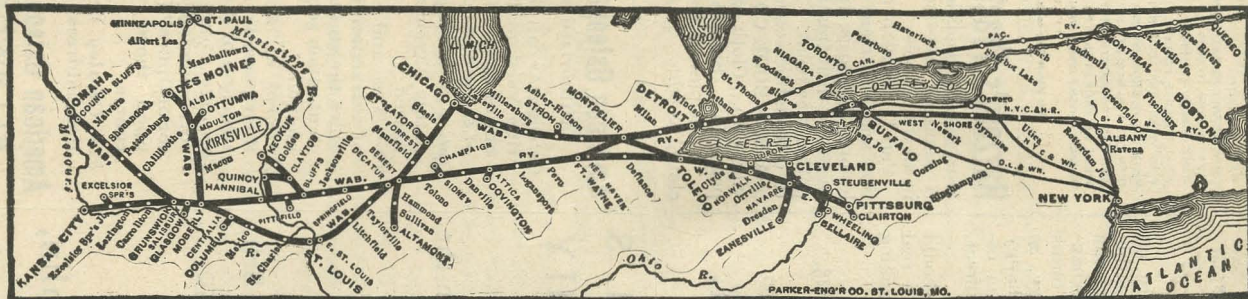
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