

The Journal of Osteopathy

September 1902

Reproduced with a gift from Jane Stark, B.Sc., Dip. S.I.M., C.A.T. (c), D.O.M.P.

Still National Osteopathic Museum ©

May not be reproduced without the permission of the Still National Osteopathic Museum

THE



JOURNAL OF OSTEOPATHY

KIRKSVILLE, MISSOURI, SEPTEMBER, 1902.

OSTEOPATHY IN NERVOUS DISEASES.

First Paper—Epilepsy.

C. W. PROCTOR, PH. D., D. O., BUFFALO, NEW YORK.

FOR some months past I have been securing reports on the results of osteopathic treatment in nervous diseases, not only from the clinic department of the American School of Osteopathy, but also from numbers of the graduates; and the subject seems to me to be worthy of special consideration, not only from the profession, but from the lay reader who may be suffering from some nervous trouble.

I shall make no preposterous claim of a "cure all," but shall mention cases in which there was failure, as well as those in which there was success. For it is only by a candid consideration of all cases, that we may most profit. Nor do I pretend to any scientific classification of the diseases, but select a few, by way of illustration, rather than attempt to arrange a complete catalogue.

Epilepsy is one of the list of diseases that the best medical authorities have recognized as being, with the agencies heretofore used, largely incurable. Of more than twenty cases which have come under my own observation, not more than three were treated without benefit. These three were all adults, all cases of long standing and cases in which there was little encouragement given at the outset. All the cases of children were cured and for some time after there was no return. Several of the adult cases were cured and the other adult cases were so improved that the attacks came at long intervals and they were able to resume occupations which they had relinquished and life was relieved almost entirely of the dread which had hung like a pall over it.

Some of the cases were of peculiar interest. One was a boy of about twelve years of age, who received an injury from a fall. He had as high as twelve attacks in twenty-four hours and required constant attention. He was taken to Baltimore and New York City, where the efforts of the greatest specialists in nervous diseases proved unavailing. In less than three months of osteopathic treatment he was cured. Even the medical profession would allow the gratified parents of this child the privilege of considerable enthusiasm on the subject of osteopathy.

Another case, that of a young man of about twenty-two years of age, was of special interest because of the almost positive proof it affords of our contention that this disease springs from nerve irritation arising in anatomical lesion. There was a strain in the lumbar region a short time preceding the onset of

the first attack. The strain produced a perceptible displacement of two of the vertebrae. Constipation resulted from the dorsal condition and every attack of constipation was followed by epileptiform convulsions. It is now one year and six months since the treatment began and there has been but one attack of convulsions and that was light.

Some cases have recurring attacks at long intervals and technically speaking are not cured, even after a year of treatment. But to characterize the results a failure would be manifestly unfair. Take this case for illustration. A young man of perhaps twenty years of age has suffered from epilepsy from childhood. He has tried every remedy which has been recommended by reputable medical practitioners and has spent two years in an institution for epileptics where specialists directed the treatment. His face and body were covered with eruptions caused by the bromids and iodids which had been administered to him. He was discouraged, despondent and his mind was clouded. His eye was dull and he was dependent and helpless, so far as any occupation was concerned. After some months of osteopathic treatment his skin had cleared of the eruption; his attacks came at intervals of 3 or 4 months only; he renewed his musical study and played a pipe organ in public without precipitating an attack. So great was the benefit that, though he was strictly speaking not cured, the treatment was far from a failure.

Pathologists have been unable to find the cause of epilepsy. Its causes seems to be manifold, but in every case it is a nerve irritation. Almost every recipe for its cure contains a bromid to lessen nerve irritability, or an iodid to cure absorption of any possible impediment to circulation. Is not the treatment that tries to find the exact point of irritability and directs treatment to that spot alone the logical one? And may we not wisely and justly condemn the treatment that will deaden nerve sensibility over the entire system in order to prevent the irritability at a point where some cause of increased irritation exists?

Some medical authorities advocate the entire abandonment of all medicine in epilepsy and the segregation of epileptics in colonies where hygienic measures may be taken and where some outdoor employment may be given to those capable of it. This practically admits the failure of former methods of treatment, but ignores the truth that our practice has established, that in many cases a local nerve irritation is the cause of epilepsy. This irritation may be at any point in the whole nervous system and when it is not too deeply seated to be reached, the disease is curable. I have found it in the dorsal region involving the stomach, in the cervical affecting directly circulation to the head, in the lumbar affecting the bowels and viscera. And in many cases the history of the trouble will associate the attacks with aggravations of these other conditions which really cause the epilepsy.

PELVIC TUMORS.

Paper read before the National Osteopathic Association at Milwaukee, Wis., Aug. 7.
C. E. STILL, D. O., KIRKSVILLE, MO.

WE learn from the works of Hippocrates that medical men even at that remote period were acquainted with the cardinal features of tumors, which seem then to have been much the same as now. The disease is therefore of great antiquity. By Galen and his followers, tumors (which comprise all we now include under the term tumors) were believed to result from the accumulation of one of the various humors, each of which generated its peculiar kind. After many centuries of stagnation and superstition, the doctrine of humors was overturned by the discovery of the circulation of the blood by Harvey. Then in place of humors, the blood was regarded as the true source of disease. Early in the 19th century the current of thought was suddenly changed by the appearance on the scene of the impetuous Brossais. His doctrine was that all tumors were but forms of inflammation, consequent upon organic irritation. The extreme simplicity, comprehensiveness and positiveness of this brilliant generalization, suddenly sprung on a scientific world hesitating between the old humoral and the nascent anatomico-pathological tentatives, caused it to be readily accepted. Mueller believed that the constituent cells of tumors were derived from a formative fluid excluded from the blood. His theory was accepted until 1858 when Virchow pounced upon it with his cell theory, which still exists among medical men. In 1874, when osteopathy was born, its founder said, "The power of the artery must be absolute, universal and unobstructed or disease will be the result. The moment of its disturbance marks the period when disease begins to sow the seed of destruction in the human body; and that in no case can it be done without a broken or suspended current of arterial blood." When he contended that disease was an acquisition and not an inheritance, he contributed another theory to the already long list. This is the theory that I have accepted and upon which this paper is based. By relieving the oppressed circulation, which includes arterial, venous and lymphatic, many cases have been cured, thus proving the efficacy of this theory. The views of the heritability of disease are very conflicting. Some authors on this subject say it is impossible, while others say there is no explanation of neoplasms without it. The probable error has been that pathological states, like normal conditions, were supposed almost invariably to have been inherited. Possibly it has been overlooked that the predisposition of the organism is to the normal, and that disease is like other characteristics, being acquired. Nature has a tendency to repair injuries. And the power becomes conspicuous when the cause is removed. Anything that will cause a prolapsus of the abdominal viscera or visceral ptosis will interfere with the blood supply of that region and this venous and lymphatic stasis furnish foundation and building material for the tumor. The artery, having a great deal of force behind it, is not easily inter-

ferred with; interference if present would in most cases produce an aneurism. The vein having less propelling power is more easily engorged. A venous current of blood interfered with does not die but is kept alive by the vitality of the arterial, thereby building excrescences. Tumefaction is only the natural effect that appears when the blood and lymph are stopped in their natural channels. In the abdomen we find all that is necessary for the economy of the body—the tissues, membranes and fascia with lymphatic glands, arteries and veins. We also find just room enough for the easy working of all organs while performing their special duties. We believe that to succeed, each organ must be in its proper place and unobstructed, otherwise what can we expect but strangulation, followed by inflammation, adhesions and pathologic new growths. Tumors of the uterus, whether developed on the surface, in its walls or within its cavity, give rise to an enlargement of the organ, which causes it to assume the position corresponding to that occupied by a gravid uterus. The position and the extent of these enlargements are determined in the same manner as we diagnose the size and position in pregnancy. The whole mass can usually be moved from one side to the other. The word tumor is used in this paper to represent a pathological enlargement. Abdominal tumors grow towards the umbilicus, as at that point the least resistance is offered. The diagnosis of abdominal tumors depends upon the close study of regional anatomy, and practice in the art of examination. However, we must know where normal organs normally lie. In the abdomen one is thoroughly impressed with the difficulty of mastering visceral anatomy. The viscera have such wide mobility without suffering displacement; such capacity to change in volume without losing the ability to return to the normal. In reviewing some of the many cases that have come under my observation, I find that in most of them there was a slipped innominate or a rigid spinal column in the lower dorsal and upper lumbar regions, or both. Usually a careful examination of the symphysis pubes, both internal and external, reveals a degree of tenderness and a partial dislocation is present, which is proof positive of a slipped ilium. The vaso-motor centers controlling uterine circulation are in the lumbar region, and a rigid spine (or spinal curvature) will affect these centers. I know from experience that these lesions are the most important causative factors, because I have cured many cases by correcting them.

"Where truth is established by one demonstration there is need of no further inquiry. Where there is want of demonstration to establish the truth beyond a doubt, then it is not enough to trace one argument to its source."

I have selected the following case as an illustration for two reasons: First, because part of the work was done by another, and second, because the work was done several years ago and we have had time to know that the cure was permanent. The points in the case are as follows:

The patient was a woman thirty-eight years of age, of German descent, unusually strong and well. Her average weight was from 155 to 160 pounds;

had some spinal trouble, backache, etc. After the birth of her third and last child, which birth was an unusually severe one and left the mother badly lacerated, peritonitis developed, and a seemingly rapid enlargement of the entire abdomen followed this attack. She continued to grow worse for two years. The tumor or enlargement had constantly and rapidly increased, until it had assumed the size of between thirty and forty pounds, so estimated by the regular physicians whom she had consulted. The patient was in a very emaciated condition, being reduced to 108 pounds and extremely weak. The surgeons gave her no hope, saying she had gone too far and was in too weak a condition to stand an operation. All remedies had failed to build up the general health. It was in this condition she came to us in November, 1897, being brought in on a stretcher. She was taken to Dr. Alice Patterson's room for examination. After a partial examination Dr. Alice Patterson sent for my father to come and see the case. When he had examined her and heard a short history of her case, he said: "If we cannot do something for this little mother and that something very quickly she will be gone, so let us go to work if she is willing to trust us." As a last resort she accepted what little encouragement he gave her with a great deal of anxiety, knowing that if we failed there was no hope. The examination revealed a general tension of spinal muscles, a perfectly straight condition of the lower dorsal and lumbar regions. The natural curve was entirely obliterated, the muscles were sore and tense. A great tenderness at the 5th lumbar and the 11th dorsal was also noted. Disturbance of lymphatics, circulation stagnant, contracted condition of the spinal and abdominal muscles. The irregular conditions or bony lesions were found at the following points—atlas, axis, 7th cervical, 4th to 12th dorsal and innominate. The coccyx was twisted and constipation, piles and general visceral ptosis were present.

The case was then turned to Doctor Patterson and was very skillfully treated by her for three months, assisted by Dr. C. M. T. Hulett. At the second treatment Doctor Patterson took a little kodak picture of the abdomen that you may all see. After nearly three months treatment Doctor Patterson went away for her vacation and turned the case over to me. The patient was then able to walk to the Infirmary. Her abdomen was very little reduced in size, but her general health was much improved and there was a greatly relaxed condition of the muscular tension. After I had treated her more than a month she went home for a little rest and continued to improve while there. At the end of two months she returned to Kirksville and had four more months of osteopathic treatment. I can describe her case no better than in the following extract of a letter from her to Doctor Patterson: "At first after I returned to Kirksville in May, 1898, I seemed to grow worse from the very first treatment, I kept growing worse until I became bedfast for several days but I did not lose courage for the tumor was going rapidly, although it was making me very sick. After three or four weeks I began to gain slowly and continued to do so until in September. Dr. Still thought I needed more treatment and advised me to go

to an osteopath in a near by town. I promised to do so but when I got home I gained so rapidly and found it so hard to leave that I have not had a treatment since. I consider my case cured and now weigh 160 pounds." In a reply to a question the present year the following answer was received. "Do you consider yourself cured?" The lady unhesitatingly said, "Yes."

In conclusion, ladies and gentlemen, I want to say this, and hope I may emphasize the statement strong enough that you may all believe in its sincerity. The only hope of ever successfully solving the great problems of humanity's emancipation from the thralldom of sickness and suffering is, according to my way of thinking, to get into our ranks men and women who are not there merely from a purely mercenary standpoint. I hope to see the time when all osteopaths are practicing osteopathy. It has been demonstrated in the medical profession that the most pronounced success in the specialist. We would not think of taking a case to a general practitioner for an operation in major surgery. Suppose, for instance, there are cases we are unable to cure by osteopathic treatment, is it not far better and more honorable to recommend such to the skillful surgeon than to pollute our own business with surgery, medicine, electricity, hydrotherapy and mesmerism? We believe in surgery, but, we also believe the man who can save the leg is just as skillful as the man who cuts it off.

HOW BONY LESIONS PRODUCE PELVIC DISEASES.

M. E. CLARK, D. O., Kirksville, Mo.

Paper read before the National Osteopathic Association, at Milwaukee, Wis., August 7th.

To the laity and a great many physicians, it seems utterly impossible for a bony lesion to produce disease. To the osteopathic physician it is a proven fact, but just how it does it, is not so clear, especially in the case of the lesions which produce pelvic diseases. Hence the object of this paper is to point out anatomically how and what bony lesions produce pelvic diseases.

We will confine our remarks to the primary and most common diseases, such as congestion, inflammation and displacements of the various pelvic organs with the accompanying disturbances of secretions and of menstruation. The bony lesions concerned in pelvic diseases are luxations of the lower two or three ribs, of the lower dorsal and lumbar vertebrae, of the sacrum, innominates and the coccyx, and in considering these lesions, each will be taken up in order and in detail beginning with the lower dorsal vertebrae. Before we take up the subject it might be well to explain what is meant by a lesion and luxation. By lesion is meant, if applied to a bone, a partial displacement of the bone accompanied by some disturbance such as irregularity and tenderness. Irregularity alone does not constitute a lesion, but irregularity with tenderness or disturbance of function of the joint or viscus innervated by the nerve in relation with the joint, constitutes a lesion.

A luxation is a partial displacement of a bone, the term being usually applied to a vertebra that has been forced out of line by trauma, or muscular

contraction. It is a form of lesion and indicates a partial displacement. To illustrate: Irregularity of the spine of the 6th dorsal vertebra does not necessarily mean that the articular process is out of line, but, if there is tenderness or if the stomach is affected such a condition would be pathological.

A lesion of the lower dorsal vertebrae (the 10th, 11th and 12th) may cause pelvic disease by affecting the deep origin of the pubic, sciatic, or in fact all the lumbar and the majority of the sacral nerves. The segments of the cord from which the pubic nerve arises, are on a level with the 12th dorsal and 1st lumbar vertebrae. The spinal cord terminates at the lower border of the 1st lumbar vertebra. The origin of all the sacral and lumbar nerves must be above this point, hence a lesion above this point, that is in the lower dorsal region, may affect the nerves going to the uterus, ovaries, rectum, etc. Then arises the question how a lesion, or what we call a slip of the vertebra, would affect the deep or high origin of these nerves. First, the bone may cause a direct pressure on the nerve trunk, but in such cases there is usually a complete displacement of the vertebra, coupled with paralysis, which condition is rare compared with the partial displacements. A better explanation is that the ganglia on the posterior nerve roots are impinged upon, as they pass through the foramina, by the articular processes. Also the blood supply to the nerve cells is in a like manner affected, hence the chronic disturbances without complete paralysis, which would follow continued pressure on a nerve. Second, it may affect the nutrition of the cord or the blood supply to a segment of the cord. The blood is returned by veins, which empty into the intercostal and lumbar veins, which also drain the muscles of the back in that region. Now a slip of the vertebra, however slight, will affect the blood stream and a disturbance must follow. Again, a contracted condition of the muscles of the back causes a venous congestion of the blood in the cord, since the congestion of the blood in the muscles, accompanies a continued contraction, hence the venous stagnation in the cord.

The nerves most usually affected are the pudic, sacral and the rami communicantes. In the case of the pudic nerve a lesion at the lower dorsal may cause inhibition or stimulation, that is a loss of sexual vigor or increased passion or nymphomania. The pudic nerve innervates almost the entire pelvic floor. The tonicity of the floor to a great degree depends on the integrity and healthy action of this nerve. The position of the uterus depends to a marked extent upon the amount of tone in the pelvic floor. From the above a conclusion can be drawn in reference to the relation of the pudic nerve, the pelvic floor and lesions. A disturbance of the sacral nerves also causes a disturbance of the pelvic floor, uterus and rectum, since the distribution of these nerves is to these parts. The rami communicantes by being impinged upon by a slipped vertebra, cause a disturbance of the lesser and least splanchnics. A disturbance of the least splanchnic causes a change in the renal plexus. From this plexus is derived the ovarian plexus, hence ovarian trouble and uterine diseases may follow, as a result of such a lesion.

A slip of the 11th or 12th rib, and by the way such a lesion is common, may affect the gangliated cord or the rami which send branches that enter the formation of the renal plexus from which is derived in part the ovarian plexus. The gangliated cord is very near to, while the rami cross the heads of the ribs, and, however slight the lesion, the nerve will be affected thereby. As to the way the nerves are affected, it depends on the lesion, whether it presses directly or indirectly on the nerves or blood vessels. There may be paralysis or pain or simply an impairment of the function. The most common sequelae of these lesions are ovarian colic, inflammation, atrophy or enlargement of the ovary. These conditions result in painful menstruations, amenorrhea, or menorrhagia. The affect on the diaphragm and its relation to the pelvic organs might be discussed but I will only mention the fact that when these ribs are displaced the position of the diaphragm is changed and the return flow of blood is affected.

A lesion of the lumbar vertebrae may affect the gangliated cord which lies on the bodies of the vertebrae, it may affect the rami communicantes or the lumbar nerves which go to make up the lumbar plexus and the lumbo-sacral cord. The lumbar gangliated cord sends branches to the aortic and inferior mesenteric plexuses, also to the inferior vena cava. The ovarian, derived from the aortic, supplies the ovaries, tubes and uterus. The inferior mesenteric sends branches to the left or descending, the sigmoid colon and the rectum, hence a lesion of the lumbar vertebrae may produce ovarian, tubal or bowel trouble. It is a well known fact that constipation often complicates uterine disease. The reason is that the nerve supply is practically from the same source and a lesion of the lumbar vertebrae will affect both.

Dr. Still once remarked to me that young girls in school, in bending over desks and sitting in that position for several hours every day, often are affected with a condition of kyphosis which weakens the pelvic organs, bringing on backache, menstrual irregularities and leucorrhoea, since, from the changed relation of the lumbar vertebrae the above mentioned nerves are affected.

The hypogastric plexus is located on the promontory of the sacrum, hence a lesion of the 5th lumbar will usually affect this plexus and from this, pelvic disorders arise.

The centers for the uterus, especially for the longitudinal fibres are located in the lumbar enlargement of the cord. These centers may be affected by a lesion of the upper lumbar vertebrae. The effect is usually one of weakening of the expulsive forces of the uterus, hence, menstrual disturbances such as cramping follow.

The above principle is exemplified in after-pains, they being due to insufficient contraction of the longitudinal muscle fibres.

A lesion at the 1st and 2nd lumbar vertebrae might affect the ilio-inguinal and genito-crural nerves, since they make their exit at the 1st and 2nd lumbar foramina. This would result in pain in the iliac fossa, loss of tone in the abdominal and round ligaments, since the ilio-inguinal and ilio-hypogastric

supply the abdominal wall and the genito-crural the round ligaments. From a weakening of these structures, comes a weakening of the supports of the uterus, hence, a tendency to displacements, especially retro-deviation and prolapsus.

The lesions of the sacrum while often overlooked and their importance underestimated are, notwithstanding, important factors in connection with pelvic diseases. The sacrum supports the weight of the body. Through it every jar is communicated to the spinal column which is supported by it and on account of its position, it being wedged in between the two innominate bones, it is subject to a great deal of strain. On account of its obliquity it is subject to displacements of various degrees, the most common of these is a rotation; the upper part being thrown forward and downward, the lower part backward and upward. The structures lying in relation with the sacrum are the roots of the sacral plexus with most of its branches, the hypogastric plexus with its immediate connection and certain ligaments, the most important of which are, the utero-sacral ligaments. These nerves are more or less firmly bound down by fascia and connective tissue and the ligaments attached to the sacrum, hence, the least slip of this bone will cause some disturbance of the structures in relation. For example, the roots forming the sacral plexus lie in relation with and are bound down to the sacro-iliac articulation, hence, the uterine diseases and the various disturbances of the sciatic nerve which follow a twist or subluxation of either sacrum or ilium.

The utero-sacral ligaments have to do with holding the lower part of uterus in position, and are placed in an oblique position when the patient is erect. Hence, follow disturbances of the uterus as to its position when these ligaments are abnormally relaxed or put on a tension.

Of all the bony lesions associated with pelvic disease, a dislocated innominate is the most common. Whether the case be one of menorrhagia or metritis, the innominates should be carefully examined for some deviation from normal. This deviation is usually a slip as is evidenced by irregularity of the posterior spines of the ilium and tenderness at the synchondroses. The length of the limb is usually shortened if only a rotation is present, but since some other displacement often accompanies a rotation, the length of the limb is not a very reliable symptom by which to diagnose the character of the innominate lesion. However, the question before us is how does a slipped innominate cause pelvic disease?

The roots of the sacral plexus, as stated before, are in relation with and are bound down to the ilio-sacral articulation, hence, any deviation however slight will affect the sacral nerves. It is a well known fact that sciatica and other limb troubles are often associated with pelvic diseases. This is explained by the above. The sacral nerves are especially distributed to the cervix and hence are important factors in expulsion. By an irritation of these nerves the os is constricted and menstruation is made painful. By an inhibition the os remains patulous and menorrhagia is often found. This lesion often destroys

the harmony existing between the cerebro-spinal and sympathetic systems. Whether expulsion is interfered with by an obstruction, or whether by an insufficient contraction of the longitudinal muscle fibres, the rhythm is destroyed and disturbance of function follows. To me this is a very important point. Again the intimate connection existing between the sacral plexus and the sympathetic gangliated cord, will also help in explaining the relation between the cause and effect. The white, and some say the gray, rami, connect the roots of the sacral plexus with the sympathetic chain and also branches are given off from this chain which go direct to the hypogastric plexus, thus, there is a direct connection between the two.

By a slip of the innominate bone certain muscles, especially the iliacus and the levator ani, would be put on a tension or relaxed and since they are in relation with the pelvic structures, derangements would follow. The broad ligaments are attached to the sides of the innominate bones. On account of their connection with the uterus and the relation to the vessels and nerves which supply it, a twisting, increased tension or a relaxation, will materially affect the amount of blood to and from the uterus. The displacement of the innominate bones will affect all tissues attached to them, this in turn will affect all neighboring structures. On this account the pudic nerve is liable to be affected at or near the place where it crosses the spine of the ischium.

A displacement of the coccyx often causes disease by putting muscles on a strain, by affecting the ganglion impar, or by pressure on neighboring structures or organs. Piles often result from a displaced coccyx. Pruritus ani or itching piles, are also frequently found. In such cases there are quite often found sexual derangements, the most common of which is a form of nymphomania.

A SYMPOSIUM ON PRACTICE.

H. E. BERNARD, D. O., DETROIT, MICH.

Paper read before the National Osteopathic Association at Milwaukee, Wis., Aug. 8.

MR. CHAIRMAN, LADIES AND GENTLEMEN:

YOUR publication committee has asked me to make comments upon questions that have an important bearing on osteopathic practice. One question is, what new ways of applying treatment have I devised since I began practice; that is, what new way have I found of adjusting vertebræ, ribs, etc., or of obtaining physiological results through manipulation. Now in my opinion there isn't any new way of adjusting a vertebra. It is simply a question, first, of knowing the condition of the tissues surrounding the joint by the abnormal feel of them (I used the word "feel", as I have never been able to find another word that would cover it). Second, to know the mechanical relations of these tissues to the joint, and third, the manipulation must be according to those mechanical relations. I have invariably found that when I followed this procedure, the results have been much better than finding a sore spot, guessing at that being the cause and giving a general treatment

In fact, I have experimented in every possible way, including the osteopathic stimulating and inhibiting idea. I have always found the better way to be, faithful diagnosis by touch and a specific manipulation at the point of the lesion. And this is in keeping with the teachings of our founder and father osteopath, who says, "man is a vital machine." This being true it remains for us to locate the hindering mechanism. Looking at this osteopathic stimulating and inhibiting idea, there are many and varied views to be taken. It is indeed an exhaustive study. There is no doubt but what it contains a physiological principle. I have seen pressure of the third sacral nerve instantly stop the distressing pain of cystitis; I have seen advanced cases of iritis relieved by pressure of the cervical sympathetic. The most violent cases of dysentery stopped by pressure in the splanchnic area. And again I have seen similar cases that were not relieved by these same pressures. I do not mean to criticize this part of osteopathic practice, for there is no question in my mind but that an irritation to nerves by manipulation has some kind of an action upon the activity of the effected part, probably renewing the normal impulses. When I treat a lesion, it is righted and the case cured. I know what I have done and I frankly confess that when I treat a nerve by quick movement or continued pressure, I do not know as to how the result is obtained, if it is obtained. When patients are better from this treatment, and are throwing you bouquets, it is much better to recall a failure in a similar case than to pat yourself on the back. Keep a record book, read it over occasionally. It is a good cure for a stimulation and inhibition cranial enlargement. I do not wish you to think, or even imagine, that a great knowledge of osteopathic principles rests in me. I am speaking from the standpoint of the early graduate and the idea was pounded into our heads that there was a mechanical cause for most diseases, and if we expected to obtain a cure, not a slight relief, but a cure, we must locate and remove that mechanical cause. So I am a lesion osteopath. At best we have only touched the outer circles of osteopathic possibilities. We are still students.

Now, if your publication committee meant what new movements I have devised for reducing subluxations, I will say, that if the osteopath, after finding the lesion and figuring out the mechanical relations, learns that he has not an old movement to fit the case, he must invent a new movement then and there. Of course, you know, he might obtain an accidental result by a general Swedish movement treatment. He might obtain a result by promiscuously using a few of the movements he already knew, nature being always toward the normal. I say he might do this, but I don't think he would, at least he shouldn't. We must ever remember that osteopathy is mechanical in principle and practice. We must thoroughly understand the anatomical mechanism of the part upon which we are working.

I was asked to contribute a paper to a symposium of osteopathic practice today. I would dearly love to inform you that invariably I find a lesion of, or around, a second lumbar causing neurasthenia, a fourth dorsal lesion causing

stomach disorders, a slipped fifth rib causing heart trouble, etc. But I cannot, for I find that every case is a new case. It is true that the patient's story of his symptoms leads us to look in certain regions for maladjustments, but it is absolutely necessary that a thorough examination must be made with your eyes in the ends of your fingers, finding the lesion and removing it by a specific manipulation. One person may have a fifth rib displaced, causing heart trouble; another may have a pelvic lesion, the heart being effected reflexly. The disordered heart of another may be caused by vaso-motor disturbance. There are some who do not show any osteopathic lesions by an examination. Their disease comes from either heredity, worry, severe mental shocks, infection, abuse of stimulants and narcotics or abuse of the sexual or digestive functions. In these cases, if you care to take them, the treatment must be general. But I have found that the treatment as a rule, is very unsatisfactory in patients who do not show some specific lesion. The best one can do is not to promise any more than a slight alleviation of their troubles. From the standpoint of revenue, only, they are all right. One will be very liable to treat them at different periods for the rest of their natural lives, along with the old last resort, paralytic fraternity. My experience has placed me in close communion with these two classes of patients. I have had a great many and I am beginning to doubt the advisability of taking them at all. It is true some brilliant cures have been made. Where one cure is made, there are a great many who obtain no more than a slight alleviation. As the people watch every osteopathic patient so closely, is it worth while to run the risk? An osteopath will hear of his failure, forever. The big majority are against osteopathy and criticize it unmercifully. Their medicine taking habit from birth makes them prejudiced. People generally are prone to believe things that are analogous to something they already know. Oh! the eternal, cruel, everlasting injustice we receive at the hands of the dear people. But so it has ever been with the history of all reforms in the healing art. In treating these cases, I speak of, wherein a slight relief is obtained and not a cure, I fear we give people a legitimate excuse of scepticism. The time is rapidly approaching, however, when we will not be criticized so much. There will be a better understanding of our method. Friends and acquaintances will say of these patients, "they are taking treatment of a doctor of that new school that does not give medicine" rather than "they are taking treatment from a faith healer who rubs, etc." It is much easier to tell what they haven't said than what they have.

Just a few words now in regard to the fallacy of general or shotgun treatments. There seems to be a growing tendency toward the giving of these treatments of one-half hour's duration. This is a rock that can easily wreck the ship. There are a few diseases that demand treatment given to the entire anatomy. The great majority of them do not. As loyal osteopaths, we must uphold the science of our espousal. If we are not sure of what we have done, the method of procedure, etc., in curing a patient, but have obtained an acci-

dental result by general treatment, unconsciously releasing a pressure somewhere in the patient's anatomy, we are not working in harmony with the principles of osteopathy. By following such an indiscriminating method of treatment, we both undermine and upheave the very bed-rock of our profession. If general treatment were all there is in osteopathy, then by a demonstration of simple imitation of movements, I could teach it to any one in three weeks time. Besides, how foolish it could be to study twenty months to learn twenty movements more or less. Now we come to the question that, in my opinion, has the most important bearing on osteopathic practice.

The question of surface anatomy and its continuous study after graduation. In the last June's Journal of Osteopathy, the Old Doctor, our Old Doctor, "Pap"; the man upon whose natal day God didn't do "nuthin but jest set around and feel good—" Dr. Still says, "The osteopath's hands are better trained to find the cause of disease than all the x-ray machines that have ever been made." So they are or should be. When I was a boy, I remember many times of seeing the Old Doctor out in the woods, sitting on a stump with a humerus, radius and ulna, or an articulated skeleton of a hand and wrist, constantly running his fingers over them, studying the articulations, etc. He was laying the foundation of osteopathic diagnosis. He knew that he must be acquainted with the topographical anatomy of the normal living body and the knowledge must be in the ends of his fingers. You have all seen the Old Doctor studying a joint, muscle, nerve or artery of one of his hands with the other. I hope it isn't true, but I have been led to believe, that some osteopaths neglect the study of surface anatomy after beginning practice. Osteopathy will gain insomuch as its practitioners obtain results and no more. We, its adherents, are the ones upon whose shoulders rests its future. You, in whose hands rests so much of the health of this world, I pray you not to neglect this important study. It is that ability to know the abnormal by touch that makes the osteopath the peer of diagnosticians. I do not mean just the study of the bony landmarks. Our maker gave us the sense of touch—it should be so developed by us, particularly, that we may be able to trace muscles, nerves and arteries. Even a medical journal says of us, "As to the value of the osteopathic method of teaching anatomy, there can be no question or of its vast superiority over the methods in vogue at the medical schools of the present."

Brother and Sister Osteopaths, I ask you in the name of our osteopathic brotherhood—Do you give sufficient thought to the study of surface anatomy? How does the answer come, guilty or not guilty? If any of you are neglecting this important branch of our profession, do not continue to do so. Obtain a model, boy or girl, and have certain hours during the week to study that model. There was also a practice in vogue, among a few of the students, during my attendance in school which I would recommend to you. It was that of reading, by touch, letters and figures made of thread placed under a cloth. As the fingers became more proficient, thicker cloth was used. You see, we must

develop the same tactile sensibility that the blind have. Now from my observation and experience to sum up:—

Study surface anatomy continuously.

Never administer a general treatment where a particular one is indicated.

Never treat a patient hard the first time.

Be sure of your diagnosis and you will never put on your patient an uncertain or misguided hand.

Be sure you know the mechanical action and relations of the region or part you are working upon.

Do not allow your enthusiasm of a cure make you forget a failure of a like case.

Be very careful of your prognosis. Remember disease is very complicated.

When informing a patient of the time it will take you to master his case, double the time you think it will take, then add 50 per cent.

Better tell them at first that you are not infallible than to wait and probably have them find it out.

Remember that you are working more for the future of osteopathy than for money.

During my short career, where the word "osteopathy" was heard once in the beginning of my practice, I think, I am safe in saying it is heard now one thousand times. The future of osteopathy, in my opinion, is so very significant in its prolific possibilities that experience has not fathomed or realized its compass.

In conclusion, I want to say once more that I am a lesion osteopath. And I am certain that I shall see the day when all anatomical lesions can hold up their heads and say "I know that my redeemer liveth."

WHERE WE STAND.

CHARLES HAZZARD, D. O.

To even the casual observer it is today apparent that osteopathy holds an exalted position in the esteem and confidence of the people, and that it is a science standing in the front rank among the healing arts. The word "success" has been written large over the record of what the science has brought to pass, and even he who runs may read that sign of divine approval resting upon our work.

Had a stranger slipped into the commodious and well-filled banquet rooms of the Hotel Pfister, Milwaukee, in which were held the meetings of the sixth convention of the American Osteopathic Association, and then listened to the papers, discussions, committee reports, and other proceedings, he would have been impressed that here was an earnest and dignified body of educated people, full of confidence in themselves by the science they represented, and composing a company that any profession might well be proud to call its own.

The papers, clinics, and reports were worthy efforts, and well repaid by

the earnest discussion by them aroused for the good of the science. It was easily seen that osteopathy has, in its practitioners, jealous guardians of the truth, who will not see ought but perfect stones hewn for the structure osteopathy is building.

To one who was not a casual observer, but who had seen the small beginnings of this great profession, all of these happenings were fraught with deepest meaning. How had osteopathy conquered; how had it compelled the respect, even admiration, of its foes; how had it builded schools, printed the truth, enacted laws, formed associations? Where ten years ago one person knew the word, today ten thousand know it. And why all this wondrous progress? Because once again had the stone, rejected of the builders, become the corner stone of truth in the structure of science built up, literally, for the healing of the nations. Truth is eternal; the truth in osteopathy has made itself so clear to the public in the past few years that it has seen to it that the practitioner of osteopathy is given free opportunity to apply his skill to the vanquishing of our common enemy, disease. Our men gather together from all parts of the country and tell of battles fought and victories won over sickness and death. The family physician, now-a-days, is as likely to be Doctor of Osteopathy as a Doctor of Medicine. He has earned the place by merit. He has done, in the hour of need, that which has won him undying confidence.

The observation that osteopaths are now quite commonly employed as family physicians points to a notable fact; that is, the great success attained by them in the treatment of all sorts of acute diseases. The fevers and pneumonia; headaches and malarias; colics, diarrhoeas, and indigestions;—all the acute disorders that trouble people so much, and that are so likely to become serious, unless promptly and efficiently handled, yield to the treatment. For the last several years the writer has made it a point, in conversation with numerous osteopaths from all parts of the country, to inquire if they took acute practice, and how they succeeded in it. In practically all instances it was found that such cases were regularly handled, and with the most flattering results. Daily the field of general practice in all manner of acute and chronic diseases is being more fully occupied by our men and women. This fact entrenches the science in a position that is impregnable. With the law, the people, and the results upon our side, who can be against us?

Doctors of medicine are joining hands with us in the fight against disease. Said one of these, when asked what he thought about osteopaths: "They are students, they are progressive, and they cure cases I can't touch."

The profession is attracting to it a fine class of people, as students in the schools. It is a matter of remark that the personnel of the student-body can be excelled in quality by that of no other profession whatever. The best blood and brains of the country are found represented among us. This fact alone gives immense stability to our institutions, for it means a backing throughout the country, by the friends and relatives, representing the best classes in every community. Our practitioners, as a notable fact, are found universally

to practice among the best and most intelligent people. The sum total of these facts gives to our future a promise of vastness that cannot be but fulfilled.

The profession will live up to every advantage offered it. It will keep abreast of the times. It will merit the description of it as "progressive," made by our medical friends. The tone of the convention clearly indicated all this.

There is a general sentiment among osteopaths in favor of increasing the length of the course in the schools, and of raising the standard of osteopathic education higher. All of the foremost schools are pushing up to a higher standard of perfection, and are bent upon furnishing to the world the best in the line of healing.

OSTEOPATHY AND OSTEOPATHS.

A. G. HILDRETH, D. O.

IN talking with Dr. A. T. Still not a great while ago on the subject of our profession and its growth, he said to me that osteopathy has passed through three periods. The first one was the time when we were completely ignored, treated just as if we did not exist. Second, came the period of toleration. At this stage of our growth we were treated as if people knew we existed but were really sorry for us and as if they felt it to be only a question of a few years or a short time, at least, when we would learn better and mend our ways. In other words, our profession was but a fad and in a little while would be no more. Then came the third period or stage of our growth. At the beginning of this period the world began to realize we had come to stay and our existence then became a question of regulation. At the beginning of this third period the press began to discuss osteopathy, its methods and its discoveror. The St. Louis Republic and also a little later, the Globe-Democrat, sent reporters here to Kirksville, the headquarters of this system, to write it up, and they did so in a manner that attracted public attention. As soon as the press began to discuss our system, then it became evident we were doing something in the world and the old schools of medicine began to undertake to either drive us out of their domain or else make us come under the regulations of their then existing laws. The result was, we were forced, as a means of self protection, to ask for laws to regulate our practice. We belong to a distinct school of therapeutics and did not wish, nor did we propose, to be hampered by our enemies. As a result we demanded professional freedom and our own just American rights to regulate ourselves with the proper character of laws. Our success has been more than satisfactory, for now, only a little more than ten years after the founding of the first osteopathic college, we find that nearly half the states of the union, in some form or another, have given us recognition—a wonderful growth and a phenomenal record, and one which every osteopath on earth should be proud of. But what of today, my brother and sister in the profession! What of today! We are face to face with another period in our profession's history, another leaf is to be turned and written full

with the records of our progress. At this time and during this period of our development, in my humble judgment, we are to grapple with the greatest question that has ever confronted us. This period means the solving of the problem, the answer to the query of where we belong, and the taking of our proper place in the scientific world. In other words it is our rating period. Upon the correct solving of this problem hinges the future success and growth of our profession.

And let me impress upon you, here and now, each and every individual practitioner in the field, that upon your shoulders and upon your effort and your backbone depends the future success of this practice. No longer are we ridiculed by the press, no longer are we simply tolerated, no longer do people pass us by and ignore us. Even the old schools that have contested every inch of our progress have reached the point where they say, "It is no longer a question of trying to obliterate the osteopaths for they have come to stay. It is now a question of what is best to do to control them." This expression was made by one of the prominent surgeons of this county before a legislative committee in one of our recent legislative fights. This being true, we then have one great question to solve, and that is, what is best to be done that in the future we may occupy the position we deserve?

I have but one fear for the future, and that is this—that as our number multiply and go forth into the field of practice, there may be enough of those who, through neglect of their school work or lack of confidence in their profession, as well as themselves, will waver between their profession and other methods of treatment, to the extent of weakening not only their own profession but ruining forever their own personal chances of success. What we want you to see and know is the fact, that in our profession we have some weak-kneed brethren who are doing more injury to its growth and development than all the combined elements outside of our ranks. Patients come to us from all over this country with different kinds of diseases, saying to us, "we have been treated by such and such an osteopath and he says that osteopathy can do us no good and we have come here to headquarters to know what you have to say about it." Often times the case is one of the very kind that has helped to make osteopathy what it is today. The trouble with the osteopath who treated the case and gave it up was, he did not treat it right or carefully, or correctly diagnose the case. He simply gave it a broad side treatment and ran over rough shod the cause of the condition. Now I do not say this in any sense to criticize our practitioners in the field or to say to the world that here in Kirksville where you find associated a number of the oldest and most experienced osteopaths in the profession, that this is the only place to get treatment. But I do say it in the hope that I can arouse in every osteopath in the field a desire for more and greater knowledge and better results, and in the hope of helping you, one and all, to realize that your future as well as the future of our profession depends upon the work you do. The success of your work depends upon how you apply your treatments and upon whether or not you

are a genuine osteopath or a half and half or so-called one. If osteopathy is any thing in the world it is a scientific method of curing diseases. And it is only scientific when correctly applied. We have osteopaths and osteopaths, and they nearly all want to excel or do all the good they can, yet, oftentimes either from a lack of confidence in themselves or their profession, they are led away from the very basic principles which have made us what we are today.

In this short article we wish if possible to arouse in the breast of each osteopath a greater desire for more knowledge, an ambition for greater effort, and a determination for a better concentration of our efforts in the practice. I look at graduates from this school and from other schools who, after taking a course in osteopathy, think they are not competent in the healing art until they take a course in medicine. This to me is a serious matter and I thank God we have but few such osteopaths.

If the world had been satisfied with medicine as it has been taught for hundreds of years, osteopathy could never have come into existence. Osteopathy has made its wonderful progress from handling the very cases that medicine and surgery have failed to cure. That being the fact, what excuse has a young man or woman for studying in a college where is taught a system not only proven a failure but one that the whole world is trying to get rid of. I do not blame any one for wanting more knowledge, it is a commendable spirit. But if our people could only realize that our field of study is, as yet, almost limitless, and would concentrate their energy, their effort and research in going deeper into our own science, the good that would be derived could not be estimated.

Now after nearly ten years of active practice, a practice that has come to us from all over the United States and much of it coming after having been treated by the best men in the old school of medicine, yes much of it from men of international reputation, and case after case that has been given up by them has been cured here, not helped but cured, I want to say to the profession one and all, that I am better satisfied with our science today than ever before in my life, that we are getting more and better results today than ever before in the history of our practice, because we know better how to apply our treatment.

Further, we feel and know that when we fail to get a result, it is our individual failure either to locate the exact cause or to apply the correct treatment, in other words if we fail in a case it is our fault and not the fault of our system. This being true, then come and join us in the high resolve to live only to learn.

There is yet hidden from us, within the human structure, a whole world unfathomed and as yet not comprehended or understood, and the unfolding, exploring of these hidden mysteries will yet astonish the scientific world. If we but do our duty, if we but comprehend the magnitude of our own science and have the backbone, the courage, and the energy to stand by our own profession, we will never cease in our efforts until by our results we have proven to the world the facts and truths of our science just as we know them by experience.

MEDICAL FREEDOM.

The Arena, December, 1901, contained an article on the above subject in the form of a conversation with Alexander Wilder, M. D.

Dr. Wilder is a celebrated physician and author. His article contained so much of truth and reason that one is readily impressed that its author knows what he is talking about.

Following is a part of his article, as taken from the Arena:—

Q. Dr. Wilder, as the author of an able and interesting "History of Medicine," which I have just had the pleasure of perusing, I would like to obtain your views on restrictive medical legislation. The advocates of this kind of legislation plead that it is demanded for the protection of life and health, for the welfare of society, and for the advancement of science. In regard to the first of these propositions, let me ask you whether you consider it true that the life and health of individuals are safer and better secured where statutes are in force that narrow the practice of the healing art to the representatives of two or three schools of medicine, or where a broader freedom obtains and every citizen is guaranteed the right to select whomsoever he desires to wait upon him in the hour of sickness, and each physician understands that he will be held responsible for his own acts?

A. The subject of medical legislation covers a wide field and invades not only the rights of persons in a professional matter but their rights as human beings. I wish, therefore, that the subject could be discussed by some one other than myself. I grew up from childhood with an intense hatred of oppression and love of fair play and fair opportunities for all. I believe heartily with Herbert Spencer that every individual has freedom, the right to do all that he wills, provided he infringes not on the equal freedom of any other person. It seems to me, therefore, that I am too decided and too radical in my notions to give any but a positive reply, perhaps without due regard to the other side.

I do not think that stringent legislation which, under the pretext of regulating medical practice, aims or operates to confine it to the representatives of particular schools of medicine has the slightest advantage in regard to life and health over the freedom of every individual to select his own adviser, and of that adviser to give the aid desired. It would be an act of tyranny to force a person to take medicine if he did not believe in its efficacy, and it is equally such to compel him to do without advice and service where he does so believe.

Medical legislation as a general fact is but meddling and muddling whenever it interferes. It cannot be intelligent, and therefore cannot be just. For medical men seldom agree, and none of them are experts in matters of legislation; hence, it is not possible to obtain the requisite knowledge to legislate to any right purpose. The legislators who vote for such enactments are little else than dupes of those who seek them; and unfortunately medical men have a great pecuniary interest in disseminating exaggerated notions about infection and

other matters. If there was no pecuniary interest involved, I do not believe that such legislation would be sought; and, indeed, medical men in the first class in their profession are seldom found seeking to obtain it.

The first of these statutes, the one enacted in Illinois about twenty years ago, I was told by a physician who took part in it, was passed and procured, not to elevate the practice or to drive off charlatans, but simply to make an office for Dr. Rauch.

Q. Is it not true that the independent practitioner is compelled to be far more careful than the physician who has a large and powerful medical organization behind him.

A. Yes; the practitioners who have no powerful medical organization behind them are sure to be held responsible as other physicians are not. It is a significant fact illustrating this statement that while criminal abortion is very general, physicians belonging to orthodox medical societies are seldom brought to answer for it. When they are called to account for alleged malpractice or mistreatment, their professional brethren generally swear them clear. But the slightest aberration or blunder on the part of the unprotected independent is very certain to be made the theme of general criticism and abundant exaggeration.

Q. Is it not true that the remedial agencies and procedures employed by liberal, progressive and independent practitioners are, as a rule, far less dangerous than the drugs employed by the "regular" or old school of medicine?

A. Certainly; I am very positive in my conviction that the latter are far less dangerous. Any intelligent person will object to swallowing medicine when in health, because it will very probably do him injury; yet he is the same individual when ill, and will often suffer injury from it accordingly. Hence, he takes it in the hope of some incidental benefit compensating for the injury. My personal observation in early life in my own family and neighborhood made me apprehensive that the physician would prove more dangerous than the disease; and, indeed, one of my strongest reasons for studying medicine, beyond a passion for knowledge, was to be able to escape that peril. Nevertheless, it is hardly necessary for me to impeach the orthodox medical practice. Its history resembles the shifting of the kaleidoscope, in which the same material is presented constantly in different forms, but with no change in the articles themselves. The ablest and most learned members of the profession have often spoken in no doubtful terms.

Five centuries ago, when polypharmacy was in vogue in most disgusting and extravagant forms, Paracelsus wrote: "Some poison their patients with mercury, and others purge or bleed them to death. There are some who have learned so much that their learning has driven out all their common sense; and there are others who care a great deal more for their profit than the health of their patients." Dr. Benjamin Rush, a signer of the Declaration of Independence, was equally positive. "We have assisted in multiplying diseases,"

said he, "and we have done more: we have increased their mortality." Even Dr. Chapman of Philadelphia declared calomel to be "a vile enemy to the sick." Yet the same boast was made then as now—that the art of medicine was more perfect than ever, and not to be improved.

Q. Is it not true that wise and just regulations can be provided for the protection of the community in case of contagious or infectious diseases, for example, without any stringent laws that are applied and intended to apply so as to give favored schools of physicians a practical monopoly of the healing art?

A. In regard to the protecting of a community in the case of contagious diseases, it is my opinion that this business of contagion and infection is prodigiously overdone. Much of the danger supposed to exist is only in the fancy, which is, often from the motives of self-interest, stimulated abnormally to the point of alarm. Our people are educated to consider themselves diseased or liable to disease when such is not the case. Employment at something useful, pure air, pure water, and wholesome diet are more effective as prophylactics and disinfectants than the various expedients that are vaunted and exhibited. The legislation with which we are infested seems to be devised for the advantage of sanitary officers rather than for the benefit of the sick, or even the health of the community. I have yet to learn where health boards and their regulations have served to any noteworthy degree to lower the death-rate.

As for strict laws to prevent imposters, mountebanks, and charlatans from deceiving the people, I have no faith in their efficiency, or even the necessity for them. We have schools, high schools, books and libraries, and innumerable periodical publications for education and to show every one how to look out for his own safety. Our American fellow-citizens are intelligent and able to take care of themselves, and need no such babying and swaddling by government. They know enough to go to bed without dry-nurses.

When protection is talked about it is time to be on the lookout for jobbery and trickery. The pretext of protecting the people by any regulating of the practice of medicine, such as is afforded by the statutes now in operation, is too utterly frivolous for serious argument. The man who puts it forth is either a fool in relation to the subject or he supposes he is talking to persons that he can fool. The people in no state of the American Union have ever needed, or asked, or wished for any such legislation. It has been foisted upon them at the behest of men who expected to secure advantage by it; and many of the bills were stolen through the legislatures when no one was on the watch. Lust of power and lust of gain are evident in them all, and we have a travesty of government—a government of the people, by the doctors, for the doctors.

If there exists any sincere desire to provide security for the people in regard to their medical advisers, it may be best met by some measure that will show individuals how to protect themselves. The late Professor Joseph Rodes Buchanan proposed such a safeguard. He suggested that every physician

who signed a death certificate should be required to name the school of medicine with which he was identified. This would be an applying of the test of the Gospel: "Ye shall know them by their fruits." Some would wince at this ordeal, but it would be a sure detector of imposters, mountebanks, and charlatans, even when they held, as so many do, the diplomas of medical colleges and certificates of license from boards of medical examiners.

Q. As a matter of fact have not very many of the greatest advances in the art of healing been made when medical practice was free of legislative restriction? Has not the school styling itself "the regular" bitterly opposed the newer modes of treatment till the success and popularity of these compelled their acceptance.

A. The concept that medical or other progress may be promoted by restrictive laws is absolutely contrary to the experience of mankind. It is not possible to devise any kind of government handcuff or gyve that can help progress. You may as well prescribe restrictions within which Thomas A. Edison shall present his inventions. They can only shackle and obstruct, hinder and smother. An examining board to license editors is no more absurd and ridiculous than those we now have to examine and license physicians. It can be only what it is; mediocrity sitting in judgment, and yet only competent mediocrities like itself. With such legislation in our country, Americans can but be a people of mediocrities.

The leading men of the medical profession, the scholars and men of eminence, who are named as honors to their calling, are not to be found trying to produce such legislation, or even approving of it. They know it to be little else than jobbery to produce the creating of useless offices and the multiplying of swarms of unnecessary officers, to infest the community like the frogs of Egypt and the malarious mosquitoes, "to prey upon the people and devour their substance." We had none of these statutes from 1845 to 1883, and neither the people, the medical profession, nor scientific knowledge suffered by it. Freedom of practice is imperatively necessary to allow advance and improvement. It has, however, been the history of the medical art from the remotest antiquity that any newer form of treatment should be first opposed, and, after being found beneficial, then adopted. It is always history that when a prophet appears he shall be rejected and persecuted; and after he is dead—rear him a monument. I need but mention William Harvey, Thomas Sydenham, and Morton of Boston, who are now honored by medical men. Others will come in their time. But the teachings of the prophet—who heeds them?

OSTEOPATHY LEGALIZED.

Osteopathy is legalized and its practice regulated by legislative enactments in the following states: Vermont, Missouri, North Dakota, Michigan, Iowa, South Dakota, Illinois, Tennessee, Indiana, California, Kansas, Wisconsin, Texas, Montana, Nebraska, Connecticut, Ohio and Maryland.

The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE

AMERICAN SCHOOL OF OSTEOPATHY.

KIRKSVILLE, MISSOURI.

Subscription, 50cts per year in advance.

CONTENTS—September, 1902.

OSTEOPATHY IN NERVOUS DISEASES, C. W. Proctor, Ph D., D. O.	285
PELVIC TUMORS, C. E. Still, D. O.	287
HOW BONY LESIONS PRODUCE PELVIC DISEASES, M. E. Clark, D. O.	290
A SYMPOSIUM ON PRACTICE, H. E. Bernard, D. O.	294
WHERE WE STAND, Chas. Hazzard, D. O.	298
OSTEOPATHY AND OSTEOPATHS, A. G. Hildreth, D. O.	300
MEDICAL FREEDOM,	303
EDITORIALS, PERSONALS, CLINICAL RE- PORTS, ETC.	307

WHAT is our position in regard to medical legislation? Summed up briefly, we believe in such laws as will allow every system of healing to be practiced without hindrance. Give the people the system and the doctor they desire. If practices are to be regulated by law, let each system set the standard by which to measure its own practitioners.

**

OCCASIONALLY, young, inexperienced but self-confident osteopaths, however they are few, astonish the older members of the profession by discovering that osteopathic measures are not sufficient to handle certain diseases, but old and in some cases, discarded medical practices have to be relied upon, when the fact is such cases have been cured by the hundreds here in Kirksville and elsewhere by purely osteopathic treatment. Of course, the announcement of such new discoveries is somewhat amusing to the older and better informed members of the profession and the performance of these wise ones is even ridiculous. On a recent occas-

ion, a practitioner of osteopathy of one or two years experience, a graduate of a school where osteopathy by no means had been correctly or fully taught, was advocating the use of methods non-osteopathic for the treatment of a few minor disorders, inferring, of course, that osteopathy could not do the work. It being well known to every one present that such was not the case, that such disorders had been speedily and successfully handled in numerous cases, it made the remarks of the speaker appear quite asinine. To sum up the situation the speaker appealed to osteopaths not to condemn other methods (which they were not doing) until they had investigated, whereupon an experienced practitioner present remarked that the speaker might do well before condemning it, to investigate the science he was trying to practice. One man's experience in practice is no test of the merits of osteopathy by any means.

**

THE theory of the cause of disease from an osteopathic standpoint is a mechanical one, therefore the true osteopath is a mechanic. His business is to adjust abnormal condition to the normal, theoretically then his work is done, for when the body is in perfect mechanical order nature will perform all her functions aright. A knowledge then of the mechanical arrangement of his machine (the anatomy of the human body) is his most essential requirement.

**

IN visiting the various osteopaths over the country, one is impressed with the fact that the busy, successful osteopaths are practicing osteopathy according to Dr. A. T. Still's method, from the mechanical standpoint. In the offices of these practitioners you will find no electrical apparatus, no surgical instruments, no bath rooms. Successful osteopaths practice osteopathy only.

**

DR. E. E. BRAGG, of Birmingham, Ala., was a recent caller at the JOURNAL office. He has just passed through the legal will of his state and although looking well he complained of having his feathers brushed the wrong way by the state medical board. Dr. Bragg was arrested some time ago for prac-

ting medicine without a license from the state board. Although he contended in the courts that osteopathy was not medicine in the sense that the lawmakers had in mind when they passed the law regulating its practice, still the court, contrary to the opinion of courts elsewhere, could not see it that way and convicted him as charged with the violation of the state medical act. As a result, when he got to the end of his rope he had to pay a fine. Although he had a good business he says lawing is too expensive. He did not think that a contributed editorial in the August JOURNAL on the "splendid decision" of the Supreme court of Alabama was quite according to his way of viewing the matter. Theoretically, it might be a good thing for osteopathy to receive a decision that makes it the practice of medicine, equal to and on the same basis other schools of healing, and the osteopath amenable to the medical law, but practically it is a poor thing for the osteopath when such decision drives him out of the state for the reason that he cannot get a license from a prejudiced medical board, and one must be secured for him to be within the law. There are 2000 M. D.'s, all allopaths, in Alabama, fighting against five osteopaths. The last stone however has not yet been turned, the osteopaths have many friends in the state and a bill will be introduced in the legislature this winter to legalize the practice.

.

The American School Withdraws From the Associated Colleges of Osteopathy.

At the last meeting of the A. C. O. held at Milwaukee, Aug. 7, the American School of Osteopathy through its representative, Dr. C. E. Still, withdrew from the association. The question of withdrawal has been under advisement by the trustees of the A. S. O. for the past two years. The American School has in the past and does today stand for the future success of osteopathy above every other interest. The question of money making is a secondary matter, it has always been the Old Doctor's highest ambition to establish a science that will live in time to come as an independent school of healing.

This question of withdrawal has been carefully considered and the step taken was

one that was not decided upon in a moment. The condition of affairs was such that the American School, whose history and growth is a little less than the history and growth of osteopathy itself, whose president is its founder and the discoverer of osteopathy, considered it to be for the best interest of the science to withdraw its support and membership from the association. The reasons for this action are herewith set forth as follows: First, associations are formed for the mutual benefit of their members. In rightly organized associations each member should contribute equally for the common good, at least, in character. What a school stands for, represents its character. If it stands for osteopathy, that is its character, if it stand for a part of osteopathy and a part of something else, that represents its character, if a school stands for money making, that represents its character. There are too many schools in the association that teach too little of osteopathy and too much that is non-osteopathic, and therefore that which is detrimental to the cause. Membership in an association with such schools is an endorsement of their methods and an acknowledgement that the character of their work is equal to that done by the better schools. These schools instead of contributing anything to the cause of osteopathy, use the reputation of the better schools to attract business and to make them appear equal to the best, from the fact that they are members of the association. Graduates of such schools are too often found after a short experience in practice, advocating methods for the treatment of certain diseases which are not osteopathic, and which diseases have been successfully handled by purely osteopathic means for the past ten years by those who are experienced and thoroughly educated in the principles and practices of the science.

Second, the American School does not endorse the business methods of certain schools in the association, schools whose business methods are, for the sake of attracting business, questionable.

Third, there is no further need for an association of the character of the A. C. O., since the work supposed to be performed by it can be much better done by the American

Osteopathic association. This association the American School most heartily commends. Let this association make the standard by which to measure the schools.

.

OSTEOPATHY H'S NO ADJUNCTS.

The American School of Osteopathy Stands for Osteopathy—Pure and Simple

By advocating osteopathy pure and simple, the American School does not say there is no good in other non-drug methods of healing. There is enough in osteopathy however to require the full time and best energies of its practitioners to the exclusion of time spent in trying to learn and practice other methods. Osteopathy, if mastered, needs no adjuncts.

.

THE practitioner of osteopathy or the student in school who calls a medical doctor to administer to himself or to members of his own family in sickness is no less than a thief at heart. He is a hypocrite. He recommends for a consideration to the people that in which he has no confidence. To the credit of osteopathy, it can be truthfully said that such people are few and far between. Failure will always be found in company with those who have no confidence in their profession. Enthusiasm, born of confidence, and success go hand in hand. If you don't believe in osteopathy, don't study it—don't practice it.

.

OSTEOPATHY cannot be learned from a book no more than can the art of sculpture. A knowledge of the principles and practices of osteopathy, a science that is based on anatomy and physiology, can only be learned by concrete instruction. The system of trying to fake the people by teaching osteopathy by mail has been almost ridiculed out of existence.

.

It is no unusual thing to hear the expression that the ideal doctor is the one who practices the good out of all systems of healing. For one to learn the good in all systems is impossible—it requires a life time

for an individual to be master of a single system. Learn to do one thing well—learn to practice one system successfully. Better be master of one art than a blunderer in a dozen.

Our National Association Meeting at Milwaukee a Grand Success.

No event in the history of osteopathy is more entitled to be called a success than the recent meeting of the American Osteopathic association at Milwaukee, Aug. 6, 7 and 8.

The profession was well represented from all parts of the United States by men and women, whose presence was a credit to the osteopathic cause. There were over two hundred osteopaths at this meeting, graduates and representatives of every reputable osteopathic school, representing almost every state in the union. The sessions extended over a period of three days and were held in commodious quarters in the Pfister Hotel. At every session the interest manifested in the various papers, clinics and discussions was indicative of progress and scientific advancement, for which every competent exponent of the science stands. No doubt, this convention will do a great deal toward increasing the membership in the association as the universal report of every one in attendance will be, that the association is a good thing and that the meetings are of considerable benefit to every practitioner, in fact, the association is a grand success and every osteopath should be a member. We believe the work of this association is a credit to the cause of osteopathy. One of the most gratifying manifestations at the convention was the almost universal sentiment in favor of osteopathy pure and simple, osteopathy without adjuncts—osteopathy without drugs, without electricity, without hydrotherapy, etc. The next annual session will be held at Cleveland, time of meeting to be announced later. We predict an attendance, at our next year's meeting, of not less than five hundred. Let us work for it.

Officers for the ensuing year were elected as follows: Dr. Chas. C. Teall, president, New York; Dr. C. V. Kerr, 1st vice-president, Cleveland; Dr. Ella D. Still, 2nd vice-

president, Des Moines; Dr. M. F. Hulett, treasurer, Columbus; Dr. Irene Harwood, secretary, Kansas City.

In addition to the local osteopaths at Milwaukee, the following among others were in attendance: Drs. R. W. Bowling, Franklin, Ky.; H. I. Hewish, Wilkes Barre Pa.; S. A. Ellis, Boston, Mass.; Ada A. Achorn, Boston, Mass.; E. J. Freeman, Minneapolis, Minn.; C. W. Young, St. Paul, Minn.; Helen de Lendrecie, Fargo, S. Dak.; L. A. Liffing, Toledo, Ohio; Edith Ashmore, Detroit, Mich.; Guy W. Burns, New York; J. E. Collier, Nashville, Tenn.; C. H. Phinney, Los Angeles, California; Bessie Childs, Milwaukee, Wis.; Arthur G. Hildreth, Kirksville, Mo.; Florence McCoy, Toledo, Ohio; C. M. T. Hulett, Cleveland, Ohio; D. Ella McNicoll, Frankfort, Ind.; Guy D. Hulett, Kirksville, Mo.; Walter J. Novinger, Trenton, N. J.; Clarence Kerr, Cleveland, Ohio; E. C. Pickler, Minneapolis, Minn.; M. F. Hulett, Columbus, Ohio; Arthur Morgan King, Hot Springs, Ark.; T. L. Ray, Ft. Worth, Texas; Agnes V. Landes, Chicago, Ill.; Blanche Still Laughlin, Kirksville, Mo.; Chas. C. Reid, Worcester, Mass.; Geo. M. Laughlin, Kirksville, Mo.; C. L. Richardson, Cleveland, Ohio; Wm. F. Link, Knoxville, Tenn.; Clifford Stearns, Washington, D. C.; Addison S. Melvin, Chicago, Ill.; Chas. E. Still, Kirksville, Mo.; C. P. McConnell, Chicago, Ill.; Ella D. Still, Des Moines, Iowa; Wm. Smith, St. Louis, Mo.; Leroy Bernard, Chicago, Ill.; Bessie Duffield, Nashville, Tenn.; H. E. Bernard, Detroit, Mich.; A. L. Evans, Chattanooga, Tenn.; Simpson S. Blair, Owosso, Mich.; Frank D. Bohannon, Monticello, Ill.; A. Fisher, Sr., Chicago, Ill.; Alden N. Bolles, Denver, Colo.; Nettie H. Bolles, Denver, Colo.; S. J. Fryett, Madison, Wis.; E. R. Booth, Cincinnati, Ohio; Almeda Goodspeed, Chicago, Ill.; H. S. Bunting, Chicago, Ill.; H. H. Gravett, Piqua, Ohio; G. D. Chafee, Jr., Appleton, Wis.; Warren Hamilton, Kirksville, Mo.; Marion E. Clark, Kirksville, Mo.; Irene Harwood, Kansas City, Mo.; D. L. Clark, Sherman, Texas; Edward Carlyle Crow, Elkhart, Ind.; F. C. Heyer, Toledo, Ohio; Lee D. Hickman, Princeton, Ill.; J. W. Maltby, Milwaukee, Wis.; J. R. McDougal, Chicago, Ill.; Sum-

merfield Still, Des Moines, Iowa; Jos. H. Sullivan, Chicago, Ill.; Chas. C. Teall, Brooklyn, N. Y.; Joseph Vance, Chillicothe, Ohio; Helen VanHorn, Chicago, Ill.; Harry M. Vastine, Harrisburg, Pa.; Cornelia Walker, Kansas City, Mo.; Canada Wendell, Peoria, Ill.; Charlotte Bernard West, Chicago, Ill.; C. H. Whitcomb, Brooklyn, N. Y.; C. J. Muttart, Phia, Pa.; J. H. Murray, Burlington, Wis.; J. E. P. Holland, Bloomington, Ind.; Nellie Fiske Whitcomb, Brooklyn, N. Y.; Wm. H. Wilderson, Circleville, Ohio; Homer Woolery, Bloomington, Ind.; Isadora Beebe, Chicago, Ill.; Mary Kelly, Chicago, Ill.; Clara Milner, Chicago, Ill.; Wm. Hartford, Champaign, Ill.; J. M. Littlejohn, Chicago, Ill.; Alfred Young, Geneva, Ill.; Lola Hayes, Wyanett, Ill.; Julia Fogarty, Michigan City, Ind.; J. W. Hofsess, Des Moines, Iowa; J. B. Littlejohn, Chicago, Ill.; Fred Bishop, Waukegan, Ill.

The Stomach.

W. S. DRESSEL, D. O., TOULON, ILL.

It has been said that the stomach is the cesspool of the body. Many healthy persons will eat in large quantities anything they crave which often produces a distressed feeling in the stomach. Gas forms and the abused organ enlarges and crowds other viscera causing pain or palpitation of the heart. Then they wonder what is the matter and what causes them to have a weak stomach. Many stomachs are weakened by eating improper food, food that is hard to digest.

The stomach can do just so much and no more and if crowded or overworked the food will pass on into the intestines unacted upon by the gastric juices.

The stomach may be weakened while the person is young. Some mothers to keep peace with the children will give them anything to eat that they desire, and in great quantities just to keep the child from crying, little thinking of the troubles ahead.

Our stomachs ought to be our best guides as to what we should eat. We should crave what we ought to have and what the system needs. This is nature's way of keeping the system built up, but we have to use our own judgment as to how much we should eat, and how often.

The stomach will call for food when it is needed and then is the time to eat, for it is the cry of the nerves for more nourishment and they should receive it. How often have we left the table after eating a meal saying that we wish we had not eaten so much and that we felt sleepy and sluggish? We know that this abuse of the stomach which is a "catch all" for some people, is the exciting cause of much of the stomach trouble which is so very common. As osteopaths, we believe there is a predisposing cause back of all of this which is found at the origin of the nerves which control the action of the stomach and the blood that supplies the stomach. A lesion from the sixth to the tenth dorsal vertebra or the corresponding ribs is usually found or an interference with the pneumogastric nerve which has its origin in the floor of the fourth ventricle of the brain. Recently I was called to a case of stomach cramps which had almost doubled the patient up into a knot and in five minutes after I arrived she was easy. All that did was to give firm pressure at the fifth, sixth and seventh dorsal on both sides of the spine. This proves to me that these nerves are sensory as well as motor and that acute gastralgia can be handled. The cramps were brought on by the patient eating pickles and honey. It is this sort of diet that has weakened many stomachs.

Too often the stomach is racked and ruined by the use of strong drugs. For instance, in cases of chronic constipation or bowel trouble, the stomach is filled with pills, powders and purgatives which tend to paralyze the action of the stomach and bowels rather than to aid them. There is no basis for their use and they are given simply because they are the only weapons the M. D.'s have at their command.

Prof. E. R. Peasey, M. D., of the New York Medical College has said, "the administration of powerful medicine is the most fruitful cause of derangement of digestion." He spoke from experience. He spoke wisely.

On the Old and New Treatment of Influenza.

A CONTRAST.

In the short paper in the *British Medical Journal* of February 15th I gave a case of

diabetes cured in a few weeks by measures exactly the opposite of those followed by the profession.

This disease is a comparatively rare one. I now wish to speak of one of the most common and most fatal diseases of the period, which may also be treated with success by methods the opposite of what are now ordinarily employ. I allude to influenza. My first experience of influenza was in Aberdeen, when beginning my medical studies in the winter of 1836-37.

The epidemic was almost universal, affecting more of the community than any I have met with since. Whole families were laid down and were absolutely helpless, and sometimes were discovered in this condition by their neighbours.

The last thing that was thought of in those days was to feed the sick, who wished for nothing, or to give them any stimulant whatever. They were absolutely left to nature, and I do not remember of hearing of a death during the whole epidemic. It is quite possible that such may have occurred in old and feeble individuals, but I have no recollection of it, nor do I remember any epidemic occurring since with anything like the same severity or numbers. Common colds, which occur also in epidemics, as being of a most infectious nature, got to be spoken of as influenza; but I am not aware of cases like those in Aberdeen occurring till the appearance of a severe form of the disease, which originated in Russia, and spread thence to this and other countries. The general method of treating disease had now completely altered, and with it the treatment of influenza. The toxic element, whatever it was, led as formerly to intense depression; but instead of being left to nature to be got rid of in its own way, was opposed by giving food and stimulants, both of which, especially the stimulants, stopped the natural actions of the system in expelling the poison, and in many cases led at once to a fatal result.

The after effects are too well known to need mention, and the deaths from them have been much more frequent after a more or less prolonged period than were those from the original attack. These deaths are not returned as from influenza, but from the diseases resulting from it—notably from

pneumonia and other chest affections. For myself, I have all along treated cases of influenza on the old method of leaving them absolutely to nature, and so far as my memory goes I do not remember the loss of a single case. Certainly for twenty-five years after my late colleague and successor joined me we did not lose a single case. In *Plea for a Simpler Life*, and also in the preface to the conjoint volumes of *Plea* and *Fads*, I give numerous cases of patients who were cured when left to nature, and of others which went wrong on the usual treatment of the day. Perhaps the most remarkable of the recoveries was that of an old lady of eighty-seven, given fully at p. 87 of *Plea*. She has enjoyed the best of health ever since, and at the age of ninety-four she gives every promise of living her hundred years at least. On the other hand, several cases, which were treated wrongly from the beginning, or were interfered with when making good progress to recovery, are instances of the sad results daily occurring, from what has come to be regarded by the profession as the proper method of treating the disease. Diabetes and influenza are typical diseases, which differ the one from the other as to their cause and treatment. Diabetes is the result of bad feeding, and its cure is effected by a return to a more rational dietary. In influenza an active poison has got into the system, causing intense temporary depression, which nature if left free to act soon eliminates, not only with no permanent damage, but it also carries off morbid matters in the blood which may have been affecting the general health of the patient perhaps for a long period.

I have invariably found that influenza wisely treated leaves the patient in better health than before.

GEORGE S. KEITH,
CURRIE, MIDLOTHIAN, SCOTLAND.

A Letter From Dr. W. J. Conner to Missouri Osteopaths.

TO THE OSTEOPATHS OF MISSOURI.

DEAR DOCTORS:—The Missouri Osteopathic association which met at Kirksville in June was an interesting and profitable meeting but the percentage of the osteopaths of

Missouri in attendance was entirely too small. Considering the number in Missouri, the attendances should not have been less than one hundred. Next year I think the association will meet in St. Louis or Kansas City and we should prepare for an important convention.

I hope that all the osteopaths in the state who have not joined the association will send in their names to Dr. Hezzie Carter Purdom of Kansas City, Mo.

We are going to open fire all along the line on the fake osteopaths now practicing in Missouri. There are not many in the state, but we intend they shall move on, and stop faking the people and disgracing the profession. If you know of any person practicing osteopathy in this state who has no diploma from a reputable school I wish you would send me his name and we will set him adrift. We want the co-operation of every osteopath in the state. Those who are delinquent in their dues will help us by sending the amount to the secretary, Dr. Purdom.

There is another class of impostors living off the reputation of osteopathy. I refer to a class of incompetent M. D.'s who can't make a living at their own profession and are advertising themselves as osteopaths. I wish to get a list of them, too, not that we can help ourselves in the premises but just to know how many there are in Missouri. We may be able to stop them. We would like to have the information as a matter of history and maybe we can use the information sometime.

One other matter I wish to call to the attention of the M. O. A. I want you to make a note of any interesting cases you may treat between now and the next meeting of the association, file them away and bring or send them to the next meeting of the association. I hope we will be able to put all the papers and discussions in book form of our next meeting so that they may be preserved for future study and perhaps we can furnish a copy to all the members of the association.

I hope the osteopaths of the state will give these matters, I have referred to, their prompt attention and work for the success of the M. O. A.

I am very respectfully,
W. J. CONNER, D. O., Pres. M. O. A.
204 N. Y. Life Bldg., Kansas City, Mo.

Controversy Between Osteopaths and the State Board of Medical Examiners of Iowa at Last Settled.

J. R. BULLARD, D. O., MARSHALLTOWN, IOWA.

Osteopathy is now on a legal and substantial footing in this state.

At the recent meeting of the state board, certificates to practice their profession were granted to 274 osteopaths. These certificates were issued, without examination of the applicants, according to the provisions of the law in regard to those engaged in the practice at the time of its passage.

The people of Iowa are to be congratulated on securing a law, which protects both the profession and the public against inroads of the inscrupulous. The fakir in osteopathy is a thing of the past in this state. He will have to seek new fields, which I am proud to say, are being made narrower each year by good and sound legislation in the various states. Certificates were issued without exception to applicants from all schools endorsed by the Iowa Osteopathic association. There was a disposition on the part of the board to withhold certificates from applicants who presented diplomas from schools, in which the course of study at the time of issuing such diploma, did not conform to that required by the new law.

The opinion of Attorney General Mullan on this question, and also of the time when the new law went into effect, was asked for. His opinion was, in substance, that the intent of the law was, that certificates should be issued without examination to all applicants who were engaged in the practice of osteopathy in the state at the time of the passage of the law, provided such applicants held diplomas from legally incorporated schools endorsed by the Iowa Osteopathic association. He also held that by the time of passage of a law, meant the time when the law became effective, in this instance, July 4, 1902, and not the time of actual passage by the legislative body, April 8, 1902. So according to this ruling persons who graduated the latter part of June this year and made application received certificates.

As to persons desiring to engage in the practice of osteopathy subsequent to the

passage of the law, they must hold a diploma from a legally incorporated school of osteopathy, in which the curriculum conforms to the requirements of the new law, viz: four terms of five months each in actual attendance, and which shall include instruction in anatomy, including dissection of the lateral half of the cadaver, physiology, chemistry, histology, pathology, gynecology, obstetrics, theory of osteopathy and two full terms of practice of osteopathy. Such school must also be endorsed by the Iowa Osteopathic association. All applicants presenting diplomas from such a school will be granted an examination by the state board of medical examiners on the above named branches (except theory and practice of osteopathy until such time as there may be appointed an osteopathic physician on the state board of health and medical examiners.)

Examinations will be conducted at the same time, place, manner and the same general average required as for other physicians. The board requires a general average of 75 per cent. on the scale of 100. Upon passing satisfactory examination the board will issue to applicant a certificate to practice osteopathy in Iowa. Such certificate will show that it was issued upon an examination. The certificates issued at the last meeting show that they were issued according to the provisions of the law, providing for those engaged in practice at the time of its passage.

The statutes of Iowa do not provide for representation of the various schools of medicine on the board of health and medical examiners. The fact that this body is composed of representatives of the various schools of drug is due to the courtesy of the governor who makes the appointments. Now that the new law legalizes the osteopathic school in this state, we may reasonably expect, when a vacancy occurs, that we may have the same courtesy extended to us. However, if such be not the case, the fitness of the applicant to practice osteopathy can be sufficiently investigated by the Iowa Osteopathic association as the quality of the school from which the applicant is a graduate must be passed upon by the association.

Dr. A. T. Still's New Book

The Philosophy and Mechanical Principles of Osteopathy is the title of Dr. Still's new book. This book is now in the hands of the printer and will be ready about Oct. 1st. This work will contain the Old Doctor's latest investigations along osteopathic lines. The subject matter deals with the principles of cause and effect in relation to diseases of the human body. Also it contains many practical points in the treatment of diseases. The book will contain over four hundred pages and will be ready for sale about Oct. 15.

Married.

Dr. Benj. F. Riley and Dr. Bertha Allen, both of New Haven, Conn., were married August 11th.

Dr. Ferdinand C. Heyer of Toledo, Ohio, and Miss Gertrude Stearns of Mason City, Ia., were married at Mason City, Ia., July 29th.

Dr. Lee Deeming and Miss Edith Adams were married July 29th, at Philadelphia, Pa. They will reside at Ocean City, N. J.

Died.

Dr. Belle Hannah, wife of Dr. Frank Hannah, died at Kirksville, August 14, of consumption. Burial took place at Forest cemetery, this city, Aug. 16th. She graduated from the A. S. O. in 1896, and up until one year ago she engaged in the practice at Indianapolis, Ind. The husband, Dr. Frank Hannah, has the sympathy of all his friends in the profession.

Harry McIntyre Loudon, the infant son of Dr. and Mrs. Guy E. Loudon, of Burlington, Vt., died July 26th. The fatal sickness was a sequel to a slight bowel trouble. Dr. and Mrs. Loudon have our sympathy.

Book Notices.

FREEMAN'S DIAGNOSTIC CHART. Diseases Diagnosed by Urinalysis, is the title of Dr. Freeman's new chart. It shows diseases that change the characteristics of normal urine and those changes outlined as shown by urinalysis. This chart is carefully com-

plied from the best authors and is certainly very handy for the use of students and practitioners doing analytical work along this line. Price, 50 cts. Published by E. J. Freeman, D. O., Minneapolis, Minn.

MASSAGE AND THE SWEDISH MOVEMENTS. This is a small work containing numerous illustrations of the application of these methods. It contains a considerable number of valuable points on the observation of diseases. This book is published by P. Blakiston's Son & Co., Philadelphia, Pa., and is sold at \$1.00 a copy. Its author is Kurre W. Ostrom.

THE PRINCIPLES AND PRACTICES OF BANDAGING BY G. G. DAVIS, M. D. This is a good book for every student. It contains illustrations of the method of application of bandages to almost every condition where a bandage is required. It is intended for beginners. The price of this book is \$1.50. It is published by P. Blakiston's Son & Co., Philadelphia, Pa.

RATIONAL HYDROTHERAPY. The author of this work is the well known physician, Dr. Kellogg, superintendent of the Battl Creek, Michigan Sanatorium. This work is a manual of the physiological and therapeutic effects of Hydriatic Procedures, the Technique of the application in the treatment of diseases. It is a very complete work on the subject. Published by F. A. Davis Co., Philadelphia, Pa.

The Composite Man, by E. H. Pratt, M. D., of Chicago, is a most interesting book on the subject of anatomy. The subject matter is presented in fourteen lectures, in a manner that interests both the student and layman. Every student of anatomy will find, when he has read this book that many obscure points have been made perfectly clear. It is published by The New Age Publishing House, 100 State Street, Chicago. Price, \$1.50.

PERSONAL MENTION.

Miss Cordelia Morrey, D. O., has changed her location from Circleville, Ohio, to Springfield, Ohio.

Dr. D. E. Morris, recently of Monett, Mo., is now located at Aurora, Mo.

Miss Harriett M. Conner, D. O., has recently located at Lumberton, Miss., where her brother, Dr. R. W. Conner, formerly practiced.

Miss Agnes Landis, D. O., of Chicago, has moved her office from 1110 to 1003 Masonic Temple.

Dr. J. L. Hively of Denver, Colo., has changed the location of his office from 335 14th St. to 301-302 Kittredge Bldg.

Anna E. Collins, D. O., has recently opened an office at 3399 Main St., Buffalo, N. Y.

Dr. Walter Steele, of Buffalo, N. Y., recently left for Europe, where he expects to make a short visit. He will meet Mrs. Steele, who preceded him several months ago. They expect to be back at Buffalo sometime in September. Dr. Steele is the pioneer osteopath of Buffalo and has always had a large practice—there are no better osteopaths in the profession than Dr. Steele.

Dr. Fred Julius Fassett has recently opened an office at Trinity Court, Boston, for the practice of osteopathy. Dr. Fassett is especially well qualified and we predict for him success.

Mr. Chas. Kibler, for the past six years head janitor at the A. S. O., has resigned his position and will engage in farming near Enid, Okla.

Dr. C. L. Kirkham of the last graduating class, was a recent caller at the JOURNAL office. He will locate at Sharon, Pa.

The following graduates of the A. S. O. visited us during the past month: Drs. J. A. Linnell, Chicago, Ill.; Pearl M. Agee, Texarkana, Ark.; W. H. Eckert, St. Louis, Mo.; H. T. Still, Wichita, Kan.; I. J. Hartford, Bloomington, Ill.; T. B. Mansfield, St. Louis, Mo.; N. D. Laughlin, Hannibal, Mo.; Z. Z. Probst, Story City, Ia.; Belle Olney, Ottumwa, Ia.; Robt. Conner, New Orleans, La.; E. E. Bragg, Birmingham, Ala.; Robert Vallier, Pocatello, Idaho; S. J. Fryett, Madison, Wis.; C. C. Linhart, Evansville, Ind.; Thomas Vallier, Callaway, Neb.; E. D. Garrard, Gilman, Mo.; B. C. Roberts, Lincoln, Ill.; E. E. Beeman, New York City; C. W. Proctor, Buffalo, N. Y.; Joseph Wenger, Fulton, Mo.; Minnie Potter, Memphis, Mo.

Dr. Geo. J. Eckert of Cleveland, Ohio, left the last of August for a trip up the Great Lakes in a private vessel. He was accompanied by his wife and daughter. Dr. James W. Forquer will look after his practice during his absence.

On August 6th, the Old Doctor's 74th birthday, he received many messages of congratulations and good wishes. None was more appreciated by him than the following one from the American Osteopathic Association then in session at Milwaukee. "Love and congratulations on your seventy-fourth birthday from all your children"

AMERICAN OSTEOPATHIC ASSOCIATION.

Missouri Should Lead in Osteopathy.

There is no reason why Missouri should not lead the procession "solid for osteopathy," and many good reasons why we should.

In the first place Missouri is the birth place of osteopathy, the home of the honored founder, the location of the original school where more than three-fourths of all practitioners now in the field received their diplomas.

Every practitioner in the state should take a personal interest in helping the Missouri association to put a first-class practitioner in every town and city in the state.

The association is wide awake. It is rapidly-increasing in size and enthusiasm, and it will not be long before every D. O. in the state will be enrolled as a member. They will realize, I think, that they must join us and help to "regulate the pulse" of this association or they will soon be crowded to the border land by its rapid expansion.

As far as I can learn there is not an osteopath in the state who is not doing well, please bear this in mind.

Of course, there are a few graduates from all our schools who are still playing in the orchestra of "The Wandering Jew." Those who have located in Missouri, however, are too busy to even listen to the doleful discords of these dreamers, as they wander from place to place.

At present there are about 185 osteopathic physicians practicing in Missouri.

There are still about fifty good towns of from 1000 inhabitants to 6000, yet to be supplied with genuine wide-awake practitioners. No others need apply.

Every member of the Missouri association should lend a helping hand in supplying these localities with the best.

If you should chance to meet a D. O. riding behind an ox team hunting a location, please ask the driver not to unload his man until he has crossed the state line going out. For we have no room for such, he could never thrive in our Missouri atmosphere, and we have no time to bury him.

The Missouri association will only take time to bury the "fake osteopaths." Fortunately there are only a few of this class, and out of respect for old Gabriel who will have no time to bother with them, we will bury them so deep that the blasts of his horn will not disturb their slumbers.

In order to make a clean sweep in Missouri and write "solid for osteopathy," it is highly essential that we keep in touch with each other's work, and encourage only the best operators to locate in the state. I am making out a list of all the good towns in Missouri not yet supplied, and will publish it when completed. Would like to have every practitioner who has recently located in Missouri to notify me. I do not wish to publish your location as one not yet supplied. I will also ask every practitioner in the state to send me reports of any good cases you have had, any difficulties you have met, or, in fact, anything which you think would interest the profession. If I do not publish your report, I will use it in my paper to be read at our next regular meeting. It will help to make the report on "work done by the Missouri osteopaths" interesting to all.

If you have not joined the association, do so at once.

Remember you have a part in this state work. Don't let a few of the association members do all the work, then rush up and deafen everybody by yelling, "we killed the bear."

MINNIE POTTER, D. O.
State Editor for Missouri Osteopathic Ass'n

Wisconsin Osteopaths Elect Officers.

The annual meeting of the Wisconsin State Osteopathic association was held August 7th at Milwaukee in the Masonic temple. Fifty members of the association were present at the meeting and officers were elected as follows:

President—Dr. J. Foster McNary, Milwaukee.

Vice President—Abbie Davis, Ashland.
Secretary—Edwin J. Elton, Kenosha.
Treasurer—Eliza Cubertson, Appleton.
Directors—William M. Thompson, Sheboygan; J. A. Quim, Oshkosh, and H. H. West, Portage.

Wanted.

A first class osteopath to take my practice here. Four towns within reach, with a population of over 5000 each, with only one osteopath for them all. Practice pays about \$200 a month, and has for over a year. But it can be increased if there are two, a man and wife. Living very cheap, and a fine town. Write at once as I wish to get away by the first of Oct. Address,

B. A. McCONNELL, D. O.,
Uhrishville, Ohio.

CLINICAL REPORTS.

REPORTED BY DR. LILLIE M. BENNING, CONNEAUT, OHIO.

Mastoid Abscess:—

Mrs. D. C. Ransom was a sufferer from mastoid abscess. Her case had reached a very serious stage and her physician had decided that nothing could be done to relieve her except a surgical operation. Her condition was indeed serious as she could get no rest from pain except from the use of opiates. As a last resort before the surgical operation, I was called to see what I could do for her. Much to the satisfaction of the patient and myself, she improved from the first treatment and in a short time was entirely cured.

Appendicitis (So-called):—

REPORTED BY J. H. HARDY, D. O., LAMAR, COLORADO.

Mr. F—, age about thirty, began complaining on Friday with pain in bowels, especially in right side above the iliac crest. Took his bed Saturday, called an M. D. on Sunday, who told him he had appendicitis, and that there was no remedy outside of an operation which would have to be performed immediately, but he and his family would not consent to an operation, so on the advice of a neighbor who had had some experi-

ence with osteopathy, I was called Monday evening, the fourth day after the attack. Upon examination I found no trouble with the appendix whatever, but pain, tenderness and a rise of temperature in ascending colon just above caecum. Lesions at first and fourth lumbar. The trouble was greatly relieved at first treatment, and improved so rapidly that he was able to come to my office in four days, a distance of nine miles. It has been a month since the attack with no sign of its return.

REPORTED BY J. H. HARDY, D. O., LAMAR, COLORADO.

Hiccoughs:—

Mr. Y—, age seventy-eight, had always enjoyed good health until he took a severe cold about March 1st. He suffered intensely with pain in cervical and upper dorsal regions, soon developing into bronchitis and distressing hiccoughs. He was treated six months by an M. D., who tried all remedies in the realms of the medical profession with no relief. Stomach and bowels were deranged. Hiccoughs so violent that sleep was almost impossible. Morphine was given which at first relieved the hiccoughs, but soon they returned much worse than before, and morphine would have no effect except to derange the digestive organs and nervous system. I found him in this condition the 13th of April. The first treatment relieved him so that he got a good night's rest; improvement was steady from the start, so that he was cured in one month. Treatment was directed to spine, especially to cervical and upper dorsal regions.

REPORTED BY ELIZABETH P. CROWDER, D. O., FAIRFIELD, IOWA.

Chronic Peritonitis.

Woman, age 29. Case of four months standing. She had taken medical treatment before coming to me. I found the abdomen swollen and tense with considerable soreness. She suffered with severe pain in head and back of neck, which caused a loss of memory and a fear of mania. There was also an extreme vaginitis, so that I could scarcely determine the exact condition of the uterus. I relaxed the muscles along the spine through the

lower dorsal and upper lumbar regions to free the nerve supply to the abdominal viscera and also to the abdominal muscles. I treated lightly over the abdomen at first, but gradually increased the force of this treatment as the soreness subsided. After one month's treatment, patient appeared quite well in every respect.

REPORTED BY W. J. CONNER, D. O., KANSAS CITY, MO.

A Remarkable Sleeper.

Mr. D. C. Levit, 3214 E. 12th st., Kansas City, Mo., went to sleep April 26th and awakened July 21st.

On last Thanksgiving day Mr. Levit was taken with a violent pain in his head, which continued for some time. The last of Feb. when he was discharged from a sanitarium he soon went to sleep and remained sound asleep for three months, except about once a week he would wake up for a few hours. It seemed to be a perfectly natural sleep, you could shake him and talk to him and he would wake up any time, but he would immediately go back to sleep. If you asked him how he was feeling he would answer, "all right."

I examined the case on July 1, 1902, and found a lateral dislocation of the atlas, and made a favorable prognosis. His wife had tried everything else and agreed to let me treat him a month, and if there was any sign of recovery I was to continue and if not I was to quit. He began to improve from the first week and in three weeks he was perfectly awake, and he has remained so ever since during the day, and sleeps well during the night.

The M. D.'s had diagnosed it everything from tumor on the brain to insanity and gave his wife no hope of recovery.

Mr. Levit is a traveling man, and he is about 48 years old, weighed about 240 when he went to sleep. He has lost about 40 pounds which is about all the effect of the long sleep he has felt.

REPORTED BY P. L. HODGES, D. O. AND C. H. STEARNS, D. O., WASHINGTON, D. C.

Sciatica and Prolapsus Uteri.

Mrs. P—, age 35; two children, second an eight month baby taken from mother

with forceps. Immediately after birth of child she had paralysis of right limb, this gradually disappeared to be succeeded by a very stubborn case of sciatica in same limb. She had but little use of this limb and intense pain would appear after sitting a short time. This pain followed course of nerves and made itself felt in all parts of upper and lower leg and foot.

Lesions: Lower ribs depressed; right innominate up and back; 3rd, 4th and 5th lumbar vertebrae posterior. Most of the damage seems to have been caused at birth of child. The worst condition was a prolapsus of the uterus with all attendant symptoms. Case cured by readjustment of displaced parts. Chronic constipation, which she had had for ten years, was also cured. This case was treated three months.

Enterocolitis and Atony of Stomach.

Mr. F—, age 27. Trouble dates from a summer season of athletic sports. Was treated by a number of physicians, the last a specialist who dieted his patient and used stomach pump to see how the food got along after being in the stomach a specified time, etc. Patient weighed less than a hundred pounds, was very anemic, had dizzy spells, extremely weak, nocturnal emissions, melancholy, violent headaches, could get no action of bowels without an injection of salt water. With the movement came mucous in large quantities and occasionally a cast. Rectum prolapsed and an enlarged prostate.

Lesions were typical stomach and bowel deviations in upper dorsal and splanchnic areas; fifth lumbar anterior. Two months treatment and a month of vacation cured the patient. He weighs only five pounds less than his normal weight now.

Typewriter's Paralysis.

Miss S—, age 26. Came to our office saying she must be cured some way, she would try us so as not to omit any of the treatments designed to benefit cases like hers. Had been unable to use the typewriter for over a month, was getting more nervous, both arms and shoulders hurt her most of the time and as she expressed it her head had begun to "bob." Her stomach began to trouble about same time. Arms

and head were apparently without circulation, perfectly white and very little reaction to cutaneous stimulation.

Lesions: Atlas and axis separated; 1st, 2d and 3rd dorsal anterior. There was some contraction of muscles lower than 3rd dorsal. The vaso motors in this case were as much to blame as the nerves supplying the arm. Treated two months and discharged cured.

Mitr. Regurgitation.

Mr. W—, age 25. Had dyspnoea, some pericardial pain and general weakness, blowing sound from regurgitation heard in left axilla and back of scapula. At this time he could not walk a block without giving out in strength and breath both.

His chest was very narrow and contracted allowing little play for either lungs or already enlarged heart. Three months treatment; result, little or no dyspnoea, except on extreme exertion. He walks as much as he wants to now and suffers no bad results. Chest is nearer normal; bulging on left greatly diminished. During treatment he was relieved of an irritation of the bladder, causing frequent micturition. This case was most satisfactory as the results were much better than expected.

* * *

REPORTED BY H. W. HOUF, D. O., FULTON, MO.
Rheumatism.

Miss M—, age about 40, had been suffering at intervals for about seven years with rheumatism of arms and shoulders. For last seven or eight months her right arm and shoulder had been very cold and pain was intense. Her neck had become stiff and she could not turn her head to either side, nor sit up without propping her head up with something, or holding herself up with her left hand. Medical treatment had been tried from several good M. D.'s without good results. After several treatments her arm became warm and stayed so. At the end of one month's treatment case was dismissed as cured, there being no further trouble in the neck or shoulder.

The bony lesions were located in the cervical region and great muscular contractions along upper dorsal region and over shoulder were noted.

P. L. HODGES, D. O.

C. H. STEARNS, D. O.

OSTEOPATHIC PHYSICIANS.

400-402 POPE BUILDING, 817, 14th Street, N. W.

WASHINGTON, D. O.

Literature furnished on application. Consultation Free.

Graduates of American School of Osteopathy.

EFFIE SISSON, D. O.,

ERNEST SISSON, D. O.

(Graduates of the American School of Osteopathy),

Kirksville, Missouri.

Oakland, California, and San Francisco, California.

4, 5 and 6 Gas Co.'s Bldg., 13th and
Clay Streets.

608 Parrot Bldg., Market
Street.

GEO. H. TUTTLE, D. O.,

Hours { 9 to 12 Consultation and
2 to 5. Examination Free.

OSTEOPATHIST.

Brown Block,

Graduate of the American School of
Osteopathy, Kirksville, Mo.

PORTLAND, ME.

The H. T. Still Infirmary of Osteopathy.

H. T. STILL, D. O.

Graduate of the American School of Osteopathy, Kirksville, Mo.

29-31-33, Bitting Block.

Wichita, Kansas.

Arthur Patterson, D. O.

Eugene H. Henry,

Aurelia S. Henry,

OSTEOPATHIC PHYSICIANS.

Graduate of the American School of
Osteopathy, Kirksville Mo.

Graduates American School of Osteopathy,
Kirksville, Mo.

D & A Phone, 544. Office Hours: 8:30-4:30
408 Delaware Avenue.

209 Sanford Avenue,

Wilmington, Del

Flushing, New York.

CECIL R. ROGERS, D. O.

Sherman Infirmary of Osteopathy,
Sherman, Texas.

"The Up-town Osteopath."

NEW YORK CITY,

275 Central Park, West, Graduate A. S. O.
Near 87th St.

Branch office:

Madison, New Jersey.

DR. W. B. LOVING,
Osteopathic Physician,

Graduates A. S. O., Kirksville, Mo.

Cor. Jones and Crockett Streets,
Sherman, Texas.

Dr. Addison S. Melvin,

OSTEOPATH.

Suite 400

57 Washington Street

Graduate A. S. O.

Chicago.

Dr. Jesse R. McDougall,

Dr. Florence I. Shove,

OSTEOPATHIC PHYSICIANS

1118-1119 Champlain Bldg.,
Cor. State and Madison Streets,
CHICAGO.

Englewood Infirmary.

JULIEN HOTEL, Rooms 14-16-18-20-22, same floor as Dining Room.

COR, 63RD ST. AND STEWART AVE., CHICAGO, ILL.

ALBERT FISHER, Sr., D. O.

Graduate American School of Osteopathy.

The hotel management will make special rates to patients wishing to board and room where they can be under my constant care.

DR. CHARLES C. REID

DR. FRED P. MILLARD

OSTEOPATHIC PHYSICIANS

Graduates American School of Osteopathy Kirksville, Mo., under the founder of the science Dr A. T. Still.

OFFICE—1 Chatham St., Cor. Main.

HOURS—9-12, 1-3; by appointment after hours

X-Ray Examinations.

Lady in Attendance.

TELEPHONES—Office, 1311-3; Residence, 364-6

Consultation at office free. **WORCESTER, MASS.**

PATTERSON INSTITUTE OF OSTEOPATHY.

ALICE M. PATTERSON, D. O.

WILBUR L. SMITH, D. O.

Wash. Loan & Trust Bld., 902 F. St. N. W.

Washington, D. C.

A. L. McKENZIE B. S. D. & D. O.

Graduate of the American School of Osteopathy,

OFFICE—404 NEW RIDGE BLDG.

Office Entrances **KANSAS CITY, MISSOURI**

913½ Main St. RESIDENCE 20 Westport Ave.
912 Walnut St. Residence Phone 128 Green.

DR. JOSEPHINE DeFRANCE, OSTEOPATHIST.

Graduate of the American School of Osteopathy. Late member of the Faculty and Operating Staff of the A. T. Still Infirmary. 404 COMMERCIAL BUILDING,

HOURS: { 9 to 12.
1 to 4.

Phone Bell Main 4094a.

St. Louis, Mo.

HARRISON McMAINS, D. O.

Graduate American School of Osteopathy, Kirksville, Missouri.

Baltimore, Maryland.

Suite 804 Union Trust Building, N. E. Corner Charles and Fayette Streets

Hours: 9 a. m to 4 p. m.
C & P Phone St. Paul, 667 D.

Osteopathy in the White Mountains.

HERMON K. SHERBURNE, D. O.

MRS. M. B. SHERBURNE, D. O.

(Graduates of the American School of Osteopathy, Kirksville, Mo, under founder of the science)

BETHLEHEM, N H OFFICE

LITTLETON, N. H. OFFICE

Abbott Cottage. Open July first Telephone Connection

Kilburn Block.

Hours, 9-12; 1:30-4

Hours, 9-12; 1:30-4

Buffalo Institute of Osteopathy.

DR. W. A. CRAWFORD.

DR. A. P. KIDWELL.

DR. F. C. LINCOLN

Suite, 748-752 Ellicott Square,

BUFFALO, NEW YORK.

BRANCH OFFICE, 6 Bank Street

BATAVIA, NEW YORK.

Phone, Seneca 187
Hours, 8:30 a. m. to 4 p. m

Osteopathy in New Mexico.

C. H. CONNER, M. D., D. O. Graduate of the American School of Osteopathy. Kirksville, Missouri.

Osteopathic treatment under the most favorable climatic conditions.

OFFICE: Suite 21-23, Whiting Bldg.,

Albuquerque, N. M.

Osteopathy in Kansas City, Missouri.

Dr. W. J. Conner,

Formerly Operator in the A. T. Still Infirmary, Kirksville, Mo.

Chronic Diseases a Specialty.

Office: 204 New York Life Building,

Kansas City, Missouri.

HOURS: { 5 to 12
1 to 4

CINCINNATI, OHIO.

DR. MARY R. CONNER,

OSTEOPATHIST.

Graduate Dr. Still's School of Osteopathy, Kirksville Mo.

OFFICES:

Suite 20, Frechtling Building, Hamilton, Ohio.

303 Neave Building, Cincinnati, O.
Tuesday, Thursday and Saturday.
Telephone Main 3112.

OSTEOPATHY IN DENVER

N. Alden Bolles, D. O.;

Mrs. Nettie H. Bolles, D. O.

Graduates A. S. O.

BOLLES INSTITUTE OF OSTEOPATHY.

Member Associated Colleges of Osteopathy.

Established 1895. Chartered for teaching and practicing Osteopathy.

1457-59 Ogden St. near Colfax Avenue, Denver, Colorado.

DR. G. R. CARTER,

Osteopathic Physician.

Residence: Mrs. L. D. Cardwell's.
Office. Telephone Building.

Graduate A. S. O.

CONSULTATION AND EXAMINATION FREE.

Harrodsburg, Ky.

DR. WARREN B. DAVIS,

OSTEOPATHIC PHYSICIAN.

912-914 Herman Building, Cor. Wisconsin St. and Broadway.

X-RAY EXAMINATIONS

Milwaukee

Graduates American School of Osteopathy, Kirksville Missouri.

MRS. CORNELIA A. WALKER,

IRENE HARWOOD,

OSTEOPATHISTS,

06-7-8-9 N. Y. Life Bld'g.,

Kansas City, Mo.

James E. McGavock,

OSTEOPATHIC PHYSICIAN,

Ridotto Building,

Bay City, Mich.

Fred Julius Fassett,

OSTEOPATHIC PHYSICIAN.

Graduate of the American School, Kirksville, Mo

Trinity Court, Boston.

New York Infirmary of Osteopathy.

1142 Madison Avenue near 85th street, St. Honore Building.

WHERE PEOPLE ARE TREATED IN NEW YORK CITY.

DR. W. A. MCKEEHAN, Graduate of American School of Osteopathy, Kirksville, Missouri.

Hours, 9 a. m. to 4 p. m., Sunday 9 to 11
No hours Tuesday and Fridays.

Competent Lady always in attendance.

J. Arthur Linnell, D. O.

CHICAGO

57 Washington street, Suite 508
Phone Central 3751.
Hours, 11 to 3:30
Lady Attendant

A S O.

REGISTERED

LAGRANGE

Whitson Blk. Suite 22
Phone 472
Hours, 4:30 to 9

DR. JENNESS D. WHEELER,
DR. GILMAN A. WHEELER,
OSTEOPATHISTS.
(Graduates of American School, under Founder of
the science.)
405 MARLBOROUGH STREET,
BOSTON.
Hours: Mon. Tues. Thu.
Fri., 9-12 and 1-4
Wed. & Sat. 9-12
Back Bay Telephone
Connections.
REGISTERED PHYSICIANS.

M. E. DONOHUE, D. O.,
Graduate of the American School
of Osteopathy, Kirksville, Mo.....
604 Paxton Block.
Telephone 1367 OMAHA, NEB.

DR ELIZABETH EWING.

Graduates of the American School of Osteopathy.

DR. MARY STEELE EWING.

Osteopathic Physicians at Atlanta, Georgia.

Consultation by Appointment.

Phone M No. 1347

The Farlinger, Peachtree Street

HENRY BROUGHTON SULLIVAN, D. O.

◆◆◆

86-87 Valpey Building,
213 Woodward Avenue,

DETROIT, : MICHIGAN.

Graduate of the American School of Osteopathy
June, 1899.

DR. CHARLES C. HAZARD,
WASHINGTON, C. H.,

OHIO.

Osteopathy in Buffalo, New York.

C. W. PROCTOR, Ph. D., D. O.,
For five years of the Faculty of
American School of Osteopathy.

Mrs. Alice Heath Proctor, A. M. D. O.,
Specialist in diseases of Women
and Children, Graduate, A. S. O

Offices—835-837 Elliott Square.

HOURS { 8:30—12 a. m.
1:30—4:30 p. m.

The Turner Infirmary of Osteopathy.

T. E. Turner, D. O.

1715 North Broad Street.

Nettie C. Turner, D. O.

T. P. Berger, D. O.

PHILADELPHIA, PA.

Grace C. Berger, D. O.

Branch Office,

Telephone

Hours:

Real Estate Building Broad & Chestnut Suite 1108

8:30 to 12:30, 1:30 to 5:30

Graduates American School of Osteopathy, Kirksville, Mo.

SULLIVAN CHICAGO INFIRMARY.

Masonic = 504 = Temple.

JOSEPH H. SULLIVAN, D. O., Registered,
MARY E. KELLEY, D. O., Registered.

All Work done by appointment.

Office Established 1894.

Graduate A. S. O.

Registered.

L. H. TAYLOR, D. O.

407 Masonic Temple.
Established in Peoria 1897.

Peoria, Ill.

J. R. SHACKLEFORD, D. O.

Graduate of American School of Osteopathy,
Kirksville, Mo.

Established 1897.

602 WILCOX BUILDING,

NASHVILLE, TENN.

DR. E. R. BOOTH,

..Osteopathic = Physician..

Office Hours:
9 to 12 a. m., 1:30 to 4 p. m.
or by appointment.

Suite 65, Atlas Bank Building,

CINCINNATI, OHIO.

The John N. Helmer Institute of Osteopathy,

JOHN N. HELMER, one of the
pioneer osteopaths of the east.

NEW YORK

Touraine Apartment, No. 9 EAST
39th STREET,

Telephone, 4406-38th St.

Between 5th and Madison Aves.,

CITY OFFICE HOURS.

EAST ORANGE, N. J., OFFICE HOURS.

Mon. and Fri., 9a. m. to 1 p. m., and 2 to 5:30 p. m.
Tues. and Thurs. 9 a. m., to 1 p. m., and 2 to 4 p. m.

Wednesday and Saturday, 9 a. m. to 1 p. m.
73 N Arlington, Ave

Graduate of American School of Osteopathy, (Under the Founder.)

Drs. J. Henry Hoefner.
Ida M. Hoefner.

Osteopathic Physicians,
Graduates A. S. O.

FRANKLIN, PA.
Hours: 8:30 to 12-1 to 4:30.

OIL CITY, PA.
Hours: 9 to 4:30
Mon-Wed-Fri

James M. Kibler, D. O.

Graduate American School of Osteopathy,
Kirksville, Missouri.

:: 420 Church Street. ::

Lynchburg, Virginia.

DR. LESLIE E. CHERRY,

OSTEOPATH.

Mathews Building, Cor. Grand Ave. and Third Sts.

MILWAUKEE, WIS.

DR. GEO. F. BURTON

OSTEOPATHIST

LOS ANGELES, CAL.

Graduate of the American School of Osteopathy.
Office Hours: Rooms. 501 to 507 Frost Bldg.
9-12 a. m., 2-5 p. m. Cor Second and Broadway.
Sunday excepted. Office Phone James 7441.

CHAS. H. WHITCOMB, D. O., MRS. CHAS. H. WHITCOMB, D. O.
 Graduates of the American School of Osteopathy.
THE CHAS. H. WHITCOMB INFIRMARY OF OSTEOPATHY
 392 Clinton Avenue (N. W. Corner Greene Avenue.)
BROOKLYN, NEW YORK

Phone Main 3409. HOURS: Monday, Tuesday, Thursday and Friday, 9 to 12 and 2 to 4; Saturday 9 to 12

T. W. Sheldon, D. O.,
 OSTEOPATHIC PHYSICIAN.
 Graduate American School of Osteopathy,
 Kirksville, Missouri.
 927 Market St. San Francisco, Cal.

COLUMBUS, OHIO.
 M. F. HULETT, D. O.,
 J. T. L. MORRIS, D. O.,
 MRS. M. F. HULETT, D. O.,
 Graduates of the American School of Osteopathy.
 Wheeler, B'd'g 5½ W. Broadway.

GEO. J. ECKERT, D. O.,
 Graduate of American School of Osteopathy,
 Kirksville, Mo.
 { 8:30 to 4:30 except Sunday. }
 { Bell 'Phone, Main 1504—L. }
 176 Euclid Ave.,
CLEVELAND, OHIO

Osteopathy in Chicago and Evanston.

C. R. SWITZER, M. D., D. O. Chicago Office. Suite 500-4, 57 Washington St., Methodist Book Concern B'd'g	CARL P. McCONNELL, D. O., M. D. Late of Faculty American School of Osteopathy, and Staff A. T. Still In- firmiry, Kirksville, Missouri.	C. G. DARLING, D. O., M. D. Evanston Office. 3, 4 and 5 Rood Building
---	--	---

Graduates American School of Osteopathy

ERNEST C. WHITE, M. D., D. O.
 Graduate of the American School of Osteopathy,
 Kirksville, Mo.
 41 Smith Building.
WATERTOWN, N. Y.,

EUGENE PITTS ANNIE B. JAQUETH PITTS
 D. O. and Obstetrician. Doctor of Osteopathy.
PITTS & PITTS,
LICENSED OSTEOPATHS.
 Graduates of Dr. A. T. Still's School of Osteopathy,
 Kirksville, Missouri.
 Old 'Phone 308. 317-318 Eddy Building.
 Residence, 618 E. Locust St. Office Hours—10-12 a. m., 2-4 p. m.
BLOOMINGTON, ILL.

JEAN M. TYNDALL, D. O.,
 Monday, Tuesday, } 8:30-12:00.
 Thursday, Friday, } 2:00-4:00.
 Wednesday, Saturday, 9:00-12:00.
 105 East 15th Street,
NEW YORK CITY.

Minerva Key Chappell, D. O.
 Graduate of the American School of Osteopathy
FRESNO, CAL., Olcese & Garibaldi Bldg.,
 Cor. K and Mariposa Streets, Tuesday,
 Thursday, Saturday.
SELMA, CAL., Monday, Wednesday, Friday.
 Consultation Free.

Edwin H. Shackelford, D. O. | Geo. E. Fout, D. O.
Drs. Shackelford & Fout,
 OSTEOPATHIC PHYSICIANS,
 204 E. Franklin St.,
RICHMOND, VA.

Oregon Infirmary of Osteopathy,
 By L. B. SMITH, D. O., of A. S. O.
Oregon's Pioneer Osteopath.
 SUITE 409 OREGONIAN BLDG.

CARYLL T. SMITH, D. O.

PORTLAND, + + + OREGON

Myron H. Bigsby, D. O
 A. S. O. Graduate,
MONMOUTH, ILLINOIS

Clara L. Milner,
 Osteopathist,
 Suite 601, 2 and 3 Corner State and
 Champlain Bldg. Madison Streets.
CHICAGO, ILLINOIS

DR. WILLIAM ARTHUR WILLCOX,
 OSTEOPATHIC
 PHYSICIAN
 Graduate A. S. O.
 Castle Blk. **WATERBURY, CONN.**

ROBERT I. WALKER, D. O.
 MARY WHEELER WALKER, D. O.,
 Graduates American School of Osteopathy
 Kirksville, Mo.
New Bedford, Massachusetts,
 201 Merchants' Bank Bld'g.

COLUMBIA, MISSOURI.
JAMES B. COLE, D. O.
 Graduate American School of Osteopathy, under
 Dr. A. T. Still.
 Suite 4 and 5 Haden Building, Broadway.

C. E. ROSS.
 Hours: 9 a. m. to 12 m., 1 to 4 p. m.
 Telephones: Bell, 62, Pan—.

DRS. ROSS & LINDER,
Osteopaths.
 Graduates of the American School,
 (A. T. Still) Kirksville, Mo. Offices, Second Floor,
 Tilles Theatre Bldg.
FORT SMITH, ARK.

BURLINGTON INFIRMARY OF OSTEOPATHY.
J. S. BAUGHMAN, D. O.
 Graduate American School of Osteopathy
 Kirksville, Mo. Member A. O. A.
NANNY R. BALL-BAUGHMAN, D. O.
 Graduate American College of Osteopathic Medicine
 and Surgery, Chicago.
 Consultation and Examination Free
 Authors of "Physiological Chemistry Illustrated" (chart).
 REGISTERED IN THE STATE OF ILLINOIS.
 PHONE 287. No. 523 Division St. **BURLINGTON IOWA.**

Dr. A. X. Illinski,
OSTEOPATH,
 Graduate of American School of Osteopathy.
 Rooms 60, 41, 42 McCullough Building,
Davenport, Iowa.

HARRISBURG, PENN.
 J. F. STEVENSON, D. O.
 MRS. ALICE STEVENSON, D. O.
 Graduates of the A. S. O.
 719 North 6th Street.

Osteopathy in Detroit.
 DR. C. L. RIDER, Osteopathic Physician,
 Formerly member of the Operating Staff of the
 A. T. Still Infirmary and member Faculty of Ameri-
 can School of Osteopathy.
 No. 232 Woodward Ave. **DETROIT MICH.**

**THE PARIS INFIRMARY
 OF OSTEOPATHY.**
 Paris, Texas.
 J. FALKNER, D. O.
 MRS. ERA ABERNETHY GANONG, D. O.
 Graduates A. S. O.
 Office, Preston Bldg. Res., Mary Connor College.

MRS. LULU ABERNETHY BARR, D. O.
 OSTEOPATHIST
 Graduate of American School of Osteopathy under
 the Founder, Dr. A. T. Still, Kirksville, Missouri
 Hours: Mon., Wed., Thurs., Sat., 9-12, 1-4.
 Tues., Fri., 9-12
 154 Newbury Street. **BOSTON, MASS.**

MRS. CHARLOTTA LINDER

Osteopathy in Rochester, N. Y.

608 and 610 GRANITE BUILDING.

CHARLES M. COE, D. O., OSTEOPATHIST.

Graduate of American School of Osteopathy, Kirksville, Mo.

SARATOGA INFIRMARY OF OSTEOPATHY

76 Circular St., SARATOGA, N. Y.

W. E. GREENE, D. O.

Graduate of American School, Kirksville, Mo.

TROY, N. Y.
Wed. and Sat.
2167 5th ave,

GLENS FALLS, N. Y.
Mon. and Thurs.
11 Bacon st.

EVELYN K. UNDERWOOD, D. O.

ORD LEDYARD SANDS, D. O.

24 West 59th Street.

NEW YORK CITY,

HOURS—Mon., Tues., Thurs. Fri., 9 to 4. N. Y.
Wed. and Sat., 9 to 12.

Syracuse, N. Y.

ALBERT FISHER, D. O.

414½ S. Salina St.

HOURS:
to 12 and 2 to 4.

TEL. 1709—

CEO. J. HELMER, D. O.,

Pioneer Osteopathist in the East,

The George J. Helmer Infirmary

No Branch Office

136 Madison Avenue,

NEW YORK CITY.

William M. Smiley, D. O.

213 STATE ST.

ALBANY, N. Y.

Graduate
A. S. O.

Office Ho

9 a. m. to 5 p. m.

**The John F. Spaunhurst
Institute of Osteopathy,**

Fifth Floor Stevenson Building, 529-30,

Graduates A. S. O.
(Registered)

INDIANAPOLIS.

BOSTON INSTITUTE OF OSTEOPATHY.

178-180 Huntington Avenue, BOSTON, MASS.

Members of Associated Colleges of Osteopathy and American Association of Osteopathy.

Most extensive and best equipped offices in the East.

C. E. ACHORN, D. O., President.

S. A. ELLIS, D. O., Vice-Pres.

MRS. ADA A. ACHORN, D. O., Secy.

Correspondence Solicited. Send for a copy of "Boston Osteopath."

Dr. E. H. Merkley,

OSTEOPATHIC PHYSICIAN,

Office Hours 9 a. m. to 4 p. m., Tuesday,
Thursday and Saturday.

702 Bijou Building, Penn Avenue.

Pittsburg, Pa.

NORMAN D. MATTISON, D. O.

200 West 57th Street.,

Corner Seventh Ave,

NEW YORK CITY.

Hot Springs, Ark.

DR. A. M. KING, Osteopath.

Graduate A. S. O., '97.

'Phone No. 258.

Ark. Nat'l Bank Bldg.

WALTER W. STEELE, D. O., Graduates

HARRY M. HARRIS, D. O., A. S. O.

Buffalo, N. Y.

Everyday excepting Wednesday
and Sunday
356 Ellicott Square.

C. M. TURNER HULETT, D. O.,
M. IONE HULETT, D. O.

Graduates American School of Osteopathy,
Kirksville, Mo.

1208 New England Building, Euclid Avenue,
CLEVELAND, OHIO.

Lady in Attendance.

Osteopathy in Bloomington, Illinois.

J. D. CUNNINGHAM, D. O.

NELLIE V. CUNNINGHAM, D. O.

Graduates of the American School of Osteopathy, Kirksville, Missouri,

Office Hours: 9-12 a. m. CUNNINGHAM & CUNNINGHAM,

New Phone 760-

2-5 p. m.

Sundays only by appointment. OSTEOPATHIC PHYSICIANS

SUITE 408-409 UNITY BLDG

Registered.

Osteopathy in Harrisburg, Penna.

109 LOCUST ST.

ESTABLISHED OCTOBER 25, 1900.

HARRY M. VASTINE, D. O., assisted by GRACE HUSTON, D. O.,
LADY IN ATTENDANCE. of Sunbury.

Local and Long Distance 'Phone No. 1432x.

Graduate A. S. O. Kirksville, Mo., under the founder, Dr. A. T. Still.

Charles F. Bandel, D. O.,

Marthine Mathisen Bandel, D. O.,

Aurelia S. Henry, D. O.,

Madaline Virginia Graham, Sec'y.

148 Hancock Street, Corner Nostrand Avenue,

BROOKLYN, - - - NEW YORK.

Graduates of the American School of Osteopathy.

AGNES V. LANDES, D. O.

HOWARD KRETSCHMAR,

1003 Masonic Temple,

CHICAGO.

Telephone 693 Central.

Diplomate American School of Osteopathy,
of Kirksville, Mo. DR. A. T. STILL Pres.

402 Trude Building,
Wab. Ave. & Randolph St., CHICAGO.

MRS. KATE G. WILLIAMS, Assistant, Diplomate
American School of Osteopathy.

TEXAS OSTEOPATHS.

FORT WORTH and CLEBURNE.

T. L. RAY, D. O., in Ft. Worth office,
Board of Trade Bldg. Phone 553.

A. D. RAY, D. O., in Cleburne office,
Dickson Bldg.

Graduates American School of Osteopathy.

KATE CHILDS HILL, D. O.

Osteopathic Physician.

Graduate of the American School of Osteopathy,
Kirksville, Mo.

Office and residence, W. H. CHILDS' RESIDENCE,
Pine St., east of railroad.

LODI, CALIFORNIA.

Registered.

WENDELL & MAGILL,

Graduates of American School of Osteopathy.

MRS. E. G. MAGILL, D. O.

Suite 229-228-225-222, Woolner Building,

Assistant

PEORIA, ILLINOIS.

OFFICE HOURS: 9 a. m., to 5 p. m., except Saturday, 9 a. m., to 4 p. m. PHONE 548.

George A. Martin, D. O.

Mehitabel C. Proctor, D. O.

MARTIN & PROCTOR,

Osteopathic Physicians.

MIDLAND BLOCK,

MASON CITY, IOWA.

Diplomas from the American School of Osteopathy, Kirksville, Mo.

The Philosophy and Mechanical Principles of Osteopathy

— BY —

Dr. A. T. Still

Is now in the hands of the printer and will be ready about Oct. 1st. This is Dr. Still's latest and most complete work. The book will contain over four hundred pages. The subject matter deals with the principles of cause and effect in relation to diseases of the human body.

Also, this work deals with the subject of the practical application of Osteopathic measures to cure disease.

As soon as the book is published send for sample pages.

Price, Express Prepaid, \$5.00.

Journal of Osteopathy,

Kirksville, Missouri.

The Only Factory
in the World
Making
STATIC MACHINES.

If you wish to
Buy
or
Rent

The Only Factory
in the U.S. making
Static Machines
from start to finish.

**Static Machines, X-Ray coils or tubes,
Fluorescent Screens, Fluoroscopes, Ozone
or Cataphoritic Apparatus, or any
Electrical or X-Ray Instrument**

The Medical Pro-
fession is invited
to call and look
over our Factory.

Write or Call on
The Sorensen Mfg Co.
RAVENNA, OHIO,
U. S. A.

Come and spend a
couple of weeks
with us and get
Free Instructions.

How to Get to Kirksville, Mo. Quincy, Omaha and Kansas City Railroad Co. is the Kirksville Line.

4 DAYLIGHT PASSENGER TRAINS EQUIPPED
WITH CHAIR CARS **4**

CONNECTIONS

CHICAGO, QUINCY, ST. LOUIS,	} From North, East and South.	OMAHA ST. JOE KANSAS CITY	} From West, North and South.
-----------------------------------	----------------------------------	---------------------------------	-------------------------------------

See that your tickets read via QUINCY, OMAHA AND KANSAS CITY R. R. into Kirksville, and arrive in daytime and in comfort.

W. G. BRIMSON, General Manager.

A. J. BANDY, General Passenger Agent J. W. QUAIL, AGENT,
Kansas City, Mo. Kirksville, Mo.

Are You Going EAST?

B. & O. S.-W.

3 SOLID VESTIBULED
TRAINS DAILY **3**

Lowest Rates St. Louis to New
York, stop-over at Washington

9 HOURS TO CINCINNATI
Direct line to Louisville
New Track, Roadbed,
Equipment

Observation Dining Cars.

For information address
F. D. GILDERSLEEVE, Ass't G. P. A.
S. F. RANDOLPH, Trav. Pass'r Agent,
ST. LOUIS, MO.

Personally Conducted California Excursions

Via the Santa Fe Route.

Three times a week from Kansas
City.
In improved wide vestibuled
Pullman tourist sleeping cars.
Better than ever before, at lowest
possible rates.
Experienced Excursion conductors.
Also daily service between Kansas
City and California.
Correspondence solicited.

G. W. HAGENBAUCH,
Gen. Agent Pass. Dept.
The A. T. & S. F. R. R.
KANSAS CITY, MO.



DOUBLE DAILY SERVICE
BETWEEN St. Louis.

CHICAGO, NASHVILLE,
CAIRO, CHATTANOOGA,
MEMPHIS, ATLANTA,
VICKSBURG AND
NEW ORLEANS.

Dixie Flyer

ALL THE YEAR ROUND PULLMAN SERVICE,
BETWEEN

St. Louis and Jacksonville Fla.

The "Lookout Mountain Route."

C. C. McCARTY,
Div. Passg'r, Agt. St. Louis.

A. H. HANSON,
Gen. Passgr. Agt. Chicago.

HAZZARD'S "PRACTICE OF OSTEOPATHY" (2nd ed.)
 HAZZARD'S "PRINCIPLES OF OSTEOPATHY" (3rd ed.)
A. S. O. BOOK COMPANY,
 KIRKSVILLE, MISSOURI.
 Send for Sample pages.



BAUGHMAN'S
Adjustable Chin Support.
 Prevents mouth breathing so often found with children, convalescing patients and old people. Prevents snoring, laryngitis, and catarrh. For descriptive circular enclose stamp and address
 J. S. BAUGHMAN, D. O.
 No. 523 Division St., Burlington, Ia.
 Pat. May 20, 1900.

PHILOSOPHY OF OSTEOPATHY,
 —BY—
ANDREW T. STILL,
 Founder of the Science of Osteopathy and *x x*
x President of the American School of Osteopathy
PRICE, \$2.50, POSTPAID.
 Autobiography of A. T. STILL, Price, \$2.50, Postpaid.
 These two books in one order together with the Journal of Osteopathy for one year, \$5.00.
 Address orders to
JOURNAL OF OSTEOPATHY, Kirksville, Mo.

The A. S. O. Book Co.,
 Wholesalers and Retailers of all
..OSTEOPATHIC GOODS..

SPECIAL AGENTS FOR
 Hazzard's Practice of Osteopathy and Hazzard's Principles of Osteopathy.
 Clark's Osteopathic Gynecology.
 Rigg's Theory of Osteopathy and Rigg's Manual of Osteopathy.
 McConnell's Practice of Osteopathy.
 We carry a complete line of Osteopathic and Medical Books.
 Also a full line of Charts and Diagrams, Treating Swings, and Surgical Instruments of all kinds.
 We carry a full line of Treating Tables in stock at all times.
 Up-to-date Tables for Gynecological work a Specialty.
 High Grade Articulated Skeletons at exceedingly low prices.
 Send for our complete catalogue.
 Mail orders promptly filled.
 All books ordered at listed price will be prepaid.

602 West Jefferson St. Kirksville, Missouri.

Our Bargain Shelves Contain many standard Text Books at greatly reduced prices. We offer Best Values in Trade. Send for Bargain List.
L. S. MATTHEWS & CO.
 219 North 10th Street. St. Louis, Mo.

LOWENSTEIN & MARKS,

Ladies' Goods, Men's Goods, Children's Goods. Men's furnishings a specialty. Shoes and Clothing.
 STUDENT'S TRADE SOLICITED.

H. BESTMANN,
 —FOR—
... FURNITURE ...
 And Undertaking.

CHEAP SETTLERS' RATES TO THE FAR WEST AND NORTHWEST.

The Burlington Route renews the low one-way Settlers' rate of \$25.00 from Missouri River to California, Portland and the Puget Sound country every day during September and October, with correspondingly low rates to the Spokane District and the Butte-Helena District; also proportionate rates from interior Missouri, Kansas and Southwest territory.

"The Burlington Northern Pacific Express" is the great through train leaving Kansas City daily, for the Northwest. Through Coaches, Chair Cars (seats free), Standard and Tourist Sleepers to Butte, Helena, Spokane, Tacoma, Seattle, Portland. Connecting train from Denver at night joining this Northwest train at Alliance, Neb.

VISIT THE OLD HOME—EAST.

Home visitors' excursions to points in Ohio and Indiana; dates of sale September 2d, 9th, 16th and 23d; limit 30 days.

Also excursion rates to Ohio and Indiana during the FIRST WEEK OF OCTOBER at the time of the big GRAND ARMY reunion in Washington, D. C.

TO CHICAGO—The Burlington's famous "Eli" is the best known and most popular train from Kansas City and St. Joseph to Chicago.

TO ST. LOUIS—Two daily trains carrying all classes of standard Burlington equipment.

Homeseekers' Excursions.

On the first and third Tuesdays of August, September and October, to many sections of the west and northwest.

Consult nearest ticket agent or write the undersigned for full information, printed matter and the least cost of your proposed trip.

R. H. CROZIER, L. W. WAKELEY,
 T.P.A., 823 Main St., Gen'l Pass'r Agt.,
 KANSAS CITY, MO. ST. LOUIS, MO.
 C. M. LEVEY, General Manager, St. Louis, Mo.

J. C. PIERCE,
Livery, Cab & Transfer Line
 CAB AND DRAYS MEET ALL TRAINS.
 KIRKSVILLE, MO.
 TELEPHONE 42.

C. W. ADAMS,
Hatter, Gents' Furnisher and Tailor.
 A. S. O. Students Welcome.
 South Side Square.
 KIRKSVILLE, MISSOURI.

D. C. PIERCE,
 SOUTH SIDE,
Groceries & Queensware,
 KIRKSVILLE, MO.



HOT SPRINGS
ARKANSAS
 THE BEST KNOWN
HEALTH and PLEASURE
RESORT ON THE CONTINENT
 ELEGANT THROUGH SERVICE
 AND LOW EXCURSION RATES
VIA THE IRON MOUNTAIN ROUTE

4 — DAILY TRAINS — 4
 Elegant descriptive and illustrated pamphlets free, on application to agents.
H. C. TOWNSEND,
 General Passenger and Ticket Agent, ST. LOUIS, MO.