

DR. A. T. STILL.

JOURNAL OF OSTEOPATHY.

VOL. VI.

KIRKSVILLE, MISSOURI, APRIL 1900.

NO. 11.

DR. A. T. STILL'S DEPARTMENT.

[Copyright by The American School of Osteopathy.]

OSTEOPATHY, NOT DRUGS.

WHY NOT combine Osteopathy with drugs? is quite a common question and should be kindly answered. We will try and give our reasons for not wishing to associate the two methods of combatting diseases:

First—We will offer as an objection to such union that medicine has proven by time and long experience that it is a gigantic failure, not only when administered by the ignorant doctor, but equally so when administered by the most learned philosophers, that do or have ever depended upon drugs, as a life saving agent amidst diseases, and stands today so acknowledged by a universal vote of the gray haired jurors of sad experience. They long since have been convinced, that it, the practice of medicine, is not a science, and say the world would be better off without a drug or a drug doctor in it.

Second—If Osteopathy is a failure and without a scientific foundation, of what use to the sick would two failures be?

As Osteopaths we only claim a place for this method of healing upon its power to demonstrate the truths of its success in relieving the afflicted. Relief is what he wants, and has asked you to give when he is burning up with fever. He wants that destructive fire put out. His house of life is on fire—a self generated fire. He asks you to so adjust the machinery as to generate water, and pour it freely on the raging flames that are fastly consuming his body, and burning out the living man that dwells therein.

The Osteopath has this stone to place his foot upon: That man was made by the rule of perfection, in the shop constructed by the intelligence of deity; and in the construction can be found all the machinery necessary to his comfort and defense, both in sickness and health. Therefore he has something to start on. Knowing that the lymphatics do contain water, furnished by the action of the lungs upon the atmospheric air, they being assisted by nerves and other methods which generate water, and pass it through the wisely arranged channels, and keep them full enough of this fluid to put out the fires of all fevers.

As the Osteopath is well informed on the structure of the whole human body, and very well informed on the functions of the various parts, he can wisely give his attention at such times to the sensory, motor and nutrient nerves, that have been shocked by change of weather, from dry to moist; and a change of temperature from hot to cold, and from cold to hot, to that degree of abnormality found in the physiological action of the body, to cause this condition, which is simply the effect of imperfect functional action.

Our successes directed by this line of philosophy have been so satisfactory both to ourselves and our patients, that we are perfectly willing to trust to the dictates of nature.

After long years of experience, disappointed all the time, and never encouraged by any known good results coming from drugs, I will say to the drug, and the drug doctor, that I have no use for the drug, nor your counsel. Not because I consider you dishonest, but I do think the theory and practice of medicine is dangerous to be taught. Their effects upon the whole world have a tendency to breed drunkards, opium eaters and so on, and make the children of men cry for bread. Away from us with such theories.

TOO MUCH TALK.

OF WHAT use is it to try any longer to make an American or any other sensible person believe that you have wisdom when like a parrot you can toot out a few words in Greek, Hebrew, Latin or a few Indian words from some extinct tribe? When man listens to man he listens for profitable wisdom only. In America men want facts, not words—time to us is precious. We want to know so we can act. Our American language is extensive enough now to express minutely anything, on any subject man wishes to discuss, thus what I want to impress is the great use of pointed brevity in our text books, and teachers. Look where we have drifted in law, religion and the sciences. Blackstone set forth the facts in law, and even his writing could be abridged much. I doubt not a lawyer now must have books by the thousands to be a man of legal ability of any note at all. What does his ability consist of? is the question. Is it to be able to give a great number of opinions on what justice is? If so why not give it to the world in good plain language. All truths are given for man's good. If so is it reasonable to suppose that it would help us to understand a principle more wisely to give such truths in a language or system of phraseology that would take ten years of hard study to even partly understand? Our professors who claim to be Greek and Latin scholars, I fear would be objects of pity as teachers in the school of the countries in which Latin, Greek and Hebrew are mother tongues. Why ape that which you are not when you have a language that is far better for your house?

Osteopathy has no patience with graphophones running around on two legs. We want no more words than just enough to tell what color a black horse is with four white feet, a bobtail, blind in left eye, kicks, balks and runs away, and no good in any way. We do not think a history of the horse back to Babylon would do us any good. We want a horse that we can use.

Moral.—Osteopathy is a practical knowledge of how man is made and how to right him when he gets wrong. This school was made to study and learn what man is—and not humdrum your brains out with old theories that are of no practical use to man or beast. Be patient, you will soon be where theories will give place to demonstrated truths. I suppose Christ's drinks of wormwood and gall were only a few old religious theories and intolerances boiled in the dirty waters of the rivers of superstition. Our school will soon have a finefilter that will never allow stale theory to pass through to be drunken by the seeker of wisdom.

LET Osteopathy speak once for all time. It has no relations on earth. It is a new book to us. It teaches curing by adjusting the body for all cures of climate and seasons. Anatomy is its training school. Osteopathy studies the bones of man to know how many he has, where they belong, and for what use they were formed. How, why and what they are broken up into so many joints for? If of any use seek that knowledge and not stop at pictures, dissection nor theories, but educate your head to hope for but little help from long stretched pages that are written by the yard to sell. The theorist never changes, because he is too cowardly to launch out on the open sea of defiance, on which none but free men cruise and catch the fat whales of everlasting truth.

The time has come to send forth this declaration. When Osteopathy first launched out as a cruiser it had fully made up its mind to be an independent one, for a better method of combating diseases than had ever been recorded to the year 1874. It was wholly and sorely disgusted with the failures made by him who confided and trusted in the efficacy of drugs. It took nature for its guide. It took the dead man's bones with the determination to quiz nature until an intimate acquaintance was made with the dry bones. Then with the knife ploughed through the flesh of man to find how one bone was attached to and held fast to another bone, and from there back to the surface. Osteopathy camped many long years to make an intimate acquaintance with muscles, tendons and ligaments. With the intermediate fascia, which contained lymphatics, nerves and cells beyond computation.

From there the inquiry led us to the blood supply, on which the whole system depended for its nourishment: with an intimate acquaintance sought that we might know how this fluid should be delivered to all parts both

great and small without an exception. Thus a beginning at the heart must be the starting point to explore the hows and whys that fluid should be systematically distributed to the far off as well as to itself and adjacent organs and divisions of the body. Also the drainage system must be sought and found, which is so plainly demonstrated that without any further discussion we will say, that after the artery has supplied the system generally and the blood is of no more nutrient value, it is returned to the heart through the veins.

At this point one of the most important inquiries arises. Why and with what force is the blood conveyed to and from the heart? One could easily say by vital force, as vitality is one of the secrets that has never been delivered to man from the bosom of nature. Osteopathy feels willing to grant that to be a truth, and will simply speak of the universal accommodation that nature has made to pass all her forces by and through the nervous system. The Osteopath who has been in the service long enough to comprehend some of the functions of the machinery of life as found in the human body, soon learns that great and small variations from the truly normal, are what he must discover and adjust, to relieve the sick of disease and himself of doubt of the ability of nature to do all that can be done for the relief of suffering man when stricken down with disease.

We want to exhort you that this knowledge is obtained by the skilled mind of observation and the ready hand of application only. We want to further admonish you to treat theories with due respect, because many of them have been written with an earnest desire to educate the anxious seeker. In conclusion we want to tell you that theories are not food for the American minds, to us demonstrated facts will be received and none other. This is the object of the American School of Osteopathy.

FEVER.*

J. MARTIN LITTLEJOHN, PH. D., LL. D., D. O.

WE BEGIN by pointing out that a differentiation must be made between temperature and fever conditions. Undoubtedly as Graves pointed out, "in the whole range of human maladies there is no disease of such surpassing interest and importance as fever." In the midst of the highest as well as the lowest civilization, in the urban and rural districts, in the mountain plateau and swamp regions, fever and febrile conditions are everywhere found. There are very few conditions subject to so much confused opinion and thinking. The old physicians said *essentia vero februm est praeter naturam caladitas* because they were led to regard a symptom alone, the warmth of the skin above the normal temperature consistent with health, as synonymous with the febrile condition or pathological condition involved in fever. Etiology must be emphasized, especially in this case, above symptomatology. Even the celebrated Virchow defines fever as "that state of the body in which there is an increase of temperature above the normal." While we acknowledge the undoubted authority of Virchow as a pathologist of the first rank, we refuse to accept this definition because there is an apparent confusion of *effect* with *cause* and of *physiology* with *pathology*.

There may be a temperature variation above the normal without fever. Extended exposure to extremes of cold or heat, continued residence in tropical regions, excessive dieting, excessive drinking, especially of stimulants, or excessive and prolonged exercise may modify temperature without necessarily producing any febrile condition. Undoubtedly these temperature conditions may produce, develop into or become febrile conditions and temperature may manifest the existence of a febrile condition, provided febrile conditions do exist, but there is no necessary correlation. Hence the fact that the thermometer indicates a rise in temperature is not an unfailing sign of fever.

Dr. Soullier in the *Lyon Medical* of recent date reports a case in which there was a rise of temperature to above 111° F. during three successive days without any fever or increased pulse. It was the case of a young woman under 30 years of age. Without any previous hysterical history she suddenly fell into a state of narcoleptic sleep. The sleep was characterized by its depth, the pulse being normal, the limbs relaxed and the pupils contracted. There was no abnormal, cutaneous temperature, but the vaginal temperature registered 109° F. The patient was then given a bath at 82.4° F., for ten minutes, with the result that the temperature fell below 104° F. Soon after the temperature again rose above 111° F., the cutaneous surfaces of the body feeling hotter than at first, the pulse being 84. The patient

*Lecture delivered to students in A. S. O.

was given another bath for fifteen minutes at the same temperature as before, the temperature falling to slightly above 100° F. The next day the temperature rose to 111.2° F., and continued until the patient awoke after a sleep of 36 hours. On awakening she had entirely forgotten the trouble that preceded the onset of the fit. There was no feverishness, no abnormal urinary conditions and only a slight increase of pulse. On the fourth day the patient was given a third bath at the same temperature as before and the temperature fell to 106° F. On the sixth day the temperature disappeared and became slightly subnormal. Soullier regards this as a pure case of hyperthermia without any other febrile symptoms. Other interesting cases of pure hyperthermia have been presented by Cuzin in connection with the onset of an attack of blood spitting and in simulation of chills, meningitis, peritonitis.

If the temperature is a febrile one it is diagnostic of a febrile condition. Why this febrile temperature? It is undoubtedly associated with the lack of nerve control which under physiological conditions protects the tissues from excessive oxidation processes. When febrile conditions exist this nervous control is lacking or loses its equilibrium, giving an increase of temperature which destroys or interferes with nervous regulation. What destroys, arrests or interferes with this nervous control? Possibly it is due to bacteria or their products that are found in the tissues or pass into the blood and thence to the nerve centers affecting those centers by irritation; or the tissues may be in a diseased condition, the reflex irritation from this tissue condition affecting the centers; or traumatic conditions or lesions may cut off the nerve force or the fluid circulation, throwing the tissues into a mal-nutritional condition, resulting in the same reflex irritation of the nerve centers. It is found, for example, that septic discharges from wounds, abscesses, etc., absorbed into the nervous substance may produce temperature increase and that the direct injury of the nerve center may produce a febrile temperature without any external cause. In both of these cases the resultant temperature interferes with the healthy balance of life and may throw the body organism into a febrile condition later.

In normal body conditions the temperature is preserved about 98.6° F., this constant stability depending on the thermotaxic mechanism which regulates the generation and loss of heat. In connection with heat production the muscles and glands play the most important part. In the heat loss various physical and physiological processes play a necessary part the heat being used up in the body functions and activities and the unused increment thrown off from the organism by evaporation, conduction, convection, etc. The regulation of these processes, and especially the balance of production and loss, is under the control of the nervous system, including the thermic centers, the thermic fibers and possibly other nerves. In pathological conditions this thermotaxic mechanism is interfered with in a number of ways, for example, heat loss may be arrested or modified, resulting in heat

accumulation; heat generation may be accelerated and the heat loss may remain normal or be lessened, resulting in heat accumulation; increased heat generation and heat loss may be found side by side, resulting in no material change of temperature, although there is a febrile waste; the heat loss may be increased without any material change in heat generation, resulting in a sub-normal temperature.

There are quite a number of physiological variations of temperature, such as the maximum and minimum diurnal changes, the latter representing the ebb of life from two to four in the morning and the former the period of activity during the day. These and the other conditions already mentioned require to be eliminated by exclusion from the pathological changes. Variations that cannot be accounted for on any such physiological basis are to be regarded as pathological variations. Different grades of pathological temperature have been laid down, such as collapse, subnormal, normal, sub-febrile, febrile and hyper-pyretic. In regard to the danger point, the danger depends, not only upon the increase in the temperature, but upon the stage in the pathological condition or disease and the length of time during which it lasts. We are not concerned here with the different types of fever as these depend upon the differential diagnosis.

An increase of temperature, it will be evident from what has been said, does not constitute fever. Heat generation in the body organism does not depend entirely upon an increase in the tissue changes. The increase of heat may arise from carbohydrate oxidation. From a physiological standpoint an increase of temperature may be found without any increase in the excretions representing an increased tissue metabolism. Hence increased temperature alone does not indicate a febrile condition, the real indicator of a febrile condition being the modification of the heat controlling mechanism.

Among the phenomena that are at the basis of a febrile condition we must place first the breaking up of the tissues. Even where the fever is not severe or long continued there is great tissue waste, including the blood changes, resulting in interference with tissue activity and also diminution of the fluids indicated by thirst, scanty urine, etc. The increase in the pulse rate is another symptom of the febrile condition and is caused by the increase of temperature and other changes. In some febrile conditions, such as meningitic fever, the pulse rate is not increased. The accelerated pulse rate cannot be accounted for entirely by the increase in arterial tension and the increased rate of the blood flow. In the initial febrile condition there is usually the hard and full pulse with great arterial tension. Later, relaxation usually occurs, the pulse becoming soft with a small pressure. At this stage the pulse beat is rapid, the quick heart beat throwing out the blood into the arteries without emptying the cavity at each beat, thus diminishing the blood supply while increasing the heart and pulse rate. This enfeebled heart activity is to be accounted for by the increased temperature

resulting in tissue wasting. The same or similar degenerative changes may be found in the liver and kidneys, resulting in enfeebled rhythm of these organs. Accompanying the increased heart beat is an increased respiratory activity, because of the close correlation of the heart and lungs in connection with the great rhythmic regulating centers in the brain. The pyrexia condition of the blood may act upon the respiratory centers directly or the toxic elements in the blood may have the same irritating effect.

Attention requires to be given to the cerebral phenomena. Nervous excitement and delirious conditions often manifest the existence of irritating conditions. This does not depend entirely upon the increase of temperature, because in some febrile conditions, a temperature of 103° is associated with mental disturbance or comatose conditions, while in other fevers a temperature of 105° or 106° does not produce these conditions. Where these are present it is marked by stupor, more or less of prostration and mental sluggishness, as in typhoid fever. It is partly due to the effect of the increased temperature upon the great nerve centers in the brain, but also in part to the depressant effect on these nerve centers of toxic elements retained in the system and thrown into the brain circulation. In some fevers like scarlet fever, the opposite of this condition is found, the nerve centers being excessively stimulated, resulting in a strong heart and pulse beat, muscular rhythmic contractions and violent forms of delirium. In the majority of cases the temperature is very high and the skin flushed. As soon as the cerebral centers become exhausted the patient is liable to relapse into a comatose condition, or the coma may be preceded by cerebral spasms. This is unquestionably due to some toxic element in addition to the increased temperature, these combining to interfere with heat regulation and the functions that are specially associated with the thermotaxic mechanism.

It will be evident that fever is not simply an increased temperature, but a systemic condition marked by increase of temperature, increase of cardiac and arterial pulse activity, increase of the katabolic side of tissue metabolism and deranged secretion; all of these signs or symptoms being dependent on the derangement of the heat regulating mechanism and other functional centers of the body processes produced by inflammatory, traumatic or septic conditions, or the products of some of these conditions. Septic or toxic matters found in the blood, whatever may be the cause of the existence of these or the occasion of the entrance of these into the blood, represent the main causes of febrile conditions. In the retardation of the blood flow, the blood is thrown into a condition of stasis and in this static condition, the dynamic blood principle is lost, with the result, the blood is devitalized and becomes toxic. This static condition may be the result of injury, of a mechanical lesion, or an interference with the vasomotor influences that regulate the blood flow. In any of these cases the static condition may be either partial or complete. If the condition is

slight the vitality may be sufficient to overbear it and hence no febrile condition may develop. So soon however as the interference is sufficient to alter the function to such an extent as to produce stasis, or reflexly to alter the cardiac, respiratory, secretory and metabolic functions, derangement takes place in connection with the functional mechanism, toxic elements are thrown out into the blood and by the circulation they are carried to the brain centers. The blood pressure is altered and the blood distribution becomes irregular, the superficial or smaller vessels receiving a larger supply than normal on account of their dilatation. The dilatation of these superficial vessels implies an inhibitory influence exerted upon the contractile function, so that the elastic tendency of the fibers in these superficial vessels is overborne by the tendency to dilate, resulting in superficial hyperaemia. This gives us local congestion and loss of vaso-tonicity and these reflexly affect the entire circulation, the nervous system and the functions that are dependent on these. The extent of these disturbances will be determined in relation to the differential diagnosis of the different types of fever.

Is an increase of temperature physiological or pathological? I think it is *physiological*. Life is the struggle for existence. When the body is excited by disease, traumatism, etc., the regular heat regulating mechanism becomes deranged. Why? In the attempt to throw off toxic matters. During normal health this thermotaxic mechanism keeps the body temperature within normal limits, because the human body is a self regulating mechanism. As soon however as toxic elements begin to disturb the body equilibrium the body tries to keep itself up to the highest standard possible. Hence there is an increase in metabolism and this from the physiological side. As an evidence of this we have the fact that the body may under certain circumstances become accommodated to this increased metabolic activity and correspondingly increased temperature, so as to enable the body to combat disease within the limits of the body vitality.

The temperature may become pathological, an excessive temperature resulting in thermal rigor, the cause of death being the coagulation of the muscle substance, the excessive increase of the metabolism to the point of destruction, the effects being noticeable in the quickened heart beat, the dyspnoeic respiration, the rapid changes in the nervous tissue of the brain, resulting in coma, loss of consciousness and loss of control of the body functions generally. Short of the point of muscular rigidity produced in thermal rigor any of the pathological changes produced upon the blood, the heart, etc., may become pathological as causes of death.

Is fever physiological or pathological? It is *pathological*, because it represents the sum of a number of conditions including increased temperature, increased tissue disintegration, quickened heart, arterial and secretory action; and these when all combined together represent the sum of forces that is acting against the integrity of life and the vital processes of the body

In the light of the discovery of thermogenic and thermolytic centers, fever represents a pathological condition, representing the action of a number of causes, both primary and secondary; including the primary cause as a lesion, trauma, obstruction, etc., and the secondary causes in the presence and action of bacteria or their products, the poisonous substance stimulating the centers to increased activity. The result is increased temperature, quickened heart beat, respiration, metabolism, etc. Experiments have proved that if the brain and spinal cord remain intact bacterial products will artificially produce fever, whereas if the brain is cut off by division such artificial production does not take place. In this artificially produced fever there is a marked increase in the respiratory interchange in connection with oxygen and carbonic acid gas, even when efforts are made to keep the temperature in check. This seems to demonstrate that in febrile conditions one of the chief phenomena is increased metabolic activity.

This seems to indicate that the increased temperature is not a primary factor in the febrile pathological condition, but rather a symptom of the increased metabolism. As such it represents the attempt of the heat regulating mechanism to protect itself, the increase of heat arising rather as a curative means of destroying the bacteria or their products. The most favorable temperature for the development of these bacteria is that a little above the body temperature, 99.5° F. In the case of the diphtheritic and typhoid fever bacilli their growth is retarded above 100.4° F. In the typhoid germ at this temperature the fermentation of saccharine substances is impossible. The erysipelas germ may be destroyed by the influence of heat above 103° F. In the case of the pneumococci a temperature of 105.8° F., is found to produce the enfeeblement of these germs. In these cases the increase of temperature represents a physiological condition, or the attempt of nature to immunize against germ action.

According to Klemperer another purpose is served by the increased temperature. The products of the bacteria or of bacterial action upon the tissues have an immunizing influence and this is materially increased at a temperature of 105° F. In a series of experiments the serum taken from animals immunized by artificial means was injected into animals with a temperature of 105.8° F., with the result that it was lowered within 24 hours to 99.5° F. The pneumonia crisis according to this will represent the point at which the toxins produced by the pneumococci are found in the blood circulation in sufficient quantities to produce in the tissues the processes of reaction that will produce sufficient quantities of anti-toxin material to counteract the activity of the toxin substances. The pneumo-toxin or bacterial product is the cause of the disease and gives the increased temperature, the anti-toxin in the form of a compound proteid produced in the tissue cells produces the counter action against the disease and the reaction in favor of the destruction of the pneumococci. It seems to me that this very strongly indicates the possibility of establishing immunity in con-

nection with the body tissues by reactive changes produced in the tissue cells, whether the leucocytes or the actual tissue cells. In this struggle for existence between the bacilli and the tissue cells, temperature seems to exert an important influence in the production of reactive changes by which the tissue cells generate proteids that can destroy the bacterial poisons. In those pathological conditions there seems to be present in the plasma of the blood certain substances that when brought into contact with the bacteria render them lethargic and in conjunction with the bacterial products neutralize the poisonous substances produced by the bacilli.

If Osteopathic treatment can stimulate these activities through the nervous system and the blood, while the increased temperature is performing its part of the healing process of nature, we have certainly a powerful therapeutic means of dealing with the febrile conditions. In connection with this febrile condition the true Osteopathic therapy will represent the attempt to restore the normal regulating function of the thermotaxic mechanism through the brain and spinal centers and in connection with the blood supply and circulation. If what we have stated is physiologically correct, then the Osteopathic treatment in the cervical region for the purpose of reducing temperature would be the proper treatment, if we are dealing simply with increased temperature; if on the other hand we are dealing with a case of fever, this kind of treatment is contra-indicated, unless as an expedient to aid in regulating vaso-motion or to keep the temperature below danger point. The heat centers are located in the cervical region and in the medulla and the basal portions of the brain. To attempt to affect these directly would be to deal with a symptomatic condition, while leaving the cause untouched, the particular cause depending on the type of fever.

From a therapeutic standpoint the treatment must be to remove the cause or causes of the condition, and to alleviate and reduce within controllable limits the febrile condition by regulating temperature, vaso-motion, circulation, etc. The practice of medicine and Osteopathy is liable to degenerate into simply dealing with the latter. In the old practice of medicine blood-letting was practised to lower the temperature. Later, purgative, diaphoretic and diuretic measures were resorted to with the object of removing the increased waste and assisting the free action of the tissues, especially the cutaneous and superficial tissues of the body in connection with perspiration. The application of cold water was made to the body, especially by putting the patient several times into a cold bath to lower the temperature by removing heat from the body. Some have used alcohol with the view of promoting the radiation of heat from the body; others have stimulated the sweat activity so as to increase the volume of perspiration and thus carry off heat by evaporation.

In regard to the effect of fever depressants in the form of drugs we find variations. Quinine was used in large doses to check the febrile tempera-

ture, the quinine affecting directly the heat producing tissues. Aconite was used to check the febrile temperature by its depressant effect on the circulation, thus antagonizing the fever. Aconite would not be of any service, but would rather be contra-indicated in cases like pneumonia, where a crisis is looked for, because its action would be antagonistic to the main purpose of the method of treatment by drugs, namely to keep up the constitution and sustain the physical strength till the crisis approaches. The therapeutic action of aconite is supposed to be direct upon the cardiac muscle, lessening the blood pressure; upon the muscles of respiration, lessening respiratory action; decreasing the temperature by increasing the heat radiation in connection with the larger blood supply in the relaxed capillaries and also evaporation in the dilatation of the capillaries around the sweat glands promoting perspiration.

From an Osteopathic standpoint in treating fever we are dealing with life, involving the struggle for existence, and the vital processes. In the increase of temperature we have the rapid consumption of tissue substance. This disturbs the equilibrium of functions—and almost anything may start this disturbance in the form of a disorder, disease, poison, stagnation of blood, etc. This disorder is communicated by the nervous system to the brain centers, all of the vital centers being in close approximation and vital connection with one another. As soon as the equilibrium of these centers is overturned by the toxins in the blood, the centers become irritated, the cardiac, pulse, respiratory, etc., phenomena follow. How shall we rectify this condition? Go after the primary cause which will be determined when we differentiate our type of fever. Limit, try to check the production of the toxic elements that are poisoning the blood and causing the abnormal action of the vital centers. Restore the normal nutritive conditions to this local part by rectifying the osseous, muscular, nervous and blood conditions contributory to the proper nutrition of the affected part. Keep up the constant circulation of pure blood, not only arterial blood but also venous blood, because venous blood is pure and normal, the diphtheritic bacillus, for example, will not thrive in the venous blood. The particular application of these general points to the types of fever can be readily made, as soon as a physical diagnosis is made of the cause of the fever.

Our conclusion is that a febrile temperature is physiological; behind this febrile temperature we find a chain of conditions, the irritation of the nerve centers, the toxic elements, the congested blood condition, the bacteria, the trauma or the lesion. In attempting to treat this febrile disturbance that is always more or less widespread over the organism, we must remove the lesion, heal the trauma, kill the bacteria, counteract their products and thus eliminate the element of discord introduced into the nervous economy of peace, co-ordination and harmony. This Osteopathy can do most successfully.

RHEUMATISM.

BY JOHN N. HELMER, D. O., GRADUATE A. S. O.

NEW YORK.

RHEUMATISM must be regarded as a disorder both constitutional and nutritional. Spinal lesions are the chief occasions of an enfeebled state of the nervous system, and in this state fermentations are readily caused by improper food supplies. Ennervation is often chargeable to hereditary taint also; and among the weakening influences immediate or remote, is the habitual use of alcoholic drink, the tendency of which is to lower the tone of the nervous system and to create fermentations. Dr. Gould, in the Medical Dictionary, declares the etiology and pathology of rheumatism to be in doubt, mentioning among the circumstances conducive to it; exposure to cold, excess of lactic acid, the presence of micro-organisms, etc.

Like gout (French "goutte," or drop) so-called because it was believed to be produced by a liquid which distilled drop by drop and formed accretions in the diseased parts, especially the toes and fingers (as the drip of water impregnated with lime deposits in caves the stalactite and stalagmite) rheumatism is a state occasioned by a flowing; and preserves in its name, derived from the Greek verb RHEO (cf. diarrhoea), the idea that the disease originates in the blood or secretions of the body. Around the joints of the fingers and toes in gouty patients, there is a mineral deposit of uric acid and sodium. Sodium is a constituent of common table salt (its chloride), and of cooking soda found in all baking powders; and the free use of these by the patient helps to burden the already enfeebled nervous system. Uric acid in itself is a deleterious factor, as is suggested by the very formula of its composition ($C_5H_4N_4O_3$); although from the frequency of its discovery, many physiologists regard it as one of the normal components of urine. This seems to me unphilosophical and unreasonable. All true science is unitary and all true principles are confirmed by facts. If facts and principles are true, man was made for the enjoyment of health. All diseases may be traced to some deviation from natural laws, or to an abuse of them. Disease is a condition discordant to our original structure. Now if the insoluble crystals of uric acid are a normal constituent of the urine as many authors claim, all flesh must be supposed to suffer from its irritating effects; for it is unquestionably found in all cases of inflammatory rheumatism. But inflammatory rheumatism is far from being an universal human condition and until it is, the absence of one of its principal accompaniments is sufficient ground for deeming the presence of uric acid abnormal.

Another waste product of the body is urea (CON_2H_4). This has its

source in the unassimilated elements of nitrogenous food and in the breaking down of tissue, or tissue waste. Urea is soluble in water and is held in solution in the urine. For this reason, it can be expelled without any bad effects; while uric acid irritates the urinary passages and keeps them in an inflamed condition,—the action of uric acid being precisely like that of sand and gravel. Now all fermentation generates acid products. That of milk gives rise to lactic acid, the continued fermentation of fruit juice produces acetic acid; so venous fermentation results in carbonic acid (CO₂). The decomposition or souring of urea in the system would produce uric acid. We know the conditions favoring fermentation, and such conditions generally prevail in living subjects. Not seldom, too, there is an excess of food in the stomach and alimentary canal due to weak or retarded digestion, and this promotes fermentation which manifests itself in flatulency and sour eructations. Besides, we may find too much fibrin in the blood, an evidence that the food is too largely albuminous. We may find the sucrite (its name betrays its meaning) of healthy muscles changed to lactic or sucro-lactic acid. We may find in the urine uric acid. These discoveries are proofs of fermentation and decomposition. Now whether there be an excess of food in the alimentary canal, or else an improper and prolonged retention of waste matter in the excretory organs, either alone, much more both in conjunction will induce (irritation until) fermentation and decomposition (ensue) and consequent irritation. If we are right in ascribing the physical cause of rheumatism to fermentation and decomposition, the course to be pursued in treatment is clear to any thinking mind. We must remove the cause. 1. Let a skilled Osteopathic operator examine and determine whether the primary cause is innutrition of the nerves or derangement of some special organ or part, and if so, apply Osteopathic manipulation. 2. Oxidize the blood by deep breathing and outdoor exercise. 3. Regulate the diet by abstinence from alcohol, from much or strong coffee and from pork. The diluted juice of fresh ripe lemons will allay the inflammation of the blood when there is an excess of fibrin resulting from too much albuminous or nitrogenous food.

OSTEOPATHY BROAD-MINDED.

Paper Read before the Senior Class, A. S. O., March 1, 1900.

By G. D. HULETT, B. S.

IN presenting a paper for your consideration and criticism, I fully appreciate the position in which I am placed. Not alone is the objection that experience and maturity of judgment may be sadly lacking, but as well the fact that however beautiful a theory might be advanced on any subject in the realm of Osteopathic thought, there are those much more capable of presenting reasonable theories than the writer of this arti-

cle. Hence the subject I choose to discuss, at the suggestion of your committee, may have as many interpretations as there may be interpreters. However, what I may say in a cursory manner, is the interpretation of the subject from the writer's own standpoint, and the logic used in forming his conclusions, and the conclusions themselves are freely open for criticism to any who may take advantage of the opportunity.

In every mind which has opened its portals to the Osteopathic philosophy, there has arisen the problem of the nature and the extent of that philosophy, which may be reduced to a practical basis in therapeutics. From the consideration of that problem, has sprung, definitely or indefinitely in the mind of the thinker, the relative terms "broad-mindedness" and "narrow-mindedness." I say *relative* terms for the reason that they are limited by the preconceived conceptions of the individual using them.

There was a time when men whose trend of mentality did not coincide with that of the community in which they dwelt, were subjected to the scorn and calumny of their fellows. We trust that time is passing. We believe the Osteopathic profession thus far has been fortunately free from such element, in larger measure than has any other similar body. Shall it remain thus?

In the Osteopathic world who is broad-minded, and who is narrow? In recent years—perhaps we should say months—it is becoming popular for the newly born Osteopath to give his private definition and understanding of the basis of Osteopathy, and the fashion leads us to ask the reason. It is not, however, the purpose of this paper to discuss that problem, but to inquire into the seeming tendency to discount the original conception of the philosophy as somewhat narrow in its scope.

It must be remembered that broad-mindedness in its common acceptance may not be synonymous with deep-mindedness. We have met individuals so broad-minded that a mental strabismus of the external vanity resulted. In other words so accustomed were they to take a birds-eye view of the situation that a bird's conception of the subject rewarded their effort—no image of a definite object remained. Is that the broad-mindedness that is desired in Osteopathic circles?

It was not considered an evidence of health of mind, by certain wise ones of a former time, in Morse and later of Edison and a dozen others to waste so much valuable time in tinkering with keys, and wires, and batteries; but we of to-day are duly thankful to these men for braving the ridicule and contempt of their thoughtless critics, until it has been shown us that the position of electricity in the mechanical world was far more comprehensive than our shallow minds were able to anticipate. On the same analogy, are we to-day justified in assuming that, because certain of the brethren have a sublime faith in the efficacy of Osteopathic manipulation without the aid of certain extraneous measures, that these persons are narrow in their conceptions?

I desire to call attention to the substance of a definition of the basis of the Osteopathic doctrine, which for briefness and comprehensiveness, I believe has never been improved upon. "An unobstructed flow of *all* vital fluids of the body, on the assumption that the body contains within itself *all* the principles necessary for its nutrition and proper performance of function." This formulation will be recognized as coming from the fountain head of Osteopathy. For individuals of an Osteopathic experience covering from six months to two years' time to presume to decide that the above definition is only partial and hence narrow, is evidence, to the writer, of a broad-mindedness which is dissociated from depth of mind as well as from the first principle of logical reasoning.

I believe I recognize, what a surprisingly large number seem to fail to do properly, that Osteopathy is in its infancy. I have heard the "Old Doctor" repeatedly make the statement that he himself was just in the threshold of Osteopathic thought and practice, and that the present stage was only that of the infantile period of development. Hence it is no argument to me to say that because a certain result can not *now* be effected by Osteopathic manipulation, that that manipulative system has reached its limits. No one, be he ever so scientific, can now prescribe the limits of the system when anatomy and physiology and other allied branches have been further developed with the Osteopathic philosophy constantly in view.

In the mean time it may be advisable to bring to the relief of our own ignorance certain extraneous measures. I would not be so careless as to claim that all pain may be relieved by manipulation, nor that some pain may not be quieted by the administration of morphine. But in admitting this I neither discount the one system, nor advocate the other as legitimate Osteopathic procedures. We are all agreed, I trust, that the introduction of drugs into the system is not Osteopathic—that it is introducing from external sources a foreign element, thereby multiplying our major premise that the body contains within itself all those principles necessary to its proper functioning. Suppose, instead of the drug, we introduce a current of electricity, which we learn is *not* identical with nerve force. Are we not still introducing a foreign element—still attacking our major premise? Is not the application of heat or cold by means of hydro-therapy or other method, an example of the same kind if not degree?

The fear that Osteopathy may be confronted with massage is one of the chiefest bugbears to the young physician. If we are compelled to resort to massage, or in other words, to make use of the methods referred to by the inaccurate tho' approximately correct term "rubbing and patting," why not frankly admit the means used may not be strictly Osteopathic, but an aid in producing certain desired ends, rather than attempt to differentiate between procedures which, after the most exhaustive explanation, remain practically identical?

Do not misunderstand me. I am not condemning the use of these

subsidiary treatments absolutely. It is not for me to do so, in the present status of the system, if used properly as secondary to the manual treatment. But I do question their legitimate ultimate position in the field of Osteopathy, and I do claim the privilege of protesting against the forcible introduction into the philosophy a meaning, and into the practice a method which was not originally intended and which is not now properly included in the science. If we are not now able to produce certain desired results by Osteopathic means, which are secured by these subsidiary measures, it is no admission of inefficacy of the science, to frankly admit our failure, but merely an open confession of an ignorance on our part, justifiable or otherwise, of the application of the Osteopathic principle to the particular case. Better far, than by an attempt, fruitless as it is laborious, to comprehend in the Osteopathic philosophy any and all methods of relieving human suffering, that have been tried and rejected and reintroduced and tried again.

Perhaps I digress from my subject. The point I wish to make is that broad-mindedness is as attainable in dealing with specialties as in dealing with generalities. It need not only be applied to the general field of medical thought. To the Osteopathic physician it should exercise its benign influence in applying broad principles to definite systems. If my original proposition stands—and I have but assumed that it does—nature will indicate herself if assisted by the intelligent application of her people. If the student of Osteopathy applies himself to the unfolding of her laws, through the sifting processes of Father Time, one day he will know whether Hygea will only be satisfied with agencies from the external world, or with agencies residing universal within Nature herself, unaided and alone.

Pennsylvania State Society of Osteopaths.

The practitioners of Osteopathy in the State of Pennsylvania met in Philadelphia on March 9-10, in the office rooms of Dr. Clara Martin, 419 S. Broad St., and perfected a state organization. After preliminary organization the following permanent officers were elected:

President—Dr. O. J. Snyder, Wither-
spoon Bldg., Philadelphia.

Vice-Pres.—Dr. S. C. Mathews, Simon-
Long Bldg., Wilkes Barre, Pa.

Secretary—Dr. J. Ivan Dufur, 44 East
Fourth St., Williamsport, Pa.

Executive Committee—Drs. Snyder and
Dufur (ex-officio) Dr. C. B. Canfield, Sun-
bury, Pa.; Dr. H. R. Underwood, Coal Ex-
change, Scranton, Pa.; Dr. W. B. Keene,
2002 31st St., Philadelphia.

Following are the charter members; Drs.
Vastine, Canfield, and Huston, Harrisburg
and Sunbury; Dr. J. Ivan Dufur, Williams-

port; Drs. Mathews and Hook, Wilkes-
Barre; Drs. Allabach and Harding, Wilkes-
Barre; Drs. Walpole and Towle, Redding;
Drs. A. D. Campbell, T. E. and Nettie C.
Turner, Mason W. Pressly, O. J. Snyder,
Clara Martin, W. B. Keene, and G. G.
Banker of Philadelphia; Dr. R. W. Miller,
Washington; Dr. Ida McMurphy, Franklin;
Dr. J. A. Thompson, Titusville; Dr. F. W.
Underwood, Wellsboro; Dr. H. R. Under-
wood, Coal Exchange, Scranton; Drs.
Heine and Hart, Pittsburg, Dr. Peck,
Wilkesburg, Pa.

Those present at the convention were
entertained Saturday evening at the home
of Dr. Nettie Turner, 1715 N Broad St.

The secretary asks all who know any-
thing conducive to the good of Osteopathy
in Pennsylvania, to communicate with
him. J. IVAN DUFUR, D. O., Sec'y.
44 E. Fourth St., Williamsport, Pa.

OSTEOPATHIC DEVELOPMENT.

HENRY BROUGHTON SULLIVAN.

AT A RECENT meeting of our society, a paper was read and discussed, which had for its theme, broad-mindedness in Osteopathy. For some reason it was misinterpreted. The impression seemed to prevail that the writer advocated the recognition and adoption of such branches of the healing art as Sero- and Hydro-therapy as Osteopathic. The writer felt justly indignant that it should be supposed for an instant he was ignorant of the fact that oil and water cannot be mixed. His intention was to point out the necessity of *development* in our profession and the field from which we shall have to secure our material, namely the science of medicine and all that pertains to it.

I wish to state here that I use the term "medicine" throughout this article in its *correct* sense, the science of healing, any curative agency, Osteopathy to our minds is the *only* medicine. Anatomy is one of the pillars, one of the scientific studies upon which all schools of medicine are based.

The inspiration which actuated the writer was that there is a tendency among those who cry loudest of their Osteopathic virtues, to limit to as few studies as possible our curriculum—to keep the standard of entrance and exit in our schools as low as possible—to get as much out of Osteopathy as they can, without putting anything in; to scoff at not only the older school practitioners, but at the very pillars upon which the whole science of medicine rests, upon which, I hope to show, our own science rests, and to which we shall have to look for advancement.

It seems strange and a pity that such a subject has to be discussed at this time, and yet these students or practitioners who do these things are going into the field with as good a diploma as yours; they are going out as fully-accredited representatives of that same profession, which you regard as second only to your religious belief, as second only to God's ministry. This being the case, however reluctant we are, we must give ear to, and consider it seriously.

We hear it said: "What bearing has this or that" ology "upon Osteopathy?" studies recognized the world over, as essential in the proper preparation of physicians, no matter what their school or therapy may be.

They say: "We want Osteopathy unadulterated." As Dr. Still has said many times, "you're getting it every day in your Anatomy, Physiology and Chemistry, etc." You have the Osteopathic principle; apply it

At a recent meeting of the Senior Society of the A. S. O., papers were read by Mr. Hulett and Mr. West. Mr. Hulett's paper appears in this issue of the JOURNAL. In the debate that followed, Mr. Hulett's position was largely sustained by the society. Mr. Sullivan prepared this article mainly in answer to the position taken by Mr. West. In next month's JOURNAL Mr. West will contribute an article developing his position. Mr. West concluded that Osteopathy is a complete science and for it to meet all forms of disease, it must include some forms of practice (not drugs) which are not used by the Osteopath of today.

to what you learn from the studies of the old medical science. It is only by going to them—combining our principle with what they have brought to light through centuries of research, that our scientific manipulation and development can be secured.

There are things in these studies which we cannot accept, but there is infinitely more in them which we have accepted, which we must accept, and which we will be glad to make use of hereafter. As for the "therapy's," there is nothing in Drug-therapy which we can believe in; and yet there are latter day therapies springing up, which, while they differ somewhat in principle from our own, are approaching nearer to ours, nearer to nature, and it will be interesting as well perhaps as instructive to note their progress.

But if we discard or belittle these studies, close our eyes to these therapies, or what is going on about us in the medical world, as we Osteopaths will fall to the rear of the profession—we are doomed. We may, as some have done, imitate some operator's movements, without knowing the why or wherefore, but we cannot become what we ought to be, and what the future Osteopath is going to be. It but depends, too, upon how soon we realize this, whether this development shall come from the Osteopathic, Allopathic, or Homeopathic field.

The "Old Doctor" cannot give us outright that which he has acquired. To become as competent as he or more so, we must first go over the field *he* has gone over with that clue he has secured in his journeyings and given us.

Those with this narrow view, for I say it is narrow, say: "A skeleton, a normal body, a cadaver, a "Gray" and some one to show where to push and when to pull is all that is necessary for an Osteopathic training."

I say if we are going to be physicians and minister to *living* bodies, we require vastly more knowledge than of that body's physical structure. We require a thorough knowledge of *all that pertains* to the living body; and this can come from no other source, than from every branch of science which deals with vitalized tissue in *any* particular.

If we were to become repairers of a clay or putty doll, it would then be necessary to study simply its physical relations. But since we are to deal with *vitalized* tissue we must go far beyond mere bone, muscle and ligament; we must delve deeply into the profound study of function—of that indescribable something which is at the basis of all human activity, the *vital principle*. Dr. A. T. Still has closely studied this, and I believe it to be the secret, if I might call it so, of his efficiency. He cannot give it outright to us, for it is part of himself. By studying for long years his own "inner man" and comparing it with that of others, he has made them acquainted as it were; he has gone beyond the canvas and oil in the picture, he has penetrated beyond flesh and blood and scrutinized in himself *first*, and then in *others*, that mysterious something called life.

It is not spiritualism, nor hypnotism, but simply a keen study of the manner in which this vital principle manifests itself in a normal subject as compared with its peculiar manifestation in the countless conditions of the organism known as disease.

I say Dr. Still has this development, and many of us have witnessed its remarkable power. To us it *is* remarkable, though it comes from a simple, yet deep study of nature's laws. He sometimes calls it his "psychology." I repeat that we shall have to acquire for ourselves this intimacy with nature, the vital principle. We have got to become A. T. Still's so to speak, before we can begin to be true Osteopaths or true physicians.

We shall never know what this power *is*, for that belongs to God; but it is within the reach of man to study—acquaint himself with its *ways*, and to a certain extent control it. It has been juggled with for ages and at last, today has become a truly scientific study, and is becoming a greater factor in the medical world every day. The history of electricity bears a similarity to the development of psychology. It seems strange that we have to turn back in this 19th, almost 20th century to that something which has been associated in the past with witchcraft, spiritualism, and in our day with magnetism, and suggestion. Yet it is so; it is only recently that this something, the study of which is termed Psychology, was rescued from such channels and placed upon one of the greatest of scientific pedestals, Physiology, with which it shall remain inseparable.

It almost seems as though providence rescued it from error expressly for the Osteopath. We can take the psychological truths established, and with our anatomical and other necessary qualifications, take a comparatively "short cut" toward obtaining that which our worthy founder worked out for himself seemingly, and spent years in attaining.

I wish to emphasize the point then, that our success in the complete development of Osteopathy, for we indeed are the ones to whom this is entrusted, depends upon our study of psychology as well as anatomy, of chemistry as faithfully as physics, of dietetics as well as physiology, of pathology as well as histology, till the whole field has been covered, not excepting one branch of study which deals with the human body or human life.

We should not betray ourselves by running about seeking some one to show us how to set a second rib for instance, but study and continue to study until we can tell when a second rib *is* displaced, how it is displaced, and we will need no one to show us how to set it.

Since the charter of this institution was to reform medicine and surgery, the idea seeming to be to discard the use of substances foreign to the body; to minimize by our peculiar methods the use of surgical instruments, it seems to me we should know, if we are to correctly represent Osteopathy, what a foreign substance is, what a drug is, that we may readily differentiate it from an article of food. We should *know* and not *guess* when a case passes beyond our control and requires surgical methods.

Some will say here perhaps, common sense will be all that is necessary. I say, for once at least, common sense unaided by actual knowledge of the chemical and other properties of the substance with which we may have to deal, or of the actual condition of the diseased tissue, will be lamentably common indeed, and fatal perhaps to the patient, who is the *first* to be considered.

One might imagine from common talk in our circles, that a "drug" comprises everything the old school practitioners prescribe for their patients. But they prescribe more than digitalis, calomel, strychnine, etc. They leave instructions for a proper diet, strict hygienic and sanitary regulations, which today comprises the greater part of their best physicians' prescription.

By our sweeping denunciation of all that which our dissenting brethren do, we are but unconsciously arranging for ourselves, an elaborate banquet of "crow" for our sensitive palates in time to come.

As an instance, we can take the present dietetics, study it from an Osteopathic standpoint, remodel its scope and application, until it shall become more scientific than it ever has been; and though perhaps unseen now, an important adjunct to our cardinal manipulation. It seems to me that our future Osteopathic application of diet will become the small cog-wheel to the larger one of manipulation—food being the fuel upon which life depends. "But," our zealous Osteopath might say, "remove the lesion and the stomach will call for what it wants." Splendid; now when that call comes, when that enfeebled voice cries for nourishment in typhoid fever, for instance, if there is no one there who, by previous careful study of proper food and nature's mysterious language, can correctly interpret it, is not the patient's life in jeopardy?

In cases of slight digestive derangement, nature's calls for food after the removal of the lesion, are intelligible and can be easily and safely responded to; but are there not countless cases when nature is weak, her voice impaired, her calls not to be relied upon? It is here that the skill of a true physician will ever be applauded or his incompetency condemned.

It has also been said that dietetics, and hygiene are the common property of everyone. So indeed they are, in one sense, as is everything else on earth, even our own beloved science. But who shall say the good housewife's knowledge of these things is equal to the old school physician's? And who shall say that our Osteopathic dieting will not only be equal to, but superior to his?

We don't want to enter the sick room, and, after our manipulation, have to bow to the intelligence of the housewife in such matters, even though she be the mother of fourteen grown children. Nor do we want to be found wanting in these respects by the old practitioners, for we claim superiority over them, and coming from a school of nature, they expect us to be *more* scientific than they in such details.

I say there is infinitely more in these subjects than is, at present at least, the common property of every household; and that we can make so much *more* of them, that our application will astonish the world quite as much as does our manipulation by which we are known now.

You see, I trust, that I am simply advocating and declaring necessary, constant study from the Osteopathic standpoint of all that which pertains to the present and old schools of medicine, so that we may strengthen our science, by making use of those truths which they discovered, but buried again. By doing so we shall understand how and why we get our present magnificent results, and open up a field for greater triumphs, which we know exists. Yet the very ones who call themselves the staunchest Osteopaths, who are continually crying for "more Osteopathy," imply a desire to return to the days when anatomy and elementary physiology comprised our curriculum. Is that not retrogression rather than progression? Have you ever stopped to consider what such a course would mean? Did it ever occur to you that in that case we would be compelled to make Dr. Still either a mountebank or a god?

They say the Osteopaths who studied in those days are more competent than those now going into the field. In one sense, why should they not be? They enjoyed the advantage of being first in the field—they have had from three to seven and eight years practical experience in combatting disease. But those who have continued to hold their own, have been students ever since and are more so today than ever.

Has our school that long list of studies catalogued simply to get students here only to tell them afterward that none of those studies have any bearing upon Osteopathy save anatomy? Are they there and taught against the wishes of our trustees?

You might just as well invite the public upon a newly constructed bridge after setting forth eloquently its strength, and when it is crowded begin to chop away its supports. Don't become prejudiced because some one else is. Don't condemn people and methods upon some one's else say so, but go and investigate for yourselves.

Ridicule, you know, is the only weapon ignorance has. Under these circumstances it would be better to ape wisdom than proclaim our ignorance from the housetops.

Occasions will arise when your efforts will fail. Perhaps in some cases morphine will be given to quiet a patient—to relieve suffering. Don't despair on that account, nor yet admit the physiological efficacy of that opiate. But go to your books, these same *medical* books by the way, and devise an Osteopathic means for attaining the same result, rendering the administration of such substances unnecessary. And again you must consider that we are a *drug saturated* race; weakened and predisposed to attack as a consequence. There is born in every one of us a morbid appetite for *something to take* which manifests itself as a spectre

from the tombs of our fore-fathers whenever we fall ill. This is a condition which we are not accountable for, cannot help, and yet, must face. Though in doing so we are subjecting Osteopathy to a wholly *unfair test*.

The Osteopath must begin with a new generation. He must begin with the infant—keep from it all poisonous substances, strive to eradicate any inherited abnormal tendency in its tiny form, guard it in childhood from all violence; and once matured, that individual, I believe, will go through life comparatively free from disease; will require no powerful and dangerous opiates as we know them today, should accident befall him and, however, by that time the Osteopath will have his own opiate, a *natural* one.

I would warn you again, then, whenever you fail, against prostituting yourself and your cause by wandering about in search of some other *therapy* as a cheap substitute for your own incompetency.

I am not prepared to say how much good there is in any of these therapies, but I do believe the Osteopathic principle to be the true, the only one, at the bottom of everything good in the healing art, and it but rests with us as to how soon it can be proven.

The old medical schools, are turning back as we have done, to nature. This tendency has become strong in recent years, due to the monstrous growths which have for centuries been gnawing at its vitals in the form of quackery, patent medicines, drug trusts, etc., but more directly through the dissemination, I believe, of our Osteopathic reasoning. In trying to extricate itself from this hideous mass it is grasping at straws; it is seeking nature. It is rapidly coming to that which we have secured ahead of them—we have beaten them to the goal.

The old schools can blame none but themselves, however, for the parasites with which it has been weighted down, for they themselves have sown the seeds. Though they have developed in their knowledge of the organism, they have foolishly clung to the administering of poisonous concoctions without really knowing why, except that the ancients did. They saw the inconsistency of what they knew and what they did, but believed themselves helpless. It remained for a courageous man to break from their ranks, point out the remedy, and with the aid of the people, force a divorce between that grand profession and this malignant inheritance, drug-therapy. This divorce is being accomplished and we are indebted to Dr. Still for it.

Now, since the old schools are on the scent, since they are coming our way, since their immense laboratories in Europe and America are seeking the reasonableness of our contentions, are they not at any time, likely to run across an Osteopathic truth, which shall give them the key? And may not some of these truths become embedded, foolishly of course from our standpoint, in some of these new therapies springing up?

In the sense that "*honesty is the best policy*," let us be honest with our-

selves since we know we are wanting in many things, and at least be politic enough to look into these other methods, lest, as I said before, there be a grain of truth in them. I do not say there is, but as they are in a state of evolution like ourselves, is it not only politic, but absolutely necessary that we watch their progress while we work? Then when the "fresh-air-therapist" or "sunshine-therapist" comes, we can say to him, "behold, that which you consider the *whole* thing is but a minute part of Osteopathy. The followers of these methods with but a spark of truth must some day turn to that which has the great bulk of truth and which is fast becoming recognized. We must do these things however, or they may "turn the tables" on us.

None of us, I believe would be guilty of trying to undermine our creed, but all are anxious to see it made as near perfection as human minds and hands can make it. While to-day we are limited in our field, it is not the fault of our *principles*, but *ourselves*. We want to progress, we want "more Osteopathy," but how can we get it if we deliberately close the storehouse from which Osteopathy came, and to which we shall have to go for what it lacks—the science of medicine, or that upon which it rests? In this sense I believe there is no limit to what Osteopathy can accomplish.

But, if we condemn all the achievements of the old schools save only the anatomists; if we accept willingly, pay honor to the work of Scarpa, John Hunter, Poupert, Eustachius, Winslow and others, yet decline to accept or even pay respect to the work of Haller, Harvey, Marey, Gaskell, Goltz, Heidenhain, Pasteur and the army of physiologists down to our present day; of Herbart, Lotze, Spencer, George T. Ladd and others in psychology; of Nylander, Boettker, Pettinkofer, Fehling, Moleschott, Liebig, Purdy, Pavy, and hosts of others in chemistry; of all the pathologists, embryologists, neurologists, to whom the world bows in gratefulness, if we do not, we are unworthy of serious consideration at the hands of rational beings.

It is to the work of these men whose names are, and ever shall be, immortal, that we shall have to turn for food upon which our Osteopathic reasoning can be nourished and developed. If not, to what can we turn? Shall we close our books and look to a cadaver; a normal, and a diseased living body? We should then have to go back and become *Aristotles*; wade through those centuries of research and experimentation only to arrive at what is faithfully recorded in every complete medical library to-day, and which we have to thank the medical profession for.

Our founder is one of this profession, and it is because he delved into these studies so far as they were developed in his time, that he owes his existence as an Osteopath to-day. It was the *truth* as well as the *error* in that profession which caused him to retrace his steps and search for the missing links which he found.

But he, though it was sufficient to crown his life, only gave us the key,

the nucleus, the formula. He improvised his own *modus-operandi*, but says to us, "don't mimic my movements; take my truths and work out your own. Take up my work where I lay it down; study, experiment, systematize, develop it. I cannot live forever, or I myself would do it. As it is, I have but reached the first rung of the ladder. It remains for *you* to climb."

We have long since been "weaned," though we don't seem to realize it fully, and to linger longer about our maternal "Pap's" coat-tails could be not only grotesque but unwise.

His is but *one* mind; and since he, in passing through the wisdom and follies of this ancient creation, medicine, secured the gleam of light he calls Osteopathy; why should not we accept the beacon he offers us—follow in his foot-prints through those cavernous mines bequeathed us by our medical ancestry, and by that new light thrown upon its hidden treasures, bring to the surface all of its splendor which dazzled his, the eyes, and bewildered his, the mind, of but one mortal? Let us go with this inherited light into those depths, and with a thousand eyes and as many youthful minds, explore each crevice, secure every shining nugget, and emerge resplendent as the redeemers of the medical profession, worthy and faithful perpetuators of the work begun by him who first pointed out the glittering vein, and a living monument to his memory.

Many of us, I think, misunderstand Dr. Still in his talks before us. In his righteous jealousy and careful guarding of that which he has discovered and which he intrusts to us in his declining years—in his anxiety lest we, not having traversed the pathway as he has done, being exposed to attack, and ridicule, we may, by our false reasoning, snuff out the light he has given us, and being thrown into darkness, emerge no different from those of the older schools up to his time, he says: "Rather than lose the Osteopathic light you have, it were better you stay out of those fields of evil as well as good, than enter, only to lose your way as all those have done up to my time." In this he showed the wisdom of Solomon so long as his disciples were *few*. But now, since his principles are spread broadcast throughout the world; since his followers are legion and his good works famous; since that world calls to him and to us for *more*; there should no longer be reason for fear lest the thread of thought be lost. We have *conquered*; the whole field is at our mercy and we may review it in safety. We must gather up what is good; make use of it for humanity's sake and strengthen our science.

Much has been said of the vast amount of *theorizing* in the old medical profession. Is that blameworthy? Is it strange that when their ceaseless labor brought no enduring light, they exchanged their views and established theories that some other brain, perhaps even yours or mine, might establish a truth? Has there ever been a truth established in any other manner? Take ourselves, for instance; we say, "I believe there is such

and such a lesion here." Why do we believe so? "Because there is this and that evidence." That is theory pure and simple. Or, after we secure some splendid result we are asked what we did in that case. Nine out of ten of us, if we are *honest* with ourselves, will say, "I don't know just what I did, but, I *think*, so and so." More theory; so you see we theorize some too; *before* and *after*, and are no different from other mortals in that respect.

It may also be well to say as little as possible about empiricism as we pass, until we have done considerable introspective work; until *we* are "out of the woods" as to what we do when we operate. I am not finding fault, please remember, so much as I am trying to lay out a plan for future development and pointing to the base of supplies for it.

We have everything to be thankful for in most respects and our progress has been wonderful in certain directions. But we cannot afford to rest on our oars; stagnation means death. If Osteopathy is to be preserved in its integrity, we must bestir ourselves and proceed to place it beyond contamination.

The world demands and is going to have Osteopathic development whether *we* give it or not. Let us stop butting our heads against stone walls then, since we know in our hearts we are not complete! let us stop blinding our eyes with prejudice to the stern fact that for completion we must look to what is called the science of medicine or that upon which it rests.

We are not prepared to experiment upon anything like the scale their Universities can, nor is it expected. But is that any sane reason why we should not at least realize the dire necessity of it, and even the true field from which it shall have to come, whether *we* do it or *they*? Is that any reason why we should spend our time patting each other on the back, singing praises, designing halos and purple robes, lavishing compassion unsolicited upon our dissenting brethren? Is that any reason why we should be content to poke our noses into obscure corners hoping to find there some heavenly inspiration that will discount the scientific works of man since Adam? I say emphatically, *no!* we must face about—acquire that humility and charity which marks the scientist, and foreshadows truth; look to that broad expanse, the medical world; the scientific world; take what is good and build therefrom. We *must* make a beginning, however small.

Our founder is a genius to whom providence has been gracious. He has lived to see that which has been denied most of his kind—his life work rewarded. But the same evil which exiled *them* in life, left nothing but their *memories* to honor; the evil of being misunderstood, mis-interpreted, threatens the perpetuation of Dr. Still's work. Let us then read him aright while he is with us, that we may carry out faithfully his ideas when he is not here to speak for himself.

If we would have his name chiselled high upon the temple of fame; if we would have his memory held sacred, penetrating like incense the veiled future; if we would have his name ever trembling in prayer upon the burning lips of suffering posterity: for justice sake, for humanity's sake, for *his* sake make him now and forever as he is—the champion of truth and wisdom. Not the artful propagator of error and ignorance.

This is my mind, call it broad or narrow, measure it as you wish, though I believe it a trifle "longer in width" than that of some, if their words and expressions mean anything.

This is why I support the ideas the paper I referred to was designed to set forth, not that I love "pure Osteopathy" *less*, but pure Osteopathy DEVELOPED, MORE.

The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE
AMERICAN SCHOOL OF OSTEOPATHY.
KIRKSVILLE, MISSOURI.

Entered at the Post Office at Kirksville, Mo.,
as second class matter.

Every issue of THE JOURNAL OF OSTEOPATHY
with all its contents, is fully protected by copyright

The A. A. A. O. meets at Chattanooga,
Tenn., July 5, 6, 7, 1900.

* * *

The American School of Osteopathy has announced its intention to publish a bi-monthly professional magazine. Although this new publication is to be published by the American School, it is to be inter-collegiate in a sense, as each reputable school of Osteopathy is to have a representative on the regular staff of contributors. It is designed to be of special use to the practitioner and student. The work will be conducted along *special lines* in contrast to general lines as most publications heretofore have presented the work. A number of the best men in the field have already taken charge of certain departments. This publication will appear about June 1, 1900. A complete announcement will appear in the May number of JOURNAL OF OSTEOPATHY.

* * *

One of the most interesting and instructive features in the Senior Department of the A. S. O., apart from the regular course of study, is the Senior Society organized for the purpose of scientific investigation. The society meets weekly and at each session papers are read by Senior students. Up to date some very interesting and well prepared papers have been read, a general discussion follows each paper. The following subjects have been discussed during the past month: (1) Position of Osteopathy to other Forms of Practice. (2) Relation of Osteopathy to Serotherapy. (3) Relation of Osteopathy to Bacteriology. (4) Osteopathic Surgery. A well prepared paper by Mr. Lewis on the Relation of Os-

teopathy to Serotherapy will appear in next month's Journal.

* * *

The Southern A. S. O.

It is with much pleasure that we note the growing interest in Osteopathy in the Southern states.

Altho' our club has only been in existence one term we now number sixty-one. All other students who are not already members are most cordially invited to join us and aid in extending the influence of Osteopathy in the South.

At our last meeting it was voted that "All members of the Southern Club who are graduated by the A. S. O., be made honorary members of the Club."

The reception given on February 23, by the Club to the Southern members of the February class of the A. S. O., was very much enjoyed by all present.

The election of officers for the 2d term resulted as follows:

President, Mr. J. F. Stevenson, of Texas.
Vice President, Miss Dora White, Kentucky.

Secretary, Mrs. L. A. Barr, Mississippi.
Treasurer, Miss Bertha Rhodes, Alabama.

Historian, Miss A. Spates, West Virginia.

* * *

Juniors Entertain Freshmen.

As an event to be classed among the many successful and enjoyable achievements students and friends of the A. S. O., are pleased to recall the reception of March as deserving of mention.

The pleasant task of perfecting arrangements, and performing the honors of host on this occasion was accorded the dignified class of February, 1901.

The Freshmen who one year hence will enjoy a similar privilege were counted the special guests of the evening, while the members of other classes and a goodly number of favored friends contributed their presence with the thousands or more participants.

The extreme popularity of this customary semi-annual reception is its worst feature. The history of no class would be

complete nor would its members be fully qualified to cope with the perplexing problems later to confront them without the discussions and experiences coincident with the students' reception. No classman could afford to release the pleasant recollections and the treasured acquaintances initiated at this first social function in his student life.

The early portion of the evening was devoted to the reception and introduction of the fast arriving guests. The receiving class had assembled early, and its members distinguished by their pink and white ribbons, gallantly escorted the arrivals to the north hall, which was tastily decorated with the happily combined royal purple and old gold adopted and worn by each freshman.

The decorators had exhausted their skill in the artistic arrangement of pink and white festoons throughout Memorial Hall and other portions of the building. In conveniently isolated corners the ladies had provided attractive booths from which they dispensed their delightfully flavored nectar and accompanying refreshments with becoming Osteopathic liberality and grace.

Much could be said in complimentary terms concerning the program and its special features. The excellent music contributed by the A. S. O. orchestra was a matter of congratulation and assurance that the organization has most promising prospects. The College Glee Club under Prof. Forquer's leadership again sang its way into the hearts of its audience with the Bedouin Love Song, "Annie Laurie" and other selections.

Pres. A. J. Brown's address was an expression of the welcome his classmates and students desired to extend and their gratification upon seeing so large a class of active, earnest seekers for Osteopathic truths representing a majority of the states of the union and some of the far islands of the sea, all assembled for a common purpose with the desire uppermost in their minds to acquire that knowledge calculated to bring relief to the suffering

about them; here to sit at his feet and gain wisdom and understanding from the father and teacher of this likely child whose strength remains untested.

President L. W. Tindolph was in a happy mood when he responded in behalf of the Freshman class, and bespoke the common desire for an advancement of Osteopathic truths and their wide dissemination.

No reception would be complete without the "Old Doctor's" talk. "Pap" indulged in a few reminiscences upon the changes noticeable since he first rode into Kirksville nearly 40 years ago. He followed with a stirring patriotic address setting forth his broad and liberal views upon the glories of American citizenship, its free thought, free speech and the opportunities afforded by both for the discovery and promulgation of truth. The large audience was held spellbound for a moment when "Pap," in a spirit of playfulness dwelt momentarily upon the possibilities of the sudden demise of Osteopathy's greatest exponent, and not a soul but breathed with refreshing relief and re-echoed with heartfelt expression "Pap's" wish to be spared to witness another 25 years of Osteopathic development and advancement.

The remainder of the program introduced several novel features which provided abundant and varied entertainment. Mrs. Wm. West contributed two numbers—a reading and posing in plastique. A song by Master Llorrn Snavelly and the minuet by Rena Brown and Leila Reynolds were pleasing features.

Miss Elizabeth Wilson, Miss Katherine Huston, Mr. E. D. Holme, Mr. D. C. Westfall contributed a comic jargon, and a "topsy turvy class" composed of Messrs. G. W. Pauley, E. D. Holme, J. F. Reid, P. K. Norman, W. E. Reid, D. C. Westfall, G. W. Reid, C. O. Hoagland sang an Osteopathic song which originated in the fertile brain of Rev. D. C. Westfall.

The Junior class is receiving congratulations upon the success of the reception. May the custom be continued.

PAUL M. PECK.

OSTEOPATHIC BRIEFS.

J. F. SPAUNHURST, (SENIOR CLASS A. S. O.)

Nature's remedy—Osteopathy.

•
"The king is the man who *can*."

•
The sixth sense is common sense.

•
Everything in the universe is at man's disposal.

•
As time advances and science progresses, the merits of Osteopathy become more and more evident.

•
Such Osteopathic treatments as are necessary to meet the requirements of the case are never such as to cause the patient serious pain or discomfort.

•
The "regulars" may as well give up the struggle to "down" the Osteopaths; for whatever may be said about them to the contrary, to use the language of the punster; it is quite evident they are bone(y) fide physicians.

•
It is not what a thing is called but what it *is* and *does* that determines its value; not the word Osteopathy will cure but the means applied to aid nature—she does the rest.

•
"On the great clock of time there is but one word—"Now"—Osteopathic treatment applied *Now* will prevent much misery, years of suffering, and at times an early grave.

•
What a melancholy mind needs is cheerfulness; a weak and broken-down constitution, a thorough course of Osteopathic treatment.

•
He who knows not, and knows not that he knows not—he is a fool; shun him.

•
He who knows not, and knows that he knows not—he is simple; teach him.

•
He who knows, and knows not that he knows—he is asleep; wake him.

•
He who knows, and knows that he knows—he is wise; follow him—*Selected*.

It is really astonishing how quickly Osteopathic treatment will increase the appetite and quicken the power to assimilate food. It is a grand tonic in general debility, starting the sluggish forces into renewed life.

•
The man who nightly wound up his clock for twenty years before he discovered it was an eight day clock felt like the man who suffered and doped the piles for twenty years before he learned that Osteopathy would cure them permanently and without pain.

•
In Osteopathy a long step forward has been taken toward reducing the sum of human suffering and it is fitting that new and better methods of relief should be offered at this time when disease and death stalks stalwartly through our land in spite of the experience and skill of medical men.

•
The time is at hand for the world's verdict to be awarded to whom it rightly belongs—to the great master of the healing art—who had the courage to ignore the old ideas and theories of others; to throw away the limitations of all schools and lay aside their set rules and teachings and draw the inspiration from within for the *production and realization of his dreams*, rather than make a machine of himself to mimic the "old masters." He has given to the world a system of healing that is in perfect harmony with nature. It is a bold departure from the groove wearing machine, almost a defiance, till schools and societies find themselves powerless to stand against the onward march of its great truths. He has new ways of saying things, new ways of looking at things. He startles and annoys people. The name of A. T. Still is imperishably associated with the philosophy of Osteopathy as its discoverer, and any conflicting claim is ignored by those who are acquainted with its history.

•
To many people sickness is a mysterious something that must be exorcised by the high priest of drug medication, but to

one who has become accustomed to relying upon the reality of *natural laws*, and the immutability of *cause* and *effect* in health and disease, this attitude is exceedingly absurd. Disease is man's best physical friend—a natural effort of the system to recover nature's normal condition. The Osteopathic banner has engraven on it, "Health is natural, disease is unnatural." In the application of Osteopathic therapeutics new remedies peculiarly *natural* are available. The power to get well is found in the organism of the sick person and the philosophy which leads to giving a sick man what would make a well man sick, is wrong. The poisonous forces destructive of man's life are found in nature, locked up in soils and rocks and should be left there instead of being searched out and experimented with in administering to the sick; every dose of which diminishes the vitality, and is more dangerous to the patient than the disease the physician professes to cure. We have better methods of treating sick people than by giving drugs to produce vital reactions, when these results may be obtained by natural and harmless methods. I hold that Osteopathy surpasses any other method to evolve and direct vital action and to restore sick people to health.

"He did it with all his heart and prospered." There is no misery so great as having nothing to do. Work or starve is nature's motto,—starve mentally, morally, physically. It is nature's law that what-

ever is not used, dies. In idleness the senses, divinely equipped for noble achievements, shrink like a dried-up lemon, and become useless for any purpose. If we are idle and shiftless by choice, we shall be nerveless and powerless by necessity. If you learn to labor, you will seldom need to wait. Be glad that you have work to do and thankful that you possess the health and ability to do it satisfactorily, securing you praise and remuneration. To know more about the mysteries of physiology, about the symptoms of diseases and what they indicate, the proper treatment and when to give it, to ferret out the secrets of disease and to master her processes—these are some of the objects of our labor as students. Nine-tenths of the most useful labor in any calling is drudgery—work which kindles no enthusiasm and elicits no praise—but without which signal success is impossible. The nerve that never relaxes, the eye that never shrinks, the thought that never wanders—these are the masters of victory. Many of our failures sweep us on to greater heights of success. Almost every day increasing success and bewildering results are met with in the field of Osteopathic practice. The joy of new discoveries and the thrill of awaiting conquests are yours. For each Columbus in this new and righteous cause there is an America beyond. No young Alexander need sit down to weep for a world to conquer. Before you lies the land in all its broad expanse. Go out and possess it.

ADRIAN, MICHIGAN,

WILLIAM H. JONES.
OSTEOPATHIST.

Graduate American School of Osteopathy.
41 E. MAUMEE ST.

C. B. CANFIELD, D. O.
GRACE HUSTON, D. O.
H. M. VASTINE, D. O.
Of the operating staff of the A. T. Still Infirmary,
Kirksville, Mo.
All graduates of the A. S. O.
SUNBURY, PA. HARRISBURG, PA.

Osteopathy in Kansas City.

A. L. MCKENZIE, D. O. } Graduate of A. T. Still's American
School of Osteopathy, Kirksville, Mo.

OFFICE HOURS: 9 a. m. to 5 p. m.

Take the elevator at 1116 Main Street to rooms 14, 14½ and 15 Brady Building.
Office Telephone, "Union 120."

THE A. T. STILL INFIRMARY

At Kirksville, Mo.

~ CURES BY THE ~

SCIENCE OF OSTEOPATHY

ALL DISEASES WHICH ARE KNOWN
AS CURABLE. —————

DR. A. T. STILL, founder of the Science of Osteopathy, has associated with him, in his infirmary organization, the oldest and most successful practitioners and exponents of the science, selected with special reference to their fitness for the work of practically demonstrating the principles of Osteopathy and occupying positions as teachers and lecturers in the American School of Osteopathy. All are regular graduates of this school.

The students in the school are not permitted to even assist in treating the Infirmary patients. All the work is done by regular operators.

The examining previous to treatment is conducted by Dr. Still's sons assisted by the operators. After examination the patient is assigned to the rooms in which he or she will receive treatment, and placed under the care of an Osteopath best suited to the case.

As yet no hospital or sanitarium has been provided in connection with the Infirmary. Patients are cared for in hotels, boarding houses and private residences within easy reach. Charges for board and room in private residences are from \$3 to \$6 per week; in hotel from \$5 to \$10 per week.

The fees for treatment at the Infirmary are \$25 per month. Where patients are unable to come to the Infirmary for treatment, an extra charge of \$1 to \$2 per visit is added.

A representative of the Infirmary meets all trains, day and night, to help all patients who may need assistance and see that they are properly cared for.

Address all letters of inquiry to

A. T. STILL INFIRMARY,
KIRKSVILLE, MISSOURI.

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.

OSTEOPATHY.

H. T. STILL, D. O.

HAS OPENED AN OFFICE FOR THE

Practice of Osteopathy.

In the Commercial Building, Room 407, Cor. 6th & Olive,

ST. LOUIS, MO.

CONSULTATION FREE.

"McConnell's Practice of Osteopathy"

Includes the Treatment of all Diseases usually found in works on Practice...

And the Osteopathic Treatment of

Deformities, Eye and Ear Diseases, Diseases of Women including Osteopathic Obstetrics, Mental and Skin Diseases, Tumors and Venereal Diseases,

By C. P. McCONNELL, D. O., M. D., Professor of Theory and Practice of Osteopathy in American School of Osteopathy, Kirksville, Mo.

One Vol., 8vo. 700 pages. cloth, \$5.00; half morocco, \$6.00.

Thirty cents extra prepays postage or express (publisher's rate.)

Address all orders to,

C. B. MATTHEWS, Agent
KIRKSVILLE, MO.

D. L. CONNER, D. O.

PHOENIX : INFIRMARY : OF : OSTEOPATHY

OFFICE: 14 North Second Ave., PHOENIX, ARIZONA.

D. L. Conner, D. O., Graduate of the American School of Osteopathy, Kirksville, Mo. will receive and treat all kinds of chronic cases without the use of knife or drugs.

Phoenix is the great natural sanitarium of the United States, with an unapproachable winter climate for invalids. The Infirmary will be open from September until June, enabling invalids to avail themselves of osteopathic treatment while enjoying this unrivalled climate. Prescott—Wednesday and Sunday.

W. J. Conner,

—OSTEOPATHIST,—

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

HOURS: { 9 to 12
1 to 4

204 New York Life Building,
Kansas City, Missouri.

CONNER INSTITUTE OF OSTEOPATHY,

C. H. CONNER, PRESIDENT,

MISS MARY A. CONNER,

WM. B. LINVILLE,

Graduates American School of Osteopathy, Kirksville Mo.

Hours: 9 to 4, Sunday Excepted

Branch Office: Middleton, O.

CINCINNATI, OHIO.

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.

No. 832 East Colfax Avenue, Denver, Colorado.

RYON & WOODS,

Willard E. Ryon, D.O. Albert Woods, D.O.

OSTEOPATHS,

403 N. Tcnjon Street.

COLORADO SPRINGS, COLO.

COLORADO INSTITUTE

OF OSTEOPATHY,

at CRIPPLE CREEK, COLO.

DEAN MERRILL BODWELL, D. O.

Graduate A. S. O. Member A. A. A. O.

Branch office at Victor.

CORNELIA A. WALKER,

IRENE HARWOOD,

Graduates American School of Osteopathy, Kirksville Missouri.

FREDERIC E. MOORE,

Graduate Northern Institute of Osteopathy at Minneapolis, Minnesota.

OSTEOPATHISTS.

306, 307, 308, 309 N. Y. LIFE B'LD'G,

Office Telephone 3936

Residence Telephone 2935

Res. No 1120 Garfield Ave.

KANSAS CITY, MO.

CHICAGO INFIRMARY.

Masonic = 504 = Temple.

JOSEPH. SULLIVAN, D. O., Registered,
 MARY E. KELLEY, D. O., Registered.
 ALFRED YOUNG, Sec.

All Work done by appointment. We do no Newspaper Advertising.

J. O. HATTON, D. O., Graduate A. S. O. Class of '92.

MISSOURI INSTITUTE OF OSTEOPATHY

St. Louis, - - - Missouri.

Consultation free.
 Competent lady assistant.

—OFFICE—
 413, 414, 415, 416
 Odd Fellow's Building

We treat all classes of diseases without the use of drugs.

H. F. ILGENFRITZ, D. O.

GERTRUDE ILGENFRITZ, D. O.
 In charge of Ladies' Department

CLAY CENTER INFIRMARY OF OSTEOPATHY.

N. B. Two years successful practice in Clay Center.
 Write for Osteopathic Literature.

Clay Center, Kan.

H. E. BAILEY, D. O., Graduate
 A. S. O.
 Kirksville, Mo

Suit 456 Century Building,
 ST. LOUIS, MO.

HOURS: 8:30 a. m. to 12:30 p. m.
 1:30 p. m. to 4:30 p. m.

J. H. OSBORN, D. O. Graduates
 O. C. GEBHART, D. O. A. S. O.

ST. JOSEPH, MO.

Ballinger Bldg. Phone 985.

DR. J. W. PARKER, Graduate
 A. S. O.

—OSTEOPATH—

OFFICE: 430-431-432-433, New Ridge Bldg.
 Private Sanitarium for invalids, with
 trained nurses and all modern conveniences.
 Kansas City, - - - Missouri.

ERNEST P. SMITH, D. O., Graduate
 A. S. O.
 June, '97.

Suite 307 Mermod & Jaccard Bldg.

ST. LOUIS, MO.

Hours: 9 to 4.
 Osteopathic literature upon application.

H. E. NELSON, D. O. Graduate
 A. S. O.

OSTEOPATH,

Office Hours; 210 W. St. Cathrine St.
 Except Thurs. & Sun., Louisville, Ky.
 9-12 a. m., 2-4 p. m.

BUCKMASTER & BUCKMASTER, Graduates
 A. S. O.

OSTEOPATHISTS

448 East Main Street,
 FRANKFORT, KY.

Consultation and Examination Free.
 No Knife; No Drugs. Branch Offices
 Lawrenceburg and Versailles.

GEO. F. BURTON, Graduate
 A. S. O.

503 Frost Building, Cor. Second and
 Broadway,
 LOS ANGELES, CALIFORNIA.

Office Hours - 9 to 12 A. M.; 2 to 5 P. M.
 Residence, 185 E. 25th Street.

EFFIE SISSON, D. O., Graduate
 A. S. O.

Rooms 10, 11, 12, Abrahamson Building,
 13th & Washington Sts.

'Phone Green 573.

Hours 9 to 5. OAKLAND, CAL.

WEST VIRGINIA.
 WHEELING.

OHIO.
 CAMBRIDGE.
 STEUBENVILLE.

PENNSYLVANIA
 WASHINGTON.

TRI-STATE OSTEOPATHIC INFIRMARY.
 CORNER 10TH AND MAIN STREET.

WHEELING, WEST VIRGINIA.

C. M. CASE, M. D., D. O.,
 A. I. DONEGHY, D. O.,

PHONE 683.

Managers.

W. H. ECKERT, OSTEOPATHIST.

SUCCESSOR TO DR. A. G. HILDRETH.

Commercial Building, S. E. Corner

Office Hours—
 8:30 a. m. to 12 m.
 1 p. m. to 4 p. m

Olive and Sixth Streets.

ST. LOUIS, MO.

MRS. ELLA A. HUNT OSTEOPATHIST,

Graduate of American School of Osteopathy.

OFFICE HOURS:—
 8:30 to 12 a. m.
 1 to 4 p. m.

EQUITABLE BUILDING,
 ST. LOUIS, MO.

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. Back Bay Telephone
 Fri., 9-12 and 1-4 Connections.
 Wed. & Sat. 9-12
 REGISTERED PHYSICIANS.

Massachusetts Institute of Osteopathy
 68 Huntington Avenue,
 BOSTON, MASS.
 FREDERIC W. SHERBURNE, D. O.
 GEORGE D. WHEELER, D. O.
 Graduates under Dr. A. T. STILL.
 Office Hours: Monday, Tuesday, Thursday, Friday,
 9 to 12 and 1 to 4; Wednesday and Saturday, 9 to 12.
 Telephone Back Bay 1220-2. Res. 630 Main Street
 Melrose—Telephone 106-3.

K. W. COFFMAN, D. O.
 W. C. McMANAMA, D. O.
 MRS. ALICE COFFMAN, D. O.
 Graduates of the American School of Osteo-
 pathy, Kirksville, Mo.
 Room 10, Smith Building,
 and 511 E. Fourth Street, Owensboro, Ky.

M. E. ILGENFRITZ, D. O. Graduates
 American School
 MRS. R. ILGENFITZ, D. O. of Osteopathy.
 BENTON HARBOR
 AND ST. JOE, MICH.
 Consultation Free

Late of Faculty and Operating Staff, Still Infirmary,
 Kirksville, Missouri.
 CHARLESHAZZARD, PH. B., D. O.
 86 and 87 Valpey Bld'g,
 213 Woodward Avenue.,
 Bell Phone 3323 Main...
 "PRINCIPLES OF OSTEOPATHY."
 Third Edition. \$3.00 post-paid.
 Residence, 186 Bagg St. Bell Phone 5299 Main.

HERBERT BERNARD, Graduate
 A. S. O.
 OSTEOPATHIST,
 Suite 504 Ferguson Bldg, 292 Woodward Ave.
 DETROIT, MICH.
 Two years of established practice in Detroit.

JOHNSON INSTITUTE OF
 OSTEOPATHY.
 OMAHA, NEB.
 Gid E. Johnson, Manager.
 Mrs. Alice Johnson, D. O.,
 Graduate A. S. O., Kirksville, Mo.
 Suite 515, New York Life Building.

OSTEOPATHY AT MACKINAC
 AND PETOSKEY
 For the Summer Season, June 15 to Oct. 15.
 S. R. LANDES, D. O., graduate American
 School of Osteopathy, and formerly of the
 Operating Staff of the A. T. Still Infirmary,
 with assistants. Permanant office at Grand
 Rapids, Mich. Osteopathic literature on
 application.

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

Osteopathy in Rochester, N. Y.

628 and 630 GRANITE BUILDING.

CHARLES M. COE, OSTEOPATHIST.

Graduate of American School of Osteopathy, Kirksville, Mo.

W. E. GREENE, D. O.,

TROY AND SARATOGA, N. Y.

Graduate American School of Osteopathy,
Kirksville, Mo., DR. A. T. STILL Pres-
ident and Discoverer of the Science.

EVELYN K. UNDERWOOD, D. O.

Room 1231, Presbyterian Building,
156 Fifth Ave., Corner 20th Street...

NEW YORK CITY,

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

N. Y.

ALBERT FISHER,

OSTEOPATH.

Syracuse, N. Y., 510-514.
Onondaga Savings Bank Bldg.

Examinations by appointment.

Geo. J. Helmer, D. O., Manager.

John N. Helmer, D. O., Sec'y. and Treas.

Chas. C. Helmer, Ass't. Manager

The Geo. J. Helmer Infirmary of Osteopathy,

136 Madison Ave. (cor. 31st street), NEW YORK CITY.

Graduates of American School of Osteopathy
Kirksville, Mo. Infirmary closed on Weds. and Suns.

OFFICE HOURS | Mon. and Fri., 9 a. m. to 1 p. m., and
2 to 6 p. m. Tues. and Thurs. 9 a. m. to 1 p. m. and 2
to 4 p. m. Sat. 8:30 a. m. to 1 p. m.

WM. M. SMILEY,

OSTEOPATHIST.

Graduate 608 Madison Ave.,

American School of Albany, N. Y.
Osteopathy, Kirksville, Mo.

Office Hours, 9 a. m. to 4 p. m.

LIDA K. ROZELLE,

OSTEOPATHIST,

Graduate of American School of Osteopathy.
170 North Main Street.

CONCORD, - NEW HAMPSHIRE.

BOSTON INSTITUTE OF OSTEOPATHY.

178-180 Huntington Avenue, BOSTON, MASS.

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

Most extensive and best equipped offices in the East.

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

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

HORTON FAY UNDERWOOD, D. O.

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

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

NORMAN D. MATTISON, D. O.

170 Fifth Avenue, Cor. 22nd Street.

NEW YORK CITY.

CHAS. H. WHITCOMB, D. O.,
Graduates of the American School of Osteopathy.

MRS. CHAS. H. WHITCOMB, D. O.

THE CHAS. H. WHITCOMB INFIRMARY OF OSTEOPATHY,

392 Clinton Avenue (N. W. Corner Greene Avenue.)

BROOKLYN, NEW YORK

HOURS: Monday, Tuesday, Thursday and Friday, 9 to 12 and 2 to 4. Saturday 9 to 12.

CLEVELAND'S PIONEER OSTEOPATH,

TERESE CLUETT, D. O.,
OFFICE SAVINGS AND TRUST BLDG. | OFFICE HOURS:
No. 44 Euclid Ave. | 9 to 12 a. m. | Standard.
| 2 to 4 p. m. |
CLEVELAND, OHIO.
Yours truly,
TERESE CLUETT, D. O.

H. H. GRAVETT, Graduate
A. S. O.

—OSTEOPATH—

Piqua, Ohio. Greenville, Ohio.
Except Tues. & Sat. Tuesday & Saturday
each week. each week.

C. M. TURNER HULETT, D. O.
NELL MARSHALL GIDDINGS, D. O.

Graduates of American School of Osteopathy,
Kirksville, Mo.

1208 New England Building, Euclid Avenue.

CLEVELAND, OHIO.

G. W. SOMMER,

—OSTEOPATH—

Cincinnati, - Ohio.

Office Hours: Rooms 405 & 409.
9 a. m. to 12 m. Neave Building.
—Sunday Excepted.—

M. F. HULETT, D. O.,

Formerly of the Staff of Operators,
A. T. Still Infirmary.
Diplomate A. S. O.

ADELAIDE S. HULETT, D. O.,
Diplomate American School of
Osteopathy.

THE RUGGERY, Columbus, Ohio
20 East Gay St.

CLEVELAND'S OSTEOPATH.

GEORGE J. ECKERT, D. O.

76 Euclid Ave,
Suite 226-7-8
CLEVELAND, O.

Hours { Mon., Tue., Wed.
Thur. Fri. 9-4.
Sat. 9-12.

I. J. HARTFORD,

OSTEOPATHIST

Front Suite, Tenth Floor, Reibold Bld'g.
DAYTON OHIO.

Office Hours: 8:30 a. m. to 12 00 m.; and
1:30 to 4 p. m. (Sundays excepted.)
Graduate A. S. O.

The Toledo Infirmary of Osteopathy.

CHAS. M. SIGLER, D. O.

Graduate of Dr. A. T. Still's American School of Osteopathy, Kirksville, Mo.
Office Hours—9 to 12 a. m.; 1:30 to 4 p. m. Bell Telephone 2317

G. F. STAFF, D. O., of June Class will be with the Toledo Infirmary after July 1, 1900.
238-242 10th Street, Near Madison.

Oregon Infirmary of Osteopathy,

By L. B. SMITH, D. O., of A. S. O.

Oregon's Pioneer Osteopath.

SUITE 409 OREGONIAN BLDG.

ALLIE M. SMITH, D. O.

CARYLL T. SMITH, D. O.

PORTLAND, † † †

OREGON

OSTEOPATHY.

Portland, - - - Oregon.

W. ALLARD ROGERS, D. O.,
Of A. S. O.

532-533-534 MARQUAM BLDG.

TITUSVILLE, PA., OIL CITY, PA.,
18 E. Walnut St., Rooms 7 and 8 Griffith block.
Tues., Thurs., Sat. Mon., Wed., Fri.

J. A. THOMPSON, D. O.

Graduate American School of Osteopathy
Consulation Free.
Office Hours:—9 a. m. to 4 p. m.

FRANK C. MILLER, D. O., Graduate
A. S. O.

54 Arch Street,
Allegheny, Pa.
OFFICE HOURS: 9 to 12 a. m. 1 to 4 p. m.

JAMES R. SHACKLEFORD, D. O., Pres.
EDWIN H. SHACKLEFORD, D. O., Sec'y. and Treas.
A. WINGARD, D. O.

BERTRAM A. SWETT, D. O.
A. ILLINSKI SHACKLEFORD, D. O.

Graduates of the original A. T. Still School of Osteopathy, Kirksville, Mo.

Nashville Infirmary of Osteopathy.

OFFICES: Nashville, Tenn., Wilcox Bldg.
Columbia, Tenn., New Grant Bldg.
Lewisburg, Tenn., Stilwell Bldg.

Nashville, Tenn.

T. L. RAY, D. O.,

OFFICE HOURS { 9 to 12 a. m.
2 to 4 p. m.
Graduate American School of Osteopathy.
Third Floor, Board of Trade Bldg.
FT. WORTH, TEX

WILLIAM W. BROCK, D. O.,
134 State Street,
MONTPELIER, VERMONT.

Office Hours, 9 to 11 a. m.
A examinations and treatments by appointment.

MATTHEW T. MAYES, D. O. Graduates
MRS. FLORENCE MAYES, D. O. A. S. O

MAYES INFIRMARY OF OSTEOPATHY,
76 Grove St., RUTLAND, VT.
Hours: Mon., Tues., Thu., Fri., 9 to 12 and 1 to 4.
Wed. and Sat., 9 to 12.
All questions cheerfully answered.

We, the undersigned, graduates of the American School of Osteopathy, are located at 167 Dearborn St., Chicago; private Osteopathic Sanitarium in one of the beautiful suburbs where out of town patients have every Osteopathic advantage and good care.

Agnes V. Landes. O. Densmore.
J. W. Banning. C. O. Hook.
167 Dearborn St., Chicago.

Patterson Institute of Osteopathy.

HENRY E. PATTERSON, D. O. ALICE M. PATTERSON, D. O.
Late with Dr. A. T. Still's School. Now permanently located at

WASHINGTON, D. C.
Washington Loan and Trust Building.

SKILLFUL TREATMENT UNDER
MOST FAVORABLE SURROUNDINGS.



U. M. HIBBETS, D. O.
Graduate A. S. O

Brooklyn and Grinnell,
Iowa.

Brooklyn:

Mon. 9 a. m.
Wed. to
Fri. 4 p. m.

Grinnell:

Tues. 10:30 a. m.
Thu. to
Sat. 5 p. m.

Correspondence Solicited.

WATERLOO
OSTEOPATHIC INFIRMARY
ROSS C. BODWELL, D. O.
Graduate of A. T. STILL'S American School of
Osteopathy.
Rooms 1, 2, 3, 222 West Fourth St.,
WATERLOO, IOWA.

Office Hours—8 a. m. to 12 m.; 1 to 5 p. m.; 7:30 to
9 p. m. by appointment. Night calls promptly an-
swered at Infirmary. New Phone No. 171.

S. D. BARNES, OSTEOPATHIST.
CHICAGO,
Offices overlook the Lake.
Removed to Room 910, 215 Wa-
bash Avenue. (McClurg's new building.)
Wednesday } 9 to 12 Other days—
Saturday. } 9 to 12 9 to 4.
Residence, 3617 Prairie Ave.

HOWARD KRETSCHMAR,

Diplomate American School of
Osteopathy.

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

W. M. HARTFORD,

Graduate of the
American School
of Osteopathy....

....OSTEOPATHIST....

Hours:
8 to 12
1 to 5.
Evenings,
7 to 8:30.

310 W. Hill Street

Champaign, Ill.

Sundays Excepted.

TAYLOR & WENDELL, Registered.

Graduates of American School of Osteopathy.

Successors to L. H. TAYLOR.

Suite 228-225-222, Woolner Building,

PEORIA, ILL.

OFFICE HOURS: 9 a. m. to 5 p. m. except Saturday, 9 a. m. to 1 p. m. Phone 548.

M. L. PARCELLS, D. O.

Graduate of American School of Osteopathy.
New Orndorff Hotel.

....TUCSON, ARIZ

A
Text-Book
of
Physiology
with
An Appendix
of
Questions
and
Answers.

By J. MARTIN LITTLEJOHN,
 Professor of Physiology,
 in the American School
 of Osteopathy, Kirks-
 ville, Missouri.

Royal Octavo, 950 pages.
 Cloth \$7.00; Sheep or
 Half Morocco \$8.00.

In the present edition will
 be a thorough consider-
 ation of Physiology from
 the Osteopathic stand-
 point.

The Work is sold only by
 Subscription and will be
 ready for delivery about
 May 1, 1900. o o o o o

Second Edition Enlarged and
 Thoroughly Revised from
 the Osteopathic Standpoint.

Those who wish a copy of the Work please fill out the Blank
 below and Mail to J. MARTIN LITTLEJOHN, Kirksville,
 Mo., or the American Osteopath, Memphis, Tenn. / / / / /

Please enter my name for a copy of "A TEXT-BOOK OF PHYSI-
 OLOGY WITH AN APPENDIX OF QUESTIONS AND
 ANSWERS, with binding, and I will remit for
 same when notified that the Work is ready for shipment.

PHILOSOPHY OF OSTEOPATHY,

—BY—

ANDREW T. STILL,

Founder of the Science of Osteopathy x x

—AND—

x President of the American School of Osteopathy.

This is an Invaluable Book to all Students
 and Graduates of Osteopathy.....

PRICE, \$5.00.
 POSTPAID.

THE EDITION IS LIMITED--ORDER AT ONCE.

Address orders to

MISS BLANCHE STILL, Kirksville, Mo.

"ANATOMY IN A NUT SHELL,"

Osteopathy is based upon a thorough knowledge of anatomy. W. R. Laughlin's "ANATOMY IN A NUTSHELL" is just the thing for the Osteopath who wishes to keep well up in anatomy. The book contains 152 pages.

Contents.

Explanatory terms.....	4-9
An Explanation of the Upper Extremity.....	9-32
An Explanation of the Lower Extremity.....	32-60
Questions and Answers on the Trunk and Head.....	61-94
Questions and Answers on the Viscera—	
Sub-division—Alimentary Canal.....	94-115
Sub-division—The Organs of Voice and Respiration.....	116-127
Sub-division—Urinary System.....	128-135
Sub-division—Spinal Cord and Brain.....	136-147
Miscellaneous.....	148-152

Having examined "Anatomy in a Nut Shell" (by W. R. Laughlin) it gives me pleasure to recommend it to students as an extremely handy little work for review of anatomical study.

Kirksville, Mo., Sept. 1, 1899.

WILLIAM SMITH, M. D., D. O.

BOSTON, MASS., Sept. 13, 1899.

DR. W. R. LAUGHLIN, Kirksville, Mo.:

Dear Doctor—The sample sheet received. I think it a fine thing for every graduate and student to have. Enclosed find \$3.00 for two copies.

Very truly yours,
 JENNESS D. WHEELER, D. O.

MINNEAPOLIS, MINN., Sept. 18, 1899.

DR. W. R. LAUGHLIN, Kirksville, Mo.:

Dear Sir—Enclosed find \$1.50 for a copy of your "Anatomy in a Nut Shell." If the entire work is as comprehensive as the sample pages received, you certainly have compiled a work the Osteopath ought to grasp as he will the hand of his first pay patient. Anatomy so nicely "put" will make the Osteopath of to-day feel like taking his course over, just for the fun of it.

Very truly yours,
 A. G. WILLITS, D. O.

PRICE \$1.50.

Address

C. B. MATTHEWS, Agent,
 Kirksville, Mo.

THE CALIFORNIA LIMITED...

WILL TAKE you from Kansas City to Los Angeles in only 2 1-6 days; 52 hours. ✕ Pullmans, Dining Car, Buffet Smoking Car (with Barber Shop); Observation Car, with Ladies' Parlor, Vestibuled and electric lighted throughout. ✕ ✕ ✕ ✕ FOUR Times a week, Wednesdays, Thursdays, Fridays and Sundays beginning Nov. 8th, from Kansas City. ✕ ✕ ✕

SANTA FE ROUTE.

GEO. W. HAGENBUCH, Pass. and Frt. Agt.
The A. T. and S. F. R. R. Kansas City, Mo.

Go To

Reliable Shoe Co. for
Reliable Foot-wear at
Reliable Prices

South Side Square.

PICTURES!

...NOT SIMPLY...

Photographs!

... For First-Class Work in this Line, Visit

**THOMPSON, THE HIGH-PRICED
PHOTOGRAPHER.**

South Side, KIRKSVILLE, MO.

TRUAX, GREENE & CO.

Physicians' and Hospital Supplies.

Surgical Instruments.

Urine Test Cases. Surgical Dressings, Fever Thermometers, Stethoscopes.

Skeletons, } Articulated and
Skulls. ✕ } Disarticulated.

GYNECOLOGICAL INSTRUMENTS.

Anatomical aids of every description for a thorough study of the human body.

We are in a position to furnish you any article you may require in the practice of your profession.

The Largest Physicians' Supply

House in the World.

42-44-46 WABASH AVE., CHICAGO.

THE COLLEGE BOOK STORE, Local Agents.

Osteopathic Supply Store!

OSTEOPATHIC AND MEDICAL BOOKS, SKELETONS, STOOLS, PILLOWS, DUSTERS, DIPLOMA AND PICTURE FRAMES, OSTEOPATHIC DOOR PLATES, ✕

... And all Goods in the OSTEOPATHIC line. . . .

Operating Tables a Specialty.

Made in Numerous Styles.

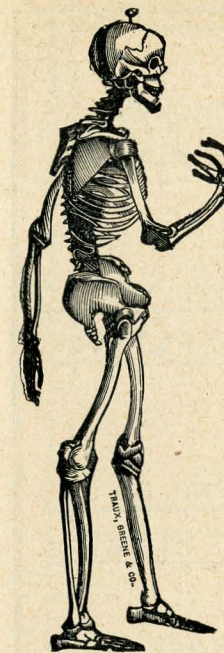
Orders promptly attended to. ✕

Mail Orders Solicited.

EDWARD VON ESCHEN & CO.,

West Jefferson St., ✕

KIRKSVILLE, MO.



50 YEARS' EXPERIENCE

PATENTS

TRADE MARKS
DESIGNS
COPYRIGHTS & C

Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. Handbook on Patents sent free. Oldest agency for securing patents. Patents taken through Munn & Co. receive special notice, without charge, in the

Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, \$3 a year; four months, \$1. Sold by all newsdealers.

MUNN & Co. 361 Broadway, New York
Branch Office, 625 F St., Washington, D. C.

ON SINCE APRIL 30. THE "KATY" FLYER.	ON SINCE APRIL 30. THE "KATY" FLYER.
ON SINCE APRIL 30. THE "KATY" FLYER.	ON SINCE APRIL 30. THE "KATY" FLYER.
ON SINCE APRIL 30. THE "KATY" FLYER.	ON SINCE APRIL 30. THE "KATY" FLYER.

Personally Conducted California Excursions

Via the Santa Fe Route.

Three times a week from Chicago and Kansas City.
Twice-a-week from St. Paul and Minneapolis.
Once-a-week from St. Louis and Boston,
in improved wide vestibuled Pullman tourist sleeping cars.
Better than ever before, at lowest possible rates.
Experienced Excursion conductors.
Also daily service between Chicago and California.
Correspondence solicited.

G. W. HAGENBAUCH,
The A. T. & S. F. R. R.
KANSAS CITY, MO.



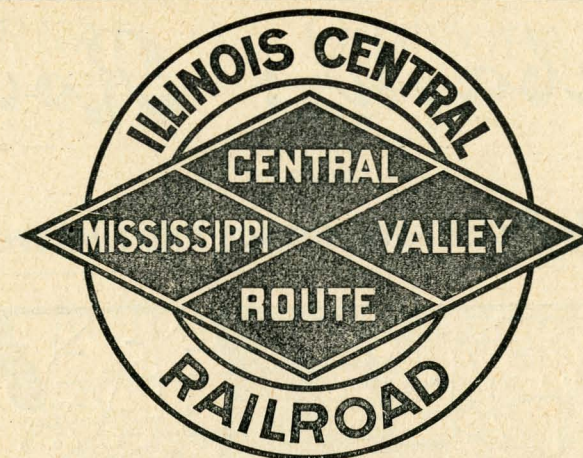
VIA THE
IRON MOUNTAIN ROUTE.

A New and Palatial Vestibuled Train, without an equal, put in service for the first time this season.
Leaves St. Louis every Tuesday and Saturday, 8.00 p. m., for Los Angeles and San Francisco.

EQUIPMENT CONSISTS OF
COMPOSITE CAR—Containing Reading, Writing and Smoking Room, Buffet, Barber Shop and Bath Room.
COMPARTMENT CAR—Containing Seven Private Compartments and Double Drawing-Rooms.
SLEEPING CARS—Containing Twelve Sections, State Rooms and Drawing-Rooms.
DINING CAR—In which all Meals are served A LA CARTE.

Heated with Steam. Lighted with Pintech Gas.
A SUMMER ROUTE FOR WINTER TRAVEL.
NO HIGH ALTITUDES. NO SNOW BLOCKADES.
ONLY THREE DAYS TO OR FROM CALIFORNIA
Entire train runs through without change.

WRITE FOR PARTICULARS.
G. G. WARNER, Vice-Pr-s't. W. B. DODDRIDGE, Gen'l Mgr.
H. C. TOWNSEND, Gen'l Passenger and Ticket Agent, ST. LOUIS, 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. Passgr. Agt. St. Louis.

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