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THE Journal of Osteopathy

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THE HOUSEHOLD OSTEOPATH VS. HOUSEHOLD MEDICINE CASE.

F. J. FEIDLER, D. O., SEATTLE, WASH.

If we want the people to quit using drugs we must give them a substitute. We must teach them to help themselves, how to cure their small ailments without resorting to the family medicine case or patent nostrums. People cannot afford to call a doctor for every headache or colic, they first try such pills, liniments and plasters that have been recommended to them. It is only when home remedies fail that they call an M. D.—please notice it is an M. D. that is called, not the D. O.—Why? Simply because they have been used to drugs, and can think of nothing but drugs, drugs, drugs. Had they been in the habit of curing their little ailments by manipulative and non-drug methods they would have called a D. O. instead of the M. D. when the trouble got beyond their amateurish efforts.

We should not hesitate to instruct the people how to help themselves druglessly, manipulatively, in the lesser ailments. Teach them to rely on manipulations in every emergency, and when the trouble is too severe to be alleviated by their home efforts they will still remember that manipulations did cure in other cases, and will in this case also, but that they are not skillful enough in this case, and they will hunt up their favorite osteopath who knows just how to do the trick. There is nothing lost by teaching people to help themselves in the simple ailments, because they would use Mrs. Winslow's soothing poison, rattlesnake oil, horrible pills, or some other nasty decoction first, before calling professional aid of any kind. The point we want to attain is to have them come to us and not to the M. D. when at last they decide that their pains require skilled attention.

Recently, in the busiest part of the day, a phone call wanted me to go some five miles to stop a woman's uncontrollable nausea and vomiting. I told her to apply hot wet cloths to the front of the neck and up over the ears, change the cloths every five minutes, and call me up again in an hour, which she did reporting that the retching had stopped in ten minutes.

At another time a night phone wanted me to hurry and save a teething baby that was having "awful fits." I enjoy sleeping and dislike night trips in the rain and slush, so I inelegantly, but forcibly told her to "soak the baby in hot water," if it was not better in fifteen minutes to call me again. She told me the next day that the babe was asleep in five minutes after the hot bath.

An office practice of over twenty patients does not permit me to take new outside patients. To a request to see an old soldier that had chronic diarrhoea for forty three years, who had emaciated from 160 to 93 pounds, and who could not sleep because of the constant stooling. I told the patient to get a piece of round wood eight or ten inches in diameter, place it under the small of his back, and lay on it ten minutes, and repeat every two hours, and if no better in a day I would send him a good osteopath. The instructions seem simple enough. Imagine my disgust when they wanted to know "what kind of wood?" I had to acknowledge that mahogany was the best but he might try common spruce stove wood. I forgot all about the case when three days latter the shrunken old gentleman came in, wanting to pay me for prescribing the dose of stove wood. It had stopped the diarrhoea the first day but being somewhat skeptical still, as well as very feeble, he did not come to see me until the diarrhoea remained controlled for the three days,—an experience he had not enjoyed for forty years. I made him quit the stove wood treatment and in two months office treatments made him feel like a fighting cock. He now dares me to run him a foot race and is the best missionary I have, a day seldom passes but he marches up some old infirm comrade for treatment.

I never hesitate to instruct women how to treat their children's colic, constipation, colds and the like, and they in turn frequently, treat their neighbor's children in emergencies and in that way create an osteopathic neighborhood that could not be hired to touch a drug, and when they fail to give relief by their own efforts I am sure to be called, an M. D. hasn't a ghost of a chance. I am aware there are osteopaths who cannot farther see than the end of their nose, who will hold up their hands in holy horror at the idea of the "secrets of the trade, for which they paid \$350.00 being given away," but I also notice that they are not the osteopaths that are having the largest practice, nor the ones that are doing the most to push osteopathy to the front to supplant drug treatment.

In conclusion I repeat, if we want the people to quit the drug habit, we must give them a substitute.

Seattle, Wash.

THE STEGOMYIA AND YELLOW FEVER.

A. P. TERRELL, D. O.

The Russo-Japanese war, the where and the how the big Canal is to be constructed, the Moroccan controversy, the Longworth-Roosevelt wedding and the insurance scandals are things of the past. Winter with her ice and snow has come and gone, and spring with her soft breath and warm heart is with us again. With the spring has come the robin, the blue bird, the wren and the mosquito. With the return of the mosquito has opened the discussion again of the subject which forms the caption of this article. And why not, since, as Dr. Wright of London, in his article in a recent issue of the New York Independent, said, the health of the people should take precedence over all other questions. Now, Mr. Editor, since the writer is a plain, simple, Sunday-go-to-meetin' doctor, he will, with your permission, ask those "big doctors" and "learned specialist" a few simple questions which I trust some of them will answer for me. I am, sir, I grant you, just a little bit "rattled" or "obfuscated" on this yellow fever question. I do not know whether to accept the theory of Dr. Coleman, of Houston, Texas, who says, "It is absolutely and wholly a filth disease, a specific animal poison of peculiar filth," or that of Dr. Armstrong of Philadelphia, who says, in a recent issue of The Medical Council, "The writer has been led to believe that the real origin and cause of yellow fever is to be found in certain atmospheric conditions, these the most perfect sanitation can never entirely obviate or eliminate:" or the theory of Mr. Geo. E. Beyer, Professor of Biology in Tulane University, who says: "A certain one kind of mosquito is the only transmitting agency of yellow fever." With these and other conflicting theories before him, who can blame an ordinary physician like myself from being just a little bit upset? I write the article in this categorical style so that some physician who is "away up in G" on the mosquito theory may answer all of the interrogations he feels disposed to answer and leave the remainder for the consideration of future specialists. The questions, Mr. Editor, that I would like to have answered are the following:

1st. Who on earth knows that the *stegomyia facciata* is the only means of transmission? That she is a means of transmission the writer does not doubt for a moment. Has the last word been said on this subject? Has investigation ceased? Are the books closed? I do not think so. Drs. Audonard, Bush, LaRoche, Warren, Stone and Coleman were just as certain of the correctness of their theories as are the learned men who are advocating the *stegomyia facciata* theory of today. Doctors should be candid, frank, liberal and honest with each other,

and never feel that wisdom will die with the physicians of this age. In the words of Dr. Coleman the writer would say: "We of all men should be liberal minded, free from bias and bigotry and incapable of being swayed by political, commercial, religious or other influences that tend to obscure or suppress the truth."

2nd. If the *stegomyia faciatata* is the only means of transmitting yellow fever, why is it that we have these intermissions—the years during which we have no yellow fever in this country? We have an abundance of mosquitoes all the time, and there are always cases of yellow fever in some of the countries near us. Why is it that the mosquitoes do not ply their trade every year? Do we enter into an armistice with them at certain times? For the life of me I cannot see why some ship does not bring us a yellow fever patient for our mosquitoes to bite or an infected mosquito to bite a few persons just to set the ball a-rolling. Will some one tell me what these mosquitoes are doing these off years? Our neighbors, send us no inoculated patients and no inoculated mosquitoes. How do they expect us to get up a yellow fever scare without one or both?

3rd. If nothing except a mosquito can possibly inoculate a person with yellow fever germs, where did the first *Stegomyia* get her germs with which to transmit the fever? Did the patient first inoculate the mosquito, or did the mosquito inoculate the patient? Don't all speak at once, gentlemen.

4th. If, as these learned specialists claim, the *stegomyia faciatata* "live in the houses," "do not go out of the house" "are intensely domestic" would it not be wise for us poor mortals, during one of their uprisings or massacres, to take to the woods? If they are fighting for possession why not relinquish our claims for a few months each year and go a-fishing?

5th. If at the board of health and marine hospital men of New Orleans claim, "mosquitoes live in the vicinity in which they breed," and "do not often fly a long distance, and all the cars and houses are fumigated, how is it that the fever spreads to distant towns and cities? The person who is a "suspect" is apprehended and put in limbo for a season and is not allowed to furnish the mosquitoes a few bugs to peddle around town, and hence cannot be regarded as the remote or approximate cause of the disease. If, then, the mosquito cannot fly there, and the car man will not let him ride, and police, sheriffs and shot gun committees will not let the poor "suspect" enter the town, does the disease per se originate de novo in each town or city? Can the mosquitoes which have not previously involved? Can they make something out of nothing? Were the learned scientists wrong when they said, "ex nihilo, nihil fit." Where did the first mosquito get the first germ? That's the question.

6th. What effect has a second inoculation on *Lady Stegomyia Faciatata*? If the first bite puts her in bed for twelve days, what will the second bite do for her majesty? Will it kill her? "So mote it be." After the first bite is she immune ever afterwards? Can she be inoculated the second time? If she can, will it make her sick at the stomach for twelve days again? The "old gal," I think, ought to keep on hand some of Sister Winslow's soothing syrup, or Mrs. Pinkham's pills.

7th. Why is it that these yellow fever experts who know all about these yellow fever germs and the *stegomyia faciatata*, knowing as they do just when and where a mosquito bites a person, don't stop the disease in its incipiency? Why can't they suck the poison out or find an antidote—a specific? They hatch the mosquito, pet her, feed and water her and have her bite when and where they please. Why can't they prepare a "specific" an antidote? The writer thinks they had better let up on tuberculosis a while and prepare a yellow fever "serum."

8th. Why will not a mashed up dose of inoculated mosquitoes taken into the stomach through the mouth poison a person as quickly? Prof. Beyer says it will have no bad effects at all, as if the poison were injected into the body by a mosquito. Does the mashing, the gastric juice of the stomach, or the intestinal juices, kill them, or do they sail straight through the alimentary canal (not the Panama) without stopping at any of its wharfs? If one germ injected by the mosquito will kill, I can't see why many mosquitoes with all the germs they possess, taken into the stomach at one time, will not inoculate the eater. An explanation is in order. It may be that there are minnows in the shallow waters of the canal that eat up the germs. Probably there is a diapedesis of the phagocytes into the stomach or intestines. Eh?

9th. If it takes the mosquito twelve days after biting a proper subject to get herself ready to peddle out poison, how does it happen that frequently after a yellow fever patient has been discovered in a city several more patients make their appearance before the twelve days, the time of incubation allowed by the scientists? The writer cannot reconcile this "lying-in-period" of *Lady Stegomyia Faciatata* and the appearance of subsequent cases. Did the *Stegomyia faciatata* which is a domestic bird, which "lives in the house," which "never goes out of the house," and which "lives in the vicinity in which they breed," and which, "does not often fly a long distance," go to some distant city for poison and return, or did more than one mosquito ride into town on a fumigated train? I do not think it fair for home mosquitoes to lie in bed twelve days with a sick stomach while these visitors from other towns proceed at once to paint the city yellow. I am for home rule, home industry and home enterprise.

10th. If it is true, as the scientists say it is, that the Lady Stegomyia Faciata, like a lady should do, sleeps at night and practises her profession in the daytime only, how is it that her business grows so rapidly? Can't these learned specialists, trained nurses (they train 'em specially for this work) and the many friends of the sick with wire screens, mosquito netting, electric fans, brushes, etc., keep away the ravenous birds of prey? Knowing as they do (?) that the mosquito is "the only means of transmission," why don't they exert themselves for three days at least, the only time that the sick man can furnish poison, to shield the patient from these intruders? I verily believe that the governor ought to call out the shotgun brigade to protect the suspect. I have always been taught to "feed a cold and starve a fever" but now it seems we must starve the mosquito and thus prevent the fever. "The world do move."

11th. How do the advocates of the mosquito theory dispose of the arguments and illustrations of Dr. Coleman, a "regular," of Houston, Texas, which prove conclusively to him and many others that the primary or secondary cause is not the mosquito at all? Some of these I will give in a subsequent article.

In concluding this article, I wish to say that if any gentleman wishes to answer these questions when I am through, he can do so, provided he will sign his own name to what he writes. I will not notice an article written over a nom de plume. The writer believes in the germ theory of disease, if he is allowed to use a good deal (not a grain) of salt, and he believes the "mosquito theory" too. He does not believe, however, all the foolish things which have been written about the germ theory, nor does he believe that the mosquito is the only means of transmitting yellow fever. The bubble will explode—mind what I tell you. Selah!

Dallas, Texas.

* * *

*THE NEURASTHENIC SPINE.

CHAS. J. MUTTART, D. O., PHILADELPHIA.

Perhaps the commonest cause for unsuccessful treatment of neurasthenia is the fact that neurologists have persisted in placing this and kindred diseases under the sufficiently uncertain head of functional. Functional disease is described as one in which there is no discoverable pathology. There being no pathology, there can be no basis for intelligent treatment.

The following quotation from Dr. Osler's practice of medicine gives us one striking cause of failure: "Neurasthenia is a disease above all

*Read before the Greater New York Osteopathic Society,

others that has to be diagnosed from the subjective symptoms of the patient and from observation of his general behavior rather than from physical examination." This, we as osteopaths, do not believe of any disease, not even neurasthenia.

It is evident from reading medical literature on this subject, that they do not recognize a physical pathology, and it shall be the contention of this brief paper that such physical pathology actually exists, and accounts for the well known chronicity of neurasthenia.

A recent writer in the New York and Philadelphia Medical Journal explains all functional diseases upon the basis of auto-intoxication from internal secretions, products of digestion and stasis, which nature intended should be neutralized by other secretions, particularly of the liver and ductless glands, before entering the blood stream. Granting that this be true, which it probably is in some cases, we still cannot eliminate the physical basis for this perverted function, of glands and organs of elimination. Church and Peterson state under etiology that "Trauma both physical and mental may induce neurasthenia and is likely to do so in proportion, as the psychic shock is well developed. The fright is often worse than the blow." It is noticeable that the injury is attributed to psychic shock rather than physical trauma. Under pathology the same author states: "No pathological anatomy of the disorder is known," and further that, "Its manifestations are best explained by a diminished dynamic energy and lessened recuperative power in the cerebro-spinal axis, especially its cellular elements.

What a sense of relief the patient must feel after such an exhaustive and exhausting explanation of the cause of his trouble.

The author further states that we probably have to deal with a fatigue neurosis.

The following list of predisposing causes has a familiar ring. "Age, sex, heredity, climate, occupation, gout, rheumatism, syphilis, alcoholism, etc." Also the following inciting causes, "Overwork, both physical and mental, worry, shock, excitement, trauma and excesses." No doubt all of these predisposing and inciting causes are factors in producing neurasthenia, but so far nothing has been given which would lead us to a rational treatment other than rest and attention to diet and hygiene. These of course are essentials of treatment and must be intelligently advised.

Hodge has proven by experiment that nerve cells exhausted by over stimulation recover their normal tone in from ten to twenty-four hours. Therefore in those cases which do not recover after a period of rest, we must conclude that there is some derangement of the recuperative apparatus. It is not enough for us as osteopaths to dismiss the pathology

by calling it a fatigue neurosis, or diminished dynamic energy, we must go one better and say, what is interfering with the recuperative power of the cellular element. Herein lies the bulwark of osteopathy, upon this thought we must stand or fall.

It is not so much a question of what is the inciting cause of the condition, as it is, what is obstructing that inherent conservative energy which was imparted to the body at the time of its organization and which must be reckoned with by all physicians in the cure of all diseases. This interference we believe to be physical whether the symptoms be motor, sensory or psychic. According to Charcot the fundamental and typical symptoms of neurasthenia are pain and pressure in the head, and spinal hyperesthesia, muscular weakness and nervous dyspepsia, disturbances of the genital organs and the typical mental phenomena, psychic depressions, feelings of anxiety, intellectual fatigue, incapacity of decision, and the like.

Physiology teaches us that vital activity has its origin in the nerve cell. This cell activity is of a supposedly chemical nature. In order that there shall be perfect chemical combination we must look to the integrity of the blood plasma reaching the cell elements through the arteries, and the waste products being carried away by the veins. The question now confronting us is, what will upset this equilibrium?

We are all familiar with gross bony subluxations. Their effect upon surrounding tissues, and the fact that they do exist cannot be denied. It is my opinion, however, that the terms dislocation and displacement have been too loosely used in our literature and have led to much misunderstanding and unwarranted criticism. It is not the intention of this paper to dwell upon this phase of pathology, but rather upon the pathology found in a class of cases showing no apparent gross, single bony lesions.

Neurasthenia occurs chiefly during the active period of life, approximately between the ages of thirty and fifty-five. During this period the struggle for existence and advancement often become intense. The nervous tension necessary in these days of "Frenzied Finance," the planning, scheming to do others before they do you, requires the production and expenditure of an enormous amount of nervous energy.

The same applies with equal force to the society woman, journalist, the anxious mother, the conscientious nurse, and the railroad engineer, in fact, nearly every modern walk of life. The stimulus in these cases is physiological but exaggerated in order to meet the demands of modern life. Mickle sums up the conditions in the following words: "A life absorbed in ambitious projects, with all the strongest mental efforts, its long sustained anxieties, deferred hopes, and strained expectations."

Neurasthenia then is due to exaggerated physiological function, which produces pathological anatomy, and which in turn interferes with recuperation. For evidence of the effect of nervous activity upon circulation we have the experiment of Mosa. Balancing a subject upon a carefully adjusted center and giving him some problem requiring considerable mental effort. After a time it was noticed that the cephalic end of the body gradually lowered. The increased weight being due to congestion of brain centers.

The extreme nervous activity associated with long continued overwork both physical and mental, worry, shock, excitement and excesses, result in a chronic state of active hyperæmia. Active hyperæmia long continued induces a low form of inflammation with infiltration; this inflammatory exudate finally becomes organized and produces new growth of connective tissue or hyperplasia. Hyperplasia not only about the nerve cells and neuroglia tissue where the capillaries are most abundant, but about the spinal membranes and ligaments. We now have a secondary irritation set up as well as what is practically a fibrous or false ankylosis, with spinal rigidity owing to the well known proneness of new growth of connective tissue to contract. This increase of connective tissue now acts as a mechanical impediment to the venous drainage, resulting in passive congestion. The venous congestion of the tissues, and bodies of the vertebræ with its resulting development of toxic material, accounts not only for the general perversion of nervous function, but for the well known hyperesthesia and rachalgia.

The use of strychnin and arsenic produce similar conditions. Note the following from Stevens' *Materia Medica*, "The dominant action of the drug is upon the nervous system, it is a powerful stimulant to the spinal cord, especially to the motor centers.

In neurasthenia minute doses of strychnin with arsenic are sometimes efficacious but more often the drug is useless or actually harmful." Strychnin is harmful in these cases for the reason, that it adds fuel to the flames by increasing an already existing hyperemia.

Nothnagel gives us some interesting results of increase of connective tissue in the liver due to over activity. He says, "Owing to the progressive proliferation of connective tissue in the vicinity of the interlobular portal branches, the blood supply of the lobules is interfered with; at the same time these structures are constricted by the contracting tissues. As compression of the portal system takes place stasis of blood results throughout the portal area, and leads to congestion of the spleen and intestinal tract." If the above be true, and we know that it is, may we not trace organic disease back to the connective tissue lesion in the spinal column as well as the gross bony lesion, for it has been

proven that an irritation at first only sufficient to cause neuralgia, may by its persistence cause neuritis and why not in time organic disease in the organ or tissue to which it is distributed.

This leads to the belief that the numerous distinctions and differentiations made by medical authorities between the various phases and manifestations of disease and for names for which the dead languages have been so diligently searched, are but the stages in a chain of events resulting from some central irritation. I believe the time will come when we will have an osteopathic pathology which will trace disease accurately step by step from a central irritation to its final termination.

We do not discard this medical knowledge as useless as we have been accused, but rather accept it as our natural inheritance, and give due credit to the men who, by their persistence and indefatigable energy in research have carved out the known facts of physiology and pathology, but we do believe that Dr. Still has discovered a missing link in the chain of reasoning which will when generally understood revolutionize the etiology of disease, and consequently its treatment.

In an examination of the neurasthenic spine the following characteristic pathological conditions should be noted.

1. General rigidity—due to contracture and thickening of muscles, ligaments and connective tissue.
2. Usually flat dorsal and posterior lumbar due to pressure and distortion of intervertebral discs.
3. Spinous processes and interspinous tissues have a peculiar feeling upon palpation, which may be compared to palpating a hard substance through a thin coating of rubber. This sensation cannot be well described it must be experienced, but is invariably found either locally or generally in the neurasthenic spine, and due to thickening and new growth of connective tissue.
4. Hyperesthesia and rachalgia due to passive congestion.

Having determined the etiology and pathology the treatment suggests itself. Rest is the first essential but not sufficient for cure. Proper manipulation must be given to gradually relax the contracted muscles and ligaments, adhesions must be gently broken and motion established in all spinal articulations. Freedom is thereby established, impingements removed from nerves and vessels, circulation freed, new growth absorbed and irritation removed. I say these things should be done gradually, for I believe it would be unwise to do it in any other way.

Rough, violent treatment (which is altogether too prevalent) will do these patients more harm than good; not only the anatomical structures may be injured, but the patient prejudiced against osteopathy.

It cannot be denied that violent treatment has done more to create sentiment adverse to osteopathy than the combined opposition of the medical profession.

THE TENDENCY AWAY FROM DRUGS.

Where Will it Stop?

C. O. GOODPASTURE, D. O.

As a general proposition none will deny that there is and has been for some years past a very general tendency away from drug medication, and that the movement becomes more pronounced and gathers increasing momentum each year. People are on the lookout for some other way of having their ills treated and I shall briefly state some of the reasons why they are turning from drugs and medicines and why the change is likely to be permanent.

1. Most people are willing to admit that the more medicine they take the more they apparently need; from this proposition they reason that the less they take, the less they will need, and the same process of reasoning carried to its logical conclusion reveals to them that if they would take none they would need none; hence their desire to break away from its use.

2. The extent to which stimulants and narcotics are prescribed and administered by the medical profession and the insidious way in which patients become the victims of the various drug habits, is a constant warning to the more conservative, the result being that the family physician is not called so readily, simple home remedies are used and nature is thus given an opportunity to demonstrate her ability to adjust the difficulty without professional aid. They are thus gradually convinced that after all, the body heals itself when it is healed at all and that it will usually do it better and quicker without the use of drugs.

3. The inefficacy of drugs under the most favorable conditions often drives people from their further use. Take the mild cases of la grippe, that, under good medical care and professional nursing finally drift into pneumonia and result fatally; or the cases of apparently mild tonsillitis or pharyngitis that are finally pronounced diphtheria, treated with anti-toxin and with fatal results; you have all known such or similar cases, and how after these experiences the people will argue—"if under those circumstances drugs are valueless we had as well not use them" and so they look for some other way.

4. The members of the medical profession are giving less and less of real medicines, for which several reasons may be mentioned: it is doubtless true that they are learning that the human body is best off without the poisonous stuff, and so the dosage has been greatly reduced; it is also doubtless true that they feel the necessity of catering to the wishes of their more intelligent patrons who themselves have little con-

*Read before the Washington, D. C., Osteopathic Association.

fidence in drugs, but who do have confidence in the advice and counsel of the family physician as to diet, nursing and general care of their sick; again it is evident that many medical doctors are without faith in their own remedies and so give as little as possible and give that little merely to satisfy the patient who must be "taking something" and more for its mental effect than for anything else.

These conditions are very apparent to the reader of new works on medical practice, and are well illustrated in the following quotations from Dr. Osler's book on the practice of medicine, under the heading of "Treatment" for the diseases mentioned:

TYPHOID FEVER.—The profession was long in learning that typhoid fever is not a disease to be treated mainly with drugs. In hospital practice medicines are not often needed. A great many of my cases do not receive a dose. In private practice it may be safer, for the young practitioner especially, to order a mild fever mixture.

DIABETES MELLITUS.—Medicinal treatment is most unsatisfactory and no one drug seems to have a directly curative influence.

CHRONIC RHEUMATISM.—Internal remedies are of little service.

ERYSIPELAS.—So far as I know, no medicine given internally has a definite control over the course of the disease.

APPENDICITIS.—There is no medicinal treatment for appendicitis. There are remedies which will allay the pain, but there are none capable in any way of controlling the course of the disease.

CHRONIC BRONCHITIS.—Cure is seldom effected by medicinal remedies.

ACUTE MYELITIS.—No drugs have the slightest influence upon an acute myelitis.

NEURASTHENIA.—Treatment by drugs should be avoided as much as possible.

GOITRE.—The medicinal treatment is very unsatisfactory.

EXOPHTHALMIC GOITRE.—Medicinal measures are notoriously uncertain.

CEREBRO-SPINAL MENINGITIS.—There are no remedies which in any way control the course of acute meningitis.

PNEUMONIA.—Pneumonia is a self-limited disease which can neither be aborted nor cut short by any known means at our command. * * * There is no specific treatment for pneumonia. The young practitioner may bear in mind that patients are more often damaged than helped by the promiscuous drugging which is only too prevalent.

CEREBRAL HEMORRHAGE.—No medicine other than some placebo (bread pill) should be administered, at least during the first month after the hemorrhage.

ACUTE CHOREA.—The medicinal treatment of this disease is unsatisfactory.

SCARLET FEVER.—Many specifics have been vaunted in scarlet fever, but they are all useless.

WHOOPIING COUGH.—The medicinal treatment of whooping cough is most unsatisfactory.

In view of the foregoing statements by one of the most renowned medical authorities living, it seems strange that new methods of treatment should meet with opposition from the medical profession when they are so admittedly helpless in so many disease conditions; on the other hand it would appear that they should place a premium upon, and welcome warmly every new method whose claims are verified by even moderate results.

5. Advocates of the non-drug methods are so enthusiastic; they preach their gospel at all times and places, and to everybody; they confidentially whisper it in the ears of the timid; they argue the question with those who are inclined to take issue with them, and almost invariably win out; they shout their story to the multitudes—from the housetops—through megaphones, if the opportunity offers; in short they can't stop talking and don't want to if they could; and the splendid fact that as a rule they have better health, and when sick make better recoveries than their drug-taking friends and neighbors, slowly but surely has its effect. So many times we hear people say they believe in our practice,—not because they were ever treated, but because they have seen its results with some friend or acquaintance. To illustrate: a few months ago on being introduced to a druggist in this city, by a medical doctor who had been my patient for a few weeks, the druggist made this astounding remark: pointing to his drug-laden shelves—"Don't talk to me about osteopathy; it is worth more than all this stuff I've got in here," and he proceeded to tell me of a close, personal, man friend, who after unavailing treatment for a serious malady with the best physicians in this city, was cured outright by osteopathy; that case caused him to take notice of others and he is now convinced that our treatment is superior to the older methods. Turning to the medical doctor who had introduced us he said, "Doctor, we medical people think we know what osteopathy is, but we do not; I am convinced that these people have something new and practically unknown to our profession."

6. The reasonableness and simplicity of the non-drug methods, (especially osteopathy) as against the latin prescriptions, technical names and general mysticism of the old school methods is without doubt a factor in the growth and success of the former. People like to know and understand what is being done for them; the philosophy of our sys-

tem appeals to them, the law of the artery seems reasonable, the statement that normality of structure and arrangement beget health appears safe, as does also the contrary proposition that disease means abnormality of structure and arrangement; as a result they can easily grasp the aim of the osteopathist in his work; on the other hand, when they inquire about the action of drugs the more they do not understand just how those drugs are to effect a cure.

7. Non-drug literature; there is such a vast amount of this now in circulation, that, although it is not all inherently good it does serve to point out some other way. The rank and file have been educated into the belief that when they are not well they ought to take something; these people must now be educated away from that belief. There is a great deal in the non-drug literature that appeals to the intelligence and common sense of the reader, and it must therefore become more and more a factor in the change from drugs to a more rational and more satisfactory way of treating disease.

8. The annual fight before legislative bodies in many states have had and will continue to have a great deal to do with the extension of non-drug methods. The fact has been so often and so plainly developed that the medical legislation of this country, instead of having been devised purely for the benefit and protection of the people, was in a large measure selfishly devised for the upbuilding, maintenance and perpetuation of the medical profession, or medical trust, that the latter is suffering from the exposure, and as the fight proceeds must either modify its claims or continue to suffer more and more in the estimation of the people on whom it depends for its existence.

9. Closely allied to the foregoing, are the court decisions, and I predict that as time goes on these will become more and more important, as they will smooth the way for the newer methods of healing. As an instance it will be remembered that a few years ago the Post Office Department issued a fraud order against the American School of Magnetic Healing, of Nevada, Mo. The postmaster at that place was ordered by the Post Master General to stop delivering mail to said school and cashing their money orders, and to return all mail addressed to said school, to the post office of origin, first marking it "fraudulent." The local court was immediately asked to grant an injunction restraining the postmaster from carrying out the order of the Post Master General. Without going into detail, it may be stated that the school lost in the lower courts and appealed to the Supreme Court of the United States where the case was argued in October, 1902, and decided November 17th of the same year. (Vol. 187 U. S. Report, Oct. term, 1902, page 94).

Without regard to the merits of that particular case, a careful read-

ing of the entire decision, which was delivered by Justice Peckham, gives a fairly good idea of what the Supreme Court of the United States will do to the medical legislation of this country if the right sort of case is ever argued before that tribunal. For instance, on the general subject of the influence of the mind over body, this is the way the court reasons,—their own words: "There can be no doubt that the influence of the mind upon the physical condition of the body is very powerful and that a hopeful mental state goes far in many cases, not only to alleviate, but even to aid very largely in the cure of an illness from which the body may suffer. And it is said that nature may itself, frequently if not generally, heal the ills of the body without recourse to medicine, and that it cannot be doubted that in numerous cases, nature does, when left to itself succeed in curing many bodily ills. How far these claims are borne out by actual experience may be matter of opinion. Just exactly to what extent the mental condition affects the body, no one can accurately and definitely say. One person may believe it of far greater efficacy than another, but surely it can not be said that it is a fraud for one person to contend that the mind has an effect upon the body and its physical condition, greater than even a vast majority of intelligent people might be willing to admit or believe. Even intelligent people may and indeed do differ among themselves as to the extent of this mental effect. * * *"

"We may not believe in the efficacy of the treatment to the extent claimed by the complainants, and we may have no sympathy with them in such claims, and yet their effectiveness is but a matter of opinion in any court. It is averred that those who have business with the complainants are satisfied with their method of treatment; * * * * they seem to have faith in its efficacy. If the complainants fail, the answer might be that all human means of treatment are also liable to fail, and will necessarily fail when the appointed time arrives. There is no claim that the treatment will always succeed."

"* * * * The effectiveness of almost any particular method of treatment of disease is, to a more or less extent, a fruitful source of difference of opinion, even though the great majority may be of one way of thinking."

"There are many persons who do not believe in the homeopathic school of medicine, and who think that such doctrine, if practiced precisely upon the lives set forth by its originator, is absolutely inefficacious in the treatment of diseases. Are homeopathic physicians subject to be proceeded against under these statutes, and liable at the discretion of the Post Master General to be found guilty of obtaining money under false pretenses and their letters stamped as fraudulent and the money contained therein as payment for their professional services sent back to

the writers of the letters? And, turning the question around, can physicians of what is called the "old school" be thus proceeded against? Both of these different schools of medicine have their followers, and many who believe in one will pronounce the other wholly devoid of merit. But there is no precise standard by which to measure the claims of either, for people do recover who are treated according to the one or the other school. And so, it is said, do people recover who are treated under this mental theory."

I have quoted thus freely from this decision, in order that the reader may be impressed as I am, with the broad, liberal view taken by the Supreme Court of the United States, of the practice of medicine, and therapeutics, in their broadest meaning. It is not only refreshing and interesting and edifying, but very encouraging to know that the narrowness and prejudice found in local and state courts whose judges are elected by the people, for short terms, and whose decisions are therefore influenced by politics and the desire for popularity and re-election, do not obtain in the court of last resort, where the judges are appointed for life and are not amenable to political bosses or manufactured public sentiment.

In conclusion it must be borne in mind that the non-drug methods are comparatively new and undeveloped. Specific information pertaining to the cause and treatment of the various diseases will be collected in larger quantities and collaborated more carefully; experience will be corroborated by laboratory and research work, and vice versa; thus will the newer systems be tried and tested and perfected. As this is done, the scope of their applicability will, we believe be widened, and they will thus gradually encroach more and more upon the domain of drugs. It is quite impossible for us to conjecture what the practice of osteopathy will be fifty or a hundred years hence, but time will doubtless show that Dr. Still only sunk the main shaft of the mine, and that leading out from that shaft are many rich ledges that will have to be tunneled and blasted by other generations.

A patient of mine sometime ago said that in a recent conversation with a scientist connected with the Smithsonian Institute, the latter gave it as his opinion that the future method of treating disease, will be something right along the line of osteopathy. I find it very easy to agree with the scientist quoted; but on the other hand it is not unreasonable to presume that in a general practice in which the physician has to deal with all kinds of cases, some will be met in which manual therapy will not be practicable. Whether some drugs will be retained for such emergencies, I do not know, but I suspect they will, and that the time is not this side of the Millennium when they can all be dispensed with.

Washington, D. C.

*OSTEOPATHIC ADVANCEMENT.

H. E. PENLAND, B. S., D. O.

Since God expelled Adam and Eve from the Garden of Eden, man has had to strive for existence and supremacy. It has been a survival of the fittest or of the strongest, the strong conquering the weak. Down through the ages, life has been one continual round of strife and conquest.

This was the evolution necessary to bring us to our present great century of progress, the most progressive of all ages. Man has progressed through the centuries from the time when his unaided hand must secure for him the daily succor of life till at present he harnesses the powers of all Nature and makes them his servants. But still the strife grows in its intensity and the man of today, to be successful, must indeed be endowed with a strong mind as well as a strong body and that mind and body must be trained not only in a general way, but the world of success is demanding that he be trained also for a special work if he is to succeed above the common herd.

We must think well to our preparedness for life's work, no matter what line of activity we may pursue; and we who have chosen osteopathy and think because the world is demanding the practice, that success is sure, may awake to find that our more thoroughly prepared brother has left us in our careless sleep of contentment and is climbing to a success and fame that we will not be able to reach without like work and preparation. So osteopathy has been going through its youth of development. The National Association and schools have changed the old two year course to the present three years study. The need of this change has come about because the older practitioners have found that they could no longer treat chronic cases only, but that acute practice was coming to them also. It is one thing to handle chronic, and quite a different proposition to successfully treat acute diseases. Experience shows that while our science did seeming miracles with the chronic cases, that there is a still greater surprise for us in what it can do in acute practice. The old pathology and prognosis of many acute diseases will have to be rewritten to conform with what our treatment can prove.

There is also a demand for a more thorough and complete osteopathic surgery. The time is coming when we as a profession should have our own surgeons and when that time comes our schools will add another year to our course and put in superior surgical department. The time is not quite ripe for us to launch out on major surgery. Better

*Address of the class representative to the first three year graduating class of the American School of Osteopathy, delivered March 29, 1906.

that we do as before; prove our superiority in the field of general practice and wait until the world demands the surgery. And wait until we are strong enough in our faith and practice and cannot be lead off by false Gods or the lure of the surgeon's fee. For many times we have been able to save the patient from the surgeon's knife when conscientious surgeons would have advised operating. Scientific men are ready to accept us when we can show by enough cures of given conditions that the bloody operation is not necessary.

The adage has it that there is nothing new under the sun and so we may suppose that the principles of adjustment embraced in our science had always been in existence, but it remained for Dr. Still to apply those principles to the correction of human ailments. The first period in the growth of osteopathy—that period from the first inspiration to the proof by repeated cures—was naturally a long slow one. Just when it began, only Dr. Still himself can really say, but it was 1874 when he first named the child of his brain and gave osteopathy to the world. The next period carries us to the founding of the school in 1892, during which time the Old Doctor practiced his original profession under varied conditions but always with a success that will never be forgotten.

The first classes in the school did not have any stated time for starting and perhaps less of a stated time for leaving. It was not until 1896 that the first twenty month class matriculated and since this class graduated in 1898, there has been two classes a year sent into the field. In all, at the present, about four-thousand have been graduated from the osteopathic schools. The demand for a longer course of study has been growing for some years, and the council of National Association and the Associated Colleges of Osteopathy decided that it would be wise to make the course three years, which would not only turn out better osteopaths, but make our course equivalent to that required by medical colleges and remove a big objection against us in our legislative fights.

While we have been advancing in our educational qualification, it might be well to show that state laws and over supply of doctors has advanced the medical educational standard so that they now require their graduates to have high school education and to attend medical college four years of at least seven months per year. But it is favorable to our young science that three years, of nine months each equal practically the same. Thousands of the medical practitioners that graduated a quarter century ago, had not half the time spent in study that our two year graduates have had. In other words, while there has been rapid advance in all educational lines, our graduates have been better qualified than the general average of the medical men. So our educational qualifications can not stand in the way of any just legislation;

and we cannot complain since Alabama and Virginia are the only states that have laws trying to shut us out and more than half have favorable laws; and in the rest of the states our practitioners are having no trouble except the lack of protection from fake osteopaths.

The medical schools are graduating about seven-thousand doctors per year, of which five-thousand enter practice, or about ten to one of our graduates, so we need not be afraid of turning out too many graduates for a while yet. St. Louis alone has over seven-thousand medics or nearly twice as many as we have graduates practicing all over the world. And it is favorable to the osteopath that the average medic has to spend five years for a practice in a city while an osteopath can get his living start in two years with like remuneration.

It is wisdom for the graduate osteopaths, and especially the alumni of this school to do all they can to strengthen this, the Mecca of osteopathy; and in helping the general science, we will bring glory to ourselves in our separate locations. There is no location over-crowded with osteopaths at present. We, the old practitioners that have been in the field, do not hesitate to tell the students not to fear about their location. We have learned, wherever you wish to go, become a useful citizen of the place, make it your home, and it will take you in and make you a home.

The old hatred the regulars held for the supposed quack, the osteopath, is fast disappearing where individual practitioners become acquainted, provided both are gentlemen, which I am sorry may not mean either, sometimes. Of course the average medical practitioner is not going to send the osteopath cases any sooner than the average osteopath would send the medical doctor patients. The laity are the ones who pay the living expenses, office rent, etc. So you "have to show them." Then not all will be convinced, but enough to make you welcome in your community. If you do not think so, try changing locations after you have been practicing in a place for two or three years, and if you don't find you have made friends, I think you have missed your calling and had better change your profession.

Do not be scared and think you will starve by losing your practice if a patient should die under your care, because if you did your best, and you were qualified, you have reasons to feel sure no one could have done much better. People must die and you will some time lose cases. Some people will blame the osteopath and others will stand by him; and most always the family of the deceased will be your friends if you were faithful to your duty, they will appreciate your efforts. With these few words of encouragement to the student and young practitioner, we will bid them God's speed.

Returning to the course of study,—it covers a period of study of

twenty-seven months and includes all the subjects taught in the leading medical universities, except major surgery, but has our own therapeutics and practice in place of theirs. The work here is handled by specialists at the head of the different departments, that are giving their exclusive time to the students. Not a dollar do they get for private practice or lectures. A fact that cannot be stated of any other school, and it shows the wisdom of the management for every thing, Sanitarium, Infirmary, Hospital, all are for the benefit of students and practitioners.

Such men as Drs. Young, Geo. Laughlin, Geo. Still, Clark, Gerdine, and Hoffman who taught us in our advanced work are men that prove by their works that they are fitted for their high calling and we are willing to express as great gratitude to them for the energy and wisdom they have instilled in us. They have striven to rid us of the empiricism that was creeping into our ranks and have given rational reasons for treatments. They have not taken things for granted, they have proven that the osteopath who has gone to the extreme on manipulations is only empirical and not to be compared with the anatomist, physiologist, and pathologist that he should have been, had he followed his instructors and not the mechanical part only. The fault we have found with the vibrator, is that it has no brains, and the routine manipulator generally does not show much more.

As a profession we must study medical books, but if we reason, we can strengthen our pathology and prognosis and prove our superiority in our science. Of course if we have no more osteopathy in our heads than manipulations, we will fail and be lead off by adjuncts, and the profession will be happy to get rid of us.

The one thing that has compelled the growth and recognition of osteopathy has been the cures that have come from the correcting of lesions and not from any adjunct treatment. This school has always stood for what the "Old Doctor" taught, and his teachings have ever been to show us how to find and correct the misplacements, to diagnose from physical examination, and to form our prognosis from what we would be able to correct. It has indeed been a new pathology that we are taught in our course of study, and without those excellent lectures, we would be in the dark in regard to prognosis. But with the better osteopathic pathology, we know better what to expect and how to diagnose, and not to expect the impossible, for the days of miracles are past, and what we do, we must understand, or we cannot tell the world so anybody else can get any good of it, not even ourselves, for no accurate conclusion can be drawn without the knowledge of the exact condition.

This reminds me of the trouble one of our leading osteopaths had when trying to get data for a paper on organic heart trouble. Over

one-hundred case reports were sent him from all over the field, of cases cured of heart trouble, but less than ten per cent could he use because the doctors did not report the pathological condition. Of course the doctor did not know of what the patients were cured, or of what they died. Until we as a profession learn our pathology, and then keep a strict record of our cases, we can not hope to present literature with a data that makes it of value to the profession and the scientific world. Therefore, I urge that we as a profession, keep a strict record of our acute as well as chronic cases. Just think of the data four-thousand practitioners could produce in a year, and how it would aid us to prove our claims; and again, how it would cut down some old moss grown claims that have misled more than one honest practitioner into wrong prognosis and trouble. We never gain any thing from irrational claims or claims that we cannot substantiate.

We, the first class to complete the three year's course, feel some pride in the role we have played in helping to establish the course of study that has been adopted. Thanks to our experience in the field, we have realized our weaknesses and therefore knew what lines of study could most benefit us. So while future classes may have a little advantage of us in the course of study, they must remember they owe much to us for the part we played in getting the present thorough course scheduled. Lest you should think we were the whole thing, I wish to say, we always found the management and faculty ready and willing to give us the work we wanted and we hope they found us as willing to work with them. We consider the course as given, as a strong practical scientific course and one that is a credit to the school, to us as students, and to the osteopathic profession in general.

To the class:

We have indeed felt that it has been another year well spent in our Alma Mater, under able professors and near the pulsating heart of osteopathy. We are more than joyed that the "Old Doctor" could be with us and still as in the past keep adding new thoughts to the science he discovered, developed and is still helping to perfect. Classmates, we are ready once more to enter the field of practice. We have all profited by our sojourn, so may our lives be an added profit to our future homes.

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A MESSAGE TO THE MEMBERS OF THE ALUMNI ASSOCIATION OF THE AMERICAN SCHOOL OF OSTEOPATHY.

FELLOW OSTEOPATHS:—

As President of the Alumni Association of the American School of Osteopathy, I bear to you the following message. I hope you will all read it carefully and that it may provoke us to thought and action.

OUR NUMBERS.

are now more than three times that of the American Osteopathic Association which numbers approximately 850. We rise above the three thousand mark and I, therefore, address the largest body of organized osteopaths in the world. Considering the size of our organization, we should be able to accomplish a great deal of real work in any direction we might choose. In the name of our founder, Dr. A. T. Still, and of our science, I greet you all and ask your consideration and co-operation in my effort to get our Alumni Association on a footing worthy of its name and position in the field of osteopathic endeavor. Necessarily it takes a new movement not a little time to crystalize its plans and methods of action so that it may guide its efforts along useful and desired paths. It is well that we move with deliberation, for we are building for tomorrow.

WE ARE PIONEERS

in a movement the extent and influence of which has already surprised the most sanguine among us and whose future in the influence upon the practice of medicine shall be untold. Could we, five hundred years hence, read the history of medicine it will be said by the historian of that day that the movement known as osteopathy exercised a far greater influence over the practice of medicine than any other movement in all its history.

WHAT CAN WE DO?

On being elected president of the organization at Denver, the first thought that came to my mind was the above question. At once I called together my advisory Board of Trustees, Drs. J. L. Holloway, of Dallas, Tex., H. E. Bailey, of St. Louis, Almeda Goodspeed, of Chicago, and put this question to them. It was my desire that we should determine some work that we might do at once during the year and also that we might inaugurate something during our administration that we might continue from year to year.

HELP OUR ALMA MATER.

At this time our Alma Mater had inaugurated a lengthened course of study thereby increasing her expense and which, at the same time, would likely entail a falling off in attendance. Also she had begun the construction of a surgical hospital which would afford her students better opportunities in the study of surgical cases. We concluded that we could not serve our alma mater more efficiently at this time and promote the general interests of the profession to better advantage, than by asking the alumni to send the names of any persons in their respective communities who might be interested as prospective students to the American School of Osteopathy. In this way we might show our ap-

preciation in a measure for what our alma mater is doing for our educational interests in complying with the demands of our more advanced professional necessities in an educational way.

IGNORANCE OF OSTEOPATHY.

Thousands of people in each of our respective states have never so much as heard of osteopathy. I frequently meet people here in my own city, people of more than ordinary intelligence sometimes, who have never heard of the science. Within the last month a lady called at my office, whose home is in Pittsburg, Pa., to see me about taking some treatment and to talk with me about our methods. She stated to me that she had not heard of the treatment till she was speaking with one of my patients stopping at the same hotel. When I told her that she had physicians of our school in her own town she said they must have arrived recently for she had never heard of them. She was a woman of considerable intelligence and was in the South for the climate sake. Many of us have no adequate idea how many people at this time in our cities and smaller towns and country districts have never so much as heard of osteopathy. But every man who goes out to practice our profession is

A HERALD OF OUR METHODS.

We need many, many more practitioners in our ranks and he who seeks to help some good man into our ranks not only does the cause good but helps himself as well. Every man who locates in a community as yet is a missionary for the cause in that community. As people learn of us and our methods they come to us. Therefore we must educate the people,—the masses of the people. "He that soweth sparingly shall reap also sparingly." We need thousands more of osteopaths all over the country than we have now. To have them is of the very greatest advantage to every one of us. In our lifetime not one of us will ever see too many osteopaths who are well qualified. The greatest burden that ever fell to the lot of any profession is a lot of little, narrow, contemptible, two-by-four fellows who become frightened to death every time another man settles in the community where he has already located. If he had the breadth of vision and could see professionally an inch beyond his nose, he could not fail to appreciate the truth as here expressed. Truth is the same everywhere and all the time. Had Dr. A. T. Still followed these narrow ideas some other man must have brought osteopathy to the front. I hope, therefore, that every alumnus will fill out and return at once the blanks that we have sent out and let us not only make our old alma mater feel the good, warm blood of appreciation for giving us and our fellows coming into the profession the very best education possible under the limited opportunities afforded us at this stage of our history,

but also show her that we grasp the truth illustrated by the "Old Doctor's" life that as we sow so shall we reap. With generous heart and willing hand let us sow to the world about us the seeds of truth in our profession and like our founder who cared more for truth than for the dollar not only came to fame and honor but also got more good, hard dollars than he could possibly have done had he tried to keep it all to himself. Truth is the same for each of us and if we launch out upon this platform in a professional way we will prove the truth of the same to our greatest satisfaction.

OUR EDUCATIONAL PROBLEM.

This is our greatest problem. It requires more thought, more patience and more sacrifice than any other question. Our other problems will solve themselves, but we must solve this one. Some are ever ready to condemn and say that we are very much behind, while others are too conservative and say that our present standards are sufficient. In all these questions we require patience and tolerance. Our schools are new. Begun and conducted for the most part, perhaps, by those who have never had much experience in conducting schools before, we cannot expect ideals in realization right away. Then there is a financial side to every school that must be considered. When we remember the steps of our educational progress and the humble beginning of our schools, we may truly say that our present status is simply marvelous. To engage the best talent as teachers and to retain them in the school when the practice in the field is so remunerative to this class of practitioners, is quite an impossibility. If we expect to keep pace with other professions we must have large endowments with which to sustain our schools. Not one of our best colleges or universities is self-sustaining. But we must educate our men. Our curriculum must stand right alongside the very best schools of medicine, if we are to retain the respect of an educated community. Every body knows this. That which will bring us into disrepute sooner than any other thing is to neglect our schools. Doubtless some of our numbers do not appreciate this fully, but it is this more than any other thing in the eyes of the community that distinguishes and differentiates us from an ordinary masseur. We impress the people that we are educated; that we are the determiners of our own fortunes in a professional way. We have no great Lord of Science over us to order and determine in the presence of the patient that we are merely the menial servant of his majesty, the Doctor. We are ourselves the doctor. Therefore, our very existence depends upon our education. Again, no man should be satisfied that his son should not receive a better education than he. This is what makes for progress in the world. I stand for the highest possible standard, but in reaching

out for this standard we must not forget our present and the problems in money and inexperience that confront us as a profession.

AN ENDOWED INSTITUTION.

There is perhaps not a medical school in the United States or in the world, for that matter, that is considered a first-class institution of the highest grade which does not have an endowment. Our greatest medical schools are departments of our State universities or of some other universities with large endowment. If with the years of growth and development that come with age, they have not been able to rear their tallest shafts in monument to the highest educational and professional progress without an endowment, neither may we hope to attain the same standard of excellence by any other means. It is to be hoped and I expect to live to see the day when osteopathy shall be supported as a department of our great universities just as medical schools are today. Why not? The University of Michigan has both the allopathic and the homeopathic medical schools as departments today and I would not be surprised if Michigan, with her progressive ideas of education, would not be the first to recognize osteopathy in this way. The time is coming when all these good things will belong to us, if we but do our duty now. Upon our success in solving our educational problem today depends our destiny as a profession. We cure diseases and a larger percent, perhaps, than some other methods. We can get testimonials innumerable of the same kind found in the old family almanac, but if that is as far as we go "do not even the publicans and sinners the same?" The veritable fakir can produce all kinds of testimonials. But we claim a scientific basis. This we must demonstrate. It devolves upon us if we take our place in the field of science. We believe it can be done; it must be done; it will be done. If not by us it will be done by others. Already some of our leading medical colleges, where they have laboratories well equipped for original research, are commencing the investigation of our claims to a scientific basis. We must live up to our opportunities if we expect to preserve our distinctive individuality. Our men are the men to do this work. They are better qualified than any one on the outside. We are trained along this line of thought while the others are not.

There has been such a thing mentioned now and then in our midst as endowed institution merely as a far away and exceedingly remote wish, but no definite idea has ever been suggested or thought of as being practical or possible so far as I know.

CONDITION OF ENDOWMENT.

The conditions of endowment must be considered if we ever expect to realize the desired end. Our situation is a peculiar one in this respect.

We have no school any where whose present status is such that we could endow it. I mean by this that all of our schools belong to individuals or to private corporations. Such an institution cannot be endowed as such. These institutions exist for a monetary consideration to their owners and we do not find men of means who are making contributions and entailing endowments for the purpose of advancing the private enterprises of other men. So long as our schools belong to private corporations, just so long can we have no endowed schools as such. This being the case why should we speak of a practical or possible endowment at this time?

But the endowment I have in mind is not the endowment of a school, but the endowment of a chair whose incumbent shall devote all or a part of his time to working out an osteopathic etiology and pathology or at some other laboratory work that will establish the true scientific basis of our claims. Is such a thing desirable? Is it feasible? Is it practical? I think it is. In answer to this question quite a number of our most prominent alumni have given an affirmative answer. It was the general opinion that individual effort and ambition was too spasmodic to depend upon. Dr. McConnell, the only one practically among us who has done any of this work, is in hearty accord with this idea. At any rate the individual cannot have as much interest in accomplishing this work as the profession at large. Neither may we expect more interest from our schools practically than from individuals for they are the property of individuals and their monetary success must necessarily outweigh every other consideration.

THE PLAN.

Let the Alumni Association incorporate and then endow a chair at Kirksville. This is the logical place. It is the most favorable, for the atmosphere of the place is helpful to the cause and the man who does the work needs the help and sympathy of those interested. He might spend some time teaching and the rest of the time in the laboratory. Let the school pay him for the time he teaches. All this would identify his work in a helpful way with the profession.

If we should assess ourselves \$5.00 each per year with our three thousand members, we should realize \$15,000 per year and in the course of a few years we could boast of a good endowment for this one chair. This is burdensome to no one. Some have suggested that the endowment be left to the American Osteopathic Association and under its direction. This is impractical for the membership of the A. O. A. is made up of the alumni of all the schools and they could not consistently identify themselves with any one school. If some school were the property of the A. O. A. then it would be the logical thing for the A. O. A.

to take the initiative in such an enterprise. We hope our membership will take this up and discuss it fully in our journals.

OUR MEMBERSHIP IN THE A. O. A.

It will no doubt be new to most of you to learn that out of a membership of 826 of the A. O. A., 300 of these are graduates of schools other than our alma mater. When we consider that of the somewhat more than 4000 practitioners in the field, more than 3000 of these are graduates of our alma mater it shows that about 33% of the alumni of other schools are members of the A. O. A. while only about 17% of our alumni are members of the A. O. A. This should not be so. It is our purpose to make a great change in this within this year. We hope to send out in a very short time some laborers into our ranks that shall change this state of affairs.

A WHOLE EVENING AT PUT-IN-BAY.

I may say that we desire to make our next meeting at Put-in-Bay the most important and significant meeting we have ever held. By request Dr. McConnell has agreed to allow us an entire evening for our meeting, he having charge of the arrangement of the program for the A. O. A. We expect a good program and an interesting session.

FRICION AND CRITICISM.

There is bound to be more or less friction in our relations. This is a fact that we should recognize as a fact and not endeavor to ignore it and declare that it does not exist. All men are more or less jealous of their fellows in the same profession. Every man's individual interests call for this. It is human nature and right it should be so, but this should not lead us to forget that as a body we have interests which are common and that as such we must be in thorough sympathy with each other while at the same time we should hold our individual interests dear.

I appreciate the confidence bestowed upon me by placing me at the head of this great body of osteopaths. I desire the co-operation of every member. If one desires to communicate with me in way of criticism or suggestion, I appreciate it and will thank him to write me as some have already done. It is by such tokens that I know we are not stagnating, but are thinking with interest. If you have any thing you deem any of these things unworthy of my attention and if I may help any member to be able to do our work I shall be only too glad to do so. Only remember that our greatest dangers are within our own ranks and not without. The enemy without is our common enemy and we readily unite against him, but if we have trouble within we at once revert to that old classic proverb, "a house divided against itself cannot stand." All our real interests are one and the same.

Fraternally, M. C. HARDIN, President.

Atlanta, Ga., February 6, 1906.

Primary Causes of Tuberculosis.

A. R. WATERS, A. B., D. O.

In conversation with a gentleman from Ohio, who has made considerable investigations along the line of tuberculosis, and who is acting as traveling salesman for his own work written on this subject: I suggested to him a reason why tuberculosis of the lungs gives so little response to treatment and as the idea seemed to be new to him in just that light, I thought I would write it for what it may be worth.

Imperfect aeration within the lungs gives rise to conditions favorable to the growth and multiplication of the tubercle bacillus, he holds, as do others; granted this, but what gives rise to the imperfect aeration? Breathing of impure air or the improper breathing of air in general. Yes, and these are the cases that result in a cure when proper change of air or the proper change in the breathing of the air is made. But what of the innumerable cases that give no response to treatment from the very beginning. Proper change of air,—not necessarily change of climate—diet, physical activities and mental environments are all well enough in influencing the general health and in so far they react upon the tuberculous condition, yet these changes allow many a case to go on steadily to the grave.

The lungs are very susceptible to the influence of inequality of nerve tension elsewhere in the body especially when this inequality is associated with the sympathetic nervous system. This susceptibility allows the influence of other organs, when diseased, to readily cause an imperfect functional activity of the lungs, and hence imperfect aeration results, and this soon results in the accumulation of sufficient waste matter in the lungs to form a suitable medium for the culture of the tubercle bacillus. Without this favorable medium no germ could develop sufficiently to produce pathological conditions. Diseased conditions in almost any other organ or part of the body may create an inequality of nerve tension that will,

by means of the sympathetic nervous system, react upon the lungs, and since the germs of the air have such ready access to the lungs, lowered vitality there soon means germ infection. Thus it will be seen that consumption is frequently only a secondary condition and if it is treated as a primary condition, it will never be cured. In no case of pulmonary tuberculosis will a cure ever result, if the primary cause arises in some other organ and that organic disease is not first removed. Complications may arise in yet other organs afterwards and general constitutional troubles will arise from imperfect aeration of the blood in the lungs, but these only make the discovery of the primary cause the more difficult; certainly do not show that such cause does not exist. Where osteopaths find that attention given to the upper dorsal region is not reaching the case, attention should be given primarily to the other organs in an endeavor to locate the original causative factor. Other causes could be enumerated, of course, and commonly are, but the above mentioned cause certainly accounts for a long list of pulmonary troubles that do not give favorable response to treatment, and until such cause is taken into account as an important factor in this disease, many cases will look in vain for relief.

A few cases to point. We all meet with cases of 'liver cough' due to disturbances in the liver. A man had a relapse of la grippe due to lying on his back on the ground one hot afternoon. On getting up he felt a general stiffness along the spine, later a severe cough set in. Physical examination showed that pressure in the lumbar region produced the cough instantly and violently and on the removal of the muscular tension there the cough readily and permanently subsided.

A woman with an extra uterine tumor that completely filled the pelvis and reached half way to the navel, was troubled with a cough that at times was very vio-

lent. Further examination showed that when traction from above aided by pressure from below per rectum forced the tumor out of the pelvis the cough would subside at once. She was under M. D. treatment for stomach and throat trouble. She complained of pain in the stomach. Questioning showed that the entire abdominal region was "stomach" to her. The pain she complained of was just back and slightly above the pubic bone. She continued under M. D. treatment and two months later the papers stated that she died of quick consumption.

Suppressed menses, in a girl of sixteen, caused by wading a cold creek brought on a cough that subsided only after the restoration of the menses.

A cough, to be sure, is not a tuberculous condition, but it is certainly an active factor in depleting the vitality of the lungs and thus favoring the accumulation of waste material necessary for germ growth. The idea that I would set forth here, in short, is that the influence of inequality of nerve tension due to diseased conditions in other organs or parts of the body, transmitted to the lungs by means of the sympathetic nervous system, create a favorable medium for the culture of the bacillus tuberculosis in the lungs; and that this, as a primary cause, is the 'nigger in the wood pile' in a majority of the cases of pulmonary tuberculosis and must be removed before the vitality of the lung tissue and the functional activity of the lungs can be sufficiently restored to throw off the germs and their effect and result in a cure.

Chico, Calif.

* * *

Concerning Chiropractic.

W. A. HINCKLE, D. O.

In his article in the February Osteopathic Physician entitled "Chiropractors are Faking Osteopathy Shamefully" Dr. Asa Willard deals with a subject which deserves our earnest consideration. We should no longer ignore the misquotations and false statements by which cer-

tain persons with mediocre minds are posing as discoverers of something wonderful and new.

To paraphrase a little, the self confessed discoverer of Chiropractic is propounding things both good and new, but the good things are not new and the new things are not good. The good things in Chiropractic, i. e., the recognition of the relations existing between subluxations of bony tissue and disease, and the reduction of such subluxations as a means of cure are good, very good, but by no means new. These facts have been known and taught for years by Dr. A. T. Still and his followers. In fact this truth had already given birth to the infant science 'Osteopathy' while the discoverer of chiropractic was still a magnetic healer. Seeing the wonderful growth of the infant osteopathy Palmer kidnapped the child, had him rechristened Chiropractic and now would present as his own legitimate offspring. No the good things in chiropractic are not new; neither are the new things in chiropractic good. Most of the theories and teachings peculiar to this system which are really new, have no better foundation than a distorted imagination and can easily be refuted by any one with even an elementary knowledge of anatomy and physiology. Our space however is too limited to deal with these vagaries.

The loud noise and extravagant claims made by those who are interested financially and otherwise in turning out "Doctors of Chiropractic" and the fact that some two or three osteopaths have taken up this system, suggest the advisability of investigating these claims ad methods in what way, if any, they are superior to older and better established systems, and if they offer anything which we as physicians may adopt with profit.

First what is chiropractic? This question is best answered by quoting from The Chiropractor the advertising sheet of the Palmer School of Chiropractic. On the second cover page of this publica-

tion is a standing exposition of the system. From it I quote, "Historical: Chiropractic was discovered by D. D. Palmer, of Davenport, Iowa, in September, 1895. He has developed it into a well defined science that has no resemblance whatever to any therapeutic method. Relief is given by adjustments that are unique and unlike any other movements used by any other school."

"Defined: Chiropractic is the science of adjusting by hand, all sub-luxations of the three hundred articular joints of the human skeletal frame, more especially the 52 articulations of the spinal column, for the purpose of freeing impinged nerves, which cause abnormal functions."

"Diseases are but the result of impinged nerves. Nearly all of these are caused by vertebral subluxations which impinge nerves. These displacements are caused by accidents, or by poisons, whether introduced by inhalation, food, drink, or by the outrageous practice of the physician who inserts vaccine poison in a healthy body." "Chiropractors use the long bones and spinous processes as handles to adjust displacements: by so doing they release pinched nerves."

Substitute the word "osteopathy" for "chiropractic" in the above and it is a pretty fair, though incomplete, definition of osteopathy. Compare the above definition of chiropractic with any of the twelve definitions of osteopathy as given in Tasker's Principles of Osteopathy and any sane person will affirm that as near as words can express ideas these two systems are one and the same thing. Then consider that most if not all of these twelve definitions of osteopathy were written before Palmer had discovered his adopted child, i. e., 1895—and it is easy to see which is the original and which the counterfeit.

That chiropractic and osteopathy are based upon the same fundamental principles, i. e., subluxations of osseous tissue as an etiological factor in disease, and

their reduction as a means of cure is unquestionably true. The only difference in the two systems is a difference of applying these principles, a difference of method. The method by which chiropractors endeavor to reduce such subluxations differs somewhat from the method usually employed by osteopaths. However as osteopathy is founded upon a principle and not upon any method of applying that principle the chiropractic method of reducing subluxations is a legitimate part of osteopathy and can in no wise be said to differentiate them as separate and distinct systems.

To illustrate, in a given case of hepatic disorder associated with a subluxated dorsal vertebra, say the seventh, an osteopath would diagnose the case as a subluxated seventh dorsal and would treat the case by endeavoring to reduce the subluxation. His method of reducing it would be of no consequence just so the result was obtained. Of one hundred osteopaths probably no two of them would proceed in exactly the same manner though all of them would be practicing osteopathy, because all would agree as to the cause and all would be trying to cure the condition by removing that cause. Probably most of the osteopaths would relax the softer tissues and by flexion, extension and rotation cause the parts to assume their normal relations.

In the same case the chiropractor would make the same diagnosis, i. e., he would find the same subluxation but would treat it, or adjust it as he insists on calling the procedure, by a different method. He would have the patient lie face downward upon a low table, or more correctly upon two low tables placed end to end and so as to leave a gap of a few inches between the two. The patient lies in such a position that the subluxated vertebra is suspended between the two tables, then with his hands in the proper position on the vertebra in question the operator by a quick punch attempts to reduce the lesion. Thus we see the diagnosis is

the same, the intended results are the same, the method of procedure only is different.

Of the osteopaths who have studied and investigated chiropractic all with whom I have been able to get in touch save two or three affirm it to be true that the principles of the two systems are the same and that they differ only in method. The D. O.'s. who affirm that the principles of the two are not the same have so far cautiously refrained from telling how or in what way they differ. Even on the witness stand as an expert witness one of these osteopaths after declaring the two systems dissimilar refused to tell wherein they differ? Quite a unique stand for an expert witness to take. Palmer himself was also a witness on that occasion. He too talked much but said nothing. After swearing the two systems were entirely different he refused to tell the court the difference unless they paid him \$500.00. This stand well illustrates the attitude of those who are posing as discoverers and developers of this so-called science. They try to surround the subject with a veil of mystery and wonder.

Chiropractors, especially Palmer, lay great stress upon the position of the hands in making a so-called adjustment. By way of illustration we will take a case of subluxated dorsal vertebra with the spinous process to the left. The patient reclines face downward on the divided table as described above. The operator stands upon the left side of the patient facing the head of the table and places the palmar surface of the left hand upon the patient's spine in such a manner that the prominence of the fifth carpo-phalangeal articulation will be against the left lower border of the spinous process of the vertebra to be adjusted. The palmar surface of the right hand is now placed upon the back of the left and a quick punch, downward, forward and toward the patient's left is made, i. e., in such a direction that the carpo-phalangeal prominence pressing against the spinous pro-

cess of the subluxated vertebra will tend to force it back into its normal position. Accompanying this adjustment is usually heard the popping sound well known to osteopaths as indicating movement between the vertebrae. If the sound is not produced a second punch may be given. This is all there is to an adjustment. If the vertebra is deviated to the right instead of to the left the operator stands at the patient's right and the position of the hands are reversed.

Lumbar subluxations are adjusted in the same manner as the dorsal. To adjust in the cervical region the head is rotated either to the right or to the left owing to the direction in which it is desired to move the vertebra.

The low divided table is essential to the successful application of this treatment especially to the dorsal and lumbar vertebrae. Adjustment for any condition is given at the point of lesion if such be found. If no lesion is discovered adjustment is given at the center controlling the part affected. The centers as taught by Palmer, are mostly borrowed from osteopathy though there are some exceptions. The chiropractors do not call them 'nerve centers' but 'places.' They speak of 'kidney place,' 'stomach place,' etc., and abbreviated them k. p., s. p., etc. There are a few of these 'places' which differ from the centers as taught by osteopathy which deserve mention. At the seventh and eighth dorsal, stomach place, adjustments are given for throat troubles and for disorders of the eye-ball. At the kidney place 11th and 12th dorsal, they adjust for disorders of the eye-lids, styes, etc. At the fourth to the sixth dorsal is located the so-called center place, where they adjust for systemic disorders as fevers, rheumatism etc. At the second lumbar is the place where they adjust for puerperal fever in which condition they claim marvelous results.

This method of treatment or adjustment is not original with Palmer. Just as he 'discovered' the underlying

principles of chiropractic from the osteopaths so he discovered the methods of applying them, or his method of adjustment, from the Bohemians among whom it has been known and in use long before Palmer was a 'discoverer and developer.' Among the Bohemians this method is known as Napravit. In this connection we may also state that not even the name 'chiropractic' is original with Palmer. This system was christened by Rev. S. H. Weed of Monmouth, Ill.

It is not within the province of this article to compare results of chiropractic adjustment with that obtained by the osteopathic method. No reliable statistics from chiropractic sources are available nor indeed can such be compiled. Owing to a lack of scientific training the chiropractor is not a diagnostician. The course of instruction in the Palmer School consists of a little descriptive anatomy and some physiology, less than taught in the average high school. This with their theory of disease and method of treatment is practically all they teach. They study no chemistry, no histology, no pathology, no bacteriology, no obstetrics, no gynecology, no hygiene, no dietetics. They have no laboratory work and but a small clinic. So of necessity the chiropractor is a poor diagnostician. This fact will explain many of their wonderful cures. Overlooking their lack of scientific training, their absurd diagnosis, their preposterous claims, sifting the little wheat from the much chaff we may safely say that their quick, forcible method of treating is not without effect in certain cases. Osteopaths should investigate this method and its results as compared with those obtained by other methods and determine to what class of lesions and cases, if any, this method is best adapted. Let us not judge of this method before investigating it lest we stand in our own light and shut ourselves out from that which may be of value as many have done concerning osteopathy.

Peoria, Ill.

Resolutions by Post-Graduate Class of A. S. O.

Whereas, Dr. Chas. H. Hazzard in an article in the Journal of the A. O. A. entitled "Safeguard the Future," casts grave reflections upon the curriculum given in the third year, or in the post-graduate course for two-year graduates. Stating among other things, that pathology is a thing not required by osteopaths, and that the course in pathology as given, is detrimental to osteopathy, and

Whereas, such statements were made without any investigation on his part, as to how the subject matter is presented, and without having been in attendance on any of the lectures thereon.

Be it resolved and herewith declared, by the members of the post-graduate class of March, 1906, (the members of which have been previously engaged in active field practice for a number of years and realized their deficiency). That the course of instruction given the post-graduate class in the A. S. O. in pathology, is thoroughly in harmony with the principles and teaching of osteopathy, and supplies a long felt want in our education, and has had a decided tendency to make us stronger and firmer osteopaths than we were before we had taken the same.

And be it further resolved, that a copy of these resolutions be sent to the editor of the Journal of the A. O. A. and to the editor of the Journal of Osteopathy, with the request that they cause the same to be published.

Signed, W. S. CORBIN, Pres.,

A. E. Hook, Sec'y.

Program of M. O. A., May 25-26, 1906, Kirksville, Mo.

FRIDAY MORNING.

9:00—Address of Welcome by Dr. W. D. Dobson.

9:15—Response Dr. A. G. Hildreth, St. Louis.

9:30—Paper by Dr. Miller, president of I. O. A., Local Organizations.

10:00—Paper, Dr. Fryette, president Illinois O. A. The Circulatory Apparatus.

10:30—Paper by Dr. S. T. Lyne Kansas City, subject, Professional Courtesy.

Discussion led by Dr. Chas. Cornelius, Carthage.

11:00—Paper, A. Still Craig, Maryville. Subject, Anatomy Applied. Discussions led by C. L. Dodson, Huntsville.

AFTERNOON SESSION.

1:30—Clinical Demonstration, Dr. Hofness, Kansas City, Differential Diagnosis of Pott's Disease, Lateral Curvature and Arthritis Deformans of Spine.

2:15—Paper, S. W. Longan. Subject, The Blood in Health and Disease. Discussion led by Dr. A. B. King, St. Louis.

3:00—Paper, Dr. H. F. Goetz. Subject—Discussion led by Dr. L. H. Gerdine, Kirksville.

3:45—Gynecology Clinics, Dr. M. E. Clark.

NIGHT SESSION.

Dedication of New A. S. O. Hospital.

8:30 to 12:00—Surgical Clinics by Dr. F. P. Young.

Operations will be performed in Surgical Clinical Amphitheatre of New Hospital.

SATURDAY AFTERNOON.

1:30 to 4:30—Osteopathic Clinics in charge of Dr. Geo. M. Laughlin.

Clinics will be given by Dr. W. A. Traughber, Mexico, A. G. Hildreth, St. Louis, E. C. Link, Kirksville, C. E. Still, Kirksville, Miss M. Schaub, St. Louis, W. J. Conner, and A. L. McKenzie of Kansas City.

All clinics will be open for discussion.

EVENING SESSION.

7:30—Business Meeting.

Election of Officers.

Selection of next place of meeting and other business matters.

8:30—Dr. C. P. McConnell, Chicago, Lecture, Research Work.

The Southwest Iowa Osteopathic Association will meet in Creston, Iowa, May 8th. for their second regular meeting.

Warning.

TACOMA, WASH., Mar. 8, 1906.

DEAR DOCTOR:

Please note the following just received from the President of the Oregon Osteopathic Association, which is self-explanatory. Please see that every D. O. in your town is advised, because I may miss some:

"Pendleton, Ore., Mar. 3, 1906.

DEAR DOCTOR:

Two representatives of the Mutual Reserve Life Insurance Company of New York, giving names of J. J. Hurlburt and E. Gurlinger, are soliciting insurance of osteopaths in this State, promising as an inducement the examining work of the company, and claiming to have appointed Drs. Graffis, Moore, myself and others. Such is false. They are uncompromising liars. Under no circumstances will the company recognize an osteopath as examiner. Besides their catchy policy is a trick, claiming to pay out a twenty year policy in ten years. Close investigation shows the falseness of it.

Turn them down hard and give it to your home papers to show them up.

Fraternally,

(Signed) G. S. HOISINGTON, D. O."

Am advised that these men will work Washington also. Do not let them work you.

Fraternally yours,

R. E. CHASE, D. O.,

Secretary W. O. A.

Notice to Members of the Missouri State Association.

Dr. Adelaide V. Hedegarde having resigned as secretary of the M. O. A., Dr. Bertha A. Buddeke, Carlton Bldg., St. Louis, Mo., has been elected to fill the vacancy. All communications or applications for membership should be addressed to her. Please take notice and oblige.

A. G. HILDRETH,
President M. O. A.

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To Subscribers.

All subscriptions to the Journal of Osteopathy will be one dollar after June 1, 1906. After April fifty cent subscriptions will be received for one year only. Do not fail to renew your subscription now. All unpaid subscribers will be promptly dropped on June 1.

* * *

Prize Contest.

Don't fail to watch for the Osteopathic Journal's big prize contest to be announced next month. A fine list of prizes has been arranged.

* * *

Legalized Killing.

Recently a bill was introduced in the Ohio Legislation to legalize the killing of incurables. This was followed on March 10th by a bill introduced in the Iowa Legislature for the same purpose. These bills have well been called, bills to leaglize

compulsory murder. What won't the medical profession do next. The greatest men in the medical profession admit that supposed incurables are getting well in spite of their doctors; and yet, some doctors want not only the chance to secretly kill their patients with drugs, but they want this kind of practice legalized. In introducing the bill, Dr. Gregory, its author, said, "I would simply make lawful, that which is already practiced to a great extent by the greatest physicians and surgeons in the land." The bill provides, also, for the killing of idiots the same as those incurably sick.

* * *

The New Directory.

As we go to press we are in receipt of the new Osteopathic Directory published by Dr. H. S. Bunting under the auspices of the American Osteopathic Association. The book is "good to look upon" in fact, it is in appearance quite an improvement on any the A. O. A. has issued thus far. It contains beside the directory of the osteopaths, schools, etc., a digest of our state laws, the constitution and code of ethics of the national association and a number of other interesting features.

The book contains one great error and one which invalidates it in the eyes of the students and alumni of the American School of Osteopathy. We refer to the glaring error in the roster of students of the osteopathic schools. Instead of giving the full number of students in the A. S. O. there is given none in the senior, junior and sophomore classes except those who entered from other schools last September.

The senior (Feb. '06) class of the A. S. O. numbered 134, the book gives 24; the juniors 168, the year book has 39. In the sophomore class are 195 students and only 36 are listed. Dr. Bunting is fairly well acquainted with the American School of Osteopathy and how he could overlook 400 out of the 625 then enrolled at the A. S. O. is hard to guess. He certainly has a catalog.

If the publishers of the directory want to do the right thing by the students and graduates of the A. S. O., they will see that a revised list is published and sent to every person who receives the directory.

* * *

Trouble in Massachusetts.

The osteopaths in the Bay State have just emerged from an unsuccessful fight for a new law. Unsuccessful, not because of an unfavorable legislature, but because of internal dissensions.

Without entering into a discussion of the trouble we present this account of the difficulties encountered by the legislative committee which submitted to the house committee a bill embodying most of the provisions adopted by the A. O. A. last year at Denver. The following circular was issued after the fight:

"We wish to explain some of the difficulties we have had to contend with in Massachusetts this year in our efforts to secure a Board of Osteopathic Examiners.

While the bill was still pending the school people sent a petition to the legislature on March 29th, without consulting the Legislative Committee or State Society, which had by a two-thirds majority voted to try for a separate board, opposing any further action for a proposition of this kind. This petition was said to have been signed by over sixty practitioners and students, and among others was signed by Drs. Geo. C. Taplin, W. E. Harris, Frank C. Leavitt, F. W. Sherburne, Gilman A. Wheeler, H. T. L. Crawford, H. Alton Roark, Frank L. Purdy, Fred J. Fassett, and other friends of the school.

We could not secure an exact copy of the petition. The following was handed to the chairman of the Legislature Committee by Dr. Geo. C. Taplin, the promoter of the scheme, and is, as near as he can remember, the original petition:

"We, the undersigned osteopathic practitioners and osteopathic students, believe that the time has come for compulsory registration by examination; that

the osteopathic profession should be placed upon the same legal basis as other schools of medicine; that the qualified osteopaths are prepared to meet the general requirements of the state and need no special favors; that the public and the profession should be protected from unqualified and fake practitioners."

"The above is a direct attack, not only on a separate board bill, but any independent osteopathic legislation."

The school also sent a statement to the legislative committee:

January 22, 1906.

"Chairman of Legislative Committee:

The following resolution has been adopted:

That the undergraduates of the Massachusetts College of Osteopathy are opposed to any bill which provides for the establishment of a separate board of registration to regulate the practice of osteopathy in the State of Massachusetts so long as the present medical law exists.

Further, that they request the committee on legislation of the Massachusetts Osteopathic Society to withdraw the bill already said to be presented, and to agree not to present any similar bill during the present legislative session.

Further, the disregarding of this request will force them to take open opposition."

EXTRACTS FROM THE DEBATE IN THE HOUSE.

MR. WALTER OF BROOKLINE.

I understand that there is one school of osteopathy in Boston—the leading one I believe—where the students passed a unanimous vote against this bill. I also understand that the officers of that institution appeared before the committee and opposed the bill. Now as the osteopaths themselves are not in favor of this measure, as it involves a new commission and as this whole subject of osteopathy is only 15 or 20 years old, it seems to me unwise for the commonwealth to put its stamp of approval on it.

MR. WEEKS OF EVERETT.

Why has he (Mr. Walker), changed his mind? Because the student body of a certain school, whose reputation in this commonwealth is at stake and whose reputation to say the least, if I am correctly informed, is somewhat in question,—because some of those students vote against the bill. I say that the argument falls to the ground when the facts are brought out, and when it is further known that the American Osteopathic Association and that the New England Association of Osteopaths have voted in favor of this measure, and when I say that 11 commonwealths throughout the United States have passed similar bills now in successful operation.

After the fight is over a member of the House Committee writes Dr. Streeter of the osteopathic legislative committee explaining the cause of the defeat.

Commonwealth of Massachusetts,
House of Representatives.

Boston, April 5, 1906.

DR. W. A. STREETER:

My Dear Doctor:—I expected to have had opportunity to discuss with you, before your going West, the defeat of the osteopathy bill, in which you were so greatly interested and on behalf of which you labored so hard. It seems too bad to lose after so strenuous a battle, but with the dissension in the osteopathic ranks not much less could have been expected. Personally, I feel that the Committee on Public Health would have been unanimously with your people had you been able to present a united front, but when Drs. Harris & Tapplin were doing so much to give osteopathy a black eye, it was hardly to be expected that the committee, or the legislature, would incline to take sides in what appeared to be internal strife in the profession. I told both doctors that in my opinion their attitude and convert hostility was doing more to thwart favorable legislation than the opposition of all the old school physicians in the State could accomplish.

Your people deserved better treatment than you received from Dr. Harris or Dr. Tapplin, whose sole aim appeared to be to curry favor with the Secretary of the State Board of Registration in Medicine, and their rather malicious attempts to hurt the other followers of osteopathic practice must rankle in the hearts of those who, like yourself, labored so assiduously and honestly for what will some day be recognized as a grand blessing to humanity. Of course, this is old to you, but I desired to acknowledge your efforts, as would all your friends and opponents on the committee, and to tell you where I personally place the blame.

I have written at greater length than I ought, and ask you to excuse the trespassing.

I should be greatly pleased to hear from you at your convenience, and with the hope that you are progressing well in your studies, and that your wife's health is improving, I am, your new, but I feel true friend, and personal admirer.

Yours truly,

The legislative committee had worked long and faithfully on this bill, and to be defeated by members of their own profession was hard to bear.

Book Review.

Hazzard's Practice of Osteopathy. Third Edition, Revised and Enlarged by Charles Hazzard, Ph. B., D. O., author of "Principles of Osteopathy." Former professor of the practice of osteopathy and of the principles of osteopathy, superintendent of clinics, etc., American School of Osteopathy, Kirksville, Missouri. The A. S. O. Book Co. Gen. Agents, Kirksville, Mo. Price, \$3.00.

In his new edition Dr. Hazzard has given us a more compact and at the same time more comprehensive work. He has carefully cut out the less valuable features of the book and in their place has put the latest results of osteopathic experience.

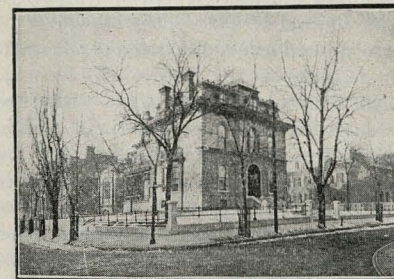


A. S. O SURGICAL CLINIC—EAST SIDE.

Progress at the A. S. O.

With the completion of the A. S. O. Hospital, which has been under construction since last summer, the American School of Osteopathy now boasts one of the most completely equipped hospitals in the West. There were many vexatious delays in the building, due to bad weather and difficulty of obtaining material and labor. This beautiful hospital is practically completed. While there are many finishing touches to be put on yet, the hospital is now receiving a few patients and the surgical amphitheater has been in operation for some time. We present herewith two views of an operation in the clinic amphitheater. One taken from the east and the other from west side. It will be seen that this amphitheater is large and the arrangement of the seats gives a good view of the pit

from any part of the amphitheater. The estimated seating capacity is 275. If necessary, almost 100 more could be



St. Louis Osteopathic Sanitarium.

crowded in. This amphitheater gives opportunity for both the senior and junior classes, of the American School of Osteo-

pathy to witness surgical operations. The appointments of this amphitheater are excellent. The preparation, etherizing, emergency, and physician's room being equipped throughout with the most modern apparatus obtainable. It will be dedicated at the annual meeting of the Missouri Osteopathic Association, to be held in Kirksville, May 23rd and 24th. The American School of Osteopathy now has in connection with it the A. T. Still Infirmary, the St. Louis Osteopathic Sanitarium, which is a branch of the A. T. Still Infirmary at Kirksville, and the new A. S. O. Hospital.

* * *

Chiropractic Fined \$350. Dr. D. D. Palmer Found Guilty of Practicing Without License.

Dr. D. D. Palmer, the Davenport chiropractic operator was found guilty in the district court at Davenport of practicing medicine without a license, and was fined \$350. The maximum fine is \$500. Dr. Palmer says he will lay the fine out in jail.

Dr. Palmer is an advertiser pure and simple. He goes to jail not because he finds it difficult to raise the necessary \$350 but because he wishes to pose as a martyr. To use his own words: "Persecution or prosecution creates sympathy." The Journal of Osteopathy has never before entered into a discussion of the merits or demerits of chiropractic. We have had little time or space to spare with those who would court reputation and cash by faking from the fame of osteopathy, but the chiropractors have become so bold, especially Palmer, that for the osteopathic papers to remain altogether silent might be misconstrued by the many who are not acquainted with the facts. The majority of the osteopaths had never heard of chiropractic until a Wisconsin court decided that it was nothing more or less than the practice of osteopathy. That it is faked osteopathic practice and that the Chiro. know it is evidenced by the fact that they seldom issue a pamph-

let without slinging a few chunks of mud at the osteopaths.

The editor of the Chiropractor has been courting lawsuits for some time by calling others liars and thieves, and has been incidentally exposing his own professional dignity (?) As an example of the chiropractic methods of advertisement we give the following quoted from the Chiropractor of January:

"My objection is, G. A. Still when referring to the spinal foramina, stole a stereotyped Chiropractic expression, which was coined and placed in literature by D. D. Palmer. But in this article the reader is given to understand that Dr. A. T. Still was the author of it, which neither he nor any other osteopath ever was.

The statement referred to, 'At these foramina we find the seat of ninety-five per cent or more of the lesions.'

The next extract is from the Chiropractor of February and illustrates how Dr. Palmer "coins" expressions:

"When your spine is pliable, elastic and supple, you are young and buoyant. As your backbone stiffens, becomes rigid and inflexible, you grow old."

"Between vertebræ are functional nerves which perform the various actions of the body. When the intervertebral cartilage becomes condensed, less elastic, and thinner, the vertebræ are drawn closer together, occluding the foramina, slightly impinging nerves, causing a lack of functional force; vigor is impaired, and in proportion old age advances. If we keep our vertebræ separated, movable and free, we are young; the more compact, immovable and close, the stiffer and more aged we become.

We have been taught to observe effects; the real cause, closed joints, have not been noticed by the medical world."

These extracts as our osteopathic readers will readily recognize are taken with but little change from Dr. Matthew's article on "How to Keep Well and Live Long," published in the February number of the Journal of Osteopathy.

A Warm Time in New Jersey Legislature.

During the month of March there have been two hearings on the Osteopathic Bill. On March 13th, Dr. C. W. Proctor, Dr. C. M. Hulett and Dr. Chas. Hazzard appeared before the legislative committee and made eloquent addresses. On March 21st, the bill was taken up for a second hearing, and at this time Dr. Evans an M. D., in speaking against the bill made some remarks reflecting upon Mr. Berg, a legislator, who had the bill in charge. A very warm debate followed, in which Mr. Berg demanded and received an apology from Dr. Evans. The final disposition of the bill has not been learned. The Trenton and Newark papers have devoted a great many columns to this bill. Public sentiment has been worked up to a pitch that augurs well for the future of osteopathy in New Jersey.

* * *

Dr. Baughman Acquitted.

The new osteopathic law of Indiana has again been tested. This time by Dr. J. H. Baughman, who was more fortunate than some of the other osteopaths who have refused to take out license in Indiana. Dr. Baughman was promptly acquitted. The case will probably go to the Supreme Court.

* * *

Dr. Hazzard's Book Now Ready.

Dr. Chas. Hazzard's Practice of Osteopathy is now on sale at the osteopathic book stores. This is the third edition of this well known osteopathic practice, and has been entirely rewritten and considerably enlarged.

The value of the work will be much increased in view of the added years of experience in the practice of osteopathy which the author enjoys, as well as of the important advancements the Science of Osteopathy has made since the publication of the second edition.

* * *

California Board of Examiners.

The California Board of Osteopathic Examiners has recently issued a circular

to practitioners, advising them of the laws regulating the practica in California. The law requires three years of nine months each, attendance in a recognized osteopathic school. License to practice being given on presentation of diplomas. In their list of colleges whose graduates will be eligible the board having omitted the Los Angeles College, (the one which moved from Des Moines) the Central College at Kansas City, Mo., and the new Des Moines School.

* * *

Osteopathy has without doubt demonstrated that the circulation is of fundamental importance to the body. It is not, of course true, as was formerly believed, that the functions of the individual organs depend primarily upon the amount of material that they receive from the blood. The activity of the organs depends upon the condition of their functioning cells and particularly upon the stimuli which they receive from the nervous system. These stimuli can only reach the organs when there is perfect structural alignment. We should not overlook however that a sufficient supply of oxygen, salts and food materials to the tissues is also necessary and therefore disturbances of the circulation are of great importance and second only to those of innervation.—Hoffman-Still Principles of Osteopathic, Pathology.

* * *

State Board Trying to Cause Trouble.

Dr. D. L. Clark and others of Ft. Collins, have been notified by a member of the state medical board that they must remove the title Dr. from their signs. He said that he had been notified to bring suit against the osteopaths without notifying them at all. But if they would remove them at once he would not prosecute. The osteopaths there say they are from Missouri.

* * *

Our Missouri State Meeting.

The Missouri Osteopathic Association has selected Friday and Saturday, May

25th and 26th as the dates to hold our annual meeting. And as Kirksville was the place selected to hold this meeting, all osteopaths can now govern themselves accordingly. Your president was present at a call meeting of the Iowa State association recently and invited the osteopaths of that state to join us at Kirksville with the Illinois osteopaths in holding a tri state meeting and at the same time dedicate the new surgical hospital at the A. S. O. The Iowa State association meets on Wednesday and Thursday, May 23rd and 24th and by almost a unanimous vote of those present at the call meeting they decided to come on down to Kirksville, and join us in holding a grand good meeting there. I am now in receipt of a letter from Dr. Freyett, president of the Illinois Osteopathic Association, telling me, he had talked the matter up with a number of the Illinois people and all seemed to favor the plan and that he would do all he could to help make this a great big good meeting. Who knows but we may be able to organize a regular tri state association that will mean much strength to our profession in the central west. Now men and women of Iowa, Illinois and Missouri join us in making of this a mammoth meeting. Organization means much to us, and association and meeting and exchanging ideas means much also—much more than the average osteopath can imagine or know until they attend some of those good meetings, and get a taste of the knowledge disseminated there. Every osteopath in these three states should be there. Think what a grand good time we can all have. Meet Pap—shake hands with each other, and partake of a program chuck full of genuine osteopathic talks. We are working on the program now, and will give it this month. The only way to leave your practice and attend these meetings is to lay your plans ahead—begin now and make up your minds to go and then work to that end.

You may lose a patient or two while

away, who will go to some one else, but you will win others in their place by your increased enthusiasm, your rest and your knowledge of how to do your work better; and too the public are not slow in recognizing the men and the women who keep in touch with the growth of their profession.

The invitation to this meeting is extended beyond the boundaries of the three states above mentioned. We will be only too glad to welcome all those of the central states who can join us come and help us make this meeting second to none but the A. O. A.

Respectfully yours,
A. G. HILDRETH,
President M. O. A.

* * *

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

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

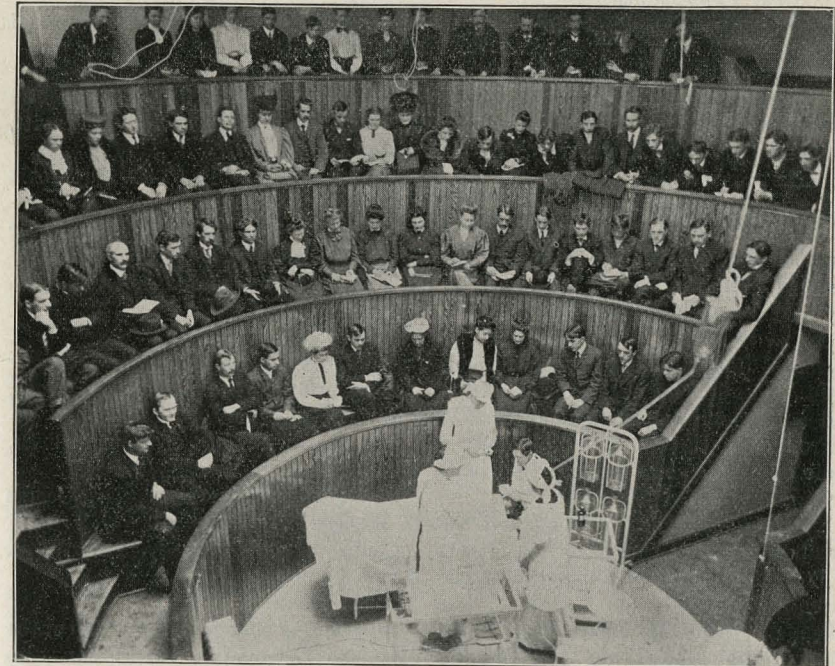
All practitioners should advise mother's in their families against the use of such a poisonous, as well as useless preparation. **HOFFMAN-STILL LABORATORIES.**

* * *

Third Edition Revised.

Principles of Osteopathy, by G. D. Hulet, B. S., D. O. 375 pages, 35 etchings, extra paper, print and binding. Cloth, \$3.00; half morocco, \$3.50.

For sale by all osteopathic book dealers.
Address, DR. C. M. T. HULETT,
1208 New England Bld., Cleveland, Ohio.



A. S. O. SURGICAL CLINIC—WEST SIDE.

New School Annual of the A. S. O.

A new departure is announced by the class of 1907, who have undertaken to compile and issue a Year Book. There is every reason to believe that the precedent thus established will be followed every succeeding Junior class so long as the A. S. O. continues to gather students and fit them for the practice of osteopathy. This student enterprise has received very warm encouragement from the faculty, and there is little doubt but that it will be carried to a successful and—let us hope—triumphant issue. The promoters are wisely ambitious to produce something that shall be entirely worthy of both the institution and the profession, and are organizing their work on broad and comprehensive lines so that it may prove not merely a pleasing souvenir of student days but a representa-

tive volume such as every alumnus of the school will be proud to possess. It is to be as handsome as good paper, the best typography and a thoroughly artistic binding can make it, and its pages will be adorned with original etchings and cartoons, as well as numerous photographic reproductions. In short it will be just such a book as every doctor is glad to have upon the table in his waiting room; and it is confidently expected that advance orders from the field will be numerous enough to justify the promoters in arranging for a large edition.

* * *

Osteopaths in State Meeting.

The members of the Tennessee Osteopathic Association were called to order at 10 o'clock Saturday morning in the assembly room at Hotel Gayoso, the session being opened with prayer by the

Rev. Hugh Spencer Williams.

The morning session was principally taken up with routine business matters of the association. There were between fifteen and twenty members of the association present at the call of the roll, but a much larger attendance is expected for the afternoon session.

A paper and demonstration on the "Eye, Ear and Nose" was submitted the members of the association at the morning session by Dr. E. C. Ray.

Dr. B. S. Adsit of Franklin, Ky., delivered a thesis on "The Spine; Its Significance from an Osteopathic Standpoint." Both papers were interesting and a thorough discussion followed.

President H. R. Bynum gave a clinic on "Locomotor Ataxia; Its Treatment and Cure by Osteopathy."

A recess was taken at noon and the members of the association were guests of President Bynum at a luncheon in the hotel. The afternoon session was taken up with the clinic after which officers were elected for the ensuing year. The members of the association were guests of President Bynum at a banquet Saturday night at his residence, 443 McLemore avenue.

Among those in attendance Saturday morning were:

E. C. Ray, J. R. Shackelford, W. Miles Williams, J. Earl Collier, Nashville; Dr. and Mrs. T. L. Drennan, Jackson; B. S. Adsit, Franklin, Ky.; V. H. Price, Covington; Dr. Sarah Wheeler, Winchester; Dr. Maude Thomas, Dr. P. K. Norman, Dr. Sarah Stamps, Dr. and Mrs. W. L. Downer and Dr. H. R. Bynum.

* * *

New England Osteopathic Association.

The New England Osteopathic Association held its second annual convention March 17th, at the Westminister Hotel, Boston, Mass. The chief feature was an address by Dr. A. L. Evans, president of the A. O. A., who was the guest of the association.

The president, Dr. F. C. Leavitt, called the meeting to order and the following program was presented:

Morning session.

Song, M. C. O. Glee Club.

President's Address, Dr. F. C. Leavitt, Boston, Mass.

"Osteopathic Ethics," Dr. Sophronia Rosebrook, Portland, Me.

"Fatigue from Treating," Dr. Irving Colby, Westerly, R. I.

Clinic, The Innominate, Dr. George C. Taplin, Boston, Mass.

Afternoon session.

Song, M. C. O. Glee Club.

"Organization," Dr. A. L. Evans, Chattanooga, Tenn.

"A Plea for Liberty of Thought," Dr. W. D. Emeny, Manchester, N. H.

Clinic, Spinal Curvature, Dr. George D. Wheeler, Melrose, Mass.

Clinic, Floating Kidney, Dr. W. E. Harris, Cambridge, Mass.

Business session.

A resolution endorsing the action of the American Osteopathic Association concerning its action at Denver, in the necessity of independent boards of registration in each state, that a uniform policy of legislation is desirable for the eastern states and that this association support legislative efforts in this direction, was passed.

The following officers were elected for the ensuing year:

Dr. Guy E. Loudon, Vermont, president; Dr. Irene Harwood Ellis, Massachusetts, secretary; Dr. J. E. Strator, Rhode Island, treasurer; Dr. J. M. Gore, New Hampshire, 1st vice-president; Dr. B. V. Sweet, Colby, Rhode Island, 3rd vice-president.

In the evening a banquet was served. Dr. Fred Julius Fassett acted as toastmaster. Toasts were responded to by Dr. H. L. Crawford, Dr. G. E. Loudon, Dr. C. C. Teall, Dr. A. L. Evans. Music was furnished by the M. C. O. Glee Club.

MARGARET B. CARLETON,
Secretary.

Personal Mention.

In our last months issue we omitted the names of Dr. W. P. Snare and Dr. Loretta Nelson from the roster of the post-graduate class of the A. S. O.

Dr. W. A. Streeter of Worcester, Mass., is a recent addition to the post-graduate course.

Dr. P. M. Agee was again forced to move his offices on account of fire, last month.

Dr. Laura F. Bartlett of Alpena, Mich., recently lost her office fixtures by fire.

Among the visitors at the American School of Osteopathy during the past month were noticed, Dr. Celia J. Newman, Griggsville, Ill.; Dr. Francis Wolf, Iola, Kansas.

* * *

Removal Notices.

Dr. W. E. Owen, from Kingston, N. Y., to Hoosick Falls, N. Y.

Dr. Clarence M. Terrell, from 627 Wilson Bldg., Dallas, Texas, to Brueggerhoff Bldg., Austin, Texas.

Dr. L. H. McCartney, from Denver, Colo., to 602 Conover Bldg., Dayton, O.

Dr. Emma E. Donnelly, from York, Pa., to 724 S. Workman St., Los Angeles, Calif.

Dr. Nannie J. Chappell, from the Odd Fellows Bldg., to Suite 309-10 Missouri Trust Bldg., St. Louis, Mo.

Dr. Milton H. and Edna E. Sharp, from Baker City, Ore., to Hood River, Ore.

By mistake we omitted in a former issue to announce the removal of Drs. G. H. and Ella Gilmore, from Sheldon, Ia., to 406-7 Security Bldg., Sioux City, Ia.

Dr. Lauren Jones, from Gordon, Nebr., to 333 S. 19th St., Lincoln, Nebr.

Dr. Josephine Hartwig, from Gibson City, Ill., to 518 Powers Bldg., Decatur, Ill.

Drs. C. B. and Mollie B. Hutchinson, from Macon, Mo., to Roswell, N. Mex.

Dr. M. A. Polley, from Central Block, Pueblo, Colo., to 78 Atlantic Ave., Los Angeles, Calif.

Dr. Louise Lewis, from DeSoto, Mo.,

to 4215 Delmar Blvd., St. Louis, Mo.

Dr. Mary M. Fletcher, from 4 Walnut St., to 311 Main Stand, Worcester, Mass.

Dr. L. M. Pennock, from Norborne, Mo., to San Angelo, Tex.

Dr. R. P. Buckmaster, from Alexandria, La., to Lexington, Ky.

Dr. Maude S. Conkel, from Beardstown, Ill., to Brashear, Mo.

Dr. A. E. Hook of Cherokee, Ia., after completing a post-graduate course in the A. S. O. has located at 816 Kansas Ave., Topeka, Kans.

Dr. G. E. Brown, from Hoosick, N. Y., to 35 E. Bay St., Jacksonville, Fla.

Dr. P. H. Miller, from Mercer, Pa., to 114 Morgan St., Waynesburg, Pa.

Dr. Robert D. Stelle, from Los Angeles, Calif., to 601-2 Union Savings Bank Bld., Oakland, Calif.

Drs. James E. and Anne H. McGavock, from Valpey Bldg., to 65 Washington Ave., Detroit, Mich.

Drs. Piekler and Willits, from New Dayton Bldg., to Suite 510 Bank of Minneapolis Bldg., Minneapolis, Minn.

Drs. Tanner and Triplett, of Mount Sterling, Ky., have dissolved partnership, Dr. Triplett removing to 303 Winchester Ave., Ashland, Ky.

Dr. Elizabeth Wood, from Des Moines, Ia., to Clay Center, Nebr.

Dr. T. L. Herroder, from Glens Falls, N. Y., to 141 Forest Ave., W. Detroit, Mich.

Dr. W. F. Berlan, from 16 Clifford Ave, Grand Forks, N. Dakota, to 13 Union National Bank Blk., Grand Forks, N. Dakota.

Dr. Lena E. Smith, from Bath, N. Y., to 211 E. Albany St., Herkimer, N. Y.

Dr. Meta Lucas, from Bowling Green, Ky., to Box 256, Fredericton, N. B., Canada.

Dr. E. M. Carey, from Great Falls, Mont., to Heppner, Ore.

Dr. H. F. Morse, from 236 Main St., Worcester, Mass., to Central Exchange Bldg., 311 Main St., Worcester, Mass.

Dr. Grace E. Haime, from 62 Alliance

Bldg., Stockton, Calif., to 18 Wolf Bldg., 424 E. Main St., Stockton, Calif.

Dr. Harriet Frederick, from Butler, Mo., to 316-17 Shukert Bldg., Kansas City, Mo.

Dr. E. B. Waters, from White Hall, Ill., to Mt. Carmel, Ill.

Dr. Edw. S. Coats, from 5½ Main St., Lead, S. D., to Spearfish, S. D.

Dr. Edgar B. Heist, from Hamilton, Ont., to 26 King St., East, Berlin, Ont.

Dr. Frank M. Vaughn, from 755 Boylston St., to 803 Boylston St., Boston, Mass.

Dr. William H. Aldrich, from 681, The Arcade, to 589, The Arcade, Cleveland, Ohio.

Dr. E. M. Bailey, from Waco, Texas, to Chickasha, Ind. Ter.

Dr. A. Howard Young, from Merchants Bldg., to 52 Mechanics Bldg., Pueblo, Colo.

Dr. T. L. Herroder, Glens Falls, N. Y., to Detroit, Mich.

Dr. L. H. McCartney, from Denver, Colo., to 602 Conover Bldg., Dayton, O.

Locations.

Dr. G. E. Holcomb and Maude B. Holcomb, 413 N. Charles St., Baltimore, Md.

Dr. E. Agnes Gable at 501 Temple Court, Denver, Colo.

Dr. J. J. Kaufman, A-06, at P. O. box 216, Grafton, W. Va.

Dr. Ollie H. P. Myers at 114 W. Second St., Ottumwa, Ia.

Dr. Maggie D. Simmons Ph-06, at 259 Graham Ave., Paterson, N. J.

Dr. Will A. Stephens, SC-06, at Tyler, Texas.

Dr. W. E. Scott, A-06, at Hydrick Bldg., Morgan Square, Spartanburg, S. C.

Dr. C. H. Tucker, A-06, at 413-14 Jackson Bldg., Nashville, Tenn.

Dr. W. N. Stuver, A-06, at First Door South, Carpenter's Grocery, Brookfield, Mo.

Dr. G. W. Van Halteren, A-06, at Okesdale, Wash.

Dr. Wm. H. Bennett, A-06, at Avinger, Texas.

Dr. Robert P. Coulter, A-06, at 213 E. Main St., Bellefontaine, Ohio.

Dr. Fred J. Eimert, A-06, at 1439 N. 16th St., Philadelphia, Pa.

Dr. R. Monroe Farley, A-06, at 722 University Bldg., Syracuse, N. Y.

Dr. Darwin F. Cady, A-06, at 215 South Ave., Syracuse, N. Y.

Dr. E. M. Casey, A-06, at Oxford, N. Y.

Dr. Frank J. Greene, A-06, at Elmira, N. Y.

Dr. Edw. B. Hart, A-06, at 498 Niagara St., Syracuse, N. Y.

Dr. J. W. Martin, A-06, at Albert Lea, Minn.

Dr. Hearl H. Owen, A-06, at Bloomville, Ohio.

Dr. F. M. Plummer, A-06, at 96 Thomas St., Orange, N. J.

Dr. Oscar C. Robertson, A-06, at R. F. D., Utica, N. Y.

Dr. George A. Wells, A-06, at Greenville, Tex.

Dr. H. U. Baker, A-06, at Lone Tree, Ia.

Dr. C. Christiansen, AC-06, at Humboldt Iowa.

Dr. Warren B. Mitchell, A-06, at 414 Clariton Ave., Newark, N. Y.

Dr. Emma Wing-Thompson, SC-06, at 1015 State St., Schenectady, N. Y.

Dr. C. Elizabeth Mitchell, A-06, at 400-57 Washington St., Chicago, Ill.

Dr. Grace D. Smith, A-06, at 400-57 Washington St., Chicago, Ill.

Dr. R. L. Stephens, SC-06, at The Jester Nat'l Bank Bldg., Tyler, Tex.

Dr. A. W. Vickers, SS-06, at 21 So. Main St., Sumter, S. C.

Dr. Allen Munn, A-06, at Slade Blk., Elk St., Bellingham, Wash.

Dr. W. S. Lawrence, A-07, at 310-12 Robinson Bldg., Elmira, N. Y.

Dr. William Julius Wolfret after completing his post-graduate work at the A. S. O. has located in Red Bank, N. J., and expects to spend part of his time at 807 N. 26th St., Philadelphia.



G. A. STILL, M. S., M. D., D. O.

Married.—March 10th, at the home of Dr. S. S. Still, Des Moines, Ia, occurred the marriage of Miss Ethel Ardella Dockery and Dr. Geo. A. Still. The bride is a popular young lady of Kirksville, being well known also to the members of the osteopathic profession. She is a graduate of the State Normal School of Kirksville and of the University of Missouri. The groom is a popular instructor in the American School of Osteopathy. They will be at home to their friends at 603 W. Pierce St., Kirksville, after April 10th.

Births

Born.—To Dr. and Mrs. E. C. Link, of Kirksville, Mo., March 17th, a daughter.

Born.—To Dr. and Mrs. J. R. Bullard, many friends in the profession mourn of Marshalltown, Ia., March 24th, a son.

Dr. Holloway Talks to the Y. M. C. A.

Dr. W. R. Holloway of Dallas, Tex., judging from the reports of the Dallas Morning News, is gaining a reputation as a lecturer as well as an osteopath. His address on personal purity to the Young Men's Christian Association at Dallas received extended and favorable notice.

Southern Iowa Meeting.

The spring meeting of the S. E. Iowa osteopaths convention will be held at Washington, Iowa, April 13, 1906, at ten o'clock a. m.

All osteopaths within the south east section of the state are urged to be present at this convention, and all other osteopaths and friends are cordially invited to attend. A good program has been prepared.

Dr. J. Martin Littlejohn of Chicago will give a popular lecture in the evening.

History of Osteopathy and Twentieth Century Medical Practice.

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Deaths.

Died.—Dr. Leslie E. Cherry, Milwaukee, Wis., on March 23rd, of typhoid fever. Dr. Cherry was a prominent osteopath, and was one of the candidates for president of the A. O. A. in the election last summer. He was one of the founders of the Milwaukee College of Osteopathy. His many friends in the profession mourn his death.

Telegraphic News Item.

Osteopathic bill passed the New York Senate, 31 to 13—April 12.

HAZZARD'S "PRACTICE OF OSTEOPATHY"

(Just out, third edition, revised and enlarged.)
A standard text-book of the science, in use in all the schools.

Part I. Details of the technique of examination and treatment of all parts of the body: lesions, diagnosis, treatment. Part II. Diseases and their treatment from a strictly osteopathic viewpoint. A compact work devoted to osteopathic considerations.

A. S. O. BOO CO., General Agents, Kirksville, Mo. Cloth, \$3; half Morocco, \$3.50; pages, 442. Sample pages sent.
"Principles of Osteopathy" (3rd edition) cloth, \$3.00.

APPLIED ANATOMY

Osteopathic

Dr. Clark's work on Applied Anatomy will soon be ready for distribution. This work is something new and much needed in Osteopathic literature. It marks an epoch in the practice of Osteopathy. The whole profession is watching eagerly for its appearance.

Clark's Gynaecology, 2nd Edition,

is a great help to practicing Osteopaths. It has 539 pages and 111 illustrations. Your library is not complete without it. Order of

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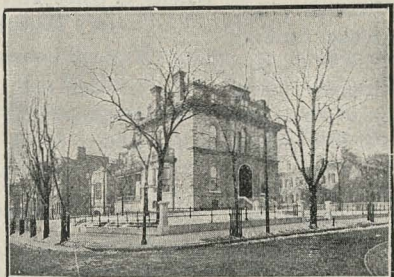
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Shriners Convention, Los Angeles,

May 7th to 10th.

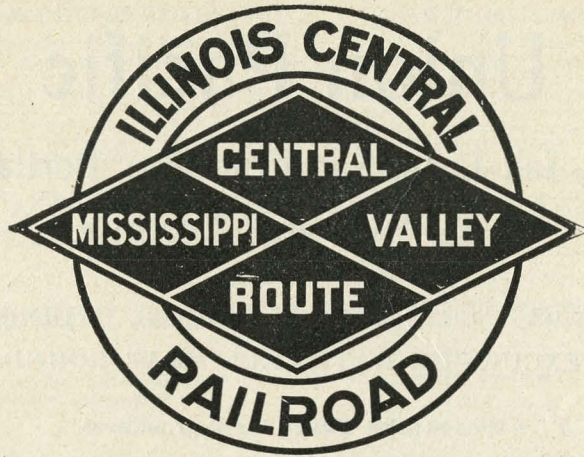
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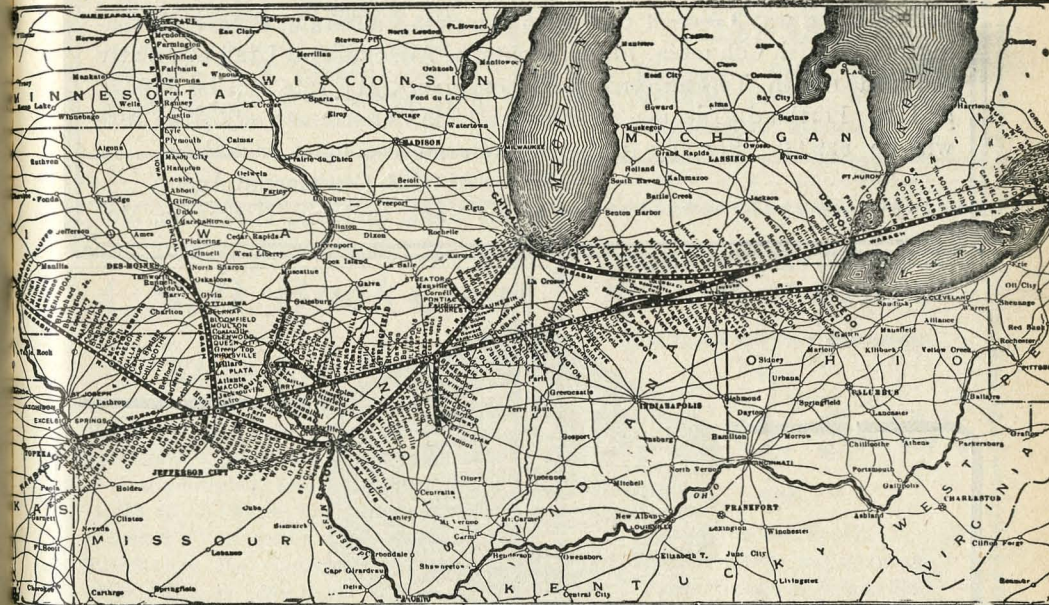
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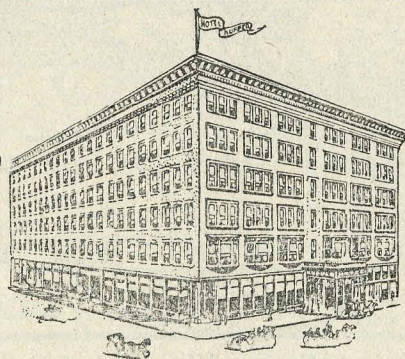
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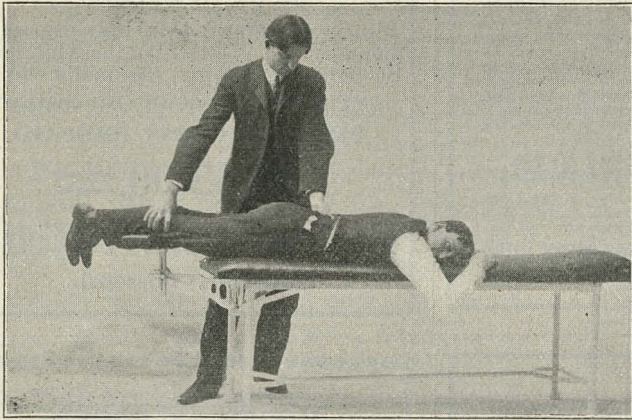
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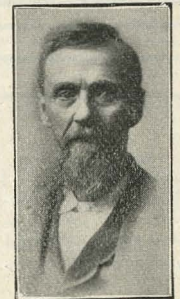
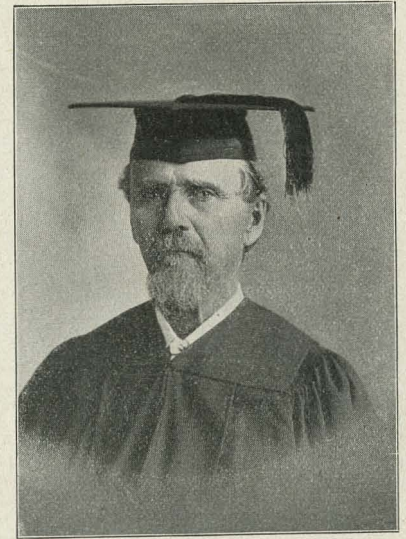
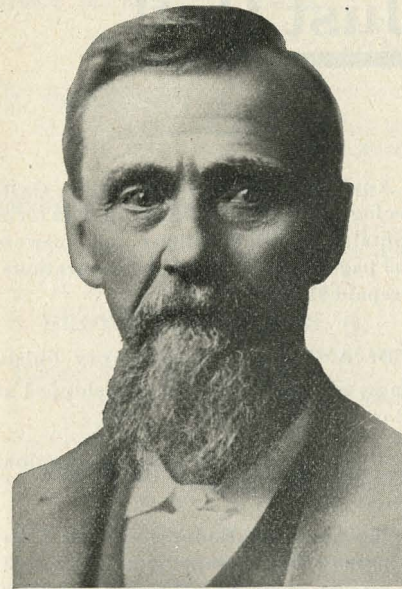
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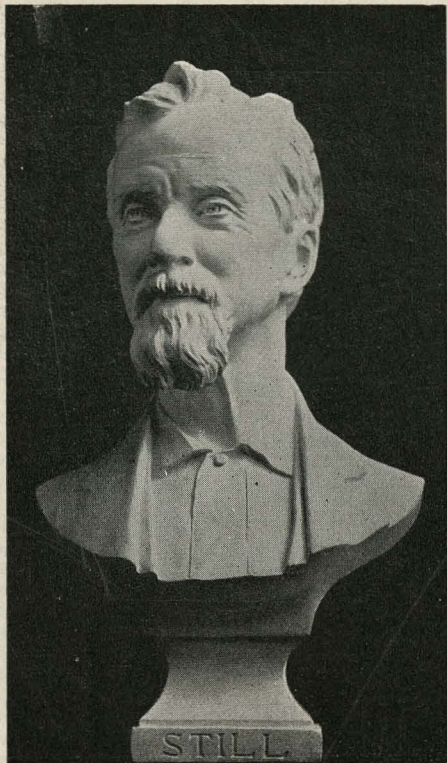
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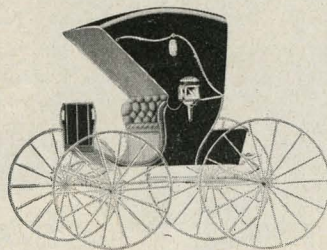
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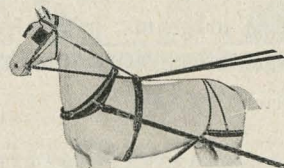
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