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OSTEOPATHY ADJUSTS, NATURE CURES.

DR. ASA M. WILLARD.

In plants and animals Nature has provided within the organism of each, arrangement for the production and distribution of such elements as will best keep it in health.

Take a knife and cut a stalk of corn or sugar-cane in two; then bind a bandage firmly about the stalk so that the edges of the cut will stay approximated in spite of the swaying of the plant by the wind. Return again in two or three days and you will find the edges of the cut firmly grown together, and in a few more days you can not even find a scar. Take an ax and cut gashes in the bark of a tree; return in a few years and you will find them almost obliterated by healthy bark which has been thrown out from the sides of the wounds.

Recently near a western town a hunter killed a deer. Along the back and hip of one side of the animal were deep furrows, and in one place in the muscle of the hip there was a hole from which a large piece of flesh had been torn. These tears had, at some other season, been made by claws and teeth of some wild animal from whose clutches the deer had in some way been rescued. The lacerated flesh had healed and only scars marked the place of the wounds.

Nature in each instance has caused healing to occur through agencies provided within the structure itself.

Man is no exception to such provision for the maintenance of his health and his recovery from accidents and disease; but in structure and function he is more complicated than the plants or lower animals.

His structure represents, even in this day of marvelous and intricate mechanical inventions, the most elaborate, complex, and accurately adjusted piece of machinery in existence. A perfect, automatic, vital machine, gifted with thought and containing a wonderful chemical laboratory.

This human machine given sunlight, fresh air, exercise and good food, and kept in structural integrity will run on in good order from in-

fancy to old age. Man will be healthy. Let us see what will occur if parts of the machine become deranged. Suppose the leg is broken. Man cannot walk. What is to be done? Put medicine into his stomach that it may be absorbed into his blood and carried all through his body so that some infinitesimal part of it, reaching the broken limb will cure it? Shall we apply caustics or electricity to the limb that it may heal? No. We put both ends of the broken bone together, apply a bandage to hold them there, just as we did with the cane stalk. Then let us notice what happens. The same thing that did with the cane stalk.

Materials and forces provided within the body itself knit the pieces of bone together. It was necessary to hold the pieces of bone in position for a time that Nature could get the necessary materials in between the edges and unite them. We did not supply any material; we simply assisted Nature to use what she had.

Suppose the liver is out of order or the kidneys do not act; suppose any of the organs of the body are not functioning properly. Man is sick. Shall we pour strong drugs into his stomach (injuring that too) in the hopes that, after it is absorbed into the blood and carried to all organs of the body, sick and well alike, the mite which goes to the one diseased organ will affect a cure. Each organ has been provided by Nature with a certain nerve supply. Each, under the regulation of nerves, receives a certain quantity of blood and lymph, containing ingredients necessary to keep it in health. Would it not be most natural then to ascertain whether the affected organ is getting what nature has provided for it; see if there is obstruction some place shutting off this provision, and finding such, remove it, and allow nature unhampered to do the rest. Nothing from outside need be furnished. Just allow Nature to use what she already has within the body itself. Such is the basic principle of osteopathy. Familiar with the various parts and their relations each to the other of the body's mechanism as it normally is, the osteopath, when some organ is diseased, immediately looks for and, almost invariably, is able to detect some structural derangement of some of those parts which, by their pressure in this deranged condition, may be interfering with the organ's nerve and blood supply. A fall or quick wrench may have caused some ligament to be strained or thickened and to bring pressure on and shut off the flow in the artery supplying pure healthy blood to the organ.

A muscle may be chronically contracted and impinging upon the vein which carries impure blood from it.

The spinal column contains the spinal cord, and from this is given off the nerves after which passing out of the column through little holes between the vertebræ go to the various bodily organs.

Numerous cartilages, ligaments, muscles and tendons support and

move the spine. Some strain may have tensed and hardened certain of these, and caused them to press upon and irritate or paralyze the delicate nerves as they pass between them. The vertebræ themselves may be slightly displaced and the holes through which the nerves pass occluded. Having found the cause of obstruction, by scientific manual manipulation the parts are adjusted; misplaced vertebræ are put in place; contracted muscles relaxed, and strained and thickened ligaments corrected.

Pressure on nerves being relieved; the blood being allowed to carry to the organ the ingredients necessary for its health; provided hopeless tissue change has not already taken place, recovery follows.

No foreign prepared drug concoction is administered. The osteopath does not cure the case. An osteopath never cured a case. Never will. He simply adjusts structure so that Nature can use the fluids and forces, already provided within the body, as God designed.

Missoula, Mont.

THE COST.

DR. F. D. BOHANNON.

It is a much mistaken idea with many people that osteopathic treatment can be had only by the wealthy because it is high priced and many there are who hesitate to put their case in the hands of an osteopathic physician because some one has said of the treatment "it's so expensive." But it isn't. Osteopathy is not put forward as being a cheaper way to health, but a better way. On the other hand, it is not a luxury available only to the man, or woman, of fortune, but it is a necessity which may be had by all whose health requires bettering.

As is the case with medical fees, osteopathic physicians' fees vary in different localities, depending on local conditions, but in the end they will always be found to be quite on a par with the fees of the average competent and prosperous physician of the drug schools. Just as there are men in the medical ranks who will make every excuse to over charge a patient, so there are probably a few of the osteopathic profession who will do the same. But the vast majority of osteopathic physicians are men and women who seek to give full value for every cent they receive and who will meet the financial condition in such a way as to protect both the patient and themselves.

Every new patient who goes to an osteopathic physician, immediately wants to know what it will cost to be cured. That is an easy question to ask and a very hard one to answer exactly, because there are many things to consider in the case. Much depends on the age of the

patient, duration and nature of illness, changes in tissue due to disease, spinal lesions, regularity of treatment. Some people seem to respond to treatment much quicker and easier than others. Many have been cured of a long standing illness at an almost trifling expense. After having spent hundreds of dollars for drug medication, a fraction of the amount will pay for a cure by osteopathic methods. Not all are so fortunate however, and treatment may at times prove to be expensive because the desired results are not attained in some cases. So at best it is only possible to make an approximation as to the cost of osteopathic treatment in most cases. But if any sufferer from any acute or chronic disease will carefully compare his bills for medical and osteopathic treatment he will find that, result for result, osteopathy has never cost him a cent more than drugs or surgery and when it so happens that osteopathy accomplishes what both of these fail to do, osteopathic treatment has been the cheapest thing he ever bought. At all times remember that osteopathy first drew attention by curing and relieving supposedly hopeless cases. Today the majority of osteopathic patients are chronic cases which have gotten no relief from anything else and are getting it from osteopathy. In such cases any reasonable bill is not high and osteopaths are reasonable in their charges.

There are many points in favor of osteopathy as a means of economy. For instance the patient who suffers from two or three ailments may have them all treated at the same time and for the same charge as for one. Again, to cure one ailment does not mean to bring on another as is so often the case with drugs. Witness the ruination of a good stomach through dosage for rheumatism, or pelvic disorders, or headaches. What a multitude of such cases there are! Again the patient is often made able to follow some gainful occupation before he is entirely cured and finds that by the time he is discharged by his osteopathic physician he has earned money to pay his doctor bill, whereas he would otherwise have been ordered to remain idle during a prolonged course of drug treatment. By osteopathic treatment it is often possible to avoid the necessity of a surgical operation, with its attendant risk, both as to cure and recovery. It is a small operation that costs less than (\$150) one hundred and fifty dollars in these days. As a means of economy in acute diseases osteopathy stands supreme, for by it many a threatened illness is averted entirely and what bids fair to be a long and tedious illness is shortened and made less severe, thereby saving time, suffering, work, anxiety and money, not to mention the beneficial effects produced on the patient's after life, physically.

These points have been set forth not alone to call your attention to

the merits of osteopathy, but to remind you of what it may do for you in a financial way and to give you reasons for seeing that treatment is not expensive, because for every dollar invested in it you stand so many chances of getting a dollar's worth of value. It is a fact that most cases get some benefit in some way, although the specific trouble may not be reached.

Knowing that figures as to the cost are wanted by all, a series of cases are herewith submitted, showing what it has cost some people to take osteopathic treatment. These figures are taken from the books of osteopathic physicians who were doing a good practice in towns of various sizes and average wealth both in town and country.

CASE 1.—Farmer, age 48. Diagnosis by M. D. Cancer of stomach, of one year's standing. Was unable to eat, or work and suffered intensely. Was advised to go to St. Louis for examination, at probable cost of \$20.00. Consulted an osteopath before going however, took treatment and was cured for \$25.00. Was able to return to his work some time before being discharged. Of course this was not a case of cancer.

CASE 2.—A mother who brought her two children, aged one and five years, to an osteopath for their little ills and who took an occasional treatment herself, paid a bill of \$22.25 from May, 1904 to Oct., 1905.

CASE 3.—A family of five, who had an osteopath for their family physician, paid him \$121.25 in twenty months. Another family of four, one of whom was a chronic invalid under treatment much of the time paid \$152.65 in a little over two years.

CASE 4.—Blacksmith, victim of distressing stomach and bowel disorder and able to work only half of the time, under medical treatment, spent about sixty-five (\$65.00) dollars with an osteopath and got well. Was able to work full time after four weeks treatment. As he earned three or four dollars per day his doctor bill was a good investment.

CASE 5.—Bedwetting and constipation in girl nineteen years old. Duration: from birth. Was cured by an osteopath at a cost of \$33.00, paid at regular rates per treatment.

CASE 6.—Lest the reader say it is all too good here is a case of a man with sick headaches twice a week, sometimes, nearly always once, for forty years. He spent \$52.50 for osteopathic treatment, coming twelve miles on the train to get it and was not relieved at all. However he did not condemn osteopathy because of that.

CASE 7.—Girl, age fourteen. Anemic, nervous and undeveloped. Nineteen dollars spent for treatment, added twenty pounds to her weight, several inches to her height and roses to her cheeks.

CASE 8.—Chronic appendicitis due to constipation in boy of twenty-five. Cured by osteopathy at an expense of \$27.00.

CASE 9.—Asthma. Patient not cured, but kept reasonably comfortable and derived great benefit in other complaints at a cost of \$195.00 in three years. Another case of asthma in young farmer was so relieved that he works all the time, only taking an occasional treatment. Was entirely cured of dyspepsia. Has spent close to \$100.00 in four years.

CASE 10.—Constipation and dyspepsia with generally depleted system, in boy of seventeen years. Drugs failed for a year. Osteopathy cured him at an expense of fifty dollars. Was discharged in four months, but was not treated all that time.

CASE 11.—An expense of \$65.00 covering four cases of acute illness—one being severe malarial fever—in one family.

CASE 12.—Inflammatory rheumatism. Patient, a woman, helpless in bed. Lived five miles from town. Told by M. D. that drugs would not help her. Was treated at her home every other day for three weeks and afterward came to the osteopath's office. Her bill was \$81.25. Cured.

CASE 13.—Country physician with extensive practice and a man much needed in his section, was unable to attend to his duties at all, owing to a spasmodic throat affection which would threaten to choke him at times. Sleep almost impossible. Three M. D's. failed to help him, the last advising insertion of a silver tube in the throat. An osteopath cured this case in a little over a month. Being a physician the patient paid no bill. At the prices charged in that city a layman would have paid about \$25.00—and his silver tube would probably have cost more than that and would not have cured either.

These cases have not been cited in a boasting way. An effort has been made to set forth the good and the bad ones. The object is to let the reader see that charges for osteopathic treatment are as reasonable as anything else—that it offers hope in cases otherwise well nigh hopeless and does not seek to be a "trust" even then—that "health is cheap at any price" does not mean bankruptcy, if gotten through osteopathic methods. The next time some one says, "it's so expensive" take that person with you to the osteopathic physician and have a talk about it.

Olney, Ill.

HEADACHE.

DR. C. B. HUNT, CANDO, N. D.

Headache is probably one of the most aggravating of the many ills and pains which afflict mankind; not because of the seriousness of it, for

it rarely results in anything fatal, but because of the constant renewal of pain which will invariably keep one from doing their best in any line of work and may compel them to desist entirely from labor or pleasure of any character.

Headache is, in the majority of cases, simply a complication of, or associated with many other troubles such as stomach, eye and kidney diseases and various nervous troubles. But whether associated with another disease or existing alone it is invariably the result of some disturbance of blood circulation in the head, induced directly or reflexly by nerve interference or it is a result of direct pressure upon certain nerve fibers emerging from the spinal column at the base of the skull or upon others emerging from the foramina in the bones of the face. An exception to these causes of headache may be found in the few cases which are a result of some growth in the brain.

Osteopathy is a science which takes cognizance of the fact that headache must, as a rule, be the result of some interference with the blood circulation or the nervous mechanism, and has had wonderful success with the many cases which have come to it for relief.

It has not only given relief at the time of the attacks but has made cures which were permanent.

OSTEOPATHY VS. ALLOPATHY.

At the Bedside and in Diagnosis.

W. A. CRAWFORD.

When Miss G. came for treatment on January 16th I then warned her that her excessive work was over-taxing her strength, already depleted by the care and grief caused by the death of her father. When she came March 3rd, she was so near the verge of nervous prostration that I asked: "What does this mean that I have not seen you for so many weeks"? "I know that I ought to have come to you sooner, doctor, but I have been too busy." After the treatment I asked: "Is there any reason why you cannot go home now and rest quietly the rest of the week"? "I cannot, Doctor, as I must go to Mt. Morris to meet my chorus class tonight." She returned two days later almost in despair—not to say remorse—because her melodious voice was reduced to a whisper owing to an acute nervous tension, a fair index of her general condition. But this yielded, all too readily for her future, and she then insisted on resuming the engagements she termed necessary.

About the middle of March she accidentally fell, and came to my office a few hours thereafter suffering intense pain in the sacral and lumbar regions of the spine. The treatment afforded prompt relief but soon

the intense pain recurred indicating the severity of the spinal concussion. Unfortunately another and similar fall aggravated and intensified the spinal irritation. Though these different acute conditions were readily controlled by the treatment yet they markedly contributed to her general nervous exhaustion resulting from her strenuousness and the occurrence of some events, not reported to me at the time, tending to mental fag.

Her heart was set on the special Easter music to be rendered by the church choir, of which she was the director, and so far as possible her thought and strength were withdrawn from her chorus work and lessons and her failing nervous energy conserved for the church music which she insisted, against my warnings, she must do. Her ambition and mental vigor, which almost deceived even me, at times, carried her, finally, past Easter, and then as a warning for the future, I told her and her family that I would not have been surprised had she collapsed utterly the next day. However, she continued, though with her work considerably reduced, even yet her ambition denying her the benefit of the long needed perfect rest, in which corrective treatment and nature could remove irritation and restore those tissues upon which the brain in its great need had been compelled to overdraw.

A week after Easter, during a few days absence from the city, a comparatively slight indiscretion disturbed her digestive function, suggesting toxemia, and hindered the supply and absorption of nutrition to nerves and vital organs, but she passed the following Sunday without further specific alarming indications and entered the week ending May 5th. During her visits at my office on May 3rd and 5th she talked to me of a possible visit of several weeks out of the city and I urged its advisability. . . . The pressure on certain nerve centers was so exciting some of her vital organs that they were expending more energy than they received and the spinal congestion was increasing the irritation of the nerves and further loss of nerve force. I heartily approved of the plan for rest, but felt forebodings for the intervening days and particularly for the work of the 6th, the following Sunday.

On Monday she was unable to come to my office, and when I saw her in her home my fears were realized—the previous day's work had precipitated nature's strike against the already over-drawn vital account and the penalty demanded might be severe. It could not be told for several days what the precise form of this penalty would be, but without losing any time seeking a name we proceeded to treat the exact conditions as they developed. The stomach was violently excited and intolerant of even the gastric secretions, and a very severe headache and slight fever were present. The incessant retching and gastric disturb-

ance resisted treatment several days before it was permanently stopped. Soon the dominance of the nerve lesions became manifest; the persistently recurring headaches, both front and back, with exacerbation of the mental fag and delirium, cervical retraction, the tension and pain of the muscles of the neck and about the enlargement of the cord, photophobia, diplopia, cutaneous hyperesthesia, tenderness along the spine, pulse full and strong but not over 100 and temperature not over 101, except for a short time the first week, marked aversion to food, tremors and tonic spasms of the extremities followed by other characteristic symptoms later, pointed unmistakably to the diagnosis which I announced to the family on the fourth day as the disease of which Dr. Still had lost three members of his family resulting in his abandonment of the "stupidity and uselessness" of drugs and the discovery of osteopathy. Incidentally I then remarked that I should much prefer that the disease were typhoid fever as I then believed that the measures already employed would have aborted that malady.

The fifth night began with indications which warned me of an approaching crisis, presaging convulsions and coma. With the approach of the fateful hours of the night I became convinced of the immediate necessity of removing the patient to a convenient table to permit more perfect relaxation and longitudinal stretching of the spine. This done, the patient lapsed into the first restful sleep of the night, without which relief and result she probably would not have lived until morning, a conclusion based upon the extreme nervous excitement and liability to convulsions. An eminent medical authority, speaking of such cases, says that an "acute case may last but a few hours," and "the majority of deaths occur within the first five days." It was unsafe for me to leave the patient until 4 a. m., and on my return at 8:30 a. m., it was still evident the crisis had been safely passed for the time being; she went to sleep soon after nine and slept naturally and comfortably the most of the day.

Sunday and Monday passed hopefully, but Monday night brought another crisis and struggle to save her life, but daylight Tuesday morning strengthened our confidence and at eight I was again able to leave her sleeping naturally and restfully, in which manner she spent most of the day. However, at eight I announced to two of her friends that our patient was suffering from cerebo-spinal meningitis, which conclusion I had held for four days, and though I was neither discouraged nor hopeless, yet in my opinion the case was too critical for medical interference, and desired to raise the questions whether I should continue to fight the battle alone, or admit medical counsel and co-operation, or turn the case over entirely to medical practitioners, which latter I was then convinced would prove fatal.

The friendly conference ended, I entered consultation with an old-time medical friend of the patient, who, however, agreed that it was not wise for him to even see the patient that morning, lest he might disturb the sleep so essential to her life. At 5:30 p. m., her pulse was 108 and temperature $102\frac{1}{2}$ degrees, but the heart quickly showed its amenability to treatment as dilatation of the smaller arteries and removal of obstruction to the circulation easily slowed the pulse to 88, and as blood pressure was reduced the temperature diminished to 101, where I was willing to leave it with the pulse ranging over 90. Though the patient's condition was manifestly serious, by 2 a. m. I was able to leave her fairly quiet.

At eight the next morning, the 16th, the attendant reported that she had been sleeping quietly since about four o'clock. But, a moment sufficed to show me, however, that she was not sleeping, but had entered a comatose state which presaged the end, as further indicated in the temperature by one thermometer of $104\ 4-5$ degrees and by another 105 degrees. An hour later I had reduced the temperature to $103\ 1-5$ and she had so much improved that when I admitted to her side my medical consultant (her old-time friend) and lifted the covering from her eyes and asked her to turn her head, she instantly recognized him, and in her first words expressed her pleasure that he knew me.

The M. D. pronounced the case very grave, and urged the calling in to consultation another allopath, who was also a personal friend of the patient, but had never been her medical advisor. I met the second M. D. at 11:30 and after giving him a detailed history of the case, admitted him to the patient, when she also recognized in the manner similar to the first, adding that she was "so glad you know Dr. Crawford." When, to relieve the embarrassment I said, "She has been wanting to see you," she replied, turning to me, "Why, I did not say so."

Then the M. D. made his examination, i. e., he pounded and listened, pounded and looked wise;—to be sure he missed everything of importance,—yet he had the method, the impression, and he did succeed in agitating the patient considerably, but I was able to leave her with temperature of $102\ 2-5$ degrees at 1 p. m. instead of 105 at 8 a. m. The M. D. advised calomel for the liver and a stimulant for the heart. As to the calomel, I shook my head, alluding to a patient who had passed out by that route. And, as to the heart stimulant, answered that the heart was normal and perfectly amenable to natural treatment and no cause of anxiety to me, if I could keep from it all interferences. As he did not insist, and as both he and the other consultant had said that they did not believe in giving many medicines, I was encouraged to believe that we could work together as they asserted, and was hopeful that they would

co-operate in keeping everything harmful from the patient, well knowing that Dana and other medical authorities confess, for themselves, that "there is no specific remedy for the disease," and merely name "the drugs which have been specifically recommended."

On the morning of the 17th the patient's condition was far more satisfactory to me than on the previous morning, but yet I was soon made to feel that the real crisis was at hand, for the M. D.'s, after a few minutes consultation, informed me that the immediate administration of drugs was necessary, in their judgment. With greater dejection than I had previously experienced, I asked: "Well, gentlemen, what is your proposition?" "Acetozone, as an antiseptic for the bowels," (this by mouth, on the theory that the patient had typhoid fever) "Strychnine as a heart stimulant."

Now at that time the alimentary canal had just been so thoroughly freed, and the character of the digestive secretions so improved that the patient was receiving certain nourishment with evident relish and no resultant distress. Upon the maintenance of these prerequisites depended her escape from death which I then and now believe was not inevitable. But no chance mistake, even in food, much less poisonous drugs, could now be tolerated by the extremely sensitive digestive organs, especially so long as they could be furnished only imperfect nerve supply from the distressed brain and spinal centers. Life hangs in the balance because of over-stimulation of the fountain. The tributary must not be agitated upon pain of further stimulation and death. Osteopathy has won renown by its diagnosis and rescue of the dying. While not terrified by the approach of death the osteopath will risk no experiment with life's forces, and is intolerant of guess work; and believes that the more critical the status, the more is it the doctor's solemn duty to know in advance and beyond peradventure that what he permits to enter the patient can not injure but will positively benefit.

Having studied this patient for weeks and watched her intently by the hour through several crises, and knowing that the M. D.'s had erred in their diagnosis, I shrank from even the acetozone—(a patent modification of acetic acid, of which an eminent medical authority says it is a "harmful and useless drug calculated to disturb digestion and lessen vitality.") But at the mention of strychnine I felt that my patient's death knell had sounded. This most deadly drug was to be given ostensibly to stimulate a normal heart in order to maintain vitality through, the coming "two weeks more of this"—struggle with typhoid fever. But, at best, such stimulation could only expend without supplying energy, and the faithful heart simply needed relief from hindrances, and the "striking convulsive influence" of their drug would be exerted chiefly

upon the already excited nerve centers, being of all drugs the most likely to provoke convulsions of which the patient was then in imminent peril because of the existing pathological condition.

After listening to all they had to say in defense, and reminding them of the patient's entire freedom from drugs and great susceptibility to their poisonous influence, I said "I can accept the acetozone—though prefer it not by mouth, but I cannot approve of the strychnine, and if she were my own daughter I would not permit it." "Then you would lose her, Doctor." "If so, then not by that drug's aid." Yet what more could I say than "But if you gentlemen insist then I yield to your judgment—you accepting all the responsibility—and I will do all I can to save her life." "We thank you for that and understand your position. We do not wish to take the case ourselves, and do not want you to retire, as we recognize the valuable service you have rendered her." I felt that they were sincere from their standpoint, and hoped for the best though could not escape added anxiety, and determined that as long as I was left in the immediate charge of the patient I should be on the alert for the first evidence of the poisonous influence of their drugs.

The first report alarmed me and when the next dose came due I instructed the attendants to withhold further strychnine and immediately sought the ear of the M. D. to try and persuade him to discontinue that drug or change his dose. By the time I had succeeded in getting him on the 'phone another dose was due, but in the meantime I had seen the patient and found pulse 112, temperature $102\frac{1}{2}$ and alimentary canal again disturbed. After giving the M. D. the symptoms and my impressions, I asked him if he advised the immediate administration of further strychnine. He did not and would not say yes.

During the day a brother osteopath had told me of a patient suffering cerebro-spinal meningitis which he had saved after three M. D.'s had abandoned her. I, therefore, urged this osteopath to visit the patient as a personal favor to me. This he did at 7:30 and joined in giving her a treatment which in all respects I approved as proper and needful. The members of the family expressed themselves as greatly pleased with the friendly osteopath and his intelligent confirmation of our rational methods and explanation of our diagnosis and prognosis. He had strongly disapproved of the strychnine and had emphasized the fact that the condition of the patient was too grave for any jealousy, advising that everybody do all possible to save her life. Warning me of the necessity of promptly controlling the awful cervical retraction if we would save her life, he left with the thanks of all interested for his kind visit and skillful assistance.

I was about to leave the patient at 9:30—hopeful for the night—

intending to again report to the M. D. and ask him to defer further poison for the night, when some restlessness of the patient warned me that I should watch her longer. At about 9:45 the coming nerve storm began with chills like those of ague, and by 10 fierce tetanic contractions of the cervical muscles came on gradually, accompanied by wild delirium, developing such marked opisthotonus in one-half hour that owing to the peculiar differences in these convulsions from the many other cases I had previously combated, I felt that at last I was really losing my battle for her life, and that I must at all events quickly remove her to the operating table where I could work to better advantage. This done my hand to hand struggle with death continued for one-half hour longer. There was no locking of the jaws as in true tetanus, nor clonic contractions as in epilepsy, but violent paroxysms of tetanic convulsions followed by periods of almost complete relaxation so characteristic of strychnine poisoning. I remember that at the time I was puzzled by these periods of relaxation and freedom of mouth muscles—not then realizing their significance—as I had never before handled or witnessed convulsions from strychnine poisoning. The intense retractions not only assaulted the brain and cervical nerves but threatened to stop the heart, and if their influence had not been promptly resisted death would have resulted from asphyxia, due principally from stoppage of the heart, and the final locking of the jaws as is usual in strychnine poisoning.

I am well aware that convulsions occur in spinal meningitis and had already successfully overcome the premonitory indications thereof in this case, and that the muscles would be tetanically contracted and the convulsions might cause opisthotonus in the absence of proper treatment. But such a convulsion, unprovoked by drugs, in the ordinary course of the disease, would be more easily controlled and not interrupted by such frequent periods of relaxation and the mouth muscles would have been set, as noted by an eminent medical authority.

At the time the strychnine was administered it was not only contraindicated, even from the standpoint of allopathy, whose theory is to "produce phenomena" different from those of the disease treated," but, in my judgment, the strychnine convulsions should have been expected as the inevitable result. None of their allopathic authorities sanction the use of strychnine in spinal meningitis, nor could they, owing to the nature of the disease and the action of the drug. Note the following. The U. S. Dispensatory says: "Because of its striking convulsion influence it is employed in palsies, the reverse of our patient's condition. Prof. Hare—than whom there is probably no more eminent allopathic author—says: "Strychnine causes general systematic irritation or excitement. . . . It excites the spinal cord in its motor tracts. . . . In acute

or sub-acute neuritis strychnine ought never to be used in any way, whatever, as the nerves are already inflamed and are not to be still further irritated by the employment of nervous excitants. . . . In overdose strychnine produces spinal or tetanic convulsions by an action exerted on the spinal cord. . . . If the onset is gradual, some stiffness at the back of the neck may precede the nerve storm. . . . From tetanus, strychnine poisoning is to be separated by the fact that in tetanus the locking of the jaws comes first, while in strychnine poisoning it comes last. The convulsions of tetanus rarely if ever completely relax, while those of strychnine do have periods of relaxation." As the nerves and particularly those of the motor centers of the spinal cord of our patient were "already inflamed" strychnine was not only contra-indicated, but doubtless the most harmful drug which could have been used in the case, and, manifestly,—from the foregoing data—its use provoked the convulsions which threatened her life.

But now for the sequel: At my request the M. D. was called, but arrived only in time, to see several of the harmless final twitchings at the end of the storm. Before I could leave the patient I was informed that he desired to talk with me. As soon as safe I left the patient in the care of the nurse and withdrew for the purpose, as I supposed, of giving him an opportunity of thanking me for again saving the life of the patient, and especially for a carefully inquiry into the nature of the onset and the clinical features and differential characteristics of the noxious assault upon her life, not only that we might avoid further error, but also proceed with the greatest possible precision to make the most of the remaining vitality of the patient, the necessity for which care should have been revealed to a trained eye by a glance into the patient's face. But instead of any gratitude or study of the case, to my utter amazement he instantly burst forth into an unseemly tirade against me and osteopathy, charging me with "discourtesy" to him and responsibility of a valuable life about to end "absolutely without aid." I begged him to refrain from such discussion at such a time and place. But his fury would not be restrained and he declared that if I did not cease he would "report me to health department in the morning." In short, I had been "discourteous to him in bringing in an osteopath to see the patient and for withholding further strychnine! And the work I was doing was "absolutely useless" and "ignoring all the knowledge of the ages," that the convulsions did not amount to anything, and that she would probably have more and worse, and I should have known better than to remove her—a typhoid fever patient—from the bed, etc.

Recognizing that such brazen effrontery could only mean that the erstwhile friend of the patient was now determined, at any cost, to expel

if possible, osteopathy, though the only means that could save the patient's life, as much as I regretted the necessity, in the presence of the patient and the distracted sister, I proceeded to quietly puncture his arrogant presumption and to defend osteopathy and my diagnosis. But of what avail was it to tell an enraged M. D. who had threatened to report me to the health department because I had saved life, that the percentage of mortality under osteopathic treatment of such cases was much less than by the best medical practice—to say nothing of his blundering use of deadly drugs; that it was presumption for him to speak slightly of the convulsions he did not see and of whose nature he knew nothing and had not seen fit to even inquire and yet which would have taken her life before he could have reached her, or, if he had been present, his remedies would have been powerless to help; that I had invited my friend, the osteopath, with no thought of discourtesy but because he saved the life of a patient after she had been abandoned by three M. D.'s; that he should thank me, as he should a mere nurse, for withholding his deadly drug because of the alarming indications, and reporting to him, after which he had not advised its continuance; and, as it appeared later, it availed nothing to show him that he was ignorant of the true physiological action of the drug in any case, even if his diagnosis of the case were correct, etc.

However, he ultimately succumbed, and demanded that "Dr. ———, the greatest diagnostician in the city" should see the patient in the morning, and, finally, after more than half an hour's inexcusable abuse, he agreed with me that we should give our attention to the patient. Upon careful examination by each of us, the heart's action as he admitted, was better than it had been in the morning, and I noted that its sufficiency was much better than when it had suddenly dropped from over 100 to less than 80 just before the onset of the convulsion which threatened to stop the heart by interference with its external nervous mechanism, showing that the chief action of the drug had not been upon the heart. But as action and re-action are equal and opposite, she was inevitably much weaker. Remaining hope centered in heart and lungs as they alone were responsive. Nothing short of scientific precision in method and particularly everything entering her system could preserve life. Yet despite the fact that I insisted in reducing his proposed nourishment 50%—knowing that the slightest mistake would make death a certainty—and notwithstanding all the revelations of the previous six hours, and my disapproval, this M. D., pseudo representative of "all the knowledge of the ages," ordered further strychnine as the sine qua non, surest and safest remedy for our patient. He thought the patient had simple typhoid fever,—but how could he know that her nervous system was chiefly

involved as he had never examined her spine and could not have located its lesions if he had, and why should he be questioned as to what effect his deadly drug would have upon her nervous system? . . . A. C. Bernays, A. M., M. D., a celebrated medical professor, well known in this country and Europe, says: "The best physicians in the world do not give a drop of medicine in typhoid fever. . . . To give drugs to a well man is very, very wrong, but to give drugs to a sick man is nothing short of a crime"; and it is admitted by countless other drug doctors that the giving of drugs is empirical and injurious, yet this M. D. insisted upon his license to give whatever dose he pleased regardless of its effects—and of the osteopath. If he must be excused, on account of ignorance for nearly killing the patient by his first dose of poison, not so now; and if the patient were your betrothed would you tamely submit to the ruin of the last chance for life by an M. D., whose only superiority over the osteopath is that the permits him to kill and issue a death certificate? And is it the right way for the N. Y. law to ask the osteopath to abandon a chance to save life so that an M. D. may come and exercise his license? . . . In every instance where this osteopath has yielded a critical case to an M. D., the latter has always done the needful—for the undertaker. . . . Hence as a widely known medical author says: "You should use drugs only when you want to kill, because the hygienic doctors of Europe and America have proven that all diseases that can be cured at all, can be cured without drugs." And it may be safely added that drugs will invariably kill the patient whom osteopathy cannot cure.

I left at 2:30 a. m., believing that the M. D. had virtually ordered death and at sight of the patient at 8 a. m., my worst fears were confirmed. But she had asked me to relieve the distress in the head and neck in the manner she had so often said felt "so good." But that was the last she said to me and that was the last direct service I was permitted to render her. Yet she had so often expressed her appreciation as to leave no doubt as to whose aid she would have chosen in her final struggle with death.

I left the patient's side that Friday morning to find that the M. D.'s had arrived and were demanding the dismissal of the osteopath on pain of their displeasure and, alas, the burial certificate—who would execute that for the friends if these M. D.'s excommunicated them?

On being asked by the first consultant—"Does your school make a practice of treating typhoid fever?" I said: "Yes, Doctor, and spinal meningitis, too, and you may be surprised to learn in each our mortality is less than by the best medical practice." To some further remark about the relief and acknowledged service rendered the patient and the efficacy of osteopathy, this M. D. said: "O, well, in nervous troubles I

can see that you might do something!" Indeed! Our patient's disease not a nervous trouble?" Must ignorance be excused because blind, and must blind ignorance be permitted to sacrifice another precious life? The patient, herself, had said: "Dr. C— has helped me so much, I wish I could stay near him the rest of my life." . . . In whose behalf was that wish denied, and the distracted relatives deceived? The osteopath was still willing to do all possible to rescue the patient but it was now ordered that he be banished from the room, as his presence might have a "disquieting effect." Possibly that was their way of saying that they did not wish an acute observer of the further effects of their "remedies."

They did call their "eminent diagnostician" who, I understand, promptly pronounced the disease spinal meningitis without waiting for the analysis from the health department, and a prominent local medical authority said there was no excuse for holding their typhoid theory till the last.

The patient died at 8 p. m. Monday, the 21st, nearly four days after I had been dismissed, and the department compelled them to submit to the obsequies being conducted on the exact basis of my diagnosis announced and reported to the department before either of them had seen the patient.

Are the M. D.'s now satisfied? Evidently not, because they are responsible for the report that I and my associate gave her an osteopathic treatment which brought on the convulsions; that she did not have any doctor in the early stages of the sickness—only an osteopath—and that they had taken the case out of his hands after it was too late to save her life. Unfortunately for the truth of these diabolical assertions:

1st. They commenced their dosage more than four days before the death, and the said treatment was not the first osteopathic treatment given the patient. Moreover that treatment was given with a correct knowledge of the patient's existing condition; but their dosage was upon an incorrect diagnosis.

2nd. They did not witness the treatment and would not have been competent to judge of its necessity or efficacy if they had been present. They did not witness the convulsions and could not have realized their full significance without study of the same with their hands actually upon the cervical muscles.

3rd. Similar treatment previously given had always been attended with benefit, and never with harmful results, and often quieted the patient and afforded natural sleep, and at least on one occasion a more severe treatment had arrested a threatened convulsion and given immediate sleep to the patient on the table.

4th. The treatment given was indicated by the principles of our

school and successful practice. Their dosage was contra-indicated by their own school. Osteopathic treatment has saved numerous patients suffering in like manner after "all the knowledge of the ages" as represented by the medical practice has given them up to die. And we challenge these and all other M. D's. to compare the number of their victims with those who have died as a result of our mistakes or under our care.

5th. The convulsions in the case were a direct and inevitable result, and remarkably fulfilled the characteristics of strychnine poisoning, the serious effects of which are well known by the fact that the consequent reaction left the motor nerves too depressed and the nerve trunks too exhausted to further respond to the convulsive influence of the later doses of the deadly drug.

6th. Wherein did they display the requisite knowledge and skill to justify the boast that they could have saved the patient's life if they had been allowed to commence their poisoning and enforced feeding sooner? Let them first harmonize their diagnosis, drugs and death certificate,—of which three the only one correct is the death certificate and that only because they finally subscribed to the osteopath's diagnosis, as they were compelled to do. But would not an earlier acceptance of the correct diagnosis have been more helpful to the patient than the death certificate? Is it not more important to have a doctor who can correctly diagnose and cure than one who can sign a death certificate. In fact, would not the patient's chances have been better under the treatment which was being advisedly given in the hope of saving life, rather than the "blind guess work" with harmful drugs which were resorted to for fear a death certificate might become necessary? Shall such arrogant presumption be allowed to entrap other victims?

8th. A private word to the M. D. Why did you acquit the osteopath and convict yourself by filing with the department of Vital Statistics: "Cerebro-spinal Meningitis" instead of Typhoid Fever?" Why did you oppose the Health Commissioner's insistence? Why did you fear an autopsy? Was it because you thought that professionally I would prefer it? As the grave, in this case, has not hidden your mistakes, which would you prefer to change, your diagnosis currently reported or the death certificate now of permanent record? When you turned confessor as to the one error, why did you not write the cause—drug poisoning? You charged "criminal," etc., about my work. Dare you hazard a more detailed report of what the osteopath did to save life and what you did to cause death?

Another question: Are you one of the fellows now seeking a law—with brazen boldness—to direct killing your incurables? Would it not be more humane to require you to release your patients before you render

them incurable? And would it not be wise to make it criminal for you to oppose the efforts of osteopaths to save your alleged incurables?

We invite your answer Mr. M. D. and you may choose your forum—only, come into the open.

This sad record and arraignment of two M. D's. is not so much to exonerate the writer as a memorial to a prized friend whose untimely death it seems might have been prevented, and as a warning to the living that when life hangs in the balance merely a little unwisely given food or drugs may turn the scale against hope, and that drugs which will make a well person sick are very likely to kill a sick person, even if not administered under a mistaken diagnosis.

Buffalo, N. Y.

AN OCTULIST'S EXPERIENCE WITH OSTEOPATHIC PATIENTS.

DR. C. M. STRATTON.

My experience in correcting errors of refraction with patients who were under osteopathic treatment, has been the occasion of considerable thought with me, and may prove interesting to readers of the Journal.

Previous to locating in Kirksville last September I had paid very little attention to osteopathy, and on becoming acquainted with a number of students of the A. S. O., I began to hear tales of wonderful cures of various diseases, and among others were mentioned:

Cataract, astigmatism, ametropia, etc.

These stories made little impression on my mind and I attributed them to the excess of enthusiasm usual in students just beginning the study of their chosen science.

My attention was first seriously called to the matter in a case where I examined the patient in November, 1905, and found considerable astigmatism, and upon a second examination, made a month later, found less than one-half of that error present, and learned that he had been taking osteopathic treatments regularly in the interim.

I became deeply interested and determined to investigate. I examined the refraction from time to time of persons who were under treatment, and arranged for treatments with a number of my patients and watched the result.

My observations have extended over a period of six months and have proved conclusively to me that in a majority of cases osteopathic treatments do make changes in the refraction of the eye.

I have yet to find a case where they have entirely eliminated the

error, but have noticed many where they have reduced the same, particularly in compound astigmatism.

I submit a few cases:

Case 1.—Miss A——. Age 49. Examined Sept. 27, 1905.

O. D.—9. ()—2. $\frac{ax}{20}$

O. S.—9. ()—1.50 $\frac{ax}{110}$

Examined May 12, 1906.

O. D.—8. ⁵⁰ ()—1. $\frac{ax}{20}$

O. S.—8. ⁵⁰ ()—.62 $\frac{ax}{110}$

Case 2.—Miss B——. Age 35. Examined Oct. 8, 1905.

O. D.—.75 ()—.25 $\frac{ax}{90}$

O. S.—.75 ()—.25 $\frac{ax}{90}$

Examined March 9, 1906.

O. D.—.75——

O. S.—.75——

Case 3.—Miss C——. Age 16. Examined Sept. 27, 1905.

O. D.—.75——

O. S.—.75 ()—.25 $\frac{ax}{105}$

Examined Jan. 6, 1906.

O. D.—.75——

O. S.—.75——

Case 4.—Mr. D——. Age 30. Examined Nov. 22, 1905.

O. D.—.75 ()—2. $\frac{ax}{125}$

O. S.—.25 ()—.75 $\frac{ax}{160}$

Examined Dec. 22, 1905.

O. D.—.25 ()—1. $\frac{ax}{125}$

O. S.—.13——

Case 5.—Miss E——. Age 24. Examined April 28, 1906.

O. D.—1.25 ()—.25 $\frac{ax}{90}$

O. S.—1. ()—.25 $\frac{ax}{90}$

Examined July 7, 1906.

O. D.—1.——

O. S.—.88——

It will be noticed that the change is always toward the normal, and is most pronounced in astigmatism, little or none being found in hypermetropia or myopia.

Although mainly interested in the changes in the refraction of the eye, I have noted several cases of retinitis, which have disappeared under osteopathic treatment.

Kirksville, Mo.

POTT'S DISEASE—A CASE REPORT.

J. D. CUNNINGHAM, D. O., BLOOMINGTON, ILL.

Mr. Grant Reece of Armstrong, Illinois, married, age 30, two children, occupation farmer. Family one of long life, father died at eighty-three years of age, mother living and well at sixty-five. No history of tuberculosis on either side of the house. History of case as told by himself. Mr. Reece's picture accompanies the article.

I was taken March 1st, 1905, with la grippe which developed into inflammatory rheumatism. About March 20 I was taken with a severe pain in the small of the back and was unable to walk or sit erect without excruciating pain in the region of the spine. Our regular family physician was called and gave me medical treatment until the following June, without any noticeable change in my condition, when I decided to go to Chicago and consult a specialist.



MR. GRANT REECE.

Was examined by Dr. S—— also Dr. C—— of Chicago, whose diagnosis was Pott's disease. Doctor S—— aspirated for pus about the hip but found none. He gave me some medicine to take and advised rest. I returned home and grew worse from the medicine affecting my stomach and producing a diarrhoea which was weakening. I remained at home until the latter part of August, when I was taken to French Lick Springs, Ind., consulted Dr. R—— the head physician at the Springs, who told me that there was nothing there for me, and advised me to consult Dr. R—— of Chicago, an orthopedic specialist, which I did the following day. Dr. R's diagnosis was tuberculosis of the spine, or Pott's disease, and he advised absolute rest for from three months to two years, at the expiration of which time, he said I might be able to walk. Also put on a brace which would not permit of any motion in the spine and legs. This was to be worn continuously night and day. I returned home and wore the brace about fourteen hours when it became unbearable and I discontinued wearing it.

The thought of the two years on my back and a mere possibility that I should be able to walk at the expiration of that time, was very discouraging to say the least. I purchased an adjustable wheel bed so I could be wheeled from room to room and out into the yard, making myself as comfortable as possible and praying for relief.

I heard of osteopathy and Dr. C—— of Bloomington, Illinois, and wrote to him to come and see me. He came September 25th, ex-

amined me and located the cause of my trouble so he said, at the fourth and fifth lumbar vertebræ. It was at this point that my back would give way when I tried to sit or stand erect. He did not name my disease, but told me there was an abnormal condition in my spine at this point causing interruption of the functions of the spinal cord by compression or pressure of nerve roots as they passed out between the vertebræ; that to correct this disturbance of the distribution of nerve force and blood would give me relief and allow me to walk again, and that it was certainly worth my while trying osteopathic treatment. Although skeptical, I had more faith than my wife did. Dr. C——'s diagnosis and theory appealed to me as being reasonable and as I was ready to grab at a straw, I decided to rent the farm and move to Normal (a suburb of Bloomington) and put myself under treatment. Was taken there on my wheel bed the following October and took my first treatment October 23rd. I received benefit from the first treatment and in two weeks was able to sit up some and walk with the aid of crutches. In one month's treatment I discarded the crutches and used a cane. A few weeks later I was able to go to Dr. Cunningham's office for treatment and after three months could walk anywhere at will without crutch or cane. Went out to my farm, rode about 40 miles and walked three-quarters of a mile helping drive a bunch of hogs to market.

I am feeling fine; weigh 225 pounds and wouldn't take \$5000 and be in the condition I was before meeting Dr. C—— and submitting myself to osteopathic treatment.

PHYSICIAN'S REPORT.

To the osteopathic physician, a case report must contain, aside from the history of the case, a statement of its cause, treatment, and response.

I. CAUSE. The general text-book account of the disease in question is briefly as follows: In the great majority of instances carries of the spine, or Pott's disease, is said to be a tuberculous affection. Having gained entrance into the body by way of the digestive tract, the respiratory tract or an abrasion of the skin, the bacillus is believed to set up a tubercular process, resulting in the formation of the tubercles, or nodules.

This tubercular process may be confined to the seat of inoculation or it may spread by the lymphatic glands, or the bacillus may pass the glands and enter the circulation resulting in the acute form of tuberculosis; or again it may find lodgement in a joint.

In Pott's disease the bacillus sets up its process in some one or more of the vertebræ. The osteopath believes that back of these germs there is always a weakness caused by some mechanical disorder of the body, else the system would be able to throw off the invading germ. Many

times a year, probably, all of us breathe the germs of tuberculosis. Why are we not all consumptive? Simply because the body organism is in such good running order that its natural healthy resistance successfully opposes the enemy. But if here be a contracted muscle or slipped bone or other anatomical irregularity, interfering with the blood supply of any part, the vitality of that part is lessened; it is deprived of the proper amount of pure blood, with its nourishment and its antiseptic properties, so that the part presents a suitable nidus for the germ to propagate. We will venture the statement therefore, that the bacilli are not the primary cause of the diseased condition. Traumatism, subluxation of the vertebræ, strain, fracture, or muscular contraction may be the actually responsible factor.

While the majority of cases of Pott's disease are probably tubercular, the disease is not necessarily so. "The question as to whether the diseased process is tubercular or a degenerative one does not in any way modify the treatment, since the deposit of the tubercle is dependent upon the lesion." (Young.)

From the number and variety of cases which simulate but are not true tuberculosis, it is evident that unless great care is taken any physician may be mistaken in the diagnosis. Prominent physicians have diagnosed a case of simple dislocation as tuberculosis of a joint.

LESION. The lesion in the case in question was an anterior fifth lumbar vertebræ and a prominence or posterior condition of the fourth lumbar, and muscular contraction in the lumbar region of the spine. Pain was manifested at seat of lesion most of the time and exaggerated upon movement of the body and, at first, upon palpation. There was no history of an injury to the spine that the patient could recall. However he was a man who rode horse-back a great deal, which might have been responsible for the lesion. There was no organic trouble.

II. TREATMENT AND RESPONSE. The treatment which was directed to the correction of the lesion was applied as follows, with gradual improvement as the lesion was removed. The lumbar muscles were thoroughly relaxed; then with the patient on his side, his knees flexed against my abdomen, the spine was sprung posteriorly. A fixed point being made with my hands, above and below the lesion, the vertebræ were gradually separated and at the same time the anterior fifth lumbar was worked out. Besides its corrective effects upon the spine, this treatment freed up the circulation of blood to the part affected. The patient was given some leg treatment, by flexion of the thigh on the thorax and the leg upon the thigh, combined with internal and external circumduction, also stretching of the sciatic nerve to influence the circulation of blood and strengthen the legs.

The most effective treatment in relieving the pain was stretching the spine. This was done by having the patient hold over the end of the table while steady traction was made at the ankles. There is on the market a traction table which is advertised as enabling the patient to treat himself, in the matter of stretching the spine, and which has received endorsement from a number of osteopaths. It seems to me that this machine must fail at just the point where purely mechanical appliance inevitably falls short; namely, adjustment to the actual conditions of the moment, in the patient.

The very essence of osteopathic treatment is in the intelligent adjustment of maladjusted parts; and no purely mechanical appliance, however ingeniously contrived, can judge of the physiological moment for its own application to the body that needs to be helped. At all events, if a patient is to use this traction table he needs to have, and implicitly follow, the directions of an osteopath.

There is nothing that can take the place of the combined intelligence and muscle of a skilled osteopath.

Another treatment was as follows: With the patient's arms suspended through the rings of the swing so that his feet would barely rest on the floor, the weight of the body was taken off of the spine so that it could be manipulated in any direction at will. With the patient in this position, I placed my knee against the sacrum and hands on the crest of the ilia about the anterior superior spine, and gently pulled backward on the os-innominata while the sacrum was pushed forward with my knee, with good results toward correcting the lesion. The utmost gentleness was necessary in applying any of these treatments.

This manner of treatment was followed every day for a month, then three times a week the second month, dropping it to twice a week the third month, when the lesion had practically disappeared and the patient was well. He has entered into mercantile business, and seems entirely equal to the activities which it imposes upon him.

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Illness of the editor was responsible for the failure to publish the August number of the Journal.

* * *

Two major surgical operations the second day of school, speaks well for the surgical clinic at the new hospital.

* * *

After September fifteenth, all clinic patients at the American School of Osteopathy except residents of Kirksville and students and their families, will be charged two dollars per month. Those registering before September fifteenth will be given a free card to Jan. 1, 1907.

The Spleen's Part in Gallstone Formation.

PRIZE EDITORIAL.

In gall stones we have come to regard the associated involvement of the spleen as an almost ever-present phenomenon. That the condition of the spleen in these cases, does have bearing upon the formation of hepatic calculi has been abundantly evidenced clinically; but chemistry, histology and pathology have, as yet, given us no accurate data for the explaining of the how.

We have quite generally accepted the theory that the spleen furnishes an internal secretion which acts as a solvent to the cholesterin in bile, the principal ingredient of gall stones.

A factor which it seems rational would have influence, and which I have not seen mentioned, occurs to me in studying the neural and vascular relation of the liver and appendages and the spleen.

Osler says, in speaking of the formation of gall stones, "all conditions which favor stagnation of bile predispose." The nerve and blood supply to the liver being affected through spinal lesions, or the diet being constantly too rich and irritating, we would have this predisposition. Having this, supposing the spleen becomes congested through lesion to its nerves. (Possibly often through the lesions also affecting the liver). Through the medium of the splenic and portal vein every drop of the vitiated venous blood from the congested spleen, would be thrown directly into the already stagnant liver circulation; there is no other place that it can go. Might not this combination of impure blood even aside from any special internal secretion of the spleen, produce sufficient abnormality of bile secretions to cause precipitation of the crystallizable cholesterin of these secretions and its formation into calculi.

ASA WILLARD,
Missoula, Mont.

* * *

Wasn't the Put-In-Bay meeting a great social success?

Reorganization of the Journal.

We have long been looking forward to the time when the Journal of Osteopathy would represent in its editorial department more than the ideas or abilities of one man. Beginning with this issue our plans are being realized by the organization of an active, working staff of editors.

We have long realized that no one man could be fitted for business manager, advertising manager, editorial writer and be able to pass upon the various scientific articles submitted monthly and keep posted along the numerous lines of thought constantly presenting themselves for consideration.

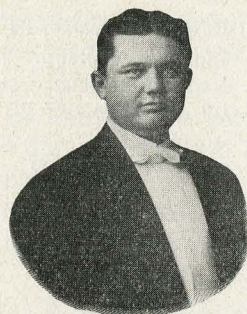
Dr. C. E. Still and the Managing Editor of the Journal have carefully chosen a few men known for their abilities in their respective lines. In the near future our editorial staff will be slightly added to as we find dependable men of ability for the places.

We are proud of our staff and from it we may predict a rapid improvement in the Journal in many ways.



DR. GEO. M. LAUGHLIN.

Our clinic editor, Dr. Laughlin, needs no introduction to our readers. He resigned the editorship of the Journal to take charge of the rapidly growing A. S. O. clinic. Where he has attained an enviable reputation.



DR. GEO. A. STILL.

Dr. Geo. A. Still is one of the younger generation of osteopaths, who are forging to the front. He comes of course, from an osteopathic family and has been thoroughly educated for his work. Holding degrees from Drake University, Northwestern University and the Northwestern University Medical School.



DR. A. G. HILDRETH.

There have been few fights on osteopathic legislation in which Dr. Hildreth has not participated. He is our one authority on legislative affairs. In this connection we desire to mention that in conducting a legislative department in the Journal we desire the co-operation of all legislative committees.

The Journal considers itself fortunate in obtaining the services of the well known writer and investigator, Dr. C. P. Mc-

this delicious pie is not in need of praise." We want our readers to understand that this editorial staff is not in need of praise.

* * *

One M. D. at the Missouri State meeting said that the case of obstetrics he saw there was the first he had ever seen.

* * *

The prospects for a large freshman class on the seventeenth of September are excellent. Quite a large number have already enrolled.

* * *

A fine osteopathic article is found in the September number of Dixieland. Published at Dallas, Texas. They are well worth distributing. The price is ten cents per copy.

* * *

Editor Bunting of the O. P. made a hit at the convention with a story of the reporter (himself) who came to scoff but remained to study—osteopathy.

* * *

We have lately received a number of clippings from health articles written by Ella Wheeler Wilcox and others recommending osteopathy to women. The women of the country are waking up to the value of osteopathic treatment.

* * *

The A. O. A. Directory.

Dr. R. E. Hamilton, th manager of the Journal of Osteopathy Publishing Co., was awarded the contract for publishing the A. O. A. Directory for 1907. According to the terms of the contract the work must be finished by December 31st, 1906. This gives just four months for the completion of the work. Sufficient time provided the members of the profession are willing to do their part.

Each year the compiling of the directory of names becomes more difficult, but thanks chiefly to Dr. Bunting the rest of the work has been somewhat simplified. We hope this year to obtain the most accurate list of names possible and our chief effort will be bent to accomplish this the most important part of the task.



DR. CARL P. MCCONNELL.

Connell. Dr. McConnell will go down in history as the pioneer laboratory investigator of the osteopathic lesion.



DR. FRANKLIN FISKE.

Before studying osteopathy, Dr. Fiske was a journalist and during his school days was editor of the Atlas Club Bulletin. He is a man of much energy, and a thorough believer in the strenuous life.

* * *

In introducing thus briefly our editorial staff we are reminded of the story of the preacher, who, dining with a parishoner, had highly praised a very poor piece of pie. The next time he came his hostess exerted herself and produced really excellent pastry, which the pastor ate in silence. On being reminded that he had praised the poor cooking and not the good he exclaimed, "Why bless you! madam,

The features of the convention program, were Dr. Ella Still's paper on the Pelvis. Dr. Louisa Burns' paper, How Osteopathic Lesions Affect the Eye Tissues, and Dr. Goetz's Pantograph.

* * *

Dr. H. S. Bunting.

Dr. Bunting is a man of many activities. We have just discovered that he not only edits the O. P. and O. H. with their numerous departments, but he is also managing editor of The Novelty News, an interesting sheet devoted entirely to advertising novelties.

* * *

The Journal.

Beginning with the October number the Journal of Osteopathy will be issued on the first day of the month.

* * *

Post-graduate Course in the A. S. O.

In February, 1907, the last two year class will graduate, and the school will then have no senior class until the next school year. Beginning at that time will be another post-graduate class which will have unusual opportunities for work.

* * *

The students of the American School of Osteopathy are working earnestly on their year book. When finished, it will be a work of art. A great many pictures and cartoons will be used and an attractive and entertaining book will be produced.

* * *

Dr. Still's Seventy-eighth Birthday.

Dr. A. T. Still's seventy-eighth birthday was observed in Kirksville with elaborate ceremonies. A procession formed and marched to the "Old Doctor's" house. Several speeches were made and every one had good wishes to express for "Pap's" continued health and happiness.

* * *

Faculty Wedding.

Married—Dr. F. P. Pratt of the faculty of the A. S. O. and Miss May Frances Garvey, of Rome City, Ind., were married Sept. 3rd, 1906

Prize Essay Contest.

The Journal of Osteopathy Publishing Co. will give on Christmas Day the following prizes for the best article on osteopathy or the treatment of diseases:

1. Wood's Reference Handbook of the Medical Sciences, VIII Volumes, value.....\$56.00
2. Set of Osteopathic books consisting of—
A. T. Still's Philosophy and Mechanical Principles of Osteopathy.....\$ 3.00
Young's Surgery.....\$ 5.50
Clark's Applied Anatomy..... 6.25
Clark's Gynecology..... 5.00
Hazzard's Practice of Osteopathy.. 3.00
Hulett's Principles of Osteopathy.. 3.00
Booth's History of Osteopathy..... 3.00
Tasker's Principles of Osteopathy.. 5.00
Total, \$33.75

3. One hundred copies of the Osteopathic Journal per month with card for six months.....\$15.60 to \$17.40
4. Appleton's Clinical Diagnosis II Vols.
5. Edgar's Obstetrics..... 6.00
6. Osler's Principles and Practice of Medicine..... 5.50
7. Diseases of the Nervous System, Church and Peterson..... 5.00
8. Howell's Physiology.....
9. Chart—The Nervous System, Mathews and Weber..... 5.00
10. Four years subscription to the Journal of Osteopathy..... 4.00
11. The author of every article used will be given not less than 25 copies of the paper containing the article.

In case the prize winner has the books offered, the Journal will exchange them for books of equal value chosen by the winner.

CONDITIONS OF CONTEST.

Contest closes December tenth, 1906. Any osteopath in good standing is entitled to compete.

There will be no cost to the competitor. All articles to become the property of the Journal of Osteopathy Publishing Co. Judges will be chosen from the Post-graduate class of the A. S. O.

A Letter On the Alumni Situation.

August 27, 1906.

Dr. Charlie Still, Kirksville, Mo.

DEAR DOCTOR,—

I notice that in the last catalog of the Still College of Des Moines, the Northern graduates are shown as graduates of the Still College. Is this not a misrepresentation? I understood that the American School had acquired the list of the Northern with the S. S. Still graduates, and that now those graduates would be shown in the A. S. O. list.

Will you kindly set me right on this matter. Yours truly, C. A. UPRON.

* * *

Col. A. B. Shaw is Sued.

C. E. Thompson has filed notice of a suit for \$2250 against Col. A. B. Shaw for fifteen shares of stock in Still college, which he claims Shaw wrongfully withholds.—Des Moines Daily News.

* * *

It Was a Fake.

R. E. Hamilton, D. O.,

Editor Journal of Osteopathy,
Kirksville, Mo.

DEAR SIR:—

On the editorial page of your June issue, (which has just come to my attention having been out of the city for the past ten weeks), I notice an article headed: "Is This A Fake?"

You stated that the "United States Health Reports" was never published and is called "Public Health Reports," etc. The facts are these and I so state them over my own name and signature:

The "United States Health Reports" was published as an advertising medium, gotten up as an advertising scheme. The publication was never entered as second class matter in the post office, never had a subscription list, nor did they ever have a stated time for publication.

The idea was to write up any scheme medicine, cosmetic or other article and sell the party whose articles they were extolling, a number of copies of the pa-

per. In this way they got some of the best firms in the United States who were willing to use the words "United States Health Reports" to make a less knowing public believe that this was an official endorsement of the government authorities.

Of course, after a time the government authorities got after these people and they were compelled to change the name. The scheme was worked by a man named Waugh and a man named Short whose greatest notoriety was attained by his having been arrested in connection with the famous Rice and Patrick case.

Some firms are to this day using extracts from these fake reports as an advertisement for their goods, so your question: "Is this a fake," is answered. It is a fake.

I sincerely hope no true osteopath will ever be guilty of using or attempting to use an article signed by the United States Health Reports as an authority in future. Osteopathy does not need endorsements of this nature.

With kindest regards, I am,

Yours sincerely, H. G. STRIPE.

* * *

Dr. W. B. Van de Sand Going Abroad.

Dr. Van de Sand of Moundridge, Kan., leaves for Europe, Sept. 7th and expects to study in Berlin this winter.

* * *

Dr. C. E. Boxx, Hurt.

Dr. C. E. Boxx of Plattsburg, Mo., secretary of the Missouri Board of Osteopathic Examiners was badly injured in a railroad accident some time ago, among other injuries he sustained a broken leg and recently had the misfortune to fall and injure his leg again.

* * *

WANTED.—A February Journal 1899. Send to Dr. Lenna K. Prater, Springville, N. Y.

* * *

Appointed on Board of Health.

Dr. F. H. Glenn has been appointed on the Board of Health of the city of Stuttgart, Arkansas.



MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION AT PUT-IN-BAY.

The A. O. A. Meeting A Great Gathering.

With the exception of the monster meeting at the World's Fair the meeting at Put-In-Bay was in numbers and enthusiasm the greatest in the history of osteopathy. Every body was there for business first and then a good time. We did have a good time.

When the convention opened the hall was crowded and no one stayed in the lobby. Every one was interested.

The Fly in the Ointment.

The meeting was hardly under way when the hotel kitchen mechanics gathered under the windows (their regular play ground) and proceeded to make things miserable for everybody in the convention. The hotel officials tried to stop the trouble but only partly succeeded.

It is complimentary indeed to the members attending that they stuck so well to business with so much noise around the convention hall.

* * *

The report of the education committee precipitated a squabble into which nearly every osteopathic school was drawn. We hope to see the day when our convention

will not be marred by these petty squabbles. Or by an educational committee censuring a school for obeying a legal mandamus proceeding.

The Old Doctor's Anniversary Observed at the Convention.

Monday at 8 p. m. all the osteopaths and a number of visitors came to hear the talks on the early recollections of Dr. A. T. Still. Recollections were indulged in by Drs. Bessie Duffield, A. G. Hildreth, W. F. Link, H. S. Bunting and C. E. Still. Dr. C. V. Kerr, not being present, gave his recollections by proxy. Every one listened eagerly and many telling hits were made.

* * *

The Atlas and Axis Clubs Meet.

At the convention the Atlas and Axis clubs met and gave a six o'clock dinner. It was a great success. Eighty-seven members sat down at the long banquet tables. Dr. Bunting, the first "Noble Skull" of the Atlas club, presided with his usual grace and humor. The dinner was a most enjoyable affair and much credit is due Dr. Franklin Fiske to whose energy its success was mainly due.

The tenth annual meeting of the A. O. A. held at Put-In-Bay was a great fraternal success. There was no world's fair, great exposition, or rocky mountain goats to attract the sight seer. Put-In-Bay is remarkable for the fact that it ought to be a winter-resort but isn't. The treasure hidden in Perry's Cave was news to us when we read it on the bill board: in fact the only excuse on earth, any of us had for checking our grips to Put-In-Bay was a desire to attend the national meeting of osteopaths. No other and ulterior motives could be ascribed to any of us. Even the man who passed around samples of Horlick's Iced milk and Tapioca, did it in a fraternal spirit. We all went with a single object, to fraternize with our fellow osteopaths. Socially and fraternally, it was a meeting where little could have been added. The school rivalry was almost absent and what there was, was of a healthy competitive nature, without the bitter enmity of former times. Here seemed to be more of a realization than ever, that we are working for osteopathy and not some particular school, had a great deal to do with this. Particularly pleasing was the lack of clannishness among old S. S. Still College graduates and the A. S. O. Alumni.

Also the elimination of some of the "business methods" in getting students may have dulled the keen edge between the schools. Anyhow the old peacemaker, Dr. Hildreth was almost out of place. There was so little to make peace about. But altogether, from a fraternal standpoint, there could be little added, there was one thing sadly lacking from the viewpoint of those of us who went to see rather than be seen, to hear rather than be heard. There were plenty of good men present to demonstrate a full list of actual cases, in fact it was as good a collection of osteopathic successes as ever got together, but not only was the program weak on clinics, but had there been enough cases to supply the number who were on it would have been

added greatly to the interest of the meeting.

To those practitioners who, at home are surrounded by financially successful and socially strong medical men and who have an up hill fight all the time, these clinics are a source of great comfort; also to the younger practitioners the actual demonstration of cured or curable "Incurables" furnishes a fund of enthusiasm that lasts a long time and insures that individuals return to the yearly meetings as often as possible. As one old timer said, "I come here to see what some of the other boys have been doing and can do, and that is the way I get my annual supply of confidence."

Conventions without practical demonstrations are not enthusiastic. Its the seeing things that makes one believe. The management of the 9th annual meeting at Denver last year was ideal. President Bass of the state society and we suspect every osteopath in all Colorado as well as Denver, made it a point to try to add his share to insure a successful meeting. There were patients from all over the Rocky mountains. There were as many as ten to a dozen section clinics going on at once and the general assemblies were bountifully supplied. No one had to sit and try to imagine that a man with father Teall's health had everything from scabies to brain tumors, every lesion from the atlas to the coccyx. Not at all, the actual people with the actual lesions were there on the spot. There was a vim and go to it all, enthusiasm plus was to be found everywhere. For the Old Doctor's sake let's have no more clinicless clinics, no more phantom treatments, no more 'maginitis demonstrations. Next year, just as we hope to see some ship and naval demonstrations at the naval exposition, so do we hope to see more osteopathic demonstrations at the A. O. A.

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It is universally acknowledged that judging by comparison is the best meth-

od, this being the case, it was unfortunate that the A. O. A. had their meeting so close to the Missouri State Meeting, as it was, but the ones that were present at the Missouri meeting and at the meeting at Put-In-Bay can appreciate the article that appeared in the O. P. under the head of "Bearish View of What We Got at Put-In-Bay." The Missouri State Society have concluded to hold their next annual meeting at Kirksville. We are sure it is not the intention of the officers to do anything that will in any way make the A. O. A. look cheap, as this is our National organization, but their program was carried out to the letter, and it was surely one to be proud of. They had surgical clinics with the patients present, gynecological clinics, with the patient present, obstetrical clinics, with the patients present, and Dr. Hoffess of Kansas City had clinics of curvature, and had all the different forms of curvature present to make his clinical demonstration from. We also endorse what the writer had to say about the time that was lost by the endless discussions that should never be brought before the convention, and the Oslerized bunch of "has been's" that have ruled the association since its inception.

We are glad to see that Dr. Ellis was elected as president, as that is a move in the right direction, as we want new blood, but how much better it would have been if he had had elected as his helpers men and women who had not been holding office ever since the association was formed.

* * *

The best motions made in the business meetings at Put-In-Bay were by Dr. C. M. T. Hulett and C. W. Proctor, to the effect that we eliminate the ceaseless wrangling over unimportant business and get on with the regular program. Everyone enjoyed the magnanimous spirit of Dr. Pickler in moving a unanimous vote for Norfolk after his hard efforts for Minnesota had been defeated.

One of the jokes of the week was the meeting of two osteopaths. One of them had been having great difficulty in attaching a definite name to the thousand and one people he was meeting, the other gazed blankly at him and greeted him with the time honored phrase, "well sir, I've seen you before and your face is familiar. but I can't recall your name." The joke was on Dr. Young; the "familiar" face was that of his uncle Pickler of Minnesota.

* * *

During the meeting, announcements were passed around of the new edition of "Practice of Osteopathy" by C. P. McConnell M. D., D. O., and C. C. Teall, D. O.

* * *

The prize essay winner deserved great credit for delivering in a comparatively new field even if the contest wasn't very hard. It was on a subject where for one excuse or another, very few practitioners could stick to the motto, "we treat anything that medicine does." The motto is true for osteopathy all right if not always so for the individual osteopath.

* * *

Some three years ago, in a magazine article on the same subject, we said, "The osteopathy or the osteopath who can't treat syphilis successfully can't treat any other infectious disease successfully." Several years of observations of the non-mercurial treatment of this condition on a safe number of patients, convinces us that it is true. However, one who understands little or nothing of the full clinical aspect of this disease and its varied manifestations, better leave them alone. Its a hard problem, the Morbus Gallicus presents but it is solvable without "Jan. 1, 1874 unguentum Hydrargri — *i t. i. d.* Dr. X, M. D." we think.

* * *

If you didn't read Dr. George Laughlin's graduating address to the June '06 class, you overlooked the best presentation of "Osteopathy to-day" that has been written. It lacked the usual attack

on everyone and everything having or having had anything to do with the medical world, for none (except may be vibrators or leg stretchers). It contained no fanatical claims of improbable cures. It was a clear concise statement of what osteopathy owes to the scientific world, the medical world, the past; of what it has originated, of what it can do, of what it aspires to do. It emphasized our honest successes, not the mistakes of others.

Commercial men say they always make better sales by boasting the good qualities of their own goods than by knocking the other fellow. This continually raising a dust about the mistakes of others instead of showing our own goods is too much like the ink-fish who having no weapons to fight with spits out a cloud of ink and escapes in the murky water. Now we osteopaths have weapons to fight with, let's use them.

* * *

We know a person who once signed a statement that he had been greatly assisted in the treatment of all manner of skin diseases, from blastomycosis cutis to eczema modicans, by the use of Dr. Ding's great antiseptic Cureall. This same man foams at the mouth, contorts himself into a bowknot and spits blood at the very mention of the idea that a man who has studied medicine could possibly learn osteopathy. Had this person taken a course in a good medical school, he would have known as anyone does know who knows a skin disease from a meteorite that this E. Pluribus Unum treatment is not based on purely scientific lines and that most skin diseases anyhow are merely cutaneous reflections of visceral troubles, and that an application that might temporarily allay pain in one case is likely to injure another.

* * *

Let us be consistent. We have no right nor need to fool with drugs. On the other hand a man who has studied medicine may know the fruitlessness of drug treatment as well as you. We know an

old man named A. T. Still who was once a medical man but who now passes as a pretty fair osteopath and he has been able to cure a case or two of skin diseases without any antiseptic washes. And yet in spite of the Old Doctor we now and then hear some non-thinker say "I never knew of a medical man making a good osteopath."

* * *

Not that I advise the study of medicine, but if we can convince an M. D., and get him on our side, let us welcome him. It is a much better spirit. Let there be more rejoicing in the A. O. A. over the sinner saved than the ninety-nine who are lost.

* * *

A noted authority on diseases of the eye, states that myopia is directly proportionate to education, giving the following statistics as proof:

Savages and infants—0 to 1.6%
 Primary Schools—4.2%
 Graded Schools—16.7%
 High Schools—31.3%
 Colleges—43.7%
 Universities—54.6%

The spring post-graduate class, during their course in refraction, at the A. S. O., unanimously agreed with the "noted authority" after finding that the class had practically 80% of myopics.

* * *

An Echo from Louisiana.

Dr. Hewes, writes, "We failed to get our bill through, but we whipped the medical men on every point, and the entire press of this city, (New Orleans) and Baton Rouge denounced them unmercifully. Our friends have been congratulating us on the magnificent victory which they consider that we have won."

* * *

FOR SALE.—Practice, office and household furniture, all for price of furniture, in good Illinois town of 2000. Good practice and the only D. O. Address, care of the Journal of Osteopathy.

Seventh Annual Meeting of the Nebraska Osteopathic Association to be Held in Lincoln, at the Lindell Hotel, September 8, '06.

OFFICERS.

Dr. C. B. Atzen, Omaha, president;
C. M. Bowers, Lincoln, vice-president;
C. W. Farwell, Omaha, secretary; Nellie A. Runyon, Seward, treasurer.

PROGRAM.

9:00 a. m.—Call to Order.
President's Address.
Business Session.
1:30 p. m.—Practical Treatment to Correct Lesions, (with Clinic Demonstration of Technique).
(a) Cervical Region—Dr. W. L. Davis, Lincoln.
(b) Dorsal and Lumbar—B. H. Cubbage, Beatrice.
(c) Rib—Lesions—Chas. W. Little, Lincoln.
(d) The Pelvis, Sacrum and Innominate—Dr. C. M. Bowers, Lincoln.
Paper—Gynecology—Dr. Martha Hamilton.

Practical Talk—When is a Surgical Operation Advisable—Drs. Grace Wilkes, Lincoln; Chas. E. Stephenson, Auburn; Susan Balfe, Alliance; W. F. Wurth, Fairbury; Josephine Printy, Pawnee City; O. R. Meredith, Norfolk; Clara Hardy, Beatrice; J. M. Moss, Ashland.

Osteopathic Diagnosis—Treatment, Results, Lessons Learned from Experience—by Drs. C. H. Johnson, Schuyler; N. J. Hoagland, Central City; C. K. Struble, Hastings; I. F. Richardson, Fremont; F. E. Gamble, Wayne; Julia V. Frey, Alliance; Wm. H. Cobble, Fremont; C. E. Stephens, Kearney; C. F. Milliken, Grand Island; H. M. Ireland, McCook; Emma Hoye, University Place; Chas. E. Milliken, Ord.

Adjournment.

ORDER OF BUSINESS.

Reading minutes of last meeting.
New members received.
Report of officers.
Secretary's report.

Treasurer's report.
Report of Legislative Committee.
Report of Executive Committee.
Election of officers.
Location for next meeting.
New business.

* * *

Dr. Ellis' Letter to the Massachusetts Osteopaths.

The Massachusetts Society is starting on the 7th year of its history. It has become one of the strongest of the various state organizations and has had not a little to do with moulding osteopathic thought and sentiment in Massachusetts. A great deal has been accomplished but there is no gainsaying the fact that much more might have been done but for the loss of many splendid opportunities through our failure to get together at critical times. In spite of the fact, that at times affairs have looked discouraging, personally, I take a most hopeful view of the situation. Along legislative lines the Commonwealth is prepared to give us something substantial but the General Court very naturally insists on our agreeing among ourselves what it shall be. Another year if we hope to succeed at the State House every member of the society should stand resolutely behind the proposed legislation or we should never waste the energy to "climb the hill."

There is not one of you if the matter is given calm thought who does not sense and appreciate what osteopathy has done for you personally. It has enabled you to relieve your patients and make friends, all the time engaged in clean wholesome professional work. There isn't one in this society who down in his heart wishes to be identified as a medical man, or through his influence see osteopathy go the way of homeopathy in Massachusetts. If you like to fight the opportunity is ample. The medical men organized as they are know that osteopathy cannot be ignored or effaced but they have hopes that it may be added to their own system as an adjunct. Now that suggestion

should stir every one of you to the fighting point. Let your confreers alone and tackle the common enemy, organized medicine.

We should devote the great bulk of our meeting hours during the coming year to scientific study and discussion, to better prepare ourselves for our osteopathic work.

Out through the country the osteopaths expect great things of us here, they look to us to make this Commonwealth a strong spot on the osteopathic map. Let's pull together next year and not disappoint them. I have appointed the following committees for the ensuing year:

Legislative: W. A. Streeter, A. R. McWilliams, W. E. Harris, K. L. Achorn, F. A. Donnette.

Publicity: F. W. Sherburne, F. L. Purdy, A. M. Lane.

Research: W. A. Rodman, Geo. W. Reid, G. D. Wheeler.

Program: F. A. Cave, M. B. Atty, M. J. Olmsted.

Education: F. K. Byrkit, J. C. Clarke, D. E. Brown.

Membership: R. I. Walker, J. C. Bishop, R. K. Smith.

Ethics: Jenness Wheeler, H. A. Roark, W. R. Spaulding.

Yours fraternally,
S. A. ELLIS.

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California State Osteopathic Convention.

The fifth annual convention of the California State Osteopathic Association met at Los Angeles, June 29-30, 1906. A large number from all parts of the state were in attendance and much interest was manifested throughout the whole session.

Twenty-six new members were enrolled giving a membership of two hundred twenty-one.

An interesting program was carried out.

Dr. Dain L. Tasker was elected a delegate to the National convention.

Officers for the following year were chosen as follows:

President, Dr. Dain L. Tasker, Los Angeles; first vice-president, Dr. J. E. Donohue, Oakland; second vice-president, Dr. Hattie M. Doolittle, Pomona; secretary, Dr. Effie E. York, Oakland; treasurer, Dr. Ernest A. Plant, Los Angeles; assistant secretary, Dr. Daisy D. Hayden, Los Angeles.

Trustees: Dr. J. E. Thorne, Los Angeles; Dr. Grace W. Shilling, Los Angeles; Dr. John S. Allison, Monrovia; Dr. Mary V. Stuart, Oakland; Dr. J. R. Patterson, Pasadena.

Changes in the Board of Examiners. Drs. W. J. Hayden and R. D. Emery were elected to the places on the Board of Examiners made vacant by the resignations of B. P. Shepherd and Clement A. Whiting.

The terms of office of Dr. Isaac Burke and Dr. J. S. White expiring in April. Dr. A. C. Moore was elected to succeed Dr. Burke and Dr. White to succeed himself.

EFFIE E. YORK,
Secretary.

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Two Year Ruling in California.

Pasadena, Cal., July 20, 1906.
Dr. R. E. Hamilton,
Editor Journal of Osteopathy,
Kirksville, Mo.

DEAR DOCTOR:—

Referring to the question of the State Board of Osteopathic Examiners of California, granting certificates to three-years graduates only, I wish to say, that the action requiring a three-years course, in order to secure certificate, has been rescinded by the Board. While the board endorses, as heartily as before, the necessity of raising the standard to three years of study in an osteopathic college, it is not our intention to work a hardship on any well qualified graduates of recognized colleges, hence our action and resolution to recognize diplomas from the following colleges as heretofore. The California College of Osteopathy, The Pacific Col-

lege of Osteopathy, The American School of Osteopathy, The Philadelphia College of Osteopathy, The American School of Osteopathic Medicine and Surgery, and The Massachusetts College of Osteopathy.

The applicant for license must be located in the state before certificate will be issued, but application may be made at any time.

The board does not give examinations, nor does it recognize certificates from other states.

Yours fraternally,
DR. J. STROTHARD WHITE, D. O.,
Secretary.

* * *

Delta Omega Association.

The Alumni Association of Delta Omega Sorority was organized at the Put-In-Bay convention, Dr. Betsey B. Hicks, 24 Van Buren St., W., Battle Creek, Michigan, secretary.

The association will meet annually at the A. O. A. convention.

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THE RACE FOR GOVERNOR.

Dr. Ligon Tells the Whys and the Wherefores of the Ring Methods as Opposed to the Just Demands of the People.

From the Mobile Daily Item.

On the 27th inst. will be decided the question who shall occupy the governor's chair of the great state of Alabama for the next four years. The issue is between B. B. Comer, backed by the people, on one side and R. M. Cunningham, backed by the medical trust on the other. Both candidates have been thoroughly analyzed and their virtues and shortcomings discussed. The Comerites want reform—a relief from oppressive taxation in the matter of burdensome railroad rates—while the Cunninghamites seem disposed to “stand pat.” Comer has dared to antagonize a great monopoly, making its oppression the leading necessity for legislation. For this he has been characterized by his opponents as “narrow” as “one-ideaed,” even as “danger-

ous” and as likely to drive capital from the state. The absurdity of this is patent at once when it is remembered that he has been a success in life.

The governor of a state does not make laws, and he can only execute such as have been enacted by the general assembly of legislators. He could, however, possibly embarrass the Louisville and Nashville Railroad by compelling it to put new seats in that magnificent structure at the foot of Government street without a law from the general assembly and he would sign bills correcting abuses and would be a power at the capital in behalf of needed reforms. On the other side they claim, since the race began, that Cunningham is a great doctor. This seems to have escaped notice before his candidacy. If true, he has had more time to devote to politics than any great doctor recorded in history.

They say that he is a great man. Yes, but without one stroke of public policy beyond the ordinary to recommend him. Yes, for ordinary translations. They say he is a “safe” man; that he is a “fair” man and an “unprejudiced” man. Let us see about that. He shares all prejudices and weaknesses of the medical profession. When the osteopathic bill was before the senate committee at the last session of the legislature he fought it in a spread-eagle speech, notwithstanding he was evidently ignorant of osteopathy and in the face of an indorsement of a large majority of the house. Not only so, but when the bill was voted on by the senate, and the result was a tie vote, he, as the presiding officer, cast the deciding vote and killed a bill which simply asked for the addition of only one osteopathic examiner to the state medical board to examine osteopathic applicants in three branches purely osteopathic, of which the medical examiners were ignorant, at the same time subjecting these applicants to further examination by the medical board in seven branches. It may be very gratifying to Dr. Cunningham

to know that that vote of his forced many of the citizens of his state to leave their homes and at great expense in railroad and hotel bills go to places where they could get osteopathic relief for ills which his medical brothers had been unable to give at home. It may humiliate him to know that twenty-seven states of this Union have through their legislatures legalized osteopathy, and, further, that it was also legalized by the senate of the United States in the District of Columbia just before its adjournment. I don't believe that man is “safe,” “fair” and just or even competent to occupy the exalted position of governor of a great state who will truckle to any trust or vote ignorantly or through prejudice. I do not know how Mr. Comer regards osteopathy. If he has ever expressed himself on the subject I have never heard of it. But whatever may be his opinions, I believe he is above the bidding of any trust. They say further that Dr. Cunningham is indorsed by the great Masonic body of the state. Masonry is not a political body. It has honored Dr. Cunningham more than he could possibly honor Masonry, and if he rendered his services to the order expecting pay in votes he was actuated by motives at variance with the principles of Free Masonry. Besides Mr. Comer is a Mason in as good standing as Dr. Cunningham, so I am informed.

Mr. Editor, I have two very remarkable documents in my possession in the shape of circular letters to the medical profession, appealing to that august body for its vote. One is from young Bankhead asking for the medical vote in behalf of his father in return for valiant services rendered by the son against the osteopaths “when they and their friends were seeking, four years ago, to destroy the splendid organization of the medical profession.” He led the fight in the house against the osteopathic bill, but it passed by a large majority notwithstanding. This young man's father, Congressman Bankhead, is an able man, has made a

good record and is worthy of support. But the son ought to go travel some and learn something. He ought to go as far as Florence, Ala., anyway. The other document is a circular letter by the Montgomery medics asking the medical vote for Judge Tyson because he rendered a decision against osteopathy, to balance the effects of a circular letter by the Birmingham medics asking the medical vote for Judge Weakley because he prosecuted the osteopathic case that went up from Birmingham. This is rich. It seems that all one has to do to command the medical vote is to do something against osteopathy. “What fools we mortals be!” Judge Weakley was paid for what he did and may have too much sense to rule as he argued, while Tyson, if he acted square, did not have the ability to interpret the law, as every supreme court that has ruled upon this question has decided in favor of osteopathy except Alabama and Nebraska.

Now watch the medics flock to Tyson and Cunningham. The situation is indeed farcical and laughable.

G. LIGON.

* * *

McFADDEN'S HEARING.

Resulted in a Dismissal—Defendant then Made Himself Scarce.

The preliminary hearing of Charles McFadden, self-styled naturopathic physician, on the charge of manslaughter, through the death of the nine-months old child of Mr. and Mrs. W. H. Robinson, caused by starvation while the defendant was treating the child, was had last Saturday before Justice Charles S. Roberts. Some very damaging testimony was offered in behalf of the state, but after the state rested, the attorney for the defendant asked that the case be dismissed, on the ground that there was no statute in this state on which the defendant could be held, since but two schools of medicine were recognized in this state—the allopathic and homeopathic; further that the defendant was not of that class that pre-

scribes medicine, and therefore not required to take out license or register. Justice Roberts ruled that according to his construction of the law the evidence introduced did not bring the case within the meaning of the statute under which the complaint was made, and therefore dismissed the action against the defendant.

The defendant evidently concluded that his usefulness in the community had terminated, and that his personal safety could not be guaranteed here, packed up and left town within two hours after the preliminary was over.—Asotin, Wash. Sentinel.

Students at the American School of Osteopathy will remember that McFadden attended the A. S. O. one term last year, and that he gained some notoriety while here by starving himself almost to death in spite of the warnings of his doctor.

* * *

Fake Style of Advertising.

We sympathize with our ethical brethren of Los Angeles, Calif., who have to contend with such as the following "ad" running in a Los Angeles daily.

The advertisement is accompanied by a good sized picture.

The text of the article makes "juicy" reading. Don't fail to read it through.

BEAUTY

The Dream Dear to all Women the World Over.

Dr. Clara A. Mitchell

Health, Youth and Beauty Scientist, makes a specialty of moulding, shaping, developing, reducing, rejuvenating, beautifying plain, old, sickly, worn-out, homely, ill-shaped faces into perfect contour, youth and beauty.

All facial blemishes successfully treated.

Enlarged pores, oily skin, blackheads, pimples, eczema, acne, scars, moles, red veins, pock marks, wrinkles, freckles, liver spots, moth patches, red face and nose. Superfluous hair, large, fat, baggy chin. Bust and abdomen reduced and

made firm; cheeks, neck, arms and bust developed; old, shriveled, wrinkled, diseased, flabby skin renewed, toned up and made fresh, firm and smooth; dark, sallow complexions cleansed, freshened and retinted.

DR. CLARA A. MITCHELL.

Osteopathic, Magnetic, Bone, Muscle and Nerve Cure Institute. Consultation Free. 1045 South Broadway.

* * *

All Correct.

An antiseptic baby lived on antiseptic milk;

His clothes were antiseptic, made of antiseptic silk.

In antiseptic carriage he rode, with time to spare.

He had an antiseptic nurse, breathed antiseptic air.

And though upon this mundane sphere he did not long abide

They placed him in an antiseptic coffin when he died.—Ex.

* * *

A New Osteopathic Practice.

Osteopathic pamphlets and periodicals are numerous, almost too numerous, but of good solid osteopathic books there is a dearth. We welcome the announcement of the third edition of Dr. McConnell's Practice, completely rewritten and revised by Drs. McConnell and Teall.

The new book will contain about eight hundred pages, with a chapter on hip-joint diseases by Dr. Geo. M. Laughlin. This book should be a great help to osteopaths in actual practice.

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FOR SALE.—Dr. F. J. Barr at 812 De-kun Bldg., Portland, Ore., must sell his practice on account of a much needed rest. Interested parties write for particulars.

* * *

U. S. Senate Passes Osteopathic Bill.

Just before adjourning, the Senate passed the osteopathic bill. Too late to go to the House. Next year we should be able to get a law in the District of Columbia.

Locations.

Dr. E. W. R. Morelock has located at La Junta, Colo.

Dr. U. S. G. Bowersox has located at 452 Main St., Longmont, Colo.

Dr. J. D. Scobee has located at Monroe City, Mo.

Dr. F. Myrell Plummer has located at 49-52 Metropolitan Bldg., Orange, N. J.

Dr. O. C. Keller has located at 19-20 Association Block, Loveland, Colo.

Dr. G. A. Gamble, and Dr. Mary E. Gamble have located at 431-432 Constitution Bldg., Salt Lake City, Utah.

Dr. G. W. Hay has located at Fort Scott, Kans.

Dr. N. A. Johnson has located at 33 W. Main St., Fredonia, N. Y.

Dr. J. P. McCormick has located at New Castle, Pa.

Dr. Carolyn Sheldon has located at Waterford, Ohio.

Dr. G. E. Thompson of the January '06 class, has located at Casey, Ill.

Dr. E. Collier has located at 740 N. Main St., Decatur, Ill.

Dr. C. C. Norton has located at 82 Warburton Ave., Yonkers, N. Y.

Dr. S. H. Ure has located at 167 Capitol St., Charleston, W. Va.

Dr. L. D. Gass has located at 2031 12th St., Boulder, Colo.

Dr. R. H. Armond has located at 4-5 Vaughn Block, Great Falls, Montana.

Dr. Christina V. McNeal has located at Lewistown, Idaho.

Dr. Robt. W. Bell and Mary C. Bell has located at Independence, Kansas.

Dr. A. M. Reid has located at Columbus, Kans.

Dr. R. D. Carey has located at 325 Radcliff St., Bristol, Pa.

Dr. Daisy Morelock and Dr. Nora Haviland, have located at 538 Main St., Grand Junction, Colo.

Dr. E. S. House has located at 18½ North Main St., Hutchinson, Kans.

Dr. S. G. Moshier has located at Allerton, Ia.

Dr. Roland G. Dunbar and Dr. A.

Maude Atherton have located at 401 Liberty Bank Bldg., East-End Pittsburg, Pa.

Dr. Geo. O. Baumgras has located at the Hick's Bldg., Eastman, Pa.

Dr. Frank L. Poland has opened offices at Weston, W. Va.

Dr. Fred N. Steen has located at Rooms 14-16 Whitten Blk., Spokane, Wash.

Dr. Alfred T. Sullivan has located with Dr. Jos. H. Sullivan, 504-5 Trude Bldg., Chicago, Ill.

Dr. C. W. Perry has opened offices at Rooms 6 Lynch's Hall Niagara Falls, N. Y.

Dr. L. M. Goodrich is located at 86 Passaic St., Hackensack, N. Y.

Dr. S. C. Carrothers has located at 1006 R. I. St., Lawrence, Kans.

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Removals.

Dr. James E. Burt has removed from 320 W. 83rd St., New York City to Ocean Hotel, Asbury Park, N. J.

Dr. Nellie Allen, from 207 Hyde St., San Francisco, to 607 So. 10th St., Tacoma, Wash.

Dr. Imogene B. Cooper, from Savannah, Ga., to Greenville, Miss., 113 N. Poplar Street.

Dr. Dale H. Craig, from Harrisonville, Mo., to Princeton, Ill.

Dr. W. E. Reid, from Marlboro, Mass., to Marion, Ill.

Dr. A. E. Hook, from Topeka, Kans., to Cherokee, Iowa.

Dr. Mary S. McPike, from Stockton, Kans., to Osborne, Kans.

Dr. Nell A. Runyon, from Seward, Neb., to 141 S. 12th St., Lincoln, Nebr.

Dr. Leon B. Hawes, from Coldwater, Mich., to Adrian, Mich.

Drs. W. H. S. and Laura M. Bedwell, from Rochester, Minn., to Emporia, Kan.

Dr. Margaret E. Messick, from 446 S. Main St., Princeton, Ill., to 6358 Ellis Ave., Chicago, Ill.

Dr. Fred L. Montgomery, from Los Angeles, Calif., to Puyallup, Wash.

Dr. Celia J. Newman, from Griggsville, Ill., to 442 Arcade Bldg., Seattle, Wash.

Dr. E. E. Tucker, from New Orleans, La., to 33 E. 22 St., New York City.

Drs. Frank A. and Lillie M. Collyer, from Second and Walnut St., to 635 Second St., Louisville, Ky.

Dr. Geo. T. Leeds, from Clifton Springs, N. Y., to 117 Buena Vista Ave., Yonkers, N. Y.

Dr. J. W. Hawkinson, from New Ulm, Minn., to Luverne, Minn.

Dr. Erica Ericson, from 208 to 183 Huntington Ave., Boston, Mass.

Dr. H. R. Cowgill, from Garden City, Kans., to Murray, Iowa.

Dr. O. L. Leeper, from Santa Rosa, Calif., to Blackwell, Okla.

Dr. Cora G. Ives, from Boston, Mass., to Lewis Blk., Ogden, Utah.

Dr. E. A. Plant, from 950 Barnard Park, to 407 Fay Bldg., Los Angeles, Calif.

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Change of Address.

Dr. W. W. Vanderburg has removed to 604 Oak Street, San Francisco, Calif.

Miss Cordelia Morrey announces that she has changed her name and address from Dr. Cordelia Morrey, Springfield, Ohio, to Mrs. Geo. R. Reid, 899 National Ave., Milwaukee, Wis.

Dr. W. Edward Reid, from Marlboro, Mass., to Marion, Ill.

Dr. Myrtle Morrison, from 902 State St., Emporia, Kans., to Manhattan, Kans.

Dr. E. J. Merrill from Logan, Utah, to Richard, Utah.

Dr. Ella L. Myers, from 209 West 80th St., to 109 West 84th St., New York City.

Dr. W. E. Lyons, from Nebraska City, Nebr., to Syracuse, Nebr.

Dr. E. S. Coats, from Spearfish, S. D., to Port Townsend, Wash.

Drs. Reese & Reese, from Bowling Green, Ohio, to 442 Nicholas Bldg., Toledo, Ohio.

Dr. B. A. Bullock, from Los Angeles, Calif., to Hastings, Mich.

Dr. A. M. Bruce, from Independence, Ia., to Murdo, Lyman Co., So. Dak.

Dr. Wm. Graves, from 316 Madison to E. High St., Jefferson City, Mo.

Dr. W. H. Bowdoin, from Montgomery, Ala., to Madison, Ga.

Dr. E. M. Mills, from Corsicana, Texas, to Shelbina, Mo.

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Visitors.

Among the visitors at the A. S. O., we note the following: Dr. J. W. Snavely, Davenport, Ia.; Dr. J. S. Crawford, Denton, Texas; Dr. J. Pierce, El Paso, Texas; Dr. E. M. Mills, Corsicana, Texas; Dr. P. L. Davis, Rock Hill, S. C.; Dr. Theodosia Purdom, Kansas City; Drs. Edward and Cora C. Hansen, Pittsburg, Pa.; Dr. C. H. Conner, Albuquerque, N. M., and Dr. F. E. and Hezzie C. P. Moore, La Grande, Ore.

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Partnerships Formed.

Drs. Thos. S. McCoy and Eva Howze have formed a partnership and located at 601-2-3 National Bldg., Savannah, Ga.

Drs. Catherine P. Compton and J. D. Cunningham of Bloomington, Ill., have formed a partnership for the practice of their profession.

Dr. H. M. Gifford and Dr. J. L. Hickman have formed a partnership for the practice of osteopathy at Louisiana, Mo.

Dr. M. F. Hulett announces that Dr. Ada M. Nichols is now associated with him for the practice of osteopathy, Capitol Trust Bldg., Columbus, Ohio.

Dr. H. E. Penland has formed a partnership with Dr. J. W. Henderson of Berkely, Calif.

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Marriages.

In the last issue of the Journal we announced the wedding of Dr. L. M. Goodrich and Miss Isabel T. Whiting. We are informed by Dr. Goodrich that this is a mistake. We received a written notice of the wedding and never questioned its accuracy. We offer our apologies to Drs. Goodrich and Miss Whiting for the error.

Married—Dr. E. E. Beeman of New York City and Miss Jennie Burton Ackery of Northport, Long Island, N. Y.,

were married Wednesday, June 27, 1906. Married—Dr. Cordelia Morrey of Springfield, O., to Geo. R. Ried of Milwaukee, Wis.

Married—Dr. W. W. Vanderburg to Dr. Rose M. Bolam, June 12th, both of the June class, 1905, of the A. S. O. They are located at 604 Oak St., San Francisco, Calif.

Married—Dr. Geo. V. Webster to Miss Klara Jane Love, of Erie, Pa., Saturday, June 30th, 1906. At home after July 15th Amsterdam, N. Y.

Married—Mr. Frank L. Goehring and Miss Eva Nelson, of Kirksville, Mo., were married Aug. 29th, 1906. Mr. Goehring is a student of the A. S. O. and will graduate in February, 1907.

Married—Dr. Geo. T. Nuckles of Marshall, Mo., to Miss Lulu McMichael, of Kirksville, Mo., Aug. 29th, 1906.

Married—Dr. Milbourne Monroe to Miss Laura Ledbetter, East Orange, N. J., June 27th.

Married—Dr. James E. Oldham to Dr. Josie E. Gregory at Hopkinsville, Ky.

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Births.

Born—To Dr. and Mrs. G. B. Clark of Detroit, Mich., a girl.

Born—To Dr. and Mrs. W. F. Traugher of Mexico, Mo., July 1, 1906, a boy.

Born—To Dr. and Mrs. S. A. Ellis of Brookline, Mass., July 12th, 1906, a boy.

Born—To Dr. and Mrs. R. H. Graham, of Vermilion, S. D., July 18, 1906, a son.

Born—To Dr. and Mrs. Francis J. Marshall of Pittsburg, Pa., July 20th, twin boys.

Born—To Dr. and Mrs. E. H. Cosner of Upper Sandusky, Ohio, Aug. 7th, 1906, a girl.

* * *

Deaths.

Died—Major D. H. Hilton, father of Dr. Anna L. Kelton, of Montpelier, Vt., died Aug. 9th, 1906. Dr. Kelton was called from the convention to attend the funeral.

Died—Dr. H. H. McIntyre of Randolph,

Vt., died suddenly Aug. 13th. 1906, while in camp at Barnard, Vt.

Died—Dr. W. E. Cohlclasure of Flora Ill., died Aug. 20th.

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Case Report.

REPORTED BY DR. FORREST CROWLEY, OF THE STAFF OF THE A. T. STILL INFIRMARY, KIRKSVILLE, MO.

Neuræsthenia—A typical case and mode of treatment. A female patient, age thirty-five years, medium height, red head, nervous temperament. The history of the case showed that she was suffering from neuræsthenia. She complained of a "constricting band" around the head. Any attempt at mental work would bring on a violent headache; mental fatigue and inability to concentrate the mind on the subject in hand. She also complained of physical weakness after slight exertion. Cold clammy hands and feet; hot flashes followed by a chilly sensation. The most distressing symptom of which she complained was insomnia. Nights when she could sleep, she was as tired in the morning as before retiring. She had been troubled with this condition for about six months and during this time the insomnia had grown steadily worse.

I asked concerning what previous treatment she had taken and she replied, "About everything in the apothecary shop." The medicines used to combat the insomnia were principally coal tar derivatives.

On examination I found the spine in a very tense condition, with marked hyperesthesia. The entire spine was posterior, with a break or separation between the seventh and the eighth dorsal, showing a weak condition in this area; a slight swerve to the left in the lower lumbar region; marked tenderness at the articulation of the fifth lumbar and the sacrum. The muscles of the cervical region were very tense, especially at the occiput and the second cervical was to the right.

An examination of the abdomen revealed a prominence of the epigastrium and a loss of tone of the abdominal muscles. I asked concerning the condition of the bowels and was informed that they never acted unless she used a cathartic. She had gone as long as four days without a movement.

Modus Operandi:—I placed the patient on a stool, the operator sitting on the table and loosened the entire spine (as high as the cervical and dorsal) by plaining my knees in the back, grasping the shoulders and drawing the patient back on the knees and at the same time making a slight upward movement with the knees. After thoroughly loosening the spine in this manner, I placed the patient on the table, (left side down) the operator facing the patient. I placed the right hand on the shoulder and the left on the posterior surface of the right innominate drawing the pelvis towards me and at the same time making pressure up and back on the shoulder. This manipulation put the spine on tension, at the same time on torsion and tends to establish motion through the lower portion of the spine. I then turned the patient on the right side, so that the convexity of the lumbar curve could receive specific treatment. Flexed the limbs on the abdomen and against the body of the operator, passed the right hand over and under the buttocks, with the left hand I fixed a point along the convexity of the lumbar curve, raising the buttocks and using the lower end of the spine as the power arm of lever.

In treating the break between the sixth and eighth dorsal, I had the patient on the side (left) carried the right hand under the head so as to grasp the occiput with the fingers the palm of the hand acting as a resting place for the head. Drew the head forward, with the left hand I fixed the fulcrum point at eighth dorsal just below the break and established motion at that point by strong flexion and lateral motion; using the upper part of the spine as a lever.

For the correction of the cervical lesion the patient was placed supine on the table, the head was flexed laterally to the left to exaggerate the lesion, rotated the head to the left, carrying the head in the left hand, fixed the metacarpal-phalangeal joint over the articular process of the second cervical, made pressure over the lesion, at the same time raising the head with the left hand. By this manipulation it seemed to bring the greatest amount of pressure at the second cervical and at the same time it allowed greater pressure at the lesion than the patient would permit had I used the cushions of the fingers. For the posterior condition of the spine the patient was placed face downward direct pressure along the spine. This patient was under treatment two months and at the end of that time she felt so much benefitted that she concluded that she would return home for a while. A month after she returned and continued treatment for six weeks. She returned home and has taken up her domestic duties. The last report of the case that I had she was apparently cured.

Next month will appear a long series of cases of "Infantile Paralysis" by Dr. Geo. Laughlin and "Membranous Dysmenorrhœa" by Dr. Crowley.

* * *

New Books.

We are in receipt of an excellent work on "Prevalent Diseases of the Eye," by Dr. Theobald, of Johns Hopkins, published by Saunders & Co. Cloth, \$4.50; half morocco, \$5.50.

The 1906 edition Dorland's Illustrated American Dictionary at \$4.50 in limp leather or \$5.00 with the thumb index is the finest thing in this line we have seen. The original edition has occupied first place as a dictionary on our desk from its first appearance until the last edition came out. It is complete, yet not bulky, handsomely illustrated and contains some fine tables of "Poisons and Antidotes," "Ptomaines and Leukomains, etc.

We thought that Deaver, Toldt and the other late Reference Anatomies filled all wants until Sobotta, translated by McMurrich of the University of Michigan appeared. The first volume is just out and the text is excellent, the classification of joints and muscles unequalled while the imported plates of bones, joints and muscles are "a thing of beauty and a joy forever" to the anatomist. The coloring is fine. Saunders & Co., Publishers. \$6.00 per volume, in three volumes.

* * *

Journal History Sheet.

The Journal of Osteopathy has adopted the following history sheet as being the most complete and generally useful from a scientific standpoint. It is also used in the clinical and teaching departments of the A. S. O. where statistical data is kept. We invite friendly criticism and will welcome any suggestions which will tend to condense it and at the same time leave it as essentially complete; remembering always that these sheets are not merely for our own good, but for future students and in such cases, complete histories, not some individual's diagnoses, are essential.

The man who claims to have cured eight or ten cases of peritonitis in succession will be much more readily believed if the accurate histories of the case convince the reader that they were really peritonitis and not merely "wind on the tummy."

On the other hand, to merely say that one is insane, has typhoid or some such name, is no longer all that is necessary. Each case is a law unto itself and it is only from the history sheet that one can put the case into its class, sub-class, variety and sub-variety. We all know that many cases of typhoid would get well without treatment; even in spite of treatment one might say in some instances. It is from knowing what sort of a patient the doctor had to deal with, the form, the disease assumed and the many possible complications which arose, or might have

arisen, that we can judge to what extent credit is due. We know of no better plea for complete case histories than in Dr. Edyth Ashmore's introduction to the A. O. A. Case reports No. 1, where there is urged "upon every practitioner the importance of preserving a complete and accurate record of every case treated; for his own guidance and convenience; for the purpose of studying his cases and observing their progress; for his self culture and professional advancement; and for the good of the patient and the benefit of science." Our reasons for not using the form adopted by the A. O. A., we will mention after presenting our own record. We would be glad to change to it, for the sake of uniformity, but it seems to have been rather hastily prepared and many of the sections or parts of the record overlap each other unnecessarily. We present a typical Journal record, filled out with an actual history for purposes of explanation. We have numbered each division in order to make easier the explanations and criticisms. This numbering of the divisions is not found to be of any benefit in practice or record keeping.

- (1.) **Dr.**—Forrest Crowley.
- (2.) **Hospital—Office—Out Practice.***
- (3.) **No.**—823 P.
- (4.) **Date,** July 29th, 1906.
- (5.) **Diagnosis**—Pulmonary T. B.
- (6.) **Nurse**—Wife.
- (7.) **Name of Patient**—J. J. Dougherty.
- (8.) **Address**—Kirksville, Mo., R.R. No. 3.
- (9.) **Nativity**—Ireland, until 1882.
- (10.) **Born**—Jan., 1861.
11. **Sex**—M.
12. **Single or Married**—'90 to '92 and 1900 to—
13. **Weight**—160, since March, gain. Loss 20 lbs.
14. **Sent by**—No. 316 S., who was cured of eczema in clinic.
15. **Occupation**—Mechanic and farmer.
16. **Family History**—Knows nothing of grandparents.
Father died of "bowel trouble" in '81, age 50.

Mother died of "cough trouble," in '87, age 46.

One brother and two sisters of "grip" in '92, grown up.

One sister living.

17. **Personal History**—Has "always caught cold easily but otherwise healthy." Takes a "glass of beer now and then." Had "congestion of lungs" in spring of 1900 for two weeks.

18. **Present Illness**—"Lung fever" in March, '06, which "cleared up in a few weeks so he could work some. But felt bad all the time and since middle of June, can't work at all." Has night sweats sometimes, coughs all the time, harder in morning. Appetite good until a few weeks ago. Coughed up blood three times since original attack in March. Is feverish at night. Present temperature 99 degrees.

19. **Physical Examination**—Osteopathic Lesions; *Tempero mandibular* — —; *Cervical*, 5th anterior on right; *Clavicle* — —; *Upper extremity* — —; *Dorsal*, 2-6 flat, 3rd to left, 4th to right, (point of greatest tenderness) 3rd rib on right, rotated out (3rd interspace tender); *Lumbar*, 4th anterior; *Sacro Lumbar*, — —; *Sacro-iliac*, — —; *Lower extremity*, — —.

General examination—General looseness and atony of skin.

Organs normal except right lung in middle clavicular line, from 2nd to 4th rib shows a practically round area where relative dullness, vocal fremitus, bronchophony and other typical signs of partial consolidation appear. Bronchial breathing pronounced; vesicular murmur displaced by crepitating rales especially at end of inspiratory phase.

20. **Laboratory**—Urine, Hyaline Cast. (Urinary Record, 329).

Blood, He—87. (B. R. 18).

Sputum, T. B. (4 to field) No. 196.

21. **Treatment**—Specific for lesions mentioned. Forced warm milk diet. Each two hours while awake for two weeks. Easy breathing exercises three minutes each hour while awake. Wind shields and open sleeping room.

22. Treatments at house for present, but office treatment when weather is extra good on Tuesdays and Thursdays and Saturdays.

23. **Results**—This sheet was selected because it contained details and particulars which help illustrate points that might require several briefer histories to elucidate.

1. The name of the physician in charge is essential when a set of histories from a considerable number is being kept.

2. The reason for this little section is obvious, illustrating whether the case was ambulatory or not, etc. 3. The number of the case is useful in keeping the books, looking up accessory data, etc. Then in some cases it is superfluous or inadvisable to have the name of the patient appear on the record. The number is ample identification.

4. Records the day of first examination. 5. Of course cannot be filled out until the sheet is completed, but is put at the beginning for convenience of reference.

6. Although essential only in a hospital, is very useful in showing what relative or friend, if any, takes care of case. 7. In this section, not only the patient's name, but that of nearest relatives should be kept providing it is a serious case with an unfavorable prognosis. Of course in an office practice, we never expect to lose any cases, but in general practice, when all sorts of cases are treated, there will be one now and then where the law of "non-immortality of the flesh will assert itself."

This data can be tactfully secured and is kept in all up-to-date hospitals on all cases. 8. In this case shows at what time patient came to America. In case of foreigners, people changing to and from malarial and other definite districts, the data of such change is often useful and takes no extra space.

9. Instead of giving "age," the word "born" answers the purpose in all cases and at the same time is much handier in cases of children's diseases. Recording

the date 1861 or other year also makes handier comparisons of dates of other occurrences. 10. The marital history can be condensed in this way and while of no interest in many cases, this form renders gynecological cases more complete in what may sometimes be essential points.

11. The loss or gain in a varying number of months can only be recorded (when desirable to record it at all) in this way.

12. Is a useful section even in clinic and statistical cases in many instances. 13. After this heading, we leave six blank lines all or none of which may be used.

In some cases where diagnosis and prognosis can not be questioned, the family history is of course, not only needless, but foolish. Many cases, however, are very incomplete from both standpoints without this. 14. Under this "Personal History" we include all previous illnesses, operations, accidents, etc., habits, peculiarities, and in fact all things that have any bearing, or may have, on the case.

Eight blank lines are left being all right for the longer cases, and as in 15 it may, in some cases, be left blank. In no case does this division contain the history of the present illness. Even where it is a chronic case, it is best to keep the rest of the personal history under a separate head.

16. From every standpoint this should be a separate subject and intact. A clinical history of the daily progress of an acute disease after the preliminary history cannot possibly be incorporated with the general case, but in some cases it and it alone, is the most interesting and important data. The average case, however, can be handled with the present outline, without the daily record.

17. Under "Physical Examination," the space is left without definite length as this may vary from one to fifty lines and the other headings are much more easily added in pen and ink and include only laboratory tests and methods and directions of treatment. The laboratory tests can easily be kept on separate laboratory sheets and only the essential

point put in the general record. The physical diagnosis contains first those physical signs on the part of the spine in the following order:

| | |
|-----------------------------|---------------|
| <i>Tempero mandibular</i> — | 1 line blank |
| <i>Cervical</i> | 3 lines blank |
| <i>Clavicle</i> | 1 line blank |
| <i>Upper ext.</i> | 1 line blank |
| <i>Dorsal</i> | 6 lines blank |
| <i>Lumbar</i> | 3 lines blank |
| <i>Sacro Lumbar</i> | 1 line blank |
| <i>Sacro-iliac</i> | 1 line blank |
| <i>Lower ext.</i> | |

Under each heading are recorded lesions, general conditions and points of tenderness and greatest tenderness.

Although this data in regard to the spine may be secured after some of the rest, it is the most important and the only part of the physical examination which can be tabulated. Leaving the blank lines as indicated, all conditions whether bony, muscular or otherwise, can be tabulated under its own anatomical division.

Following this description of the spine, we mention those conditions on the part of any of the organs which might be of importance, leaving out all headings and organs which show nothing. The idea of having each sheet contain the name of every organ, is useless and only adds to the bulk of the records, and since the average case shows symptoms on the part of one or one group of organs, which symptoms will require more space than those of all the other organs together, it is entirely superfluous. It this way we get a record where very little chance for waste space and bulkiness is given, yet everything possible can be recorded completely and in regular order. As stated, the laboratory tests and treatment are added as pen and ink headings and may be, especially the laboratory tests supplemented by the other regular analysis reports while the "treatment" may be followed by a daily or weekly clinical record, in cases where such is useful.

Outlines to suit cases must be supplied for this.

It requires for the sheet down to section 20, an ordinary large sheet of paper, but to each outline sheet, one may add plain sheets on which are written the data when its necessary quantity is large enough.

The printed form sheet is the only one that is not very variable in size in different cases and is therefore the only one printed. The rest follows as needed, if needed.

Our chief objections to the A. O. A. Case Report outline are as follows:

Under the heading, "History of the Case" are the following sub-heads,— (a) Family history; (b) Previous attacks; (c) mode of living; (d) date of onset. It seems much more reasonable to make the "Family history" a separate and earlier heading than that of the present illness, also to include "previous attacks" previous treatment, and "mode of living, etc." under "Personal history" rather than the History of the present case, while "Symptoms" should be, but is not, put under the heading "History of Case."

It also seems more reasonable to make "Osteopathic lesions" come under the subject head, physical examination and make it the leading part of this, followed by the examination of other structures. Also it seems useless to have extra sub-heads for muscular and ligamentous lesions when they could be much more concisely given under the same outline as "bony lesions," that outline having the body divided into anatomical parts. How much easier and more accurate to put the muscular and ligamentous lesions along with the bony ones under the anatomical divisions of the body rather than have them under special heads without any anatomical outline. This criticism is not offered in any unfriendly manner and we invite the same friendly criticism of our own. Our object is to build up a system, not to tear anything down.

The A. S. O. has about seven thousand history sheets, not by any means all of them following the foregoing outline exactly, but it is the object from now on to classify and review these and print each month, a record history of clinic or "faculty" treatment of different diseases. Also the post-graduate students are to be given some special disease to study out where they care to take the extra time. The Journal will establish a clinic department where these reports, the case records, faculty studies, hospital records, etc., will be published. Next month will be the beginning of this department which has been asked for, for so long, by hundreds of alumni and students. From the field also, we invite all osteopaths to send studies of any particular disease with which they have had more than usual experience. Especially will we value these. Do not let this interfere, however, with cases which would have otherwise gone to the A. O. A.

* * *

San Joaquin Valley Association.

The San Joaquin Valley Osteopathic Society met at the office of Dr. S. T. Pugh in Fresno, Calif., Thursday, June 14, for the purpose of planning the coming year's work and election of officers.

Excepting the presentation of two interesting clinic cases by Dr. S. F. Pugh, the program was dispensed with, and the following officers elected:

President, Dr. W. E. Dwiggins, Bakersfield; vice-president, Dr. Ida C. Glasgow, Hanford; secretary and treasurer, Dr. Minerva Key Chappell, Fresno.

The society will meet bi-annually in the future, instead of every two weeks, as formerly.

Those present were: Dr. Ellen E. Abbott, Visalia; Dr. Ida C. Glasgow, Hanford; Dr. S. F. Pugh, Fresno; Dr. Lulu F. Stoltenburg, Dinuba; Dr. W. E. Dwiggins, Bakersfield; Dr. Minerva Key Chappell, Fresno.

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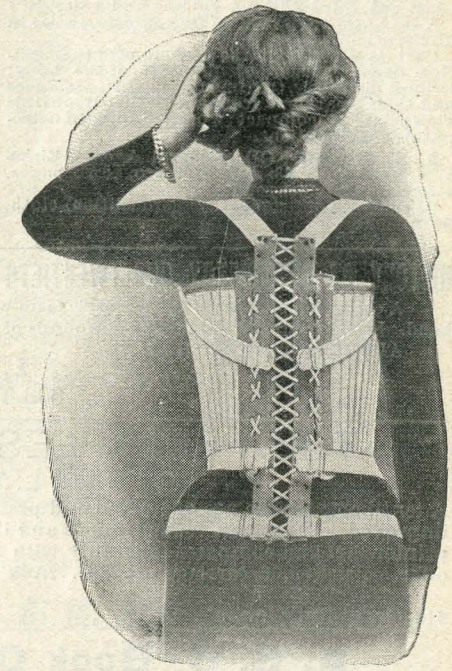
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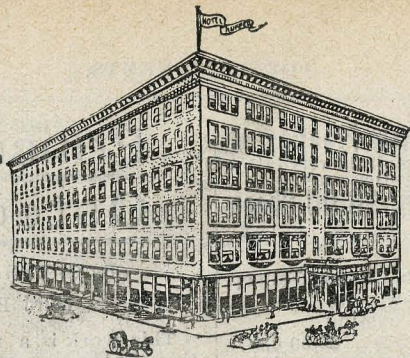
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of the capital stock of the Illinois Central Railroad Company, as registered on the books of the Company at the close of business on Monday, September 24, 1906, who is of FULL AGE,

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over the Company's line from the station on the Illinois Central railroad nearest to his or her registered address to

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such ticket to be good for the journey to Chicago only during the

Four Days Immediately Preceding

and the day of the meeting, and for the return journey from Chicago only on the day of the meeting and the

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when properly countersigned and stamped during business hours ON OR BEFORE SATURDAY-OCTOBER 20, 1906—that is to say, between 9:00 a. m. and 5 p. m.—in the office of the Assistant Secretary, Mr. W. G. Bruen, in Chicago. Such ticket may be obtained by any holder of stock registered as above, on application, in writing, to the President of the Company in Chicago, but each stockholder must INDIVIDUALLY apply for his or her ticket. Each application must state the FULL NAME AND ADDRESS of the Stockholder exactly as given in his or her Certificate of Stock, together with the NUMBER AND DATE OF SUCH CERTIFICATE. No more than one person will be carried free in respect to any one holding of stock as registered on the books of the Company.

A. G. HACKSTAFF, Secretary.

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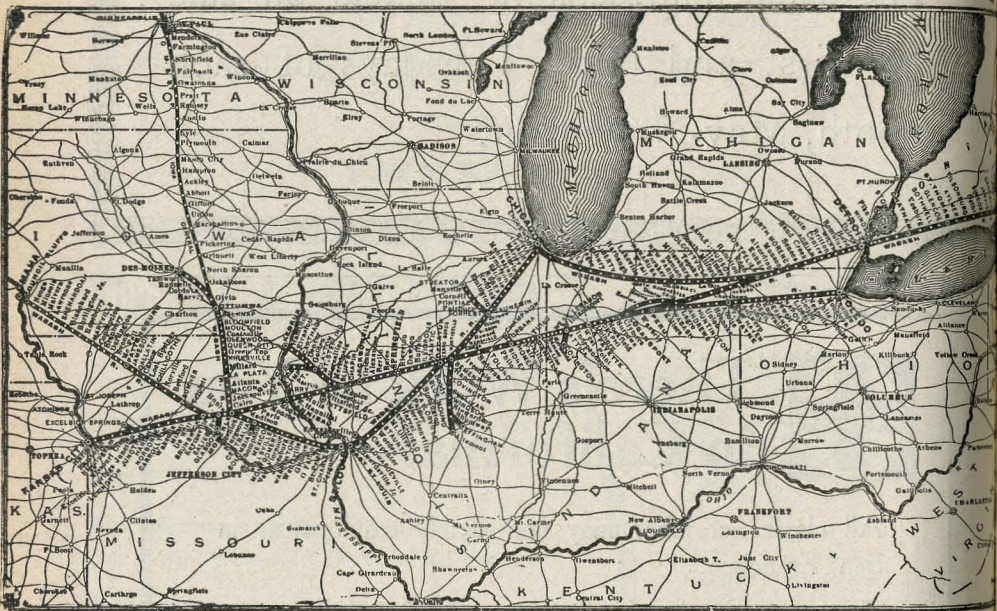
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