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THE Journal of Osteopathy

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WHAT IS OSTEOPATHY?

DR. C. B. ATZEN.

To the practitioner of this school the answer to the above question seems easy, and yet when inquiring patients ask this question and request that an explanation be made, I doubt if the explanation that is given is always one of credit to the founder of this science. Osteopathy is not as easily explained as many seem to believe, and for any one to give a thorough explanation of this new science, and say, in what particular it is entitled to the distinction of being called new, and further, in what way it differs from other schools, necessarily implies, not only a knowledge of the principles of osteopathy, but also a thorough knowledge of the principles of other schools from which it is said to differ.

In the outset I wish to say that I do not claim to know all that is, or will be some day, known of the principles of osteopathy, neither do I claim to know or ever hope to know all that is known of the practice of medicine, massage and Swedish movement cures, to realize a clear-cut distinction between osteopathy and the latter named schools; but often find it next to impossible to make differentiation clear enough so that all may understand.

I have no quarrel, nor a desire to find fault with any other system of the healing art, neither have I any desire to place osteopathy before you in any boastful or unscientific manner, but I will attempt to state in this article facts as I understand them, and leave you to judge as to the worth of the argument and the correctness or incorrectness of my conclusions.

In order to get down to the points of difference in the methods employed by different schools let us first see what can be done by other schools, and the object to be gained in doing certain things, then let us compare these methods and results with osteopathic methods and results so as to have some standard of comparison, and see if our claims are just and in accordance with known facts.

No one can deny that in a case of dyspepsia with a deficiency of

stomach ferments that medicinally these ferments may be supplied by the mouth, and digestive processes that would otherwise be impaired are assisted to a successful termination; on the other hand where there is a hypersecretion of gastric juice it may be neutralized by an alkaline carbonate given by the mouth. In both of these conditions the patient would feel better after the drug had been given and at least temporary benefit would result. Further, no one can deny that strychnine is a stimulant to the spinal centers, or that morphine or the bromides are depressants, and may at times be advantageously employed, as physiological antagonists to existing conditions. These are facts which cannot be successfully disputed, and unless we can bring about similar results osteopathically we have no right to claim superiority of method.

Can we bring about changes in the human organism osteopathically that will prove as helpful in the correction of the diseases above named as do these well known drugs? Before attempting to answer this question let us analyze a little more closely what was accomplished in the above mentioned treatment. In supplying the stomach artificially with the ferments that the organ formerly made through its own activities have we in any manner found the reason for the deficiency? Clearly not. All the knowledge we had of existing conditions was that a deficiency of ferments existed. If the stomach glands have supplied the organ with sufficient ferments to digest the food previous to the onset of this disease is that not the best kind of proof that under normal conditions the stomach is capable of supplying all the ferments needed for digestive purposes, and that when it fails to supply these needed ferments there is derangement of function? Do we correct this functional derangement by artificially supplying the stomach ferments? Certainly not. What, then, have we done? We have merely temporarily chemically modified existing faulty conditions, and the disease which caused the faulty function has never been touched; nor has the deficiency of ferments been in any way explained. How can this functional derangement be explained? Every function, be it usual or unusual, is what it should be under the circumstances of existing structure. Therefore this faulty function must also have a structural foundation. The secretory glands of the stomach, like all other tissues of the body, are dependent on the nervous system for motor power; and if through some lesion the motor power destined to the secretory glands of the stomach is inhibited the activities of these glands will be decreased in proportion to the amount of inhibition taking place. This would give us a physiological explanation for the deficiency of stomach ferments, and in the proportion that this inhibition of motor power to the stomach glands be removed would the secretory functions be restored

to these glands, provided, no glandular degeneration existed. Here then is the departure from old established systems—the allopath, homeopath, masseur and Swedish movement curists, all attempt to restore the organism to a stable equilibrium by endeavoring to modify existing faulty function by direct interference with the organ involved, ignoring the self-evident fact, that the existing function must have a structural foundation, that a sluggish condition of an organ points to an inhibition of its motor power, and that the removal of this inhibition will act as a stimulation; whereas an over active organ is indicative of an irritation of its motor apparatus, and that the removal of this irritation will act as a sedative.

Here then is the parting of the way. All the schools excepting the osteopathic direct their attention to the region of the body where the faulty function manifests itself, and attempt to modify this faulty function by either increasing or decreasing the functional activity of the organ involved by agents administered from without, or neutralizing excessive secretory activities, or artificially substituting deficient secretory activities and completely ignoring the fact that in treating the symptom the cause for the symptom is overlooked, whereas the chief aim of the osteopath is to find the cause for the faulty function and his chief treatment is the removal of this cause, be it bony, ligamentous or muscular. This is the basic osteopathic principle which gives Dr. A. T. Still the right to claim that his treatment of disease is new and differs from all other schools, and is further, the only clear cut definition for osteopathy. Clearly then in the removal of lesions the osteopath can accomplish all that can be accomplished by other schools as far as modification of function is concerned, but super-added to this he can remove the causes responsible for faulty function, and in the degree that he succeeds in the latter will the cure be permanent. The belief of the osteopath is, that given a suitable environment and a normal condition of structure, the organism is capable of supplying all the chemicals needed for the maintenance of health.

Omaha, Neb.

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DIAGNOSIS.

DR. J. A. GROW.

The term DIAGNOSIS—comes from the Greek word DIAGNOSKEIN, to distinguish, discern between; DIA through, between, GIGNOSKEIN, to know. By diagnosis then, in its NARROWEST SENSE, is understood, the scientific discrimination between diseases by their distinctive marks or symptoms which are distinguishing signs. It includes also in its BROAD-

EST sense, a knowledge of the ANATOMICAL alterations on which the symptoms depend, and WHY such alterations derange function and cause disease; and the CAUSAL factor which prevents a ready RETURN to normal; a forecast of the COURSE and DURATION of the disease. The final object of diagnosis is to enable the practitioner to treat disease intelligently, to apply the best method which will assist the organism in re-establishing its normal function.

Diagnosis is both a science and an art; a science when we understand that which causes and produces the disease, and an art when this knowledge can be used to determine the nature and location of the disease. Science is knowledge; art is skill in using it.

Man is largely born a diagnostician (The reason why so many doctors have signally failed is because they were not born right) and does not trust exclusively to the light reflected from written pages; but "carries the torch in his own hands and looks for himself into every recess." Nothing so distinguishes the expert, accomplished, eminent physician, one of liberal education and thorough mental discipline from the poorly-educated, unaccomplished, unskilled, jealous, bigoted, narrow-minded and mere pretender, as his ability to tell what organ is diseased and to bestow upon it a name and give the cause of this perverted function. The diagnostician must study and compare; must approach a case without preconceived ideas, with a mind open to impressions; must learn to reason accurately and to observe closely.

Diagnosis is made largely by symptoms. By the term symptom we mean the EVIDENCE of some morbid change in structure or function in the human body. Treating the symptoms as they arise is a rule of practice in other schools—but has no place in the practice of the osteopath—which always implies a confessed failure on their part to trace the symptom to its cause. While we as practitioners do NOT TREAT symptoms, yet we estimate them to be of great worth as a KEY to the nature and location of the disease. RAPID RESPIRATION is a symptom indicating an inflammation of the lungs. SUGAR in the urine is a definite symptom of liver and pancreatic disorder. VOMITING and DIARRHŒA are symptoms indicating disturbance to nerve terminals in the digestive tract. HYPERTROPHY of the HEART is a symptom indicating organic cardiac disorder. SPLENIC ENLARGEMENT and ROSE RASH are symptoms indicating typhoid fever. ALBUMINURIA is a symptom indicating nephritis. The WADDLING or GOOSE gait is a very characteristic symptom of pseudo-hypertrophic muscular paralysis. The ATAXIC GAIT is an extremely characteristic symptom of locomotor ataxia. Also CONTRACTURED muscles are characteristic symptoms of disease. Cases might be multiplied indefinitely in proof of the statement: that DIAGNOSIS is

made by means of SYMPTOMS, which constitute the EVIDENCE upon which is based a judgment as to the nature of the case. Symptoms, any unusual manifestation in structure or function that suggests disease are divided into SUBJECTIVE, those which can be appreciated only by the patient, and OBJECTIVE, comprising those which are detected by the personal examination made by the physician.

Of the two classes of symptoms the OBJECTIVE is the one relied upon by the osteopath for determining the diseased conditions. The objective symptom is one which can be SEEN and FELT by the physician making the examination. The two most important methods used by the osteopath in making his examination are INSPECTION and PALPATION. What he can see and feel and the tenderness which results from pressure and rotation yields sufficient data to indicate the essential nature of the disease. The osteopathic physician, if a competent one, after his examination will be able to tell the patient of his subjective sensations without asking him any questions.

The SUBJECTIVE symptom is the one used largely by MEDICAL doctors and is very unsatisfactory, as feelings are not reliable signs. It makes the KNOWLEDGE of the physician depend upon the information to be gained from the PATIENT. The doctor should have acquired the facts upon which he is to form an opinion in the school-room. The first question asked is, "In what way do you feel ill?" "Of what are you complaining?" Practically the patient is made to diagnose his own case without any knowledge of anatomy or physiology wholly and entirely upon his FEELINGS which are very unreliable indeed.

Theoretically and practically PALPATION as far as an examination of the spine is concerned to find out the cause of disease is unknown to the MEDICAL DOCTOR. What does an M. D. know about a lesion to the splanchnic area indicating stomach disorder? What does one of those "pill bag" doctors know about lesions at the 5th lumbar, at the innominate, 2nd lumbar and the 9th, 10th and 11th dorsal, at the points where the nerve connections and circulation of the pelvic viscera are interfered with causing female disease? Nothing whatever. Spinal examination is all Greek to them. Is it any wonder that they rely on SUBJECTIVE symptoms?

What reason would an osteopath have for attending a medical school then? None whatever after he learns to diagnose a case. When once he learns that a BONY LESION is the cause of disease he will no longer hold to the idea of its removal by internal medicine. Nothing short of MANUAL SURGERY will do that. The reason why a few students after they graduate from osteopathic schools are so easily tossed about as a wave by every wind of medical doctrine and drift into schools of medi-

cine is because of a failure on their part to discover the BONY lesion CAUSING the disease.

Why so much of this shotgun treatment among the osteopaths of to-day? Because each such treatment is a confession of the doctor giving it that he has ingloriously failed to correctly diagnose the case. SPECIFIC treatment depends upon SPECIFIC diagnosis. Look for the displaced bone and find it—it is there. It is monumental in its character and in silent tones will tell you where the trouble lies.

And when you have located the trouble and found its real cause there remains but one thing more to be done. And that is the work of re-adjustment. When you have corrected the mechanical derangements, and liberated the pent-up forces, nature will do her perfect work of restoration. How much more reasonable, scientific and effective it is to the spinal cord and its nerves which control the life and function of every organ in the body and correct the derangements of the spinal column by a manipulation based upon definite and known mechanical principles—than to administer a “subcutaneous morphine squirt” in a vain hope to correct the malady.

Memphis, Mo.

HOW TO KEEP WELL AND LIVE LONG. FROM THE STANDPOINT OF OSTEOPATHY.

S. C. MATTHEWS, D. O., NEW YORK.

*(Dr. Emile Metchnikoff of the Pasteur Institute has recently aroused keen interest in the scientific world by affirming that man ought to live one-hundred and twenty years. He argues that we are slowly poisoned by bacteria, and the seat of this bacterial poisoning is in the large intestine. According to his views some means should, and will, be found to destroy these microbic disturbers, and strongly hints at removal of not only the appendix, but the whole of the large intestine, as a preventive measure.

The following paper is an osteopathic view of how to live long; and while it will probably not meet the approval of the entire osteopathic profession; it seems much more reasonable than the theories of those who would give us an artificial life, an artificial diet, an artificial anatomy—by removing organs—and suicide when we are tired of living.—Ed.)

PART I.

You are as old as your spine.

When your spine begins to tighten and grow stiff, whether you are twenty, thirty, forty, fifty or sixty you are beginning to grow old.

As long as your spine is free, flexible, supple and perfect you will remain young, no matter what your age.

A tight, stiff, imperfect spine is an old spine, whether its owner has lived twenty or eighty years.

There are old spines on young people, and young spines on old peo-

ple. A tight, close, immovable, imperfect spinal joint is an old spinal joint, whether found in the spine of an old person or a young person.

From this view point the different spinal joints in each individual are often of vastly different ages. Some remain open, free, movable and young, while others become close, tight, immovable and old. Like the teeth, the spinal joints do not grow old uniformly.

An old spinal joint means much more to an individual, however, than an old tooth, because an old or decayed tooth affects only itself, while an old spinal joint always affects some other part of the body.

A person who has even one old tooth knows it, but a person may have a dozen old spinal joints and know nothing about it. The reason for this is that an old tooth makes itself felt directly, while an old spinal joint makes itself known indirectly.

The indication of an old tooth is pain in itself. While the indication of an old spinal joint may be pain in a distant part, or it may be general weakness or the weakness of some special organ or part, or it may be indicated by a general or special disease.

As an illustration, if a certain spinal joint grows old, i. e., tight or turned, the stomach becomes first weak and then diseased. If a certain other joint grows old (tight or turned) the liver becomes weak first, then torpid, sluggish, inactive and finally diseased.

There is another spinal joint which when it becomes imperfect affects the kidneys. These organs then become weak. They do not extract urea and other impurities from the blood as they should, and as a result of the passing on of these impurities into the blood stream, which should be thrown out of the system, the individual is finally attacked with what is known as rheumatism.

There is still another spinal joint which when it grows old or becomes imperfect affects the bowels—producing constipation. Another joint affects the legs, another the lungs, another the heart another the pelvic organs, another the eyes, another the ears, another the throat structures, etc. The question, therefore, of KEEPING WELL AND LIVING LONG is a question of keeping all the spinal joints young, i. e., of keeping them wide apart, open, free, flexible and true in their relation one to the other laterally.

THE CONDITION OF THE ARTERIES DEPENDS UPON THE CONDITION OF THE SPINE.

This is true, but it is not all the truth, because the age of the arteries depends upon the age of the spinal joints from which all the arteries are controlled.

The arteries are pipes composed of circular muscular fibers. When

the circular muscular fibers of any artery contract, that artery becomes smaller in caliber. When they relax the artery becomes larger in caliber.

It was observed long ago that the arteries in an old person did not, as a rule, contract and relax as freely, and as readily as in a young person, and hence it was supposed that this difference was caused by age.

It has now been found that the power which causes the arteries to change their caliber is a form of electricity*which is generated in the brain and which is transmitted from the brain to the circular muscular fibers of the arteries over special nerve threads.

These nerve threads pass out from the spinal cord at each of the spinal joints, hence each spinal joint becomes a switch which turns on or cuts off electricity to the arteries. That is to say the caliber of any given artery will depend upon whether its controlling switch, i. e. its controlling spinal joint, is open or closed.

Definite arteries are controlled from definite spinal joints and as there are old (tight or turned) spinal joints and young (open or perfect) spinal joints in almost every individual, so there are old arteries and young arteries in the same person and in the same proportion.

If certain spinal joints are old (tight or turned) the arteries to the legs will be old, non-elastic, and the individual will complain of poor circulation in the limbs; cold feet, etc. In the same person if certain other joints are open and free, the arteries in the lungs will be young and elastic and the breathing power practically perfect.

If certain spinal joints in the neck are old (tight or turned) the arteries in the brain will be old, the person will have now and then peculiar sensations in the head, and a stroke of apoplexy may follow sooner or later. If however, certain other spinal joints are young the arteries to the bowels will also be young and elastic and the action of the bowels normal. Hence health in one part of the body and disease in any other.

So it is throughout the body. The entire arterial system does not harden and grow old uniformly any more than all the teeth decay and drop out at once. This artery becomes hard, non-elastic and old, while that remains soft, highly elastic and young, depending entirely on the condition of the switches, or spinal joint, from which each is controlled.

A certain spinal joint becomes old (tight, slipped or turned). The artery which it controls becomes old, hard, non-elastic and small. The artery supplies the walls of the stomach with blood. Digestion depends upon the amount of arterial blood in the stomach walls, which in health is greatly increased by the caliber of this artery becoming larger as soon as food enters the stomach.

*According to the latest theories of nerve physiology.—(Ed.)

The switch or spinal joint being closed the artery is not able to dilate as it should and as a result there is not a sufficient increase of blood in the stomach wall. The stomach soon becomes weak from its effort to do its work with half its power cut off. All the symptoms of indigestion follow. Stomach bitters and drugs are taken without avail. The stomach is so weak that it will digest nothing but milk, gruel, soups, etc. Specialists are consulted, but after months or years of treatment the stomach is still weak. The reason for this is, a cure does not lie in drugs nor external remedies of any kind.

To cure this condition go to the spinal joint which is closed and spread it apart or turn it laterally to its true position, i. e., open up the switch which stands between the brain and this artery to the stomach. Keep it open. The artery will now spring into new life. It will contract when the stomach is empty, it will dilate when the stomach is filled, it will become as elastic as in youth and all the long list of the annoying symptoms of indigestion will disappear.

What is said here of the stomach is true of the bowels, the liver, the lungs, heart, pelvic organs and every part of the body. When you close a spinal joint you close a switch which cuts off electricity or brain impulses from the brain to definite arteries. These arteries grow old, so to speak, at once, lose their elasticity, become unable to contract and dilate, to change their caliber as they should, and as a result that organ or part which they supply becomes first weak and finally diseased.

OLD PEOPLE.

An old person wonders what has become of his blood and why he is so weak and incapable. He does not realize that out of the twenty-four spinal joints in the spinal column there are perhaps twelve or fifteen that have become tight or turned and almost immovable, cutting off electricity from the brain to the internal organs.

He realizes that his back is stiff but he looks upon this as the result of old age, and not as the cause of it. He does not realize that the two organs which make the liquid part of the blood—the stomach and the liver—have their power, their arterial blood supply, reduced by one-half on account of the arteries which run into them being reduced in caliber, and being non-elastic from the tightening or imperfection of certain spinal joints.

He wonders why he has trouble with his kidneys, but does not realize that the arteries which run into them are also reduced in caliber as a result of a closed spinal switch which is not only cutting off their power but also increasing their work.

He realizes only effects. Real causes, i. e., closed spinal joints,

escape his attention. But each day science and investigations are enabling us to read more from the great book of nature. We are wiser than our fathers. The length of life is constantly increasing, and it will continue to increase until healthy old age is the rule and not the exception.

We have discovered the cause of disease both epidemic and individual. "Disease Prevention" is no longer a dream. It is a reality.

Smallpox, cholera and yellow fever, which in former times almost depopulated certain sections of the world, are now preventable and prevented. They have lost their terror because we know how to forestall them.

Within the past year or two the question of preventing individual diseases has progressed with wonderful rapidity.

A given cause always produces a certain effect. There are certain causes which will produce epidemic diseases.

There are certain causes which will produce individual diseases. Knowing this, we have only to avoid the cause in order to escape the effects.

We know that epidemic diseases have their origin in filth. We know that in a great city like New York, to do away with the sewer system, to allow garbage and filth of every description to pile up and accumulate would be to invite an epidemic, and it would come. To prevent the epidemic, prevent the cause which produces it—that is keep the city throughout as clean as a surgical hospital built of marble and glass.

We know now that there are certain conditions of the body which cause heart disease, certain others which make for kidney disease, while others point with unerring certainty to diseases of the lungs, of the bowels, of the pelvic organs, of the head or of the limbs.

The spine is the great switchboard between the brain and the arterial system. The condition of a given spinal joint determines the condition as well as the size of the artery which it controls.

Nature moves slowly, but if a certain spinal joint is tight or imperfect the artery to the liver will be small and non-elastic, and as a result, the liver becomes first weak and finally diseased. To open the switch, i. e., to spread the joint apart or make it perfect laterally is to prevent a disease of the liver which otherwise would be inevitable.

To keep the arterial system young and elastic the spinal joints must all be kept open and perfect and the spine as a whole kept flexible, and this can be done by consulting a spine specialist, the same as we consult a dentist.

While the spine is the great health barometer for the individual,

there are of course other things to be taken into the account by those who would KEEP WELL AND LIVE LONG.

LENGTH OF LIFE INCREASING.

Insurance statistics show that the length of life is rapidly increasing. About four years have been added to the average life in the last quarter of a century.

The reason for this is given as "Increased Knowledge."

I. "Increased knowledge in the community at large in caring for the community. Hence all public sanitary measures which affect the community—street sweeping, street washing, pure water supply, adequate sewers, tenement inspection, quarantine laws, etc., all of which prevent epidemics.

II. Increased knowledge by the individual in caring for himself. Hence all private sanitary measures which affect the individual and which prevent individual disease. While the community at large has been applying its knowledge to public sanitary measures with increased rigor and increased results for the past three decades, until epidemics have become practically wiped out by preventive measures, the public mind is just beginning to awaken to a realization of the great possibilities of preventing individual diseases.

Is it possible to prevent individual diseases? Is it possible to prevent rheumatism, nervousness, heart disease, stomach trouble, constipation, pneumonia, consumption, diseases of the kidneys, liver, etc.? These questions are being asked every day by eager men and women, and the answer is, "Yes."

Many individual diseases can now be predicted in advance from certain conditions of the body which are revealed by a close physical examination. To remove or change these physical conditions is to remove the cause and thereby prevent the effect. These facts are being demonstrated each day. Engineers prevent accidents, breakdowns, explosions, etc., by a regular examination of their engines. Dentists prevent large cavities by a regular examination of the teeth. It has now been found that the body is equally susceptible to beneficial results from regular minute examinations.

Consumption in its last stage will never be a curable disease, because the lungs have been eaten away—they have been consumed. It is, however, already a preventable disease. And prevention will wipe it out within the next fifty years, the same as it has wiped out cholera in the past.

Pneumonia in its last stages will never be a curable disease; but it is already preventable.

Children's diseases, diseases of the kidney, liver and heart and many other diseases in their last stages are now and will always remain incurable, but they are already in a large measure preventable.

Prevention is going to do for the individual what it has done for the community. But the individual must do for himself what the community has done for itself; that is, LEARN WHAT TO DO, AND THEN DO IT. There will be, however, little delay on the part of the individual both to LEARN and TO DO, when all the possibilities of health and long life stand out as sure rewards for learning and doing.

(To be continued.)

ADDRESS OF CLASS REPRESENTATIVE.

DR. PAUL R. DAVIS.

SINCE Moses in the wilderness began to practice the healing art, the vicissitudes of humanity in seeking relief from those ills to which the flesh is heir, have been many and varied. The faith in the therapeutic value of his brazen serpent was the beginning of a series of experiments upon human kind that have been carried on since that memorable event; and today we have one so-called system of healing which is based upon the same principles as was his. The faith of those days must have been much more powerful than it is today, for the results obtained by the present day school are not nearly so brilliant as those obtained by Israel's leader; but, it is possible that when time has mellowed their efforts to the same extent as it has those of the great Law Giver that the results will be chronicled as the same.

To begin here and plough through the efforts of the various makers of the science of healing would be the work of a life time and one that neither you nor I have time nor inclination to enter into. Through Hippocrates, Galen and on and on the story might be told. Sometimes forward, sometimes backward.

The history of American medicine is of course very closely allied to that of the older countries and it is to them that we must go for much of the earlier annals of our therapeutics, without a Harvey, a Descartes, a Sydenham, a Hoffman or a Boerhaave, a great deal of the earlier history would have been altered, for these men did much to advance science and to their memories we must all pay tribute. The first doctor to locate in this country came in 1607, Thos. Wotton by name. He was classed as a "gentleman," although he must have borne the double appellation of barber and gentleman, and in view of the conditions as they were at that time this must have been quite an anomaly. His learning from what we can find out about it was not of a very profound

kind, and I daresay that many of his prescriptions would be considered unique today.

The year following, Dr. Walter Russell came, and as he in all likelihood held some kind of a degree, it would be perhaps more nearly correct to call him the pioneer physician of America. About the only record we have of his work is that he cured Capt. John Smith (he of the Pocohontas fame) of the sting of a fish. In this enlightened day we have many things to help the hard working physician in grinding out a living, but every age has its compensations. Even if they did not have automobiles, and if the vermiform appendix was not yet discovered, a munificent providence saw fit to provide the fishes with stings and in this way make recompense for some of our professional blessings.

From this time on there comes a host of names, which are to us little more than names, for the healing art apparently did not advance in very rapid strides at this time, and the fact that in October of 1639 an act was passed "To compel physicians and surgeons to declare on oath the value of their medicines," would tend to show that the doctors were as usual, just a little prone to experiment. But again when we stop to consider that such remedies as crab's eyes in vinegar, and toads boiled in oil were of the very mildest and pleasantest of the concoctions, it is not to be wondered at, that such an oath was desirable.

The real father of American medicine—Benj. Rush, was born in 1745, and died in 1813, a taciturn man, the son of a roundhead captain under Cromwell. A man who believed in heroic measures in drug giving, but who did not flinch at taking his own medicines. Think of it; 15 grain doses of calomel until relieved. This accompanied with a liberal letting of blood as was the practice makes a course of treatment not very well adapted to a delicate woman or child.

To Rush, however, we must give credit for being a student, a patriot and a philosopher. He did much to aid humanity, and for such he must have honor. His influence on American medicine may still be seen by the way in which the practitioner of today prescribes certain drugs.

Next there comes to our notice two names which stand out brightly as those of men far, far above the common horde and justly are they renowned for their acts in relieving suffering human kind. Physick and McDowell, the two great pioneers in American surgery. Physick, a pupil of the great John Hunter of England, was Hunter's mouthpiece in America, although he too was capable of great originality. His work was indeed a grand one; the surgeon then as now was compelled to prove those things which he knew to be true, and for that reason if for no other he was forced to stay on solid ground and could not engage in those

fancy flights of imagination that mark the course of the drug giver.

To McDowell perhaps belongs greater credit than to Physick. For his progress was all his own. A backwoodsman, Kentucky was the scene of his greatest triumphs. He was a man who was not afraid and having decided that a certain course was a proper one, did not hesitate to take the responsibility on his own shoulders. He was the father of peritoneal surgery, and the technique of some of his operations is still followed.

The list of men prominent in American therapeutics grows on apace, and the names of many, whose lives were given for humanity stand out as guiding stars along the pathway of our progress. For 5000 years physicians and surgeons had advanced but little, and the ancient Egyptians were in all likelihood better surgeons than many of those of the 18th and early 19th centuries, but with the advent of anesthetics and the aseptic and antiseptic precautions of the present day; surgery made many rapid strides forward.

Medicine had, until a few years since, clung tenaciously to practices some of which had been in vogue since Adam caught his first cold because of a failure of the fig leaf crop. So many different classes of persons had been practitioners of the healing art, that it had the accumulation of countless centuries of cant, ignorance, and even criminality; the practice had become a matter of experimentation pure and simple. It seemed to be and was, based wholly upon the formula of, "Try this," and if this doesn't have the desired effect, then try something else, and so the human body the most delicate but withal the most wonderful of machines, was subjected to a series of experiments that would not have been even so much as thought of in connection with the simplest of man made machines.

But time was solving the problem in its own way. People were beginning to think for themselves and the haze, mystery and superstition which had so long been the chief mainstay of the drug giving physician were giving way to the enlightenment of the 19th century. The populace were beginning to ask the whys and wherefores of the various procedures of the healer, and when they found that the course usually followed by their practitioner was followed only because tradition had so taught them there was indeed a revulsion of feeling. A rational system of healing was demanded and one that had a reasonable explanation.

In the 17th century Descartes had likened the human body to a machine and the statement was generally accepted by the medical profession as a truth, but beyond the fact the machine was incapable of working properly when there were broken bones or gross misplace-

ments, little or nothing was done to follow up this suggestion. It was of course a self evident fact in machines other than human, that slight misplacements which were neglected, were frequently the causative factor of the most dire results, but this truth was never applied in their practice upon the human body, and the old superstition of pouring nauseous decoctions down a patient's throat was persisted in.

The light was coming and mankind was not to be longer denied its right. And from the darkness there arose a leader. Whether it be a Divine providence,—a great natural law, or mere chance, it has always been mankind's good fortune to have a leader come when they most needed one. A great "first cause," if we must call it such, had given to the human race a Moses, a Joan of Arc, a Savonarola and a Wesley, and they all had performed their mission and passed on to their reward, but it remained for the 19th century to produce a man whose name will go down in the history of the healing art as the one who founded the first and the only rational school of healing. A man who by his own thought and reasoning has broken the iron bound traditions of thousands of years, and had given to the world a system of healing that heals, one that removes the causes of disease, and is not satisfied with a mere covering up of the symptoms. Truly was such a man needed, for humanity after its long siege of strong drugs and irrational methods was beginning to lose all confidence in man's ability to relieve its suffering, and when the system of healing by the correction of misplacements was given to the world, the name of A. T. Still, was put amongst those who have done most to aid mankind.

For twenty years he had been a physician of the old school and had demonstrated the fallacy of its methods, he was not satisfied with merely having discovered the weakness of the procedure, but searched for a true method of healing. As a result we have a system of therapeutics, which in its thirty-two years has done more real good in the world than any other in ten times the same period. Some of the other medical practitioners began at about this time also, to realize the inefficiency of their methods in drug giving, and when they did so they immediately decided that the other branch of their profession, surgery, offered a panacea to every ailment, and there was instituted in many cases a system of cutting which must have emanated from a perversion of the early sacred teaching which says, "If thine eye offend thee, pluck it out." For a time the whole object in life of some of the surgeons of the last few decades seemed to be to deprive man and womankind of as many organs as possible. The pathways of these men are strewn with the results of their prowess with scalpel and saw, and in the cemeteries are many beautiful monuments erected over those upon whom they



successfully operated, but who unfortunately died.

All surgeons, however, did not follow this practice of ruthlessly cutting and hewing on the human body, but made a careful study of their profession and refused to operate when there was a probability of the recovery of a patient without such interference, and it is from this school that the successful surgeon of today has come.

From the drug giver and the ruthless surgeon, humanity was not able or willing to free itself unaided and like a dumb animal did it endure the indignities of ages because of the false halo that surrounded those who professed to heal, and had not a leader arisen to strike off their shackles of ignorance and superstition they would have continued to endure. But a leader was needed and was given. When Dr. Still gave osteopathy to the world in 1874 he performed the greatest service for suffering men and women that has been since time was. Mankind and womankind are indeed the gainers for the great gift he has made them, and the time has come when humanity can be and is relieved of much of its suffering by a system which cures and which does not merely mask the symptoms while the disease goes on unchecked to a hasty and to a fatal termination.

And so I might go on and on with a panegyric on osteopathy and a eulogy to its founder but such expressions on my part would be a waste of time. You all know how much has been given to the world.

An address in which osteopathy is mentioned would not be complete without some reference to its home, osteopathy and Kirksville are so inseparably united in the minds of most people, that to speak of one brings the other to their mental vision. The people of Kirksville are to be congratulated upon having in their midst the home of such a magnificent science, and I am sure they do appreciate it. Since 1904 we, most of us, have been intimately associated with you. You have lodged us, fed us and clothed us. We have been as one of you, and although we may stray far, far away, and our roads lie in many different climes, the memory of our stay with you will always be a bright place in our lives. For myself and for my classmates, I thank you for your kindness to us.

In days gone by it has sometimes happened that precious gifts have long lain unnoticed, not so with osteopathy. It has been fortunate beyond all other gifts to mankind. The giving of even good things to the world has frequently been a serious problem, but with osteopathy that good fortune which has always been its lot asserted itself. The task of teaching others soon grew beyond the strength of the originator, and he called to his aid first one and then another. Those who were called to assist in this magnificent work were not chosen at random.

but because of their particular adaptability to the position they were destined to occupy. and, as a result we have today in The American School a corps of instructors second to none, men who are experts in their various lines and whose knowledge of their subjects is profound.

Gentlemen, for two years have we been with you. You have guided our feet along the path that leads towards complete understanding of the science we have chosen for a life work. Never at any time have you failed us, and the thoroughness with which we have been instructed will do much to insure our various successes. Yours, gentlemen, is a grand and glorious calling, and you are living up to its noblest principles, and to you I extend the good wishes and heartfelt gratitude of my class.

It is not strange then that our science should advance so rapidly when such ideal conditions surround its home, and when such able men have charge of the interpretation of its principles, and it has indeed advanced.

Long since it passed the age at which those things which are not destined to succeed give evidence foretelling their failure. Osteopathy has passed the time when failure is to be considered even within the pale of possibility, and it today ranks with the great exact sciences of the world. The day of experimentation has passed and not nearly so many of humanity are doomed to go through life as maimed and useless members of society. The time has passed when ignorance, inhumanity and superstition shall be the powers that control the science of healing. Men and women are thinking for themselves, and when they do this the battle that osteopathy has been waging, is won, and its progress towards a complete fulfillment of its early promise can be seen in the near future. A grand and a glorious future it will be, a rational school of healing such as the world has never seen. Through the hands of priests, monks, barbers, laymen and doctors has humanity survived, but to the 19th century belongs the honor of giving to the world the first system of healing based upon reasonable methods and sensible principles.

Like Ceasar of old, we have come and conquered. The day is ours, and thundering down through the ages to come, the reverberations of our triumphant march will resound throughout the universe.

America has produced a Washington, a Jefferson, a Daniel Boone, a Grant, a Lincoln, and a Roosevelt. These names stand high, high up on the nation's roll of honor, and rightfully should they, but yet another name has been added, and one that belongs with them, one that stands for truth, for progress, and for independence. High up as the highest in letters blazoned bold with gold stands a name written not only on the roll of Fame, but also on the hearts and very souls of his fellow men, Andrew Taylor Still.

PELVIC TROUBLES—THEIR RELATION TO DISPLACED INNOMINATES.

DR. RENA REZNER.

The theory and practice of osteopathy in "Pelvic troubles" throws more light on the causes of these troubles than any other therapy now practiced. I have searched for some suggestion such as the subject of this paper gives, in all medical works to which I have had access, and asked the medical brethren for causes of so much pelvic trouble, but neither in books nor in conversation, could I get any other such suggestion, even as the topic of this paper gives. And when I suggest the osteopathic theory, it brings forth a smile, a word of ridicule, or "Why no, that is impossible." Yet there are others who see the good results obtained from our therapy, and desire to obtain the same knowledge without studying for it.

Dr. Still has given to the world an untold blessing by his discoveries in just this one subject, if there was no other help derived from his therapy.

When we think of the situation of the innominates, that forty muscles have their attachment to them, and that the broad ligaments contain pelvic organs and are also attached to their inner surface, we cannot help seeing a cause for pelvic troubles. If there is even a very slight displacement, a cause I say, even if there is no trouble, for I must say, I have found just such conditions. A displaced innominate, yet seemingly no trouble anywhere. Though the displacement may not cause a disease, it sometimes is a constant menace to health, for it gives the predisposing weakness which will bring trouble when there is a strain brought to bear upon the weakened structure, even as a weakened bridge breaks only under a heavy load. I think that all I can do now, will be just to give my experience.

The first case to which I will call your attention, is that of a young lady. She is twenty-five years of age, and had obstructive dysmenorrhea. The right innominate was downward and forward, and the right limb one and three-fourths inches longer than the left one. There was present a double curvature. The M. D.'s had advised putting a thick sole on the shorter limb. Think of that! A thick sole on the shorter limb—thus making a deformity. When she came to me and asked about it, I told her, "no, you do not need it on the shorter limb, you do not need it at all, but if you put it anywhere, put it on the longer limb." On examination I found an ante-flexion and the uterus lateral and to the left, her suffering extreme. She weighed eighty-eight pounds. I treated her four weeks, but could see no marked improvement in any way, none in weight and not very much in appearance. After I treated her two weeks more, there was a gain of eight pounds with much im-

provement in general appearances. The limbs were of the same length, and the suffering much decreased, but not wholly absent; feeling better, she quit taking treatment and went to teaching school, though not well.

The second case was a young lady, age twenty, a school teacher. I was called to this case after three M. D.'s had treated her. She had been thrown from a buggy, and for three months had suffered acute pain in the right iliac fossa. An operation had been advised, "for removal of ovaries on account of ovaritis."

On examination I found the right innominate forward, a retroversion of the uterus and menorrhagia every two weeks; the lumbar vertebræ all posterior. I corrected the displaced innominate and malposition of uterus at the first treatment, and when I went back for the second, she said she had, "not an ache nor a pain," yet she had been confined to her couch for three months. I gave her three more treatments and she began her school, feeling fine.

Case number three—Menorrhagia. This was the case of a lady twenty-one years old. I was called after there had been ten days flooding. I found the left innominate bone subluxated backward; the third and fifth lumbar vertebræ all posterior. I corrected the innominate and the flow ceased. The next day the flow had started again, the innominate was partially slipped and I corrected it and gave special treatment to stop the flow. Every time the innominate slipped, the flow started. Can we say it is only a theory on paper? No it is osteopathy founded on facts and practice.

The fourth case was a young lady twenty-six years of age. There was pain in hips and back. The menses were regular, with no accompanying pain. I found the left innominate slightly forward. I have treated this case for eleven months and as yet have not been able to fix the innominate. I took her to three other osteopaths with no better result. The whole spine was partially ankylosed. Here was one case where there seemed to be cause enough yet no pelvic disease. I should like some one to explain.*

Case number five,—married woman, age thirty; menorrhagia and cystitis—the lesions were ante-flexion of the uterus and a forward displacement of the right innominate. There was present also, severe stomach trouble, weakness and irregularity of the heart. The patient was unable to retain food. Correction of the innominate and two local treatments, in all about sixteen treatments, effected a cure.

The sixth case,—a married woman, forty years of age, complained of an aching back, a severe pain at the left iliac fossa and extending to the back, and inability to turn over in bed. She had been advised by physicians to have an operation. Examination showed backward sub-

luxation of the left innominate and all the lumbar vertebrae posterior. The left ovary was very much enlarged and very tender. I treated this case three months before I was able to correct the innominate, and then after the reduction, only four treatments. Her own expression was, "Osteopathy has made a new woman of me and without an operation too."

Biggsville, Ill.

*In cases where there are lesions of long standing, and especially where there is a slow inflammation causing ankyloses of spinal column, it is easy to explain why in the course of time, the organs of the body may completely recover their normal tone. The tendency of the human organism is always to correct an abnormal condition, and invariably, should the lesion be brought on slowly and persist for a long time, the processes of natural repair absorb the obstructing tissues. In such cases, nature has affected the cure, and we ought not remove the apparent lesion if we could.—Ed.

OSTEOPATHY FOR CHILDREN.

DR. P. K. NORMAN.

If there is any one class of patients more than another which should not be subjected to the injurious effects of strong drugs, it is children. This is a widely recognized fact both among doctors and the laity and we frequently hear people recommend their doctor by saying that he never gives strong medicines to children. That the widespread sentiment against much drug giving to children is well founded, is evidenced by an article entitled, "Of What Value Are Drugs in the Treatment of Children," read by Dr. Frederick Leavitt before the Minnesota State Medical Society, June, 1903.* This article sets forth so clearly the strong reasons for not using drugs for children and shows so plainly their uselessness that I would like to have it reproduced in full if space permitted, but some quotations will serve our purpose.

He says in part, "In truth I honestly believe, taking the world over, greater harm has been done children from the giving rather than the withholding of drugs."

"For such constitutional diseases as anemia, rickets, scrofula, goiter, cretinism, acromegaly, Addison's disease and diabetes, can we rely on drugs alone as exerting much influence in their cure? And for infectious diseases such as tuberculosis, typhoid, scarlatina, measles, mumps, variola, whooping cough, how much real benefit is derived from the thousand and one indicated remedies? WE CANNOT CHANGE THEIR COURSE ONE WHIT. Is there any specific for meningitis? What drugs have we that avail us in pneumonia or even in a common cold? If the alimentary canal was ever benefited by the exhibition of poisons, (and is not poison the chief principle of most remedies,) then why can we not cure the gastric fever of childhood?"

*Pediatrics, August, 1903.

"Castor oil, calomel, cascara,—what may be claimed for them? The first two are specially recommended in the treatment of gastro-enteric affections, but would better be forgotten as mere purgatives. Cascara will open the bowels, so will a lot of other things. What is the advantage? IF THE ALIMENTARY CANAL NEEDS TO BE CLEANED OUT WHY NOT WASH IT OUT?"

"Of such tonic restoratives as arsenic, iron, phosphates, cod liver oil, etc., I have never been able to demonstrate their asserted worth to my entire satisfaction. PROPER FOOD, FAVORABLE AND HYGIENIC SURROUNDINGS AND A SAND PILE TO DIG IN, HOLD OUT MORE HOPE FOR ME IN THE TREATMENT OF DEBILITATED CHILDREN THAN A WHOLE STORE FULL OF DRUGS. Phenacetin, acetanilid, and many other of the coal-tar products, will doubtless act as antipyretics, but where is the necessity, and if it be necessary WILL NOT WATER REDUCE THE FEVER JUST AS WELL? They are known to depress, one more, the other less, the action of the nervous system and the functions of the heart, and even to destroy blood corpuscles."

"Specifics in medicine are few. Quinine as an antiperiodic and prophylactic against ague and other intermittent affections is invaluable. No doubt mercury and iodide of potash work wonders in the treatment of syphilis in all its manifestations. The practice of medicine is somewhat like the church—its dogma served our fathers so why not us? and as a matter of belief I would not disturb the confidence of anyone, for WITHOUT FAITH MEDICAMENTS LOSE MUCH OF THEIR POWER TO HEAL."

As to the harm which may sometimes be done by medication even though done on the best authority he says, "The recollection of a few carefully observed sick children whom I treated after the orthodox fashion stands out prominently in my memory, and, I regret to say, SOME OF THESE WERE MADE WORSE—DANGEROUSLY WORSE—from taking the medicine I prescribed. This was particularly true in cases of summer complaint and of capillary bronchitis. Opium in some form was commonly given in both ailments, and nearly every text book on pediatrics endorsed it. Then it was that I resolved never again to prescribe dangerous or even questionable remedies; that while a less potent drug or inert substance might not help the child get well, I could rest assured that no harm would come from its administration."

In conclusion he says: "While I do not answer my own question, I have said enough to lead you to infer that of themselves and in general I CONSIDER DRUGS OF LITTLE VALUE IN THE TREATMENT OF CHILDREN; and what is more, I think the time is not far distant when the

little ones' physician will not find it expedient to always prescribe potent remedies for simple ailments, and will be upheld if he sees fit to superintend their illnesses WITHOUT THE ADMINISTRATION OF DRUGS AT ALL."

Certainly we could have no more striking evidence of the lack of faith in drugs on the part of the medical profession or of the necessity of some less dangerous and more positively beneficial method of treatment. Osteopathy meets both of these requirements. Even its worst enemy will not claim it to be injurious and will admit that "rubbing" frequently "does good." The worst charge the opponents of osteopathy have ever made against it was that it deprived the patient of the benefit of proper medication and now comes Dr. Leavitt and refutes that charge by saying the doctor of the future will not give medicine to children at all.

When the M. D. has laid aside his drugs he is without resources except nursing and general attention. It is right here that osteopathy demonstrates its fitness as the ideal treatment for children. The osteopath can give the same general attention and nursing that the M. D. can and in addition by the proper osteopathic manipulation control the blood and nerve supply in such a way as to vastly assist recovery.

Anyone who will give the matter careful consideration must arrive at the conclusion that osteopathy is the treatment PAR EXCELLENCE for children, since it offers the most good and the least harm.

Memphis, Tenn.



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CONTENTS—February, 1906.

WHAT IS OSTEOPATHY?.....	33
Dr. C. B. Atzen.	
DIAGNOSIS.....	35
Dr. J. A. Grow.	
HOW TO KEEP WELL AND LIVE LONG... 38	
Dr. S. C. Matthews.	
ADDRESS OF CLASS REPRESENTATIVE... 44	
Dr. Paul R. Davis.	
PELVIC TROUBLES.....	52
Dr. Rena Rezner.	
OSTEOPATHY FOR CHILDREN.....	54
Dr. P. K. Norman.	
EDITORIAL, PERSONAL, ETC.	

Subscription.

All subscriptions to the Journal of Osteopathy will be \$1.00 after June 1st, 1906. Your subscription should be paid before that time.

* * *

A Special Edition of the Osteopathic Journal.

We have received so many requests for the December and January numbers of the Osteopathic Journal, which we could not fill, that we have decided to publish a special edition containing the best articles of each, at the same rate as the regular numbers. It will be remembered that the December number contained the "Nobel Prize" articles from the Independent. Those wishing the special edition should write us immediately.

* * *

The Stereoscope as a Scientific Instrument.

The instrument known as the stereoscope has long been used for instructive amusement, but its use as an instrument

for the scientific reproduction of dissections is unique. The authors of the Edinburg Stereoscope Atlas of Anatomy have certainly hit upon an innovation of real value for the presentation of the subject and since Professor Cunningham has aided in the preparation of the dissections from which the pictures are taken they have a definite scientific interest.

* * *

Independent Board.

This is no time to differ in opinion or waste in discussion, but rather the time to work,—the time to present a solid front, with but one object in view and that, justice. Justice to the profession—justice to those who wish to patronize us. Aye! And better still, justice to all mankind. We are seeking a kind of legislation never sought before by the medical world; the kind that is based upon the belief that all scientific discoveries in medicine have not yet been made, and with a desire to encourage, not throttle, some other system because it is new. Yes, one with a broader and more liberal spirit—one in common with the tenets of the people of this glorious republic of ours—freedom to all.

At our last National Osteopathic Convention held in Denver, the association endorsed by almost a unanimous vote the Independent Osteopathic Board Bill as the best kind of legislation for our profession to seek, at this time. This kind of legislation is eminently fair to every one. It takes away none of the rights or privileges of any of the schools of medicine—a thing we do not want to do. It adds no burden to any of the states granting us these laws, for the reason that we pay every dollar of expense we create, and do not ask for a penny from any person or state, other than comes from our own profession.

The argument that it creates and multiplies the board system, is not well taken when it adds no burden to the state's taxation. A state should have

no higher ambition than that of furnishing to its people all the safe-guards necessary, and especially all possible relief for suffering humanity.

The reason we have asked for these separate boards is because we were forced to do so by the old schools who fought us so bitterly that we could secure no other kind of recognition; in fact, at first they did not want us tolerated even, but wished to legislate us out of existence, just as they did with the eclectics and homeopaths.

And right here let me say, that nowhere and in no state have we ever been opposed in our efforts either to practice our profession or to secure just laws, except by members of the older schools of medicine. The eclectics and homeopaths have joined forces with the allopaths to fight us. They belong to the trust now and have seemingly forgotten their fight for justice a few short years ago.

Now when they find that they cannot wipe us off the earth, they are beginning to say: "Oh, the osteopaths are good fellows, but if they wish to practice they should qualify as we do and become one of us or one of our monopoly," they would like to control us and if they could satisfy us by giving us one member on a composite board of from five to seven members, then they could do so.

We now have our own independent board of examination and registration in some eight or ten states, and find that kind of law works splendidly for several reasons: first, because they produce no friction with the other schools of medicine. We do not interfere with their practice, nor the regulation of the same, and neither do they with ours; second, we know in these states that those who are licensed to practice our profession are thoroughly qualified, not only on subjects common to all schools but in our therapeutics as well; and, third, we know too that no man can or will guard qualifications and standards of our pro-

fession as men who have but one ambition and that is, the best and highest good of the cause they represent, as well as the interests of the people who wish to patronize them.

Knowing all these things as we do by experience, it behooves us to stand up like men and demand justice, for we know the independent boards are just, and we should accept nothing short of them. We have now reached the point where we are not persecuted as of old, and there is but one state in this union in which we cannot practice, and that being the case, we have no right to accept anything we can get, we must have what we know is best and just and will fight until we get it. In the states overrun by quack osteopaths it is better to wait even there than to accept a law that will hamper our growth, for the reason the people will not be long in detecting the quack, and as time goes on, the genuine will keep adding to our list of loyal, good friends, until it is only a question of a little longer wait, when our friends' demand for justice for all will become so strong it must be answered.

Two points in our laws should never be lost sight of: first, the independent board, and second, a just, broad-gauged reciprocity clause. The first we know to be best, and the second we know to be just, and it should be in all laws of all states of all schools because as men grow older, and after being out of college for a few years, no matter how efficient when graduated, or how valuable their service, from the practical experience standpoint, they could not after five or more years take and pass a technical examination; necessity may even in the evening of life, compel them to make changes, and such conditions should be cared for.

Now, let us drop discussions, and all go to work and stand by the recommendation of the A. O. A., and too, by what experience has taught us to be the best—the separate board.

Graduating Exercises.

A large crowd witnessed the graduating exercises of the January class of 1906 at the American School of Osteopathy, Thursday, January 25th. The friends who came to witness the exercises overflowed the halls, filled the windows and even the big east porch of the building. Many were turned away. In other pages of this paper we publish a part of the addresses given.

**PROGRAM.
CLASS DAY,**

- Wednesday Evening, January 24, '06.
- Music.....Orchestra
- President's Address.....J. P. Snare
- Music.....Orchestra
- Class History.....F. M. Plummer
- Class Song
- Class Prophecy.....G. E. Holcomb
- Music.....Orchestra
- Class Poem.....Glen B. Wheeler
- Class Song
- Music.....Orchestra

BACCALAUREATE SERMON.

- SUNDAY, JANUARY 21, '06, 2:30 p. m.
- Sermon.....Rev. W. C. Templeton
- AT FIRST PRESBYTERIAN CHURCH.

GRADUATING EXERCISES,

- Thursday Evening, January 25, '06.
- Music.....Orchestra
- Music—Solo.....P. W. Geddes
- Address—Class Representative,
.....P. R. Davis
- Music—Solo.....Miss Larimore
- Address—Faculty Representative
.....Dr. M. E. Clark
- Music.....Orchestra
- Presentation of Diplomas.....Dr. A. T. Still
- Music.....Orchestra

LIST OF GRADUATES.

- Armond, R. H.....Kirksville, Mo.
- Austin, Isabel E.....Kirksville, Mo.
- Bennett, W. H.....
- Briscoe, M. L.....Platt City, Mo.
- Blanchard, C. A.....Lincoln, Nebr.
- Bruce, Mrs. A. M.....Kirksville, Mo.
- Briscoe, W. S.....Platt City, Mo.
- Ball, C. D.....Shawnee, O. T.
- Baker, H. U.....Lone Tree, Iowa
- Bereman, John Worling...Latham, Kans.

- Cabana, Edmire M.....Buffalo, N. Y.
- Cady, Darwin F.....Syracuse, N. Y.
- Casey, Eugene M.....New Milford, Pa.
- Catlow, Miss Jessie L.....
- Clements, K. J.....Kirksville, Mo.
- Corkill, Lena C.....Kirksville, Mo.
- Cormeny, Dr. H. J.....York, Pa.
- Coulter, Robt. P.....Bellefontaine, Ohio
- Courts, Lillian.....Kirksville, Mo.
- Cox, Robt. Cornelius...Philadelphia, Pa.
- Cowgill, R. E.....
- Davis, Paul R.....Kansas City, Mo.
- Dodge, Celia May.....Glen Ellyre, Ill.
- Drummond, John J.....Lyons, Kans.
- Eimert, Frederick J.....Philadelphia, Pa.
- Eimert, Mrs. Mabel.....Philadelphia, Pa.
- Estes, Elmer C.....
- Farley, R. M.....Syracuse, N. Y.
- Floyd, Ambrose B.....
- Fisher, Chas. S.....Kirksville, Mo.
- Fledderman, Henry.....Evanston, Ill.
- Friend, J. H.....
- Gable, Clyde A.....Evanston, Ill.
- Goodell, Geo. M.....
- Greene, F. J.....Elmira, N. Y.
- Hamilton, Amanda.....Kirksville, Mo.
- Hart, Edward B.....Kirksville, Mo.
- Howes, L. A.....Minneapolis, Kans.
- Henry, Percy Randolph..Brooklyn, N. Y.
- Holcomb, Guy E.....Jackson, Mich..
- Holcomb, Mrs. Maude B...Jefferson City
- Hubbard, Theodora W....New York City
- Johnson, Julia A.....Kirksville, Mo.
- Larkins, F. B.....Salisbury, Mo.
- Larkins, E. E.....Salisbury, Mo.
- Lawrence, W. S.....Covington, Pa.
- Leitch, O. S.....St. Louis, Mo.
- Lockwood, Jane E.....Buffalo, N. Y.
- Lyman, Geo. P.....Des Moines, Ia.
- Mabis, Carrie M.....Kirksville, Mo.
- Martin, J. W.....Des Moines, Ia.
- Miller, Mrs. Isabele W..Kirksville, Mo.
- Mitchell, Warren B....Little Falls, N. J.
- Mitchell, C. Elizabeth....Chicago, Ill.
- Nelson, Mrs. Loretta B.....
- Nuckles, Geo. T.....Marshall, Mo.
- Newton, R. W. E.....
- Owen, Harl L.....Bloomville, Ohio
- Oliver, G. E.....
- Paul, R. C.....Carbondale, Pa.
- Pierce, Nellie M.....Kirksville, Mo.

Plummer, F. M. Orange, N. J.
 Pecinovsky, A. E. Valley Falls, Kans.
 Pennock, Dr. Daisy Norborne, Mo.
 Perry, Carroll W. Niagara Falls, N. Y.
 Prindle, J. Grace Roodhouse, Ill.
 Quick, Roy T. Zanesville, Ohio
 Rahn, Mrs. Geraldine Greenville, Ohio
 Raffenberg, E. L.
 Robertson, O. C. Utica, Ky.
 Robson, Ernest W. New York
 Robinson, Jno. W. Cambridge Springs, Pa.
 Rockwell, Mrs. L. A. Asheville, N. C.
 Schmunk, Paul B. Beaver Falls, Pa.
 Schofield, Jennie M. Buffalo, N. Y.
 Scott, W. E. Kirksville, Mo.
 Shook, Ross Q. Hanston, Kans.
 Shank, Dr. Jane Twin Falls, Idaho
 Smith, Mrs. Mary E. La Harpe, Kans.
 Smith, Grace L. Chicago, Ill.
 Snyder, Cora Kirksville, Mo.
 Stiles, J. A. Whitesville, Ky.
 Stuver, W. N. Brookfield, Mo.
 Stern, Mrs. Kansas City, Mo.
 Sutton, Miss Lucy B.
 Sweetman, F. H. Burlington, Kan.
 Thompson, G. E. Kirksville, Mo.
 Tieknor, Ella P. Mogadore, Ohio
 Townsend, George A.
 Trimble, Guy C. Montezuma, Ia.
 Trowbridge, Mrs. Jennie Hillsdale, Ill.
 Trowbridge, L. R. Moline, Kans.
 Tucker, C. H. West Nashville, Tenn.
 Ure, Sarah H. Kirksville, Mo.
 Ure, W. R., (P. G.) Kirksville, Mo.
 Ussing, Agnes Kirksville, Mo.
 Van Halteren, G. W. Clarksdale, Wash.
 Walker, Horace M. Monroe, Ga.
 Wageley, Chas. C. St. Louis, Mo.
 Wells, Geo. A. Greenville, Tex.
 Wells, Miss Inez Greenville, Tex.
 Welch, O. F. Philadelphia, Pa.
 Wheeler, Glen B. Wahpeton, N. Dak.
 Wheeler, Mrs. Glen B. Wahpeton, N. Dak.
 Witmer, Frances M. Niagara Falls, N. Y.
 Woodruff, E. L. Platte City, Mo.

* * *

California Graduating Exercises.

The California College of Osteopathy held their commencement exercises January the 25th. Eight new doctors received their diplomas.

Central Iowa Osteopathic Association.

The third annual meeting of C. I. O. A. convened in the office of Drs. Dysart and Dysart at Webster City, Dec. 29, 1905.

It was regretted that the president, Dr. S. B. Miller, of Cedar Rapids could not possibly be present. Dr. C. M. Proctor of Ames, was made chairman.

The address of welcome, a few well-chosen words by Dr. Laura Dysart, was responded to by the secretary.

In the absence of Dr. Haight of Des Moines and Dr. Hibbets of Grinnell, the time allotted them on the program was given to the presentation of a number of very helpful clinics, with discussion of the cases, their treatment, etc. A case of auto-intoxication was presented by Dr. G. E. Moore, followed by the reading of a very able paper on the subject of "Auto-intoxication" by Dr. R. S. Dysart. "Insanity" is a large subject to be attempted in a limited amount of time, but Dr. Moore proved himself more than equal to the task by giving us an especially interesting, instructive and practical discussion of it.

Dr. C. L. Parsons spoke briefly on "Do We Progress in Practice?"

A letter from Dr. Miller was read in which some valuable suggestions were made regarding our progress professionally, our indifference to our rating and our lack of activity in demanding our rights as physicians. He urged the increase of local organizations with every osteopathic physician an active, interested worker in some local organization, and increased interest in the State Association, also in the National Association through which will come one of our greatest boons,—reciprocity between states and a board to control the same.

The officers elected for next year are: Dr. C. M. Proctor of Ames, president, and Dr. E. S. Burkhart of Marshalltown, secretary and treasurer. An invitation to hold our next meeting at Marshalltown was accepted.

A delightful hour was spent at the Wilson House where the association was en-

tertained at a banquet by the Drs. Dysart.

The meetings of C. I. O. A. have always been successful because helpful and inspiring. Members cannot afford to miss these meetings, neither for their own improvement, nor for the good of osteopathy in Iowa.

FRANCES G. STEWART, D. O.,
 Secretary-Treasurer.

* * *

Michigan Osteopathic Association.

The Michigan State Osteopathic association held its sixth annual meeting Dec. 30th, at the Morton House, Grand Rapids, Mich. President Dr. E. H. Culley called the meeting to order. There being about sixty osteopaths in attendance. The minutes of the previous meeting were read and approved. The president then made a splendid address, and the following program was presented:

Paper, "Diphtheria, Dr. C. B. Root, Greenville, and discussion led by Dr. Dr. J. Martin Littlejohn.

Address, "The Principles of Osteopathy," Dr. J. Martin Littlejohn of Chicago, which was intensely interesting and full of progressive thought.

Paper, "Cause of Disease," Dr. E. Ellsworth Schwartz, Coldwater. A warm discussion followed this as to the primary lesion in certain infectious diseases.

Clinic, "Progressive Muscular Atrophy," Dr. G. H. Snow, Kalamazoo. Discussion by Dr. H. E. Bernard, Detroit.

Symposium, "Experience in the Treatment of Neuralgia," led by Dr. J. O. Trueblood, Traverse City.

Diseases of the Eye, Dr. W. S. Mills, Ann Arbor and Dr. R. B. Peebles, Battle Creek.

General Clinic, conducted by Dr. S. R. Langs, Grand Rapids and Dr. H. E. Bernard, Detroit.

The following officers were elected for the ensuing year: President, Dr. W. S. Mills, Ann Arbor, vice-president, Dr. R. B. Peebles, Kalamazoo; secretary, Dr. A. D. Glascock, Owosso; treas., Dr. R. A. Glezen, Kalamazoo. Owing to the unpopular proceedings of a certain D. O.

in the state, to force himself into the office of State Board Examiner, the association took up his case for consideration, which resulted in hot criticism and a unanimous expression, as "against any man seeking the office," but rather, "Let the office seek the man."

Four new members were admitted to the association. The next meeting will be held in October at Battle Creek.

A. D. GLASCOCK, D. O.,
 Secretary.

* * *

WANTED—A position as assistant by a lady graduate osteopath. Can furnish good references. Address "Sigma", care of the Journal of Osteopathy.

* * *

Fourth Annual Convention Oregon Osteopathic Association, Imperial Hotel, Portland, Oregon, Saturday, Jan. 13, 1906.

MORNING SESSION—9:00 a. m.

Address by President, Dr. J. E. Anderson, The Dalles.

Prayer, Rev. E. S. Muckley, Portland.
 Address of Welcome, Dr. C. E. Walker, Portland.

Reading of Constitution and Code of Ethics by Secretary, Dr. H. C. P. Moore La Grande.

Reports of Secretary, Treasurer, Board of Trustees, Legislative Committee, Program Committee and Delegates to American Osteopathic Association.

Application for Membership.

Unfinished Business.

New Business.

AFTERNOON SESSION—1:30 p. m.

Paper, Typhoid Fever, Dr. L. B. Smith, Portland.

Paper, Conditions of the Hip, Dr. G. S. Hoisington, Pendleton.

Paper, Tuberculosis, Dr. W. L. Mercer, Salem.

Paper, Constipation, Dr. R. C. Hicks, Astoria.

Discussions will follow each paper.

EVENING SESSION—7:30 p. m.

Unfinished Business.

Election of Officers.

Minnesota Association News.

The M. S. O. A. at its December meeting, voted a letter of condolence on the death of Urania Jones Morgan, D. O., of St. Cloud, Minn.

At the January meeting of the M. S. O. A., Dr. C. W. Young gave an instructive talk and demonstration on "Specialized Exercises."

A committee on revision of constitution and code of ethics was appointed.

Doctors J. B. Bemis of St. Paul, J. Y. Trust of Faribault, J. W. Hawkinson of New Ulm, Helen H. Fellows of Minneapolis, have been received as new members in the state association. Dr. H. C. Camp of St. Paul was transferred from the honorary to the active list.

Dr. Geo. L. Huntington was reappointed to the Minnesota State Osteopathic board for five years from January 1, 1906. Dr. Huntington was indorsed for reappointment by the M. S. O. A. at its annual meeting. He is secretary and treasurer of the board.

BERTHA W. MOELLERING,
Secretary M. S. O. A.
* * *

San Francisco Osteopathic Association
Odd Fellows' Building, Corner 7th
and Market Streets, "Fraternal
Hall," Feb. 10, 1906.

PROGRAM.**AFTERNOON SESSION.**

2:00 p. m. "Medical Gymnastics," Dr. James C. Rule. Discussion, led by Dr. W. C. Bean.

2:45 p. m. "Osteopathy, First Aid to Nature," Dr. Mary V. Stuart. General discussion.

3:30 p. m. "Lumbar Lesions," Dr. S. F. Meacham. Discussion, led by Dr. S. W. Willcox.

4:15 p. m. "Cervical Lesions," Dr. Ernest Sisson. Discussion, led by Dr. Chas. F. Ford.

EVENING SESSION.

8:00 p. m. Business Meeting.

8:15 p. m. "Clinical Demonstration," Discussion, led by Dr. Henry F. Dessau.

8:45 p. m. "Gynecology," Dr. Effie E.

York. Discussion, led by Dr. Susan Orpha Harris.

9:15 p. m. "Rib and Dorsal Lesions," Dr. J. W. Henderson. Discussion, led by Dr. Myrtle E. Herrmann.

10:00 p. m. "Clinical Demonstration," Dr. Isaac Burke. Discussion, led by Dr. S. D. Cooper.

* * *

Dr. Hazzard's Book Now Ready.

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

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

* * *

An Osteopath Appointed Insurance Examiner.

Dr. Mae V. D. Hart, of Albany, N. Y., has been appointed medical examiner for the Germania Life Insurance Company of New York. The Germania is one of the largest old line companies in the United States.

Dr. Hart is the first lady osteopath ever appointed an examiner by any company especially an old line

* * *

Persecution or Prosecution.

Dr. J. C. Howell of Vineland, N. J. was arrested January 18th on a charge of practicing surgery in connection with osteopathy. The operation was not performed by Dr. Howell, but by a Philadelphia surgeon. Dr. Howell took charge of the case after the operation, and treated the wound under the direction of the operating surgeon. The arrest is plainly a case intended to influence public opinion in New Jersey against osteopaths on account of the bill recognizing osteopathy, that will soon be before the state legislature.

A Telegram to Dr. Still.

PORTLAND, ORE., Jan. 13, 1906.
DR. ANDREW TAYLOR STILL,
Kirksville, Mo.

The Oregon Osteopathic association in session, sends love and greeting.

MABEL AKIN, D. O.
Secretary.

* * *

Battle Creek Osteopathic Sanatorium.

Battle Creek, Michigan, has long been noted for its health foods and its great sanatoriums, and now Dr. H. W. Conklin, backed by a number of wealthy men of Battle Creek, proposes to make it an osteopathic center by establishing there a great osteopathic sanatorium. From what we can learn of the new enterprise which is styled the Osteopathic and Surgical Sanatorium, it is deserving of the best wishes of the profession. It occupies one of the finest buildings of its kind in America and its promoters promise much in the way of a staff for the institution.

Dr. H. W. Conklin the head of the osteopathic department is an excellent practitioner and a thorough gentleman. We wish him success.

* * *

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* * *

State Board Examination.

Those wishing to take the Vermont osteopathic examination are requested to communicate with Dr. Wm. H. Brock, secretary of the board, 134 State St., Montpelier, Vt.

* * *

An Osteopath Commits Suicide.

Dr. Wm. Thorington, an osteopath of Memphis, Mo., shot himself January 29th. No motive is known. He was in good circumstances and had a lucrative practice.

Personal Mention.

Dr. F. O. Edwards has located at the Archer Bldg., Salinas, Cal

Dr. J. J. Drummond has opened an office in Lyons, Kansas.

Dr. O. B. Prickett has been appointed postmaster at Billings, Montana.

Dr. Jesse K. Dozier has opened an office at 224 Orange St., New Haven, Conn.

Dr. A. G. Hildreth will soon make an extended trip through the East in the interests of osteopathy. He expects to be in Pittsburg, Feb. 15th, New York City the 17th and Trenton, N. J., the 20th, where he will assist the New Jersey osteopaths in their "fight for independence."

The following practitioners visited at the A. S. O. during the past month: Dr. Gertrude Wilkins of Edina, Mo., Dr. Kate Ely, Edina, Mo.; Dr. E. O. Millay, Barry, Ill.; Dr. H. C. Montague, Muscogee, Ind. Ter.; Dr. O. M. Calland, Kansas City, Mo.; Dr. A. D. Morrow, Richmond, Mo.; Dr. S. E. Lovell, Zanesville, O.; Dr. C. I. Stevenson, Auburn, Nebr.; Dr. Wm. Traughber, Mexico, Mo.; Dr. A. L. McKenzie, Kansas City, Mo.; Dr. A. Still Craig, Maryville, Mo.; Dr. C. O. Cline, Monticello, Ill.; Dr. Frances Bywaters, Platte City, Mo.; Dr. Alma Leitch, St. Louis, Mo.

* * *

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Deaths.

Dr. Rufus H. Bodine of Paris, Mo., a graduate of the A. S. O. in 1900, died January 5th of pneumonia.

Dr. M. D. Cole of Dubuque, Ia., was thrown from his sleigh Tuesday, January 16th, suffering a fracture of the skull. Dr. Cole was a well known member of the osteopathic profession, having been in practice for seven years.

Removals.

Dr. Perry J. Barnes from Summerset, Ky., to Wellington, Kas.

Dr. A. F. McMillan from Keyser, W. Va., to Mt. Lake Park, Md.

Dr. C. A. Dodson from Kane, Ill., to Edwardsville, Ill.

Dr. Emma Gardener from Columbus, Kansas, to Eaton, Ohio.

Dr. Wm. S. Nicholl from 1337 N. Thirteenth St., to 323 Mint Arcade Bldg., Philadelphia.

Dr. L. B. Coggins, from Oak Grove, Mo., to Higginsville, Mo.

Drs. H. W. and Ida Maier Conklin from 17 N. McCalmly St., to 311 and 312 New Ward Block, Battle Creek, Mich.

Dr. P. H. Miller has removed from Mt. Morris, Pa., and has joined the staff of the Mercer Sanitarium, Mercer, Pa.

Dr. Nannie J. Dufur from Sedalia, Mo., to Otay, Calif.

Dr. John F. Bone from Weldon, Ill., to Pontiac, Ill.

Dr. E. M. Cramb from Tecumseh, Nebr. to 347 S. Fourteenth St., Lincoln, Neb.

Dr. Neville Harris from Port Huron, Mich., to Flint, Mich.

Drs. H. A. and Grace R. McMains from Crawfordsville, Ind., to Baltimore, Md.

414-A Equitable Bldg., where Dr. H. A. McMains will continue the practice of his profession with his brother, Dr. Harrison McMains.

Drs. Pleak and Pleak from Lake Charles, Ind., to Tulsa, Ind. Ter.

Dr. Geo. W. Perrin from Suite 18 Steele Block to 32-33 Steele Block, Corner 16th and Stout Sts., Denver, Colo.

Dr. A. S. Yewell from Owensboro, Ky., to New Commercial Hotel, Hartford, Ky.

Dr. J. H. Hook from Fruita, Colo., to Montrose, Colo.

Dr. J. A. Kerr from 45 East Liberty St., to Noble Block, Wooster, Ohio.

Dr. Almeda J. McCall from Dayton to Wenatchee, Wash.

Dr. Genevieve L. Laughlin from Chillicothe, Mo., to 12 West Ninety-third street, New York City.

Dr. Bertha Hilton to the Chesheri

Block, First avenue and Broadway, Denver.

Dr. Della Kevil from Marion, Ky., to 112 N. George St., Goldsboro, N. C., associated with Dr. Albert H. Zealy.

Dr. A. H. Davis from 123 Falls St., Frontier Mart, to rooms 15-16 Gluck Bldg., Niagara Falls, N. Y.

* * *

Married.

Dr. Wilbur Berry Erwin and Dr. Mary Elнора Smith, both of the January class of 1904, were married Christmas day in Chicago, Ill. At home after January 1st, Milledgeville, Ga.

Dr. S. I. Wyland of Chariton, Ia., and Miss Nellie R. Henry of Malcom, Ia., were married at the home of the bride December 25, 1905.

Dr. Grant Edmond Phillips and Miss Lillian Bunting Somerville, were married January 10, 1906, Kingston, N. Y. At home after March 1st, 617 State St., Schenectady, N. Y.

Dr. Chas. A. Blanchard and Dr. Lucie B. Sutton were married January 27th, 1906, in Kirksville, both of the January class of 1906. They will locate in Lincoln, Nebraska.

* * *

Births.

Born—To Dr. and Mrs. E. G. Houseman, Nampa, Idaho, Jan. 8th, a son.

Born—To Dr. and Mrs. K. T. Vyverberg of Lafayette, Ind., Jan. 15th, a daughter.

Born—To Dr. and Mrs. A. S. Loving, Jacksonville, Ill., Jan. 2nd, a daughter.

* * *

Business Announcement.

L. D. Macy, 27 E. 22nd St., N. Y., representing the University of Edinburg wishes to announce that he will call upon the osteopaths of the United States, not with an encyclopedia nor a manikin, but with a cadaver completely dissected and hardened in formalin, furnishing two-hundred and fifty of the most skillful dissections of the human body ever performed or attempted.

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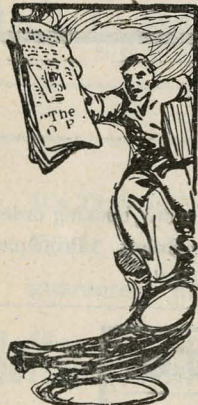
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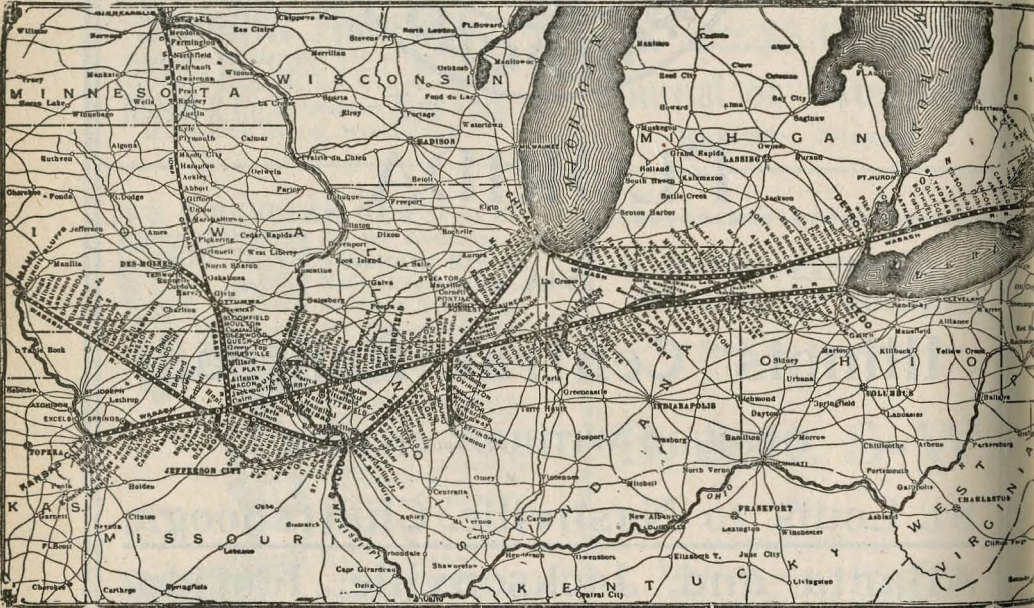
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