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THE Journal of Osteopathy

KIRKSVILLE, MO., MARCH, 1907.

OSTEOPATHIC LESIONS

DR. CARL P. McCONNELL.

(The first portion of this excellent article by Dr. McConnell appeared in the February issue of the Journal of Osteopathy. Illustrations Nos. 1, 2, 3, 4 and 5, should have appeared in that issue under sub-heading "I. OSSEOUS VERTEBRAL LESIONS," but when ready to go to press they had not been received from the engraver. We therefore suggest that the reader re-read the section referred to and consult the illustration appertaining to the same.—Ed.)

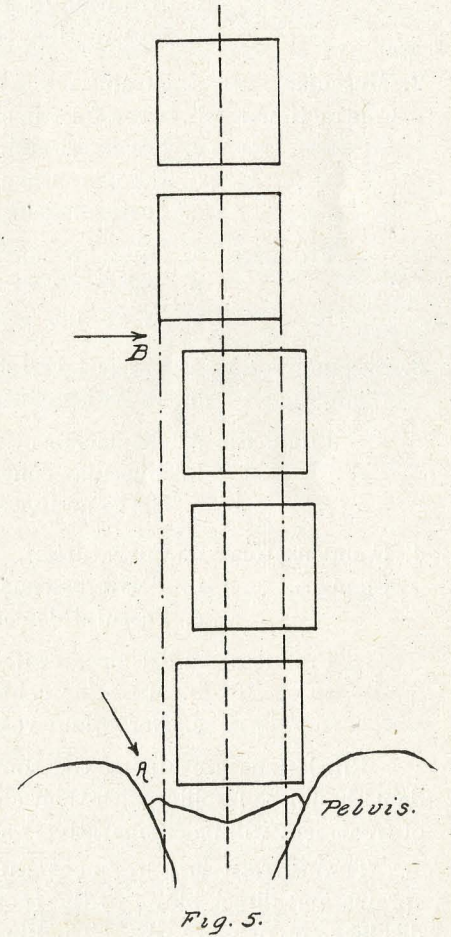
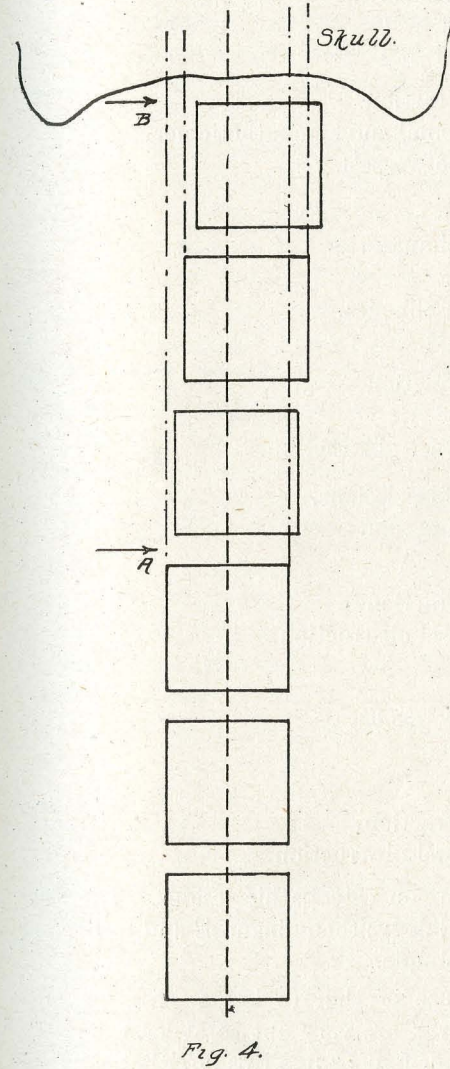
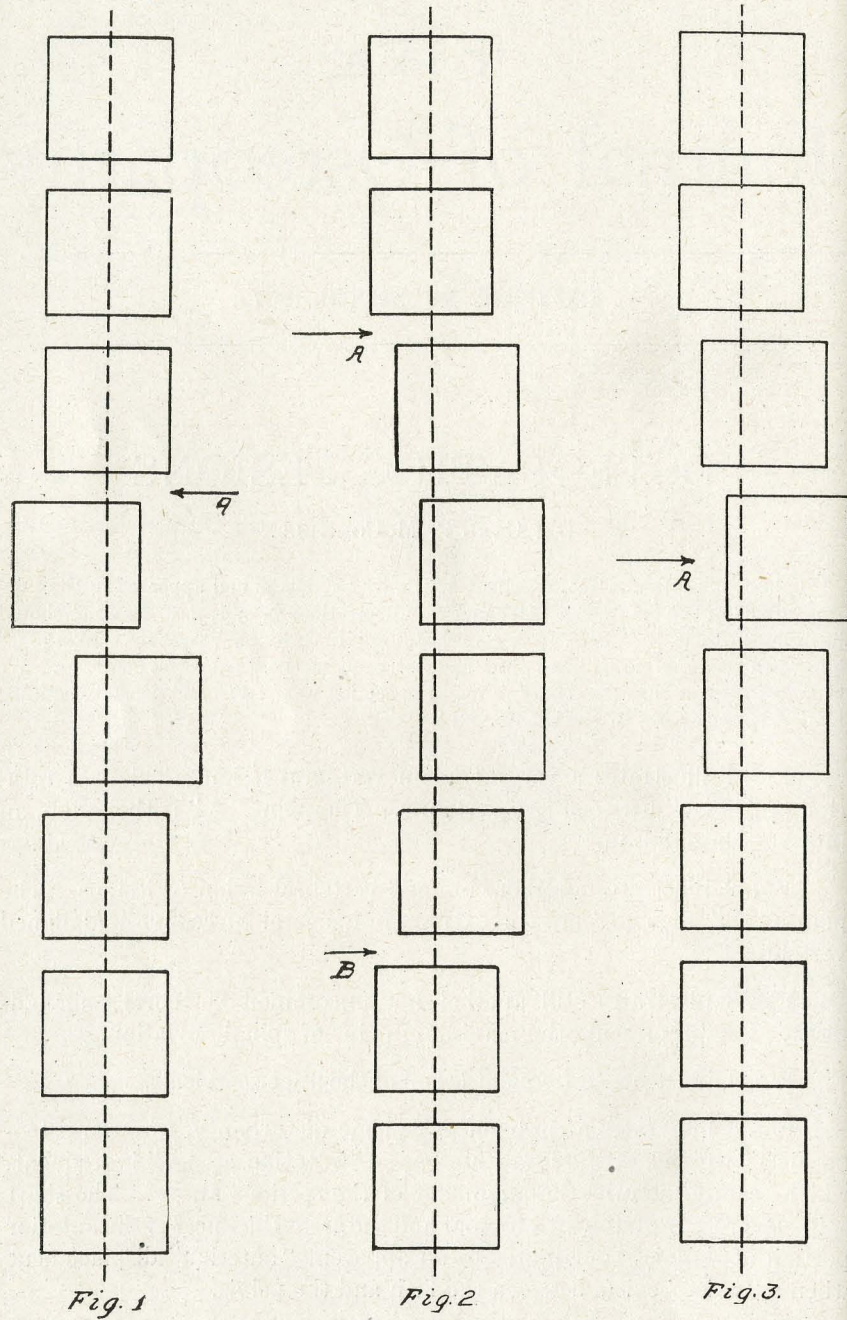
FIG. 1 illustrates a very common vertebral lesion. This is a rotation or "twist" between two vertebræ. The point "A" is the lesion, an intervertebral strain.

FIG. 2 illustrates another common vertebral lesion or lesions. The points "A" and "B" are the extremes of several successive malaligned vertebræ.

FIG. 3 illustrates still another not uncommon vertebral malalignment. "A" represents the maximum point of spinal deviation.

FIG. 4 illustrates a frequent lesion of the upper cervicals.

FIG. 5 illustrates a common pathologic disturbance, from an osteopathic viewpoint, of the lower lumbar. A rotation at "A" is frequent, which readily disturbs the alignment of the sections above. The short spinous process of the fifth lumbar and the great thickness of the anterior portion of the disc contributes to an apparent "anterior" displacement when a "twist" exists between the fifth and the pelvis.



III. RIB LESIONS.

Caused by—

1. Traumatism: a. Strains and sprains.
b. Direct blows.

Produces—a. Displacement.
b. Muscular contraction.
c. Irritation to spinal and sympathetic nerves.
d. Obstruction to vessels.

2. Muscular Contractions: a. Strains.
b. Atmospheric changes.
c. Reflex stimuli.
d. Compensatory changes.
e. Postural defects.

Produces—a. Muscular contraction.
b. Displacement.
c. Nerve and vessel obstruction.

3. Secondary Changes: a. Osseous vertebral lesions.
b. Muscular contraction.

Produces—a. Displacement.
b. Muscular contraction.
c. Nerve and vessel obstruction.

4. Compensatory Changes: a. Curvatures.
b. Pelvic osseous lesions.
c. Postural defects.

Produces—a. Displacement.
b. Muscular contraction.
c. Nerve and vessel obstruction.

Rib lesions are among the common osteopathic lesions. The student should be familiar with their etiology; then diagnosis and technique of treatment will be comparatively simple.

TRAUMATISM is a frequent cause of the rib lesion. Strains and sprains and direct blows to the thorax are very apt to at least slightly displace one or more ribs. The upper four or five ribs of either side are the ones most often involved by strains. The left side oftener than the right is subject to rib lesions, probably owing to the weaker muscles of this side and slighter derangement is the more readily noted owing to the likelihood of the heart's innervation being disturbed. Next in order

are the floating ribs as they are not so firmly held in place. The right false ribs are oftener disturbed than the left probably owing to the frequency of liver congestion and disorders of the cecal and ascending colon regions. The traumatic effect is usually first a displacement followed by contraction of muscles, although this sequence may be reversed. This produces irritation to sympathetic nerves as well as to spinal nerves, especially if the vertebral end is displaced upward, and obstruction to vessels.

MUSCULAR CONTRACTIONS from strains, atmospheric changes, reflex stimuli, compensatory and postural changes are, also, of common occurrence. If the contraction is severe and continued as from strains, atmospheric changes and continued reflex irritation displacement of the ribs are almost certain to result. The usual displacement from these sources is an upward vertebral one. This is readily noted in bronchitis from "catching cold" and the reflex stimulation from pneumonic processes; in the latter the ribs may have to be readjusted two or three times per day. The nature of the displacement in compensatory changes and postural defects vary considerably, as for example, note lateral curvatures and "round shoulders."

SECONDARY CHANGES from osseous vertebral lesions and from muscular contractions should not be overlooked. We have considered the latter in the preceding paragraph. Probably severe rib displacement rarely take place unless dependent upon a corresponding vertebral displacement or malalignment. Undoubtedly a number of rib lesions will be left uncorrected if the practitioner does not take cognizance of the fact that many rib lesions are secondary to vertebral lesions, and that the rib can not be perfectly adjusted until the vertebræ are anatomically correct.

COMPENSATORY CHANGES in the ribs from various spinal curvatures pelvic and hip distortions, and postural defects are familiar to every one. Here will be found muscular contractions, rib displacement and consequent nerve and vessel obstructions.

Rib lesions are important etiologic factors not only in involvement to the spinal nerves but particularly to the sympathetic chain lying next to the heads of the ribs and anchored there by the parietal layer of the pleura and to the many contiguous thoracic vessels. Displacements of the costal cartilages or of the rib with the cartilage are not infrequent. Diagnostic points outside of subjective symptoms and noticeable derangement are tenderness upon pressure at the vertebral and costal ends and at the mid-axillary line.

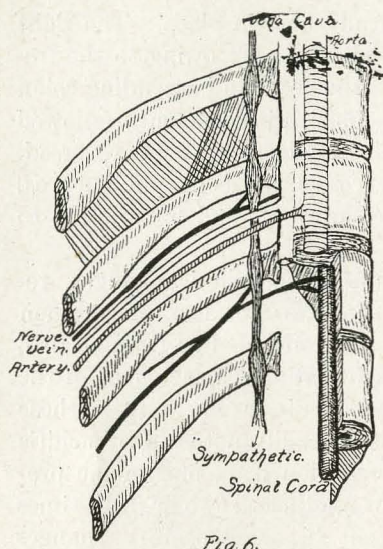


Fig 6.

FIG. 6 illustrates one of the most important sections in osteopathic pathology. A vertebral deviation readily maladjusts the ribs and through encroachment or tension of tissues about and within the spinal foramen irritation or obstruction of the spinal nerve and its vessels result. Displacement of the ribs beyond physiological movements readily disturbs the sympathetic anchored against the heads of the ribs by the parietal layer of the pleura. Displacement of the ribs superiorly, at their vertebral end, impinges the tissues surrounding and supporting the spinal nerve.

IV. PELVIC LESIONS.

Caused by—

- | | | |
|------------------------------|--------------|--|
| | 1. Primary | a. Strains. b. Direct injury. |
| 1. Innominatum derangements: | 2. Secondary | a. Spinal curvatures. b. Hip-joint and leg disorders. |
| | Produces— | a. Displacement. b. Muscular contraction. c. Nerve and vessel disturbance. |
| 2. Coccygeal derangements: | 1. Primary | Direct injury. |
| | 2. Secondary | Sacral displacements. |
| | Produces— | a. Displacement. b. Muscular contraction. c. Nerve and vessel disorders. |
| | 1. Primary | a. Direct injury. b. Sacro-iliac disease. |
| 3. Sacral derangements: | 2. Secondary | Curvatures and similar conditions affecting innominatum. |
| | Produces— | a. Displacement. b. Muscular contraction. c. Nerve and vessel disorders. |

The above pelvic lesions are very important from an osteopathic point of view.

INNOMINATUM DERANGEMENTS are conveniently divided into primary and secondary derangements. Under primary derangements are placed those due to strains and direct injury. These are numerous and are the cause of many pelvic and rectal affections; also, disorders of the hip, thigh and leg and even, if the innominate displacement is marked, will tend, through compensatory changes, to slightly malalign the vertebrae. Derangements from secondary sources as spinal curvatures, (especially lateral lumbar curvatures), hip-joint affections and deformities of leg should be constantly kept in mind.

Innominate lesions, usually, are on one side, although both innominate may be tilted in the same or opposite directions, or even the pelvis as a whole may be twisted. In most instances when the innominatum is tilted forward at the crest of the ilium the leg is apparently lengthened and when the innominatum is twisted in the opposite direction the leg is apparently shortened. Diagnostic points to consider are: comparative height of crests of ilia when standing, comparative prominence of posterior iliac spines when sitting, comparative prominence of anterior superior spines when lying, tenderness and contraction at the sacro-iliac articulation, tenderness and misplacement at the symphysis pubes, tenderness along the crest of ilium, and length of limbs.

COCCYGEAL DERANGEMENTS are divided into both primary and secondary affections. Primary when there has been direct injury, this is the common cause. Displacement may be anterior, posterior or lateral. Secondary derangements arise from sacral displacements, usually downward, and are rare. In coccygeal derangement there is displacement, muscular contraction and disorder to the nerves and vessels. Rectal affections are frequent results.

SACRAL DERANGEMENTS may be, also, divided into primary and secondary causes, but in any instance lesions of the sacrum are rare. Under the primary division direct injury and sacro-iliac disease are the most important, and when the lesion is secondary, similar causes as under innominate derangements will be found.

FIG. 7. Showing the outer and inner planes of the pelvis (after Allis). The line A-B, from the anterior superior spine of the ilium to the tuberosity of the ischium, is a well known diagnostic aid in disorders of the hip-joint for it passes through the center of the acetabulum. See Fig. 11, line X-Y.

FIG. 8. This is from Testut, and is also a well known figure, illustrating the axes and inclinations of the pelvis. For its application in connection with pelvic osteopathic lesions see Fig. 11.

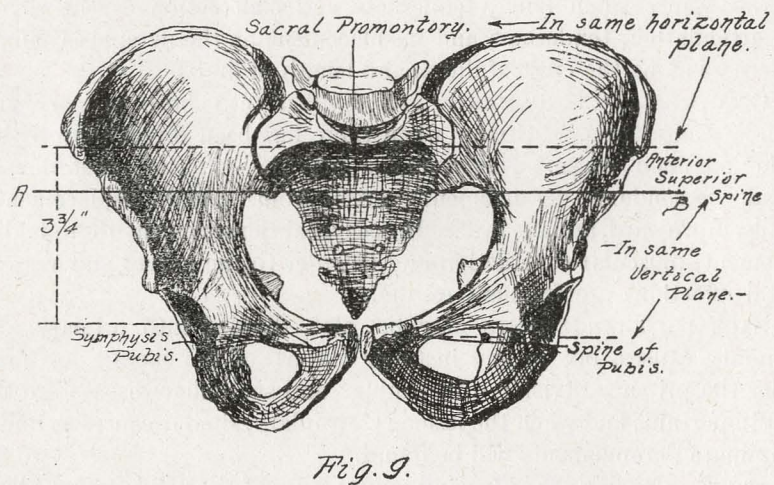
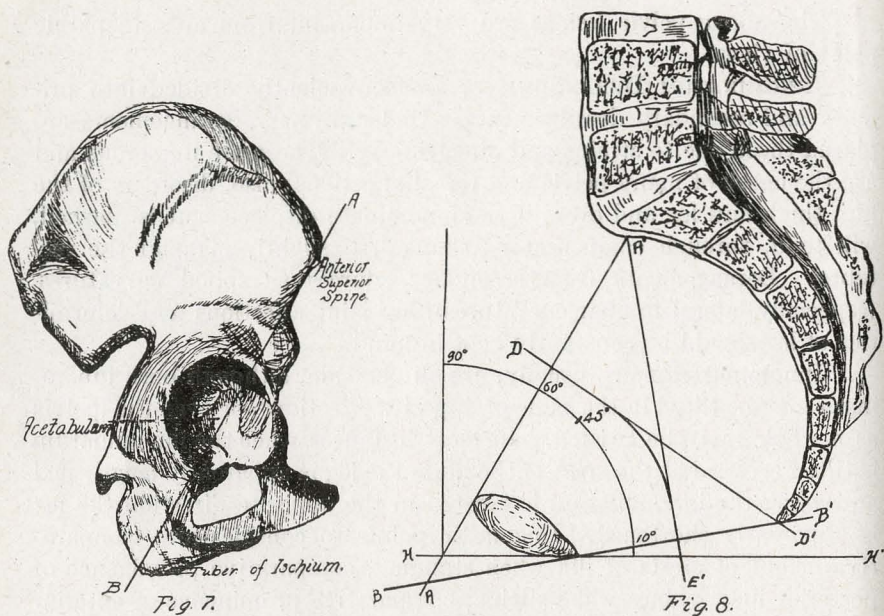


Fig. 9.

FIG. 9. The principal point to note is the line A-B, the transverse axis upon which motions or subluxations of the innominate take place. Thus it can be seen that osteopathic pelvic lesions may readily cause a variance in the pelvic diameters. (This axis has been determined by Goldthwait and Osgood, Boston Medical and Surgical Journal, May 25, 1905).

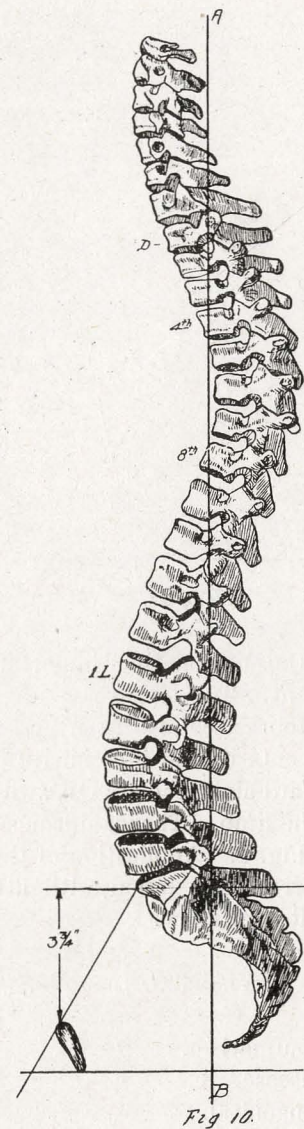


Fig. 10.

FIG. 10 illustrates a normal spine. A-B is the line of gravity. Pelvic tiltings and various osseous displacements will change the line of gravity and the contour of the spine. Likewise any changes in the spine beyond the physiological curves will affect the pelvis and change line of gravity. (See Clark's Applied Anatomy, page 373).

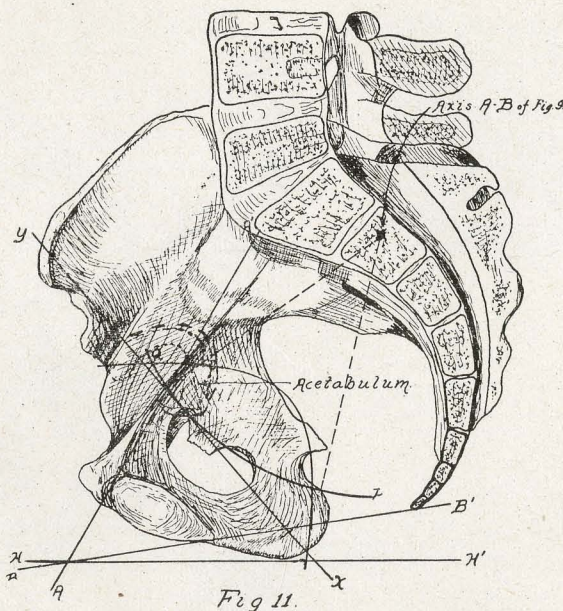


FIG. 11 illustrates the osteopathic importance, in detail, of an innominate displacement. The transverse axis penetrates at a point in the second sacral vertebra (see also A-B, Fig. 9). It will be readily noted that in displacements of the innominate the acetabulum will travel, forward or backward along the arc O-P, with a consequent lengthening or shortening of the limb. The significance of the other lines will be noted by consulting Fig. 8. Application of the wheel and axle principle will commonly correct this lesion with little difficulty provided the pelvic maladjustment is primary.

V. VISCERAL LESIONS.

Caused by—

1. Primary displacements:
 - a. Traumatism.
 - b. Disease.
 - c. Congenital.

Produces—

- a. Displacement.
- b. Irritation or disease.

2. Secondary displacements:
 - a. Osseous.
 - b. Muscular.
 - c. Posture.
 - d. Compensatory.
 - e. Dress and childbirth.
 - f. Gravitation.

Produces—

- a. Displacement.
- b. Irritation or disease.

Any structural (anatomical) perversion of a viscus may act as an osteopathic lesion. Displacement of an abdominal or pelvic organ may by pressure produce or maintain functional disturbance or even organic change. The stomach, a kidney, part of the intestines, the uterus, an ovary, etc., are not infrequently displaced and through pressure upon vessels or irritation or obstruction to nerve strands or ganglia cause various symptoms and disorders.

Under displacements of a PRIMARY character, traumatism producing direct injury to a viscus occasionally results. Likewise through disease an organ may become swollen or weakened so that it is distorted or displaced and acts as an osteopathic lesion, for example, a dilated and prolapsed stomach from dietetic errors. Congenital malformations and congenitally relaxed and elongated tissues and ligaments are sources of visceral lesions. Any of these causes produce displacement and irritation and possibly organic disease.

In cases where the displacement results as a SECONDARY effect the osseous vertebral and rib lesions are of primary consideration. Muscular vertebral lesions that result in osseous lesions are to be thought of. Then postural defects and compensatory changes are undoubted sources. Improper dressing, with which all are familiar, and the strains, lacerations and resultant relaxation of pelvic and abdominal tissue from childbirth are recognized sources. Gravitation, also, plays an important role especially in pelvic visceral displacements dependent upon abdominal visceral displacement. Thus there arises in addition to the anatomical displacement of the viscus or viscera a chain of nervous digestive and reflex symptoms, and in some instances organic disease, directly dependent upon the visceral osteopathic lesion.

In the above outline we have not considered miscellaneous osteopathic lesions as those arising from the inferior maxillary, hyoid, clavicle, shoulder, arm, leg, foot, etc.

The foregoing osteopathic etiology and diagnosis implies an osteopathic pathology and therapeutics—a pathology both definite and com-

prehensive and a therapeutics exact, effective and in accordance with the laws of physiology and the well known principles of mechanics; and thereby osteopathy is raised to the dignity of a science.

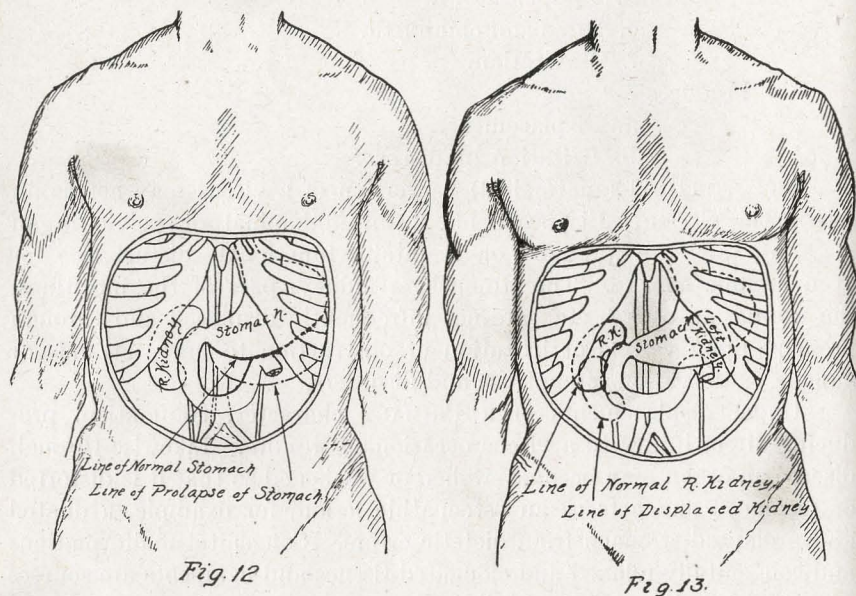


FIG. 12 illustrates a stomach that is prolapsed. This is a structural perversion and may readily act, through pressure upon contiguous tissues, as an osteopathic lesion.

FIG. 13 illustrates a displaced kidney, and thus a "structural perversion which by pressure produces or maintains functional disturbance." Various abdominal and pelvic organs, when displaced, may be the source or cause of an osteopathic lesion. (See Journal of Osteopathy, April, 1905).

TREATMENT OF OPEN WOUNDS.

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

Abdominal and Gynecological Surgeon to A. S. O. Hospital.

One of the puzzles of my student and hospital experience in surgery was how some of the surgeons, particularly regular accident surgeons, seemed to get such marvelous results in the way of wound healing and freedom from even "laudable" pus in their cases when apparently none of the factors so distinctly and forcibly impressed on us by both text books and lectures were present and very little of the technique possible, which we were taught was the only way to prevent infections and poor healing. Especially did the almost impossible results on the most unpromising cases in the hands of a certain Chicago railroad surgeon, and another accident surgeon impress me.

It was hard to harmonize the results of these men in these cases with the modern teachings in regard to asepsis and the interminable precautions and regulations demanded in even the most simple of non-accident cases.

The preparations we were forced to adopt in preparing for comparatively trivial operations, as for instance amputating frozen toes, seemed needlessly elaborate and yet it was easy to note that when all of the possible sources of infection were eliminated, no pus ever resulted and the healing was by first intention always. Also in the pre-Listeric days, entire hospitals used to be depopulated at times by the bacillus of malignant oedema, the bacillus aerogenes capsulatis, and others of the hospital gangrene family. The ample laboratories of the modern scientific schools afforded easy proof, or the opposite, of the value of any of the regulations, but the more experiments on wounds on animals, the more valuable appeared the use of this excessive care.

Then to harmonize these facts with the results of these men on these accident cases, we must presuppose on their part, an exceptional ability to produce a condition of the wound and its surroundings, after it is made, most closely approaching the ideal conditions of the site of the wound in those cases where there is plenty of time for the preparation and making of the wound. To do this, the surgeon must be quick to adapt and to improvise and must have a perversion of his cerebral reflexes

so that his centers for anatomical and surgical knowledge respond to the stimuli which in the ordinary individual produce excitement.

Now there are a few general points that everyone must bear in mind when doing accident surgery and with a full classified comprehension of these few points one can improvise and adapt the circumstances and conditions to almost any sort of a wound.

The two factors that first present themselves in the consideration of any wound with the exception of course of its anatomical location are: first, the character of the wound; and second, the presence or absence of foreign material within the wound. "Foreign material" would include bacteria as well as gross material.

As to the character of the wound. Custom has divided wounds into contusions, contused wounds, incised wounds, lacerated wounds and punctured wounds. The terms poisoned and infected may be used describing complications of any of these and not showing any distinct class separate from the above.

"Perforating" and "penetrating" apply to the depth, particularly of the punctured wounds as regards the body cavities. Gunshot wounds are given a special classification on account of their commonness and special importance to the army surgeon and nurse as well as the peculiarities of "missile" wounds, although they lacerate, contuse perforate, etc.

Burns are wounds, thermal wounds, but are always considered under a separate head.

Where mainly the practical points of the treatment alone are concerned, the minute discussion on the different groups is obviously unnecessary. The main points in regard to the character of the wound being in how it has affected the opposing wound surfaces and the tissues involve.

Having determined the character, etc., of the wound, the first point in its actual treatment is the arrest of the hemorrhage along with treatment to offset any excessive loss of blood where that has occurred. Even in cases where the patient is unconscious as from "fainting" from fright, or in concussion, the hemorrhage is the first thing to consider. The more hemorrhage, the more shock later. When there is already considerable, and where it is possible, the physician should have some one prepare a physiologic salt enema, while he is arresting the hemorrhage. The physiologic salt solution is prepared by adding one teaspoonful of common salt to a quart of warm water, (just above body temperature if possible, but not too hot.) Tablets are prepared containing exact amount of K., Na., Mg. & Ca. chlorides, (the real "physiologic salt") and these are better if the physician has them, otherwise wonderful results and con-

siderable stimulation can be obtained by even the common salt, which always has more or less of the K. Mg. & Ca. in it as impurities. Except in a hospital or where the apparatus and sterile solutions are immediately obtainable, a hypodermoclysis is impractical.

As to the hemorrhage itself, in wounds with small openings, the external bleeding is no indication of the possible internal hemorrhage and one can judge of this by the pulse and in case of an artery of any size by the bruit or systolic hiss heard under the wound at each heart beat. Where possible pressure, by improvised tourniquets or otherwise should be made on the trunk vessel until the actual bleeders can be reached. Enlargement of small surface wounds to get at the deep vessels is always indicated, always of course bearing in mind the nerves, vascular structures and general anatomy of the part.

One of the most important instruments in the surgeons hands is the artery forceps and the average surgical case contains about twice as many knives and one-tenth as many of these as it should.

I was never more impressed with the value of a large number of these instruments, than while doing accident and police surgery with Dr. Jas. E. Miller, city physician of Des Moines. One night in particular served to illustrate. We were called with the ambulance to a cheap down-town hotel where on the third floor in a poorly lamp-lighted room, a man had attempted suicide by cutting his throat. The carotids and internal jugulars as usual, in throat wounds, escaped, but the external jugulars and smaller vessels including thyroids, had about bled him to death.

In less time than one ligature could be placed, twelve hemostats were applied and hemorrhage entirely ceased, so that removal to the hospital and further care was possible. A recovery after ten days of uncertainty showed that he owed his life to the fact that a large number of bleeders can be controlled with hemostats in a few seconds.

It is necessary to clamp or ligate each end of an artery in those locations where there is free anastomosis; such a place is the plantar arch and here it is also sometimes necessary to make a new incision and even remove some bone to reach the vessel on account of its inaccessibility from the plantar surface. Also wounds of the scalp are complicated by the fact that the tissues here hold the vessels open. For capillary hemorrhage sponging with hot water, is excellent.

Before the wound is closed, absolutely all hemorrhage must be known to have been stopped. As a rule, the pressure and twisting by the hemostat will arrest the hemorrhage without ligature, of the ordinary fair sized bleeder. Where ligatures are needed, animal tendons, (such

as the norwhale) or plain cat-gut are always preferable since they are strong enough, and yet absorb without acting as foreign matter. Having actually arrested the bleeding, the next thing is to cleanse the wound, in other words, to "remove all foreign material." Bits of cinders, grime, hairs, etc., must be entirely removed to insure good healing. Experience shows that such minor things as hairs or bits of non-absorbable sutures may be the cause of failure of a wound-healing. In cases where dirt, etc., have been ground into the wound, a scrub-brush such as is used in scrubbing the hands, is very good. Having removed the gross foreign material, the surgical or bacterial cleansing of the wound comes next. Experiments, such as the post-graduate class at the A. S. O. have been performing, show positively that asepsis or the mechanical sterilization of any living tissue is far preferable to antiseptics. (See experiment quoted by Dr. W. O. Pool in last Journal of Osteopathy). The use of strong antiseptics on living tissue is always detrimental and there is nothing they can do that mechanical means cannot do better.

In the mechanical cleansing of the wound, one should take the wound as a center and always scrub away from it, never scrubbing back and forth over it, as this leaves the dirt in the rough wound. On the scalp, shaving of the immediate area is always indicated. This cleansing with the brush cannot be too thorough. As an aid to this cleansing, the ideal "antiseptic" is one that will not precipitate with albumins or corrode instruments, like bichloride; one that will dissolve immediately; and for this purpose, a chemical that is already a liquid is best, one that will not decompose, one that mixes with water in all proportions (which carbolic acid will not). One that if used too strong, will not cause systemic poisoning and one that contains as a mixture liquid soap so that it is of use on the wound, the instruments, and the operator's hands, which latter should of course always be given the same scrupulous cleansing that the wound is given. A substance which fulfills all these qualifications and yet is not prohibitive in price, is lysol, which can be poured over the instruments full strength and then diluted with hot water for the scrubbing to two per cent. A half an hour in the toilette of the wound and surroundings after the immediate demands are cared for, is the best insurance one can have against any infection and certainly is not time wasted.

In the final closure of the wound, the main point to remember is that exact anatomical restoration of the original conditions is essential and to accomplish this, one must suture tendon to tendon, muscle to muscle, nerve to nerve and fascia to fascia. In uniting muscles, tendons and especially nerves, the one important thing is to correctly unite their

sheaths; tendon-union and nerve-union being insured in this way only. For all of these deep structures, absorbable sutures like norwhale tendons or cat-gut are far better than any possible non-absorbable substance.

In closing the skin, the main point is not to draw the sutures so tight as to turn the skin edges in or out, but to have them exactly co-apted. Silk worm gut makes an ideal surface suture on account of its strength and smoothness. It is made by pinching the end of the silk worm off just before it is to spin the cocoon and drawing out the fluid into a single strand which combines the qualities of silk with a smooth surface. The use of a continuous suture except for two stitches is best.

These two are left so drainage can be put in if the wound gets infected.

Otherwise drainage should not be used, but the instant pus forms, it should go in.

The best dressing is plain sterile gauze, enclosing absorbent cotton, the cotton never being directly over the wound, due to the fibres sticking to the edges.

A dressing powder is not indicated in any case of a clean wound, though many use them as a routine, the inert bismuth subsalts being preferred by most.

In any case, the gauze dressing should be bandaged on or held by adhesives so that it cannot slip. An adhesive directly over the wound should never be used. In a later article, will be given the results of the actual experiments performed in the post-graduate laboratories at the A. S. O. including class and individual experiments, particularly the latter as some of the students are doing individual research work along the lines of wound healing, etc. The results of healing under various dressings, drainage, etc., will be given in detail, in this article.

Cause and Effect--Osteopathy.

(This article was entered in the Journal Prize Contest instituted in 1906, and won eighth prize—a copy of Howell's Physiology. We have not been able to find who the author of the article is and would be glad if any of our readers can inform us as we should like to know.—Ed.)

When the great Redeemer placed man on the earth, made in his own image, he pronounced him not only good, but very good, meaning that he considered this being perfect; that it possessed all the requisites for perfect automatic action and that within this being reposed all forces and fluids necessary for its self-government and regulation. Keeping

our minds then upon these thoughts and firmly believing them, as all of us must, it would seem that men have tried to overlook the great principle in order that they might formulate a theory and establish a system all their own, but so many obstacles have they encountered and so many failures have resulted, that they now have nothing definite to give us concerning their treatment.

In the study of an ideal method for the alleviation of human suffering, we must first give our attention to the body parts, to their normal number, shape, size, just how they are placed in apposition, and how each action conforms to another; next must be ascertained the function of organs, from whence and by what nerves these organs are controlled, how impulses are transmitted down the spinal cord to the center in control, and how they are again sent out, this time to their final destination. While we may say that such a method would be a logical one, where can the logic be found in such an argument, if we make recourse to the drug bottle, and attempt by its soothing contents to remove a cause of disease.

But we find that in all the great discoveries, people were led astray concerning them for centuries before their promulgation and such has been the condition in relation to the great discovery by Dr. Still, who was a physician of the old school and a surgeon during the civil war; but the many body ailments which confronted him and over which he had no control set him to thinking, and by his close and searching study of man's body he was enabled to give to the world in 1874 the first principles of osteopathy, which have been strengthened and broadened until the science is to-day the most firmly planted and anchored by the strongest principles of any science.

But a theory so simple must be accepted by the world for on no side can honest and just criticism harm it. Being founded upon truth, it consequently cannot be refuted by truth. The osteopathic theory recognizes fully the healing power of nature; if a diseased process is to be overcome, it must be overcome by nature's own forces. There can be no intervening power, it comprehends the construction of the body from the smallest atom, the cell, to parts of organs, entire organs, and groups of organs, it ascertains their function, source of regulating power, and how their action may be hindered.

This science claims and it has been proven times without number, that a cause must be found for every irregular bodily action, that as tissues and organs are supplied with their variety of impulses from definite locations, it is possible to find some derangement of parts which is interfering with the proper functioning of the organism, and, why should not such a theory be plausible. Have we not the facts of formation

and function of the spinal column to prove our assumptions? Let us reason for a moment; the thirty-three bones which compose the spinal column are limited in their movement one upon the other, by ligaments; also in close proximity to these ligaments the thirty-one spinal nerves emerge, carrying all impulses and regulating functions of the entire body. Now these ligaments connecting the surfaces of the vertebræ do not restrict movement, they merely limit it. The joints of the spinal column are just as well formed as other joints except that they are smaller, still they are capable of many movements, the same as larger articulations.

So we find in excessive exertion, in strenuous actions, that a ligament may be torn or stretched and a thickening of, or perhaps a slipping, or a change of one or more joints results. In this event we have interference with bodily functions; or if by exposure, or heavy lifting, we cause a contracture of the spinal muscles, as these muscles are supplied from the same segment of the spine as the internal organ in relation, we must have some disturbance of impulses to the internal organ.

In this manner is explained so simply, how if a predisposition to disease is present in the shape of lesions, causing disturbance of nutrition to a part, the ever-present micro-organism, may then set up their pathological processes; but no germ which has gained access to the body can influence body tissues, unless there is a local condition of malnutrition, or a general systemic derangement of function, causing a lowering of vitality.

Would it not seem perfectly rational for us then to reason that to combat a disease of this form the way to proceed would be to aid nature to build up her resources so that her functions may be resumed and the microbes steadily destroyed? With such principles and such straight-forward thoughts osteopathy has been presented for your consideration; you relinquish nothing when you accept them, for they are based on proven teachings.

There have been many attacks made against osteopathy, mostly under the guidance of selfish and misinformed medical men, who insist that the system can be nothing more than a mere rubbing of tissues, but this has not been sustained, for the theory teaches nothing concerning the rubbing or patting of the body, it dealing primarily with the belief that perversion of nature's anatomy must result in a perversion of nature's physiology. The law of cause and effect is here studied to the utmost and everything in relation to disease of the body is reasoned on from a belief that nature's body must in some way be changed, before any condition other than a normal one can result.

ASSOCIATIONS.

CENTRAL NEW YORK OSTEOPATHIC SOCIETY.

The regular bi-monthly business meeting of the Central New York Osteopathic Society was held at the office of Dr. A. G. French, 125 E. Onondago St., Syracuse, N. Y., Feb. 14, 1907, at eight o'clock.

The program was as follows:

Transaction of unfinished and new business.

Election of officers for the ensuing year as follows:

President, Dr. H. L. Bristol, Syracuse; first vice-president, Dr. L. P. Meaker, Auburn; second vice-president, Dr. Carl D. Clapp, Utica; third vice-president Dr. E. C. White, Watertown; secretary and treasurer, Dr. E. W. Tiffany, Syracuse, N. Y.

Dr. Ralph H. Williams of Rochester, N. Y., addressed the members of the society on Osteopathic Legislation. E. W. TIFFANY, Sec.

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COLORADO OSTEOPATHIC ASSOCIATION.

The ninth annual session of the Colorado Osteopathic Association was held at 221 Charles Blk., Denver, Colo., Feb. 22 and 23. A large attendance with much good osteopathic enthusiasm made the meeting one of both interest and pleasure. Friday afternoon a paper was read by Dr. R. A. Ellis on Neurasthenia, its etiology, diagnosis, and treatment. It was followed by a discussion led by a case report by Dr. Warner. Nearly every good point was brought out, as every member had an opinion and was ready to express it.

The evening session was given to a reception and musicale. About seventy of the members and their friends were present. The program was rendered by some of the best talent in the city.

| | |
|--------------------|-----------------------------|
| Piano Solo..... | Miss Grace Bradley |
| Voice..... | Miss Etta Ruth Bass |
| Mandolin Trio..... | Prof. England, Misses Seely |
| Piano Solo..... | Miss Margaret Day |
| Voice..... | Miss Vivian Perrin |
| Voice..... | Dr. Vere Stiles Richards |
| Reading..... | Mrs. A. Babcock |
| Voice..... | Mrs. Geo. Perrin |
| Mandolin Trio..... | Prof. England, Misses Seely |

Refreshments were served during which short talks were given by members out of town. Saturday morning the business session. The report of committee, and the election of officers, Dr. Mary N. Keeler, presiding.

The following officers were elected for the ensuing year: President, B. D. Mason, D. O., 301 Charles Blk., Denver, Colo.; first vice-president, Mary N. Keeler, D. O., Loveland, Colo.; second vice-president, N. S. Johnson, D. O., Grand Junction, Colo.; secretary, R. A. Ellis, D. O., 624 Empire Bldg., Denver, Colo.; treasurer, G. W. Perrin D. O., 524-5 Empire Bldg., Denver, Colo.

The afternoon session was given to clinic and legislative matters. There was a resolution introduced and adopted that we work for a law providing for a separate board of osteopathic examiners.

R. A. ELLIS, D. O., Sec'y.,
624-6 Empire Bldg., Denver, Colo.

REPORT FROM WISCONSIN STATE MEETING.

The ninth annual meeting of the Wisconsin State Osteopathic Association was held at Beloit, Feb. 20-22. Though held in the extreme southern part of the state there were twenty-five members present from all parts of the state and the meeting was the best ever held. Dr. McConnell of Chicago occupied Thursday forenoon by giving his illustrated lecture, showing the results of his experiments in osteopathic pathology, and also conducted clinics. Dr. Turfler of Rensselaer, Ind., took charge of clinics in the afternoon and on Friday and very creditably demonstrated his methods of diagnosis and correction of lesions. The banquet at Hotel Hilton was an enjoyable affair, Dr. Breitzman acting as Toast-master. On Friday, Dr. J. F. McNary of Milwaukee read a paper on Differential Diagnosis, (surgical indications), presenting the subject in a masterly manner. (This paper was ordered printed and copies will be distributed among the members.) The question Congress, presided over by Dr. Matson of Eau Claire, proved very instructive and profitable. A very pleasant feature of the meeting was the presentation to the W. S. O. A. of a gavel by the Milwaukee Osteopathic Society in memory of Dr. Leslie E. Cherry, first president of the W. S. O. A. (This gavel was made from a leg of one of his treating tables.) Reports rendered by retiring officers showed the association to be in a flourishing condition. There are only three osteopaths in the state who are not members. Dr. McConnell and Dr. Turfler were elected honorary members.

Officers for the ensuing year were elected as follows: President, Dr. S. J. Fryette, Madison; vice-president, Dr. E. M. Olds, Green Bay; secretary, Dr. L. H. Noordhoff, Oshkosh; treasurer, Dr. E. M. Culbertson, Appleton. Member of Executive Board, Dr. P. R. Spencer, Racine. Member of Legislative Committee, Dr. E. J. Breitzman, Fond du Lac, (1910). Member of Legislative Committee, Dr. Louise P. Crow, Milwaukee, (1909). Delegate to A. O. A. meeting, Dr. W. D. McNary, Milwaukee. Alternate to A. O. A. meeting, Dr. F. N. Oium, Oshkosh.

Milwaukee was chosen as the place for our next meeting Feb., 1908.

L. H. NOORDHOFF, Sec'y.

* * *

WESTERN PENNSYLVANIA OSTEOPATHIC SOCIETY.

The Western Pennsylvania Osteopathic Society met at Hotel Henry, Pittsburg, the evening of February 16. A majority of the D. O's. of the western section of the state were present. Fifty-one persons sat down at the banqueting table. Dr. Marion E. Clark of Indianapolis, Ind., was the honor guest and spoke on "Pelvic Peritoneal Adhesions." He also conducted a clinic, several cases coming before the society. Afterward legislative matters were discussed, a spirit of optimism prevailing as to the outcome of the present fight in Pennsylvania. Dr. Clark made the statement that he had never attended a state meeting that equalled this one and congratulated the D. O's. of this section on having such a strong society.

A meeting held in November by the same society at the same place, through an oversight was not reported. Dr. McConnell of Chicago was present and spoke very interestingly on his researches in pathology. Officers were elected for the ensuing year, as follows: President, Dr. Wm. Rohacek, Greensburg; vice-president, Dr. E. N. Henson, Pittsburg; secretary, Dr. Robert H. Miller, Washington; treasurer, Dr. Lloyd S. Irwin, Washington. Program Committee, Dr. Frank R. Heine, Dr. F. J. Marshall, Dr. Florence B. Stafford, all of Pittsburg.

ROBERT H. MILLER, D. O.,
Secretary.

JOURNAL OF OSTEOPATHY,
KIRKSVILLE, MO.

MR. EDITOR:—I am requested to send you the following announcement:
The Indianapolis Osteopathic Society will hold its next meeting Saturday evening, April 6th at the office of Dr. M. E. Clark, Board of Trade Bldg.
Subject for the evening, Pneumonia.
All members of the I. O. A. will receive a cordial welcome.

DR. D. ELLA McNICOLL, Sec'y.

* * *

The State Board of Osteopathic Examiners of Montana met in Helena on March 5 and 6, and the following took the examination and were licensed to practice osteopathy in Montana: Drs. Frederick J. and Mabel Eimert, Miles City; Dr. Eliza M. Carey, Red Lodge; and Dr. H. M. Stoel, Livingston. The Board re-organized, electing the following officers: Dr. O. B. Prickett, Billings, president; Dr. C. W. Mahaffay, Helena, secretary; and Dr. L. K. Cramb, Butte, treasurer. The next meeting of the Board will be held in Helena, September 3, 4, 5, 1907.



The Graduating Post Graduate Class in Operative Surgery.

DOCTOR BESLIN MEETS TROUBLE IN THE FIELD.

DEAR DOCTOR HAMILTON:—I have gotten into trouble, or rather trouble came to me almost the first jump out of the box, and I want you to help me out of it. The Jericho Road has always been a tough one to travel, and Jordan has always had a bad reputation. Indeed, I am really convinced now that if we could see before as well as we can see behind very few of us would ever study osteopathy or anything else.

It all happened this way, doctor. About a week ago a bright, positive little girl about ten years of age, and of Dutch, Austrian, Russian, or Turkish parentage, I couldn't tell which, came into my office with the following announcement in pure American:

"Mother's got the Pondis Jesus and wants you to come quick."

"Got what? What's that you say?" I asked, somewhat bewildered.

"Mother's got the Pondis Jesus and wants you to come in a hurry," repeated the girl with a slight rise in her voice.

Pondis Jesus, Pondis Jesus, and my mind ran swiftly over Dr. Hoffman's lectures in chemistry and pathology. His fibrin-o-gen with the long O and hard G was unique; his awoporation of the wolatile, alkalees was clear. His smiling reference to the P. Geses was without malice, and his murderous pronunciation of many a good American word flitted through my brain like the merry phantoms of our happy college days, but nothing that I could remember would fit this case either in rhyme or metre.

"What does your mother complain of?" I asked.

"Why, Pondis Jesus, of course," she replied, innocently.

"Yes, I know that. But where is she sick? Where does she have pain?" I asked, quite at my professional ease by this time.

"Why, in her belly, and side, and everywhere. You ought to know." And she said this with the most charming simplicity imaginable.

"Yes, yes, of course, I do know. It's appendicitis." and I thought of Dr. Dobson's class in practice.

"Yes, that's it. Appondis Jesus. That's what they all called it. Will you please hurry?" And I hurried.

Well, I managed that case of appendicitis without any difficulties worth mentioning here, but like Mark Twain's "Punch brothers, punch with care, punch in the presence of the passenaire," and timed to the click of the car wheels as they passed over the joints of the rails, so Appondis Jesus and P. Geses, Appondis Jesus and P. Geses, went romping through my brain until I actually found myself timing my movements to their infernally unanny rhythm, and I must tell it to somebody or go "bug house" before I get my debts paid.

Therefore, doctor, please send the word to as many of my classmates as you can reach, and if some of them will only send me a line or two of sympathy it may help to save me from the jim jams or worse.

"Sick payshunts is awful skurce in these diggins yit," but there are lots of well ones, and there is one more place on my meal ticket to punch, so if I can get this impish whirligig out of my brain I shall be happy and hopeful once more.

Yours to Get There, FRANK P. BESLIN.

Room 4, Witte Block, Aberdeen, South Dakota.

The Journal of Osteopathy

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EDITORIAL.

The A. O. A. Directory for 1907 is being mailed to subscribers and should be received by all within a few days.

* * *

The Missouri state convention for 1907 will be held at Kirksville, Mo., on Friday and Saturday, June 7 and 8.

* * *

An Osteopathic Lecture Bureau which has for its purpose the advancing and establishing among the people the Principles and practice of osteopathy by popular lectures has been organized with Dr. F. D. Parker of St. Paul, Minn., as manager. It is the intention of the bureau to send to every town and city having osteopathic practitioners lecturers who are able exponents of osteopathic principles and practice. Thus far Dr. Mason Wylie Pressly, of Philadelphia, Pa., who is known as a forceful and earnest speaker, is the only lecturer chosen, but others will be selected. We believe this enterprise can be productive of much good, and bespeak for it the profession's hearty support.

* * *

The following are the members of the Post Graduate Class which graduated March 28th.

- Baker, Harvey N., D. O., American School of Osteopathy, Kirksville, Mo.
- Black, Charles Lester, D. O., Ohio College of Osteopathy, Chillicothe, Ohio.
- Bowen, Miss Margaret Ellen, D. O., American School of Osteopathy, Kirksville, Mo.
- Dill, Miss Emma B., D. O., American School of Osteopathy.
- Gladman, Miss Julia M., D. O., American School of Osteopathy, Kirksville, Mo.
- Graves, Miss Lottie Richardson, D. O., Pacific College of Osteopathy, Los Angeles, Calif.
- Howe, Miss Alice Elliott, D. O., American College of Osteopathy, Medicine and Surgery, Chicago, Ill.
- Ivie, William Horace, D. O., American School of Osteopathy, Kirksville, Mo.
- Lillard, Archie H., D. O., Columbian School of Osteopathy, Kirksville, Mo.
- Peters, Martin Orrin, D. O., California College of Osteopathy, San Francisco, Calif.
- Pool, William Oscar, D. O., The S. S. Still College of Osteopathy, Des Moines, Ia.

Still National Osteopathic Museum, Kirksville, MO

Smith, Le Roy, D. O., American School of Osteopathy, Kirksville, Mo.
Veazie, Miss Ella B., D. O., American School of Osteopathy, Kirksville, Mo.
Vyverberg, Kryn T., D. O., American School of Osteopathy, Kirksville, Mo.

The Post Graduate class matriculated in January last is a "bumper" class both as to numbers and enthusiasm. There are over thirty in the class and much interest is being taken in the work. The course is so arranged that the individual member can get those things which he feels he most needs.

* * *

LEGISLATIVE REVIEW

1907 is certainly an osteopathic year, with the osteopaths securing tardy recognition in New York medical forces, and active co-operation in Montana and other western states, as well as in the south, but 1907 is also the year of the composite board, the larger states showing a decided preference for this kind of legislation. New York, West Virginia, Texas and California favored this kind, but North Carolina, Utah, Idaho, North Dakota and Nebraska secured separate boards and Montana strengthened her position in regard to fakirs.

The children of Father Knickerbocker held the center of the stage this month, one delegation even using a special train for their hegira to the capitol, while the signatures of 500,000 osteopathic adherents had a certain effect on the law-makers. In face of the recent appellate court decision, which virtually banished osteopaths from the state so long as the present laws continue, the osteopathic fight was conducted with the vigor of desperation and the "win or die fighting" spirit seems to have won. The agitation by means of continual letters to the newspapers, as well as featured articles and interviews by leading osteopaths, each accompanied by the statement that either a new law, or banishment awaited the osteopaths, is kept up right to the present and has resulted in only the most favorable advertising for the profession. At last the advocates of the Medical Unity bill decided to hold out the flag of peace and compromise on the following terms: All reputable osteopaths now practicing in the state and holding two year diplomas are to be certified without examination, if application be made in six months; after that and before 1910, a diploma of three years of nine months each is required; in and after 1910, applicants to be eligible to examination by the regents, must exhibit evidence of having completed courses of four years of seven months each. The bill prohibits osteopaths practicing major surgery or administering drugs. Many conflicting reports have been received, but the above is believed to be accurate. This compromise was accepted by the osteopaths, and it is expected to pass, but no further news has been received at present date.

* * *

Across the river in New Jersey, another fight has been waged. In this state, the osteopaths are practicing under a court decision, so not being in the straits of their New York brethren, held to their demands of a separate board. The medical opposition published extensive accounts of their hearings before the committee and both hearings and accounts were characterized by much mud-slinging and belittling the ability and knowledge of osteopathic practitioners and the efficiency of osteopathic schools. The outlook is doubtful for an independent board, especially as some of the prominent osteopaths appeared as favorable to mere representation on a medical board.

* * *

The "way down East" representatives were not so successful in their efforts.

In Massachusetts, for some reason or other, the petitioners received a cold reception from the public health committee and retired in defeat.

* * *

A little better was the result in Maine. Dr. Fred Gerrish, whose anatomy is in many osteopathic libraries, was one of the objectors to the osteopathic requests. After many pointed questions, he was shown to be in the Dr. Wiley class, at least in regard to osteopathy. Dr. Ralph K. Smith, was the chief speaker for the osteopaths, an extended account of whose able address was published in the Portland papers. The bill was smothered in committee, but the opposing medical bill met the same fate.

* * *

In Pennsylvania, the situation was practically the same as last month, the most of the newspapers editorially favoring fair play for the osteopathic practitioners.

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To the south, North Carolina secured what was asked for with practically no opposition to speak of, independent board, minor surgery and all.

* * *

The West Virginia bill, while heralded as an osteopathic victory, looks much to the Journal like a repetition of conditions in Virginia, Alabama, etc., where apparently an osteopath has full rights, and those who can secure licenses have, but the trouble is to secure licenses, as the osteopathic applicants are repeatedly graded below pass.

* * *

In Texas, after a stubborn fight for an independent board, the association accepted a compromise by the M. D.'s. in which the osteopaths are fully recognized, given equal rights and allowed to practice minor surgery. The bill is expected to become a law.

* * *

Nebraska exhibits the anomaly of an osteopathic bill for an osteopathic board introduced by an M. D. and championed by an M. D. committee. They contend that their board conducted examinations fair to the osteopaths, but thought that the osteopaths should have representation, which they never would have in a medical board. The bill is expected to become a law.

* * *

North Dakota has secured a separate board and privileges dependent on the things taught in their schools. The signature of the governor only was needed to put the law in force.

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The Utah medical representatives kept their promise and the senate bill passed the house. We have not been informed of its signature by the governor.

* * *

The Idaho bill, as outlined in last month's Journal, passed and was signed.

* * *

California furnished some more lightning changes this month. After all had apparently been satisfied, it was found that all was not finished and the final act showed the M. D.'s. proposing a combination bill, allowing five allopaths, two each of homeopaths and eclectics, and one osteopath. The osteopaths showed that their numbers exceeded those of the eclectics, so demanded two representatives, which being granted, they accepted the compromise, and the bill is now a law and will become effective May 1st. It presents the novelty of allowing

an examination to any graduate from any chartered school anywhere in the United States, which teaches any branch of the healing science. On passing an examination as prescribed by the board, he will be qualified to practice any branch of the healing science to the extent covered by the examination passed.

* * *

In Missouri there is much cause for rejoicing among the osteopaths. An amendment to the present osteopathic law has been passed which requires a course of three years of nine months each and an average grade of seventy-five per cent in the subjects studied. In addition to osteopathy those qualified will be permitted to practice major surgery, obstetrics and surgical gynecology.

* * *

The Montana chiro fight to date is described in the following very interesting letter from Dr. L. K. Cramb a member of the state osteopathic board.

The Montana osteopaths are making a determined effort to drive all fake osteopaths and especially chiropractors out of the state. On February 6, the first victory was won in Butte by the conviction of "Dr." Wm. Metzger, chiropractor, in Justice Roades' court for practicing osteopathy without a license and fined \$50.00. The case was appealed. While we felt reasonably sure of securing a conviction in the higher court, the law was a little weak, so rather than have a long drawn-out fight over technical point it was thought best to amend the law. Our law, like a good many others, failed to state what evidence should be deemed sufficient to secure a conviction. It simply stated that anyone should be deemed guilty of practicing osteopathy without a license who had failed to secure a certificate from the Board or who used the title, "Doctor of Osteopathy," "Osteopathic Physician," etc., or the letters, "D. O." etc., but made no provision for those who practiced osteopathy in form (like the chiropractors) but did not use the title. So we had an amendment to our law introduced which increased the fine and in addition to the provisions of the original law provided that anyone should be considered practicing osteopathy who shall

"(b) Profess publicly to, or who shall, either in his own behalf, in his own name, or in his trade name, or in behalf of any other person, corporation, association, partnership, either as manager, bookkeeper, practitioner, or agent, treat, cure, alleviate, or relieve any ailment or disease of either mind or body, or cure or relieve any fracture or misplacement or abnormal condition, or bodily injury or deformity, by any treatment or manipulation or method of manipulating a human body or any of its limbs, muscles or parts by the use of the hands, or mechanical appliances in an effort or attempt to relieve any pressure, obstruction, misplacement, or defect, in any bone, muscle, ligament, nerve, vessel, organ or part of the body, after having received, or with the intent or expectation of receiving therefor either directly or indirectly any bonus, gift or compensation whatsoever, provided, however, that nothing in this section shall be construed to restrict or restrain any legally licensed physician or surgeon in the practice of his profession."

If a chiropractor can get away from this he deserves to. To some the provisions may seem a little strong or too broad, but a number of attorneys were consulted and said they were of the opinion that the law could not be construed to include masseurs, etc.

Our amendment, as above, was introduced, passed and has been signed by the Governor, and is now a law. It remains to be seen what action the chiropractor will take.

I believe the chiropractors are the worst fakirs that we have to deal with and every effort possible should be made to get rid of them. The chiropractor here in Butte is a past master in the art of faking. He has an advertising man hired to write his adds, and they are good ones from his standpoint. Hardly a paper appears without from a quarter to a full page add full of testimonials of people who have been "cured," the "doctor's" picture and the claims of chiropractic set forth in bold type. A hit is usually taken at osteopathy. He won't treat a patient unless they pay \$50.00 down then he treats them every day giving thirty treatments for the \$50.00.

The medical profession have been making an especial effort to drive the medical fakes out of the state, and introduced and passed a bill that disposes of them, and some of them are bad ones. The best of feeling exists in this state between the medics and the osteopaths, all working together to drive out the fakes. There were eight medical men in the legislature, but they were friendly to osteopathy, supporting our measure, and our friends supported their's. They fought the osteopaths hard for several years, but realizing that we are here to stay and no medical law can pass any legislature without the support of the friends of osteopathy, they have done the right thing—worked with us against the common enemy—the fakirs.

F. F.

* * *

PRACTICE OF OSTEOPATHY.

THE FIRST COMPLETE WORK OF ITS KIND PUBLISHED.

In the publication of the Practice of Osteopathy by C. P. McConnell and C. C. Teall we have the first serious attempt at a complete osteopathic practice with etiology, diagnosis, pathology and practice of all diseases except those considered as "specialties" and with brief chapters on the eye, ear, nose and throat, venereal and skin diseases.

This text shows a marked advance in osteopathic therapeutics. The authors have taken advantage of the case reports compiled by the American Osteopathic Association and the reports published in the various osteopathic journals. In the seven hundred and odd pages the practitioner finds a guide to the most advanced thought on a large percent of the cases which come within the range of practice.

In some of the rarer and difficulty-curable diseases the text shows a marked timidity in advancing osteopathic theory. In fact, if we may be allowed a definite criticism on such an able and valuable work, we would suggest a greater independence of the methods of treatment prescribed by the other schools.

The publication of this book is another step towards an osteopathic literature so much to be desired by our profession. When we can have not only principles and practice but pathology and physiology written from the osteopathic standpoint, then indeed we can say we have an independent profession. No osteopath should be without this work in his library.

* * *

PERSONALS.

Dr. Homer Elsea of Carthage, Ill., gave us a call a few days ago.
 Dr. Roscoe Lyda of Nevada, Iowa, visited at the A. S. O. this month.
 Dr. Gertrude Forest of Albia, Iowa, who has been unwell for some time is in Las Cruces, New Mexico, recuperating.
 Dr. Sophie Hemstreet, who has recently removed from New York City to Kansas

City, Mo., was in Kirksville a few days this month. The doctor brought two patients to the A. S. O. hospital for treatment.

Dr. Etta C. Wakefield and Dr. W. H. Wakefield, announce that they will be associated after the 18th of March, 1907, at the Union Savings Bank Bldg., 13th and Broadway, Oakland, Calif., for the practice of their profession.

Dr. Frank W. Long has recently removed from Lancaster, Ohio, to 725 Nasby building, Toledo, Ohio. Dr. J. W. Long with whom he was associated in practice remains at Lancaster, Ohio.

Dr. E. R. Larter who for some months has been at Tippecanoe City, Ohio, owing to the illness of his wife (recently deceased), has returned to Niagara Falls, N. Y., where he will resume practice at No. 1, Silberberg Bldg.

Dr. C. L. Fagan, of Stuttgart, Ark., was appointed a member of the Arkansas State Board of Osteopathic Examiners by Acting Governor John I. Moore, on March 7th, to fill the vacancy caused by the resignation of Dr. J. E. Gildersleeve of Texarkana.

Dr. L. K. Cramb, Butte, Montana, was appointed March 4, by Governor Toole a member of the Board of Osteopathic Examiners to fill the vacancy caused by the resignation of Dr. S. A. Kennedy.

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LOCATIONS.

Dr. Tracey B. Horne has located at San Marcos, Texas, Suite 7, Johnson Bldg.

Dr. Grace H. Stauffer, at 30 Holly St., Lyons, N. Y.

Dr. D. P. Kurtz at Johnstown, Pa.

Drs. P. L. and Bessie Lathrop at 106-2 S. Washington St., Iola, Kans.

Dr. H. Fledderman at 5734a Roosevelt Place, St. Louis Mo.

Dr. Roy W. Sanborn and Dr. Jennie C. Gleason at 320 The Hamilton, Akron, Ohio.

Dr. Marie Kettner Rau at 209-10 Central Bldg., Main St., E. Rochester, N. Y.

* * *

REMOVALS.

Drs. Pierce & Austin from St. Joseph, Mo., to San Diego, Calif.

Dr. J. O. Bruce from Plattsmouth, Nebr., to Beaver City, Nebr.

Drs. Geo. and Addie Wenig from Bath, N. Y., to Hamilton, Ontario, Canada.

Drs. Lamonte H. Fisher and Millie Rhodes from 505 Ninth St., to The Jefferson Arms, 34 Jefferson Ave., Brooklyn, N. Y.

Dr. Sarah E. Carrothers from Lawrence, Kans., to Salt Lake City, Utah.

Dr. Adella Moyer from Little Robe, Oklahoma, to Grand, Okla.

Drs. Rose M. and W. W. Vanderburgh from 1739 Main St., to 1451 O'Farrell St., San Francisco, Calif.

Dr. May Vanderburgh from 604 Oak St., to 1451 O'Farrell St., San Francisco, Calif.

Dr. Frank W. Long from Lancaster, Ohio, to 725 Nasby Bldg., Toledo, Ohio, after June 1st, 419 Ohio Bldg.

Dr. O. H. Kent from Falls City, Nebr., to Seward, Nebr.

Dr. E. J. Bartholomew from 580 W. Madison St., to 161 State St., Cor. Monroe.

Drs. Frances M., F. M. and Truman Wolf from Iola, Kans., to 202 West 4th St., Carthage, Mo.

Drs. Richard B. and Anna H. Powell from Monte Vista, Colo., to 326-7 Empire Bldg., Denver, Colo.

Dr. J. W. Forquer from New England Bldg., to 603-4 The Osborn Bldg., on Prospect St., Cleveland, Ohio.

Dr. Josephine Printy from Pawnee City, Okla., and Dr. Sylvia from Sturgis, S. Dak., to St. Joseph, Mo., 8th Edmond Moss Bldg.

Dr. Elmer T. Pheils from Toledo, Ohio, to 1, Hay Hill, Berkeley Square, W., London, England.

Dr. S. G. and Emma Morris from McKeesport, Pa., to Chehalis, Washington.

* * *

ANOTHER IMPOSTOR.

GRANITE CITY, ILL., March 11, 1907

DR. R. E. HAMILTON, Kirksville, Mo.

DEAR SIR:—Please find enclosed a clipping from St. Louis Post-Dispatch which speaks for itself of two osteopaths being "worked." The same man I think, saw me the day before enclosed item appeared in St. Louis paper.

SWINDLED WOMEN DOCTORS.

A man who has been making a specialty of swindling women physicians is being sought by the police. Complaint was first made by Rev. David C. Garrett, rector of St. Peter's Episcopal Church. He said the swindler usually told his victims that he was collecting funds in the interest of St. Peter's Episcopal Church. Dr. Nannie Chappell paid him \$2.50 for an advertisement in a church directory. He also called at the office of Dr. Eleanor Moone, but obtained nothing there.

Will give description of him: Age, 30; height, 5 ft. 10 in.; hair, black; eyes, dark brown—nearly black; weight about 150-55; good looking; wears a black suit, black overcoat and black derby hat and black necktie, is a fluent talker on osteopathy, and names several osteopaths in Indiana, Illinois and Missouri that he is well acquainted with.

Would advise all osteopaths to be on the lookout for him, and when he comes in telephone the police.

Fraternally yours.

A. E. MACGALLIARD.

* * *

BIRTHS.

Born—To Dr. and Mrs. V. P. Cottingham of McPherson, Kans., Feb. 17th, 1907, a daughter.

Born—To Dr. and Mrs. H. D. Morris of Boise, Idaho, Feb. 15th, 1907, a daughter.

Born—To Dr. and Mrs. R. Ludden of Colton, Calif., a son.

Born—To Dr. and Mrs. J. H. Wilkens, of McMinnville, Ore., March 9th, 1907, a daughter.

Born—To Dr. and Mrs. L. M. Pennock, San Angelo, Texas, March 12, 1907, a son.

Born—To Dr. and Mrs. Charles E. Still, Kirksville, Mo., on March 26th, 1907, a son.

* * *

DEATHS.

Died—Mr. J. P. Klein, father of Dr. Clifford S. Klein of Dallas, Texas, at Sherman Texas on Monday, February 18th, 1907, aged 56 years.

Died—Milton Parcels, young son of Dr. Parcels of San Bernardino, Calif., on Wednesday, Feb. 20, 1907. A tunnel had been dug in the banks of a creek in the suburbs of the city and while playing in this tunnel, it caved in, burying the unfortunate boy. He was in the tunnel from Saturday, Feb. 16th until Friday, Feb. 22.

Died—Mrs. Severy, wife of Dr. Chas. L. Severy, Monday, March 11th. Death due to acute pneumonic phthisis, following an attack of pneumonia in January.

Died—Mrs. Lichter, wife of Dr. S. Lichter of Peekskill, N. Y., on February 24th. Death caused by venous thrombosis.

Died—Mr. Joseph A. Gilman of the Freshmen class of the A. S. O., at Kirksville, Mo., on Wednesday, March 6th, 1907, of hypostatic congestion which complicated typhoid fever with which he was suffering. In the death of Mr. Gilman a very bright and promising young man is lost to the science of osteopathy. He was a graduate of Colby University (A. B. degree), Waterville, Me., and had been engaged in brokering and journalism prior to entering school. Mr. Gilman was engaged as assistant in the pathological laboratories of the A. S. O., which position he filled very capably. He was a cousin of Dr. F. W. Sherburne of Boston, Mass. The remains were taken to Fairfield, Me., for interment.

* * *

RESOLUTION.

It is with a feeling of the deepest and tenderest sympathy that the members of the Detroit Osteopathic Society record the death of Floy E., beloved wife of our honored president, Dr. Charles L. Severy.

With Dr. Severy we sorrow, in this his hour of grief, realizing that he has been bereft of a sustaining helpmate and that the loss is irreparable to him.

We who so highly regard our fellow practitioner, not only for a rare personal friendship, but for the dignified professional standing which is his, extend to him at this time our loving and heartfelt sympathy, and spread upon our minutes copy of this memorial.

CARRIE B. TAYLOR-STEWART, Sec'y.

DAVID MILLS, Vice-President.

* * *

RESOLUTION.

At the regular meeting of Central New York Osteopathic Society, held Feb. 14, 1907, the following resolutions of condolence were unanimously adopted:

Whereas, the announcement of the death of Dr. Sylvester W. Hart, late president of the New York Osteopathic Society, in which body he rendered most faithful and acceptable service, and

Whereas, the society is deprived of an efficient and zealous co-worker,

Be it resolved, that out of respect to the memory of the deceased, we herewith express our sorrow at the loss, and extend to the bereaved family our sincere sympathy.

Be it resolved that these resolutions be spread upon the minutes of this society, and that the secretary be instructed to send a copy of these resolutions to the family of the deceased, and to the state society.

Committee: M. E. LAWRENCE,
CLARA P. BEALL,
GEO. W. MITCHELL.

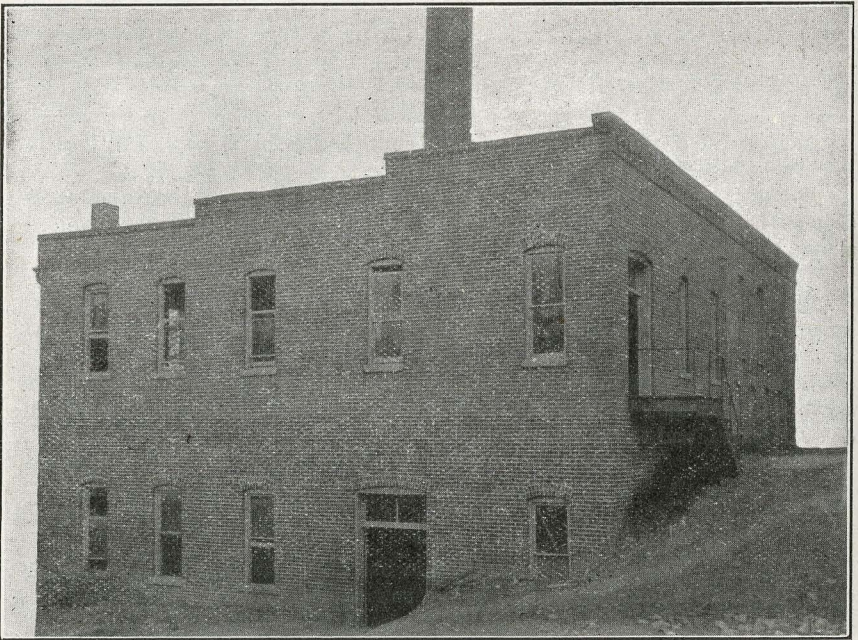
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Correction

In our editorial columns we state that the Tri-State convention will be held at Kirksville, Mo., Friday and Saturday, June 7 and 8. After the form containing this statement had been printed we were informed of a change of date and hasten to correct our first announcement. The Tri-State convention will be held at Kirksville, Mo., on Friday and Saturday, May 24 and 25 instead of on the dates above mentioned.



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