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THE JOURNAL OF OSTEOPATHY

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THE MANAGEMENT OF AN OFFICE.

A. G. Hildreth, D. O., St. Louis, Mo.

THIS subject is of vast importance to every individual osteopath—yes, and of the greatest importance to our profession. This subject is one that should be studied just as we study our anatomy and physiology, as one of the most essential of the foundation stones or branches of study. I came near saying as much depends on it as upon the results we obtain from our treatment. Perhaps that would be putting it a little too strong—but I do not believe the value of conducting an office properly can be over-estimated. We are all aware that our profession is made up just as all other professions, of all kinds of people, and that no man or woman possesses the qualifications of doing all things well. I mean by this that none of us are adapted to do all kinds of work well; consequently, when we talk of a new field of labor or a new profession, we must study it in all its phases. Our profession being so new and so closely noticed and so unmercifully criticised, it behooves us to do all in our power to present our practice in the best light, and in few ways can we do more than by keeping and furnishing the right kind of an office.

It has been my privilege to visit a great many osteopaths in all parts of the United States in the last few years, and no phase of our condition has given me more thought than the question presented in this article. To begin with, first impressions are always lasting ones. Should a prospective patient come into your office and find you lounging there with your coat off and feet in another chair, with no indication of thrift or business energy except that indicated by your appearance, there is no doubt but that he would move on.

Now I fully understand that in the beginning, in setting out to practice, we are not at all able to furnish an office as it should be furnished or as we would like to furnish it, but the expense of the furnishings does not mean half so much as the judgment displayed in selection and the taste used in arrangement.

We are aware that we are not all so blessed as to possess ability for pro-

perly adjusting matters of this sort, but we are also aware that we are students and as such let us study every phase of our condition that helps to place our profession upon a higher plane and in a better light before the public. Of course everything depends upon the location as to the amount of money you should expend upon your office, but let it be in country, hamlet or the heart of our great cities, the same basic principle must guide us—good taste. Let your floor covering be of matting or the richest velvet, much of the appearance of your office will depend upon how it is laid, and whether there is proper cleanliness, and tastily arranged furnishings to compare or blend and harmonize with it. Much, too, depends upon your own personal appearance, as the first impressions are the lasting ones with your patients.

I well remember being in a certain office of an excellent man and a thoroughly competent osteopath, when there walked into his office which was tastily and nicely furnished, an elegantly dressed, cultured lady. You should have seen the expression that passed over her face when she saw this osteopath in his shirt sleeves as he introduced himself as the physician-in-charge. This incident alone impressed upon me more than all else that has ever come to my notice, the necessity for the right kind of an appearance at all times in the office. And I well remember that after talking a few minutes, notwithstanding the doctor talked very intelligently, she walked away. The feeling that came over her on first entering his office was too much for her. He lost a patient and our profession was criticised for a lack of culture by one who belongs to the very walks of life whose friendship means most to us.

For our offices we should first select pleasant, sunny rooms, and furnish them in good taste. Harmony means much as regards first impressions; and a tidy, neat and always presentable person also means much as regards the opinion of people as expressed towards us and our calling.

Again, too much cannot be said as regards how you meet your patients in the way of examination, diagnosis, prognosis. The slow, conservative, careful, correct examination; the simple, complete, comprehensible diagnosis, with a full, free explanation of conditions to the patient which helps him to know his condition; and, lastly, an honest, conservative prognosis—all these things mean much to us as individuals and much to our profession.

HEADACHE.

Homer Edward Bailey, D. O., St. Louis, Mo.

The subject covers so wide a range of causes, that I shall not go into details of the various kinds. Our best authors look upon headache more as a symptom than as a disease. I do not wish to be technical in describing what the books usually inform us on, for that we can read and learn. However, by practical experience in watching the various kinds of headaches, using the "generic term" covering a multitude of causes, I may be able, from these experiences, to give food for thought that may save both time and worry.

Headache is the symptom of numerous affections; in most instances the cause of the difficulty is to be found not in the head, but in various other parts of the body. If for any reason, the different functions of the body are not properly performed, so that the waste materials are not carried off as they should be, there is apt to occur, among other symptoms, a headache.

The migraine form is particularly associated with an affection of the 5th cranial nerve, but very often I find this affliction connected with a break in the nerve circuit between the sympathetic ganglion and this nerve, which probably gives rise to the condition mentioned by many authors, as a spasm of the vaso-motors. Probably this interference does produce the spasm of the vaso-motors, which is in fact leading back to the original cause, structural interference at the upper cervical vertebræ.

In looking over various authors, the casual observer would think from the medical stand point, that there was no such thing as headache; for many do not have it indexed, looking upon it as a symptom of some other disease, or rather an accompaniment of some other abnormal bodily functions. But if you have ever been so unfortunate as to have two or three days of nerve racking, old fashioned "sick headache" you will agree with many a patient, that like its anatomical part, it should be at the top of the list.

Now in regard to the divisions of headaches, their causes and locations of the pain, we shall speak.

There are known to be at least fourteen different kinds of headaches from an osteopathic stand-point of causes, and we may be in our infancy in the enumeration of them. Some of our best authors divide them into kinds from the location and character of the pain or ache with accompanying inflammations or congestions, while their manner of typifying the kind as related to the cause, is as confusing as is their confusion in treatment and pathology. However, they are all symptomatic of nervous exhaustion, functional obstruction, malformation, or caused by local accident or injury; and it is only when the morbid primary condition is too obscure to be recognized, that we are prone to call them idiopathic.

Every circumstance affecting the general health should be inquired into. The treatment, if the patient has long been a sufferer, should not be too heroic, for be it remembered that under such conditions, the patient has been subjected to much suffering, is worn and wearied, has been poisoned and may be bled until well-nigh nervously exhausted, and therefore may be extremely tender and susceptible.

I well remember of losing as patients in my early practice some very good people, by giving heroic treatment of inhibition in the suboccipital region for headache; they associated all the pain they had then and ever after to the over pressure I gave them at that time. Especially be careful if the patient has been addicted to the use of chloral to ease the pain, as the drug seems to have the effect of redoubling itself upon the poor victim in a tenfold ratio of increasing soreness the day following our treatment.

Generally speaking, it may be put down as a fact that the greater proportion of habitual headache or migraine sufferers, have at the same time, some stomach trouble; frequent belching of gas, loss of appetite, foul breath, as usual accompaniments, pointing to this belief. You will usually find that migraine patients are prone to excessive indulgence in indigestible foods, probably because of diseased nerve endings, calling for abnormal stimuli, which the patient supposes to be hunger pangs, but which is misdirected nerve force. One author, quite recently, in his medical way of reasoning, calls attention to the fact, that where headache is referred to the temples or occipital region the underlying causes are frequently to be found in diseases of the middle ear and the pharynx, and advises careful examination and inflation by the Pelitzer method, but we by our osteopathic sense of reasoning look upon this cause as only a symptom pointing to a slight slip or contraction, with induration in the cervical region, the pressure producing the effects. In my practice I have seen cases of this kind, a reflex neurosis, coming from as low a point as the third dorsal, and when pressure was brought to bear at this point, pain would be immediately noticed in the temporal region.

A case was recently sent me by a dentist, a Mr. L., suffering from excruciating pain referred to the teeth of the inferior maxillary, also to the frontal and temporal regions. The gentleman had had some gold crown work done quite a while previous to his coming for treatment, and the dentist had uncrowned these teeth in searching for the cause of the trouble. After examining carefully the cervical region and finding slight trouble there, but not enough to produce the intense pain, I examined further, at the second treatment, as the first was not very successful, at which time I found the cause of all the pain to be a partial dislocation of the inferior maxillary. The slip at this articulation had been produced some years previous in pulling three teeth from the lower jaw, and a severe cold had produced contractions that resulted as above. Correcting the trouble gave the patient relief, and he has since been entirely free from pain.

As I before mentioned, sufferers of periodical headaches like migraine attacks, are usually not careful livers, and from this fact are liable to gout and a uric acid diathesis, which fact may account for the periodicity of the attacks. It seems to take nature just so long to be fully enough impregnated to boil over, as it were. Finally, with all efforts she causes the victim to devote all energies at command in aiding her in throwing off the accumulation by a sick stomach with accompanying vomiting, purging, and sweating, and enforced retirement and rest from eating.

The prognosis for migraine under osteopathic treatment is usually favorable.

Where abusive intemperances or unreasonable dietaries are found to be accessory causes, attention must be directed to these points, and the patient warned at the outset, if he expects to get well. If the case is very chronic, an enema of olive oil and glycerine is a very good starter to relieve the human

sewer, and make way for the osteopathic treatment. The emunctories must be set to work in throwing off not only the self-generated poisons, but those of the drug shop as well, that nature may have unobstructed sway. The malpositions and contractions are usually found in the upper dorsal and cervical regions, but may lie in diseased sexual organs.

In speaking of headaches in general, whether idiopathic or symptomatic, efforts must be made to give speedy relief, either in warm water drinking or warmth to the feet and cold to the head, but the cure depends upon seeking out and removing the morbid conditions upon which they depend. Wherever found, the cause must be removed.

NOTES ON GYNECOLOGY.

Josephine DeFrance, B. S., D. O., St. Louis, Mo.

"DOUBT is the key of knowledge." Osteopathy was brought forward as a science because Dr. Still had the courage to doubt the use of the allopathic key to open the door of relief to suffering humanity. About seventy-five per cent of the women who come to a physician for help have some disease of the pelvic organs. In treating these we have so many different pathological conditions present that I shall not try to classify them or speak of the symptomatology at all, but will simply try to bring forward some points in treating them osteopathically.

A patient coming to an osteopath for treatment expects more of him than she does of the medical gynecologist. Most of the cases we get have tested the old school methods and found them lacking. If we do not use the ordinary methods of examination, or add something to them, we often lose their confidence. This is a point in which our people are lacking in many cases where they hesitate to insist upon being given the opportunity to make a proper diagnosis.

In the cases of different disorders of menstruation, osteopathy is very successful if given the proper chance and a reasonable degree of time. I have never treated a case which failed to receive benefit. I nearly always find some spinal lesion in the region of the lower dorsal or upper lumbar, and have cured many cases by treatment in that region alone. On the other hand, in some instances a very bad dysmenorrhea may be caused by a sharp flexion of the uterus, causing a mechanical obstruction to the natural flow. If we have that condition, we need the use of a blunt sound to remedy the flexion. I have never been able to straighten a flexion causing dysmenorrhea without the use of some instrument. I am not an advocate of the use of instruments in treatment unless absolutely necessary. If I use the sound, my favorite way is the bimanual method without the aid of a speculum except where the women have borne children. If we can cure our patients without any adjuvants but our fingers and the use of the gray matter of our brain-cells, I think we strengthen our cause and increase respect for us. But let us

be willing to acknowledge the virtue of other methods when we need them. I do not believe in the use of pessaries at all and would lay them aside as soon as possible. The glycerine tampon is very good to give quick relief in highly inflamed conditions and affords a temporary aid, but I do not think the use of tampons in cases of prolapsus or the different versions and flexions are of any great benefit. Anything that weakens the muscular support of the parts is injurious, and should be avoided. In cases of urethritis, vaginitis, etc., we should always be certain that there is no gonorrhoeal infection, and in these instances do not depend entirely upon the patient's word unless confirmed by indisputable proof. She is often ignorant and would be very much surprised if told the truth, and sometimes does not wish to be frank, hoping to get relief without stating the truth. In a case of acute infection our duty is either to use the proper antiseptic remedies, or send them to one who will. There is no disease more disastrous in after effects upon a woman than an improperly treated case of gonorrhoeal infection. It will extend to the Fallopian tubes and the ovaries and there become practically incurable except by surgical means. I believe in treating by osteopathy the nerve supply to the parts affected; but, I also believe in the necessity for antiseptics. This is about the only condition in which the use of douches are necessary, and only then in the acute stage of the disease.

Leucorrhoea often comes from weakened conditions along the spine, and in nearly every instance may be cured by vigorous treatment at the site of spinal lesion. In many instances it is a symptom of constitutional trouble. Foreign growths in the uterus or its appendages are to my mind the most difficult proposition we encounter in the practice. It requires the utmost care and honesty of judgment to decide when to accept such cases and when to send them to a surgeon. Never promise anything, but don't hesitate to take the cases on trial. Many fluid tumors can be drained and the cases cured. In cases of fibroid growths we can generally give some relief from pain and often benefit them by changing the position of the tumor enough to relieve the bowel troubles that are commonly found. A fibrous condition of the uterus is often of small moment if not causing severe pain or increasing so rapidly as to soon obstruct the pelvic cavity. If we can by treatment palliate the trouble 'till the menopause is over, often the tumor will disappear then or give no further trouble. One thing I do believe most firmly, that is that these growths are often started by uncalled-for treatment in earlier years, such as the use of curettes, pessaries, tampons, etc. Abortions that were not properly treated is another prolific cause of trouble. I don't think we can absorb a fibroid growth, but we are fully justified in treating these cases and keeping them from the knife if possible. When fully satisfied of correct diagnosis in malignant growths I would send them to a surgeon at once. I have seen cases cured when they had been pronounced cancerous by eminent authorities, but am always inclined to think the authorities made a mistake in diagnosis. I do not believe in manipulating cancerous tissue. Any irritation will bring more blood to the growth.

We can often stop the hemorrhage, but the result of that is only to feed the cancerous mass. We can't affect the pain at all has been my observation and experience. The quicker surgery is used the less the danger of recurrence. Most malignant conditions develop late in life, and there is a chance that some other disease may save the patient the misery of this death. It is more humane to advise patients to take great risks to obtain relief than to let them suffer. Surgical work in cancer offers some hope of relief. In prolapsed conditions of the uterus we can nearly always find the source of trouble in spinal lesions, and I place much more importance upon the work we do there than I do upon local treatment. The latter may help to give relief, but the permanent good comes from correcting the original cause of the trouble. Many of the cases of retroversion and prolapsus come from strain at childbirth and an improper contraction of the parts afterwards. Any of you who are familiar with obstetrical work know that during the pains of labor a woman is apt to strain any part of the spine from the atlas to sacrum by quick movements. If the spine is injured at a part to affect the nerves to the uterus, we have here our work to do in relieving the pressure. Our treatment has good success with these cases, and I think the virtue of osteopathy in obstetrics is as much to correct and free the spine from strains afterwards as it is to lessen pain and hasten the progress of labor. Local treatment is almost useless if we allow the patient to get up on her feet without several minutes rest.

I never explain to the patient at any length the exact lesions I find in the individual case at issue although I know it is a common practice among some osteopaths.

First and main reason: I always tell the patient that I want her to forget she has any trouble at all of any kind, except when she comes for treatment. Most gynecological troubles cause a very nervous condition of the mind and the more you allow the woman to think about her case the greater the nervousness. Explain and tell her about the first principles of our work; the theory and facts that we take for guidance in working, and something about other cases, but not about her own. But I hear you say, "She asks, she wants to know just what is wrong, she may go to Dr. So-and-So, if you don't tell her." Ninety-nine out of one hundred persons come to us for relief because they have known of benefit received in some similar case, not because they know anything about osteopathic principles. Cite them to those instances, and tell them to trust you for the result. Nearly every woman in talking to her friends likes to win sympathy by claiming to be in a serious condition. It is well known how the laity get confused in the use and repetition of medical terms and how ridiculous a slight change may make a doctor's statement appear in the eyes of those who know. The opportunity and the temptation to make comparisons by going from one doctor to another is increased, and anyone who has ever taught in an osteopathic school knows how much pleasure the students take in comparing the different things told them about the same case—all perhaps true, but observed from different standpoints

and different degrees of importance attached. It gives the family doctor, who usually is unfriendly to our cause, a splendid opportunity to make fun of us, and convince his patient that we are wrong. I know one woman who means the best in the world for our cause, and is constantly talking osteopathy to her friends, that would convince me in about five minutes that there was nothing in our work, if I had no other source of information. She was treated and cured by an osteopath who I am sure did not tell her that her innominate bone on the left side was in the habit of slipping half an inch out of place, or that her floating ribs became twisted. The best of people like to think that you know more than they do about their cases and it vastly increases their respect for us if we are wise enough to keep them thinking so. If you are compelled by questions to tell your patient what trouble you find with the position of the uterus, don't forget to explain that it is a movable organ and may be in some other position a few days later.

THE PROFESSION OF TRADITIONAL MEDICINE AND ITS ATTITUDE TOWARD OSTEOPATHY.

E. E. Tucker, D. O., Akron, Ohio.

In the Popular Science Monthly magazine for August, 1903, President David Starr Jordan of Leland Stanford University writes of *The Training of a Physician*. The first half of his article gives a resume of the history of medicine, tracing it in unbroken line to the time when because the leaf of a plant was liver slaped, it was recommended for liver troubles, and similar reasoning made up the stock of the profession. He might have carried his history back much farther, for the lineage is unbroken and the philosophy undeviating from the time when the bespattered and besmirched medicine man applied fire for pain, tangible remedies such as roots and leaves for tangible symptoms, and mysterious incantations and talismans for mysterious affections; and so on *ab origine*. Gradual change has come, in both medicine and method. Now they use the fluid extract instead of the plant, but substantially they are the same.

"The physician of to-day is not a priest nor a sorcerer." The statement is a practical admission that at one time he was both.

The article is more than generally interesting to the osteopathic profession for it shows the point from which we may understand the body of men which has not ceased to be overbearing and has again and again tried to crush us. The ideas that have come down to them from the family tree are sufficient to explain that opposition. One would think that in modern times the mold of their ideas would have changed, but a brief glance will show that it is still as Prof. Jordan describes.

The power of Latin words to hold the patient to the physician unquestionably survives. The search for specifics is still the acknowledged work of the

investigators. The ransacking of the world for deadlier poisons and their administration to counteract the mysterious poisons of disease is familiar to every one. "Similia similibus curantur" is now the slogan of one whole branch of the medical world—the rest of which would cheerfully turn and rend it for its desertion of "regular lines." "Besides all this, the words of the great Galen became the court of final appeal, and his ignorance marked the limit of all medical knowledge." This statement sounds ironical in view of the experience of the osteopathic physicians since the very first; for its survival is the chief ground for this present complaint. This is what the osteopathic doctors have encountered.

"Of course I don't know anything about your osteopathy," said a doctor to me. "Now if you were a regular, or a homeopath, or an eclectic, or from any of the recognized schools, I should be glad to consult with you. I thought they introduced you as doctor."

I of course informed the gentlemen that they introduced me correctly as doctor, that my degree was conferred upon me by a legally chartered school, entitled to respect every where, and that it was recognized by the laws of the state.

"But of course *we* cannot recognize your degree, you know," he said, waving all that aside. I was glad that he used the words "can not," instead of "will not;" they expressed a deeper truth than he knew.

Another physician likewise disclaimed all knowledge of osteopathy, and forthwith, by virtue of the authority in him vested, began to deny us the right to our degree. I assured him that it was not the medical profession that had authority to accept or reject our degree.

Disclaiming all knowledge of osteopathy, another assured me that if we would not claim to be more than special practitioners, a sort of expert and scientific masseurs, that they, the regular physicians, would fill our offices full of patients that they should send us. But that we claimed to be general practitioners, and of course that stopped all thought of recognizing us; that really, the fact was, we were specialists in one line.

I thanked him for his courtesy; and suggested that the patients also were worth considering. That if he had patients whom he thought I could help, our being really specialists should not deter him from sending them, and filling our offices full. That he was welcome to send all he pleased.

The burden of all their meaning was that they would not like to be caught even investigating osteopathy. So it is not evident that the spirit of Galen's successors has died out. We find now, as then, men who are exceptions; but the majority of them are bound by the attitude of the profession as a whole.

The medical profession is the oldest of all surviving things. It is older than religion; for whereas the two had their origin together the priest being at that time also the physician, the form and spirit of religion has many times changed, but the surviving lines of medicine are in general the same. The lengthening lines have diverged and widened as the age has widened; it has

embraced as its chief love the once despised surgery, now become its better half; it has also come to include sanitation, bacteriology and other ideas; but the age of its theory of practical medication is unquestioned.

The reason for its preservation from such great antiquity is the same as that for the permanence of the next oldest thing, the ideas on which religion is built; namely that it deals with the great and ever present problem of death. Mankind demands some effort and some answer and among those put forward to meet the demand, it accepts and adheres to the most available or the most impressive. The fact of the survival of that one is no sure guarantee of its truth, but merely of its superiority over others presented. The medical idea is the traditional effort to supply this want.

Traditional ideas have a strong hold upon the minds of the people, and this oldest of traditional ideas especially. But its hold upon the minds of the medical doctors is still stronger. *A part of that medical idea is the tradition of authority and reverence, strong in proportion to its years.*

In the absence of any knowledge of the real cause of death and of disease, any earnest effort to combat it was welcomed and the profession that devoted itself to that effort was most richly paid. Anything that presumes to rival it, or to question it, or to rise in any way but *through* it, is condemned already, in its own eyes. This is why it stands wilfully for ignorance, except in line with its own theories.

Considering these facts we see how inevitable was the mutual hostility between the medical profession and the osteopathic. (In this article we have used the word medicine in its popular and accepted significance of "something to take" or to apply for relief of pain or disease.) Osteopathy condemning empirical medication and offering a new principle, and attempting to gain recognition outside of the recognized profession, brings upon its own head the spirit that Galen encountered.

If this heritage were the only reason for this hostility we should expect courtesy and patience on our part to win. But there is a deeper reason. The habits of thought that one's practical work cultivates and requires in him will form the model for nearly all his thoughts—except in the case of very strong men. In dealing with averages, the influence is certain. The training of the physician's mind is in rules and doses, in the experience of other men, and in the heredity from ages of empiricism. A certain symptom demands a certain remedy. A certain group of symptoms represents a certain disease, in which Dr. X recommends this prescription. The mind whose nine-tenths are taken up with this sort of training takes unkindly to an entirely new system whose habits of mind are entirely the reverse. The same is true of the osteopathic training. It requires accuracy, reasoning, demonstration, the careful connecting of cause and effect; and to it the arbitrary style of the practice of medicine is repugnant.

There is, moreover, a reason deeper still. The mutual antagonism is fundamental. The individuals can but assume the attitude that the ideas they

stand for assume for them. Now the attitude of osteopathy is this: It includes in its diagnosis that which is undoubtedly the cause of disease; or at least, *one* great first cause of disease. It is the only positive knowledge yet obtained as to the real cause of disease. If this diagnosis is correct, no system that leaves it out *can* be correct. Other systems, treating symptoms, are palliative; but it is curative. Osteopathy first; after it, such things as shall be found good.

Imagine the attitude that the doctors of medicine will take to such preposterous claims as this. Such a statement makes it impossible for them even to consider the claims of osteopathy.

Thus the mutual rejection was inevitable, and inevitably mutual. On the side of osteopathy there could be no compromise so long as the flag with the skull and cross bones floated above the pharmacopeia. On the medical side there could be no affiliation with that which condemned it and so long as an entirely new point of view was required. One cannot occupy two points of view, certainly not two that are diametrically opposed.

Medicine cannot be broadened to include osteopathy. Medical knowledge plus osteopathic knowledge becomes osteopathy; and in this new combination the *practice* of medication is left out. The medical idea, deeply rooted in the minds of the people, and the medical profession well fortified in the world, will make a hard fight. But we should be quick to recognize the fatal weakness of their position, the danger and uselessness of drugs, and the unscientific spirit of that most learned of professions, the profession of traditional medicine. And we should be quick to recognize the power in our hands and to use it without any beating about the bush.

I have tried to impress two points; that the mutual antagonism between osteopathy and medicine is inevitable; second, that it is fundamental, and can not be overcome. I wish to impress a third point; that it is also best, and that we should consistently and firmly preserve this attitude, and keep the lines drawn; and also should make it evident to all people, not unpleasantly nor aggressively nor boisterously; but plainly. We have sufficient reason in the awful results of the general use of drugs. But without dilating upon that, we have sufficient exercise in the hostility they have ever shown to the truth that Dr. Still presents in his osteopathy.

Delenda est Carthago.—Carthage must be destroyed. Not Rome, but an inevitable progress demands it. The decree is not ours, but by their failure to recognize the truth they have shown whence the condemnation comes—from the truth, and themselves.

The triumph of truth is certain, we must prepare ourselves for it, and must keep ourselves from compromise with that which wilfully stands for ignorance.

SOME POINTS ON THE ATLAS.

Chas. Hazzard, Ph. B., D. O., New York City.

THERE are some ideas concerning the atlas which have, no doubt, occurred to others as well as to the writer, but which may well be written about as they may be of value to others.

While the transverse processes of this bone are its most available points to examine in diagnosing its position, often there are other parts of it that may be felt and at which the most useful work is done in the reduction of lesions. With me, the most important work for the reduction of lesion of the atlas is done, not upon the transverse processes, but upon the region of the lateral arches behind the processes.

The size of the bone, as far as indicated by the feel of its processes, differs greatly in different people. It is not unusual to feel, even in persons of small stature, a pair of processes so large as to be felt not alone in the spaces between the angles of the jaw and the tips of the mastoid processes, but also under and behind the mastoids, so that perhaps the larger portion of them that may be felt lies behind the lines described by the sterno-mastoid muscles upon the sides of the neck. This does not mean that there is lesion of the atlas, but that it is normally large, so that to say it is felt just between the jaw and mastoid process, does not describe its location fully enough.

The fact is, he who depends for his examination merely upon what he may feel out in this location, cannot correctly diagnose its position. Often I have seen cases in which the bone had been said to be in position only because the spaces between jaw and mastoids felt alike upon each side, and perhaps the tissues in them were resistant enough to pressure to feel hard like a bone covered by them, when as a matter of fact both processes were displaced backwards behind the mastoids. This serves to illustrate the fact that the examiner must carefully feel out the shape of the transverse process—feel about it and under it, and fully establish its relations to its surroundings, as well as compare it with its fellow, before he can be correct in locating the lesion.

Repeatedly I have seen a diagnosis based only on the feel of the bone in the space between angle and process. Yet, it is evident that the tip of the finger will be able to feel here only a place as large as is touched by it. One cannot distinguish between a spot on a hard surface, felt with the tip of the finger, and an actual bony point felt in the same way, unless he moves the finger about and carefully notes shape, size and surroundings.

This point may seem an elementary one to bring up before practitioners, but I have seen so many important errors made in this way by people who should know better, that I make bold to mention it.

I believe there are many cases in which the transverse processes are normally felt entirely behind, and under the mastoids, and not in the usual spaces before mentioned.

I have seen multitudes of such cases and in them continued effort to move the atlas so that the transverse process should occupy the usual position between the jaw and the mastoid process, has been totally unavailing.

Sometimes the little tubercle on the posterior arch of the atlas may be felt by pressure with the finger in the midline of the neck, just below the skull. These cases are rare. The tubercle may be recognized in this position by pressing upon it with the tip of the examining finger, when, if the head be slowly extended backward on the neck, the finger is pushed off of the point of the tubercle.

Sometimes the lateral arches of the atlas are felt deeply through the tissues where they lie in the sub-occipital triangles at the sides of the neck.

These triangles are bounded by the rectus capitis posticus major, and the superior and inferior oblique muscles.

It is here that the most important work is done upon atlas lesions. It does not matter that the bone may be seldom clearly felt out here. The pressure upon these lateral arches through their covering of tissues reaches the bone and moves it efficiently. One finds that in practically all cases the tissues are so easily rendered painful by pressure upon the tips of the transverse processes, that much work cannot be done directly upon them, and, in my experience, the best work done upon lesions of the bone is in this region, just behind the mastoid and below the skull. Strong pressure may be made here, if necessary, without either injury or discomfort.

THE NEW CLASS.

ANOTHER summer has come and gone and autumn with her wealth of coloring, her bracing days and crisp, cool nights is here and with her has come, as in years gone past, new seekers after knowledge.

At this early day in its history when its roster has only just been completed, when friendships are still unformed and when the class itself is only a great unwieldy body, like Barkis, "willing" but not yet "licked" into shape, it already gives forth much promise not only in its numbers which promise to make it one of the record classes but also by reason of its unbounded enthusiasm and evident sincerity.

Its present enrollment numbers 147 gathered from many states and one from our northern sister, Canada. From the piney forests of Maine to the sunny lopes of California and from the snowy plains of Canada to the rolling prairies of Texas, each section of the country has contributed its quota of students.

What a difference from the old days when a few students who gathered around the "Old Doctor" were come from nearby towns and states and when graduated went forth to do battle with the prejudices and unbelief of an unfriendly world. Nothing can tell better than the cosmopolitan make-up of the new class, how widely and thoroughly has osteopathy spread—and there is additional encouragement in the class' size, for it means that in two years an-

other small army will march forth from the doors of the A. S. O. to help bear aloft the osteopathic banner so valiantly defended by its pioneers.

Statistics of the new class bring forth many interesting facts. Illinois leads the other states with 21 students, Missouri comes next with 17, while Ohio, New York, Pennsylvania, and Iowa follow in close succession. Maine, our most eastern sister contributes one, while California sends five. Canada contributes one while Texas is represented by five.

In the roster of the class are included ministers, lawyers, teachers, nurses, a missionary to foreign lands, and others who have practiced their professions successfully in different parts of the world but have dropped their chosen professions to make osteopathy their life work. Then there are students from other osteopathic colleges who have come to the parent school to gather from the founder of the science those truths which he is best fitted to teach.

Every stage of life is represented from boys and girls fresh from the high schools to gray haired men and women who have fought life's battles on many fields and yet they have one bond in common, enthusiasm and belief in the merits of osteopathy. Nothing brings out this fact more forcibly than a talk with each student and in these talks we may find much encouragement for each tells the same story of doubt dispelled not only in their own case but also in that of many of their friends.

At a meeting of the class held shortly after the opening of school Mr. M. G. E. Bennett was elected temporary president. Mr. Bennett was for eight years a minister of the Christian Church but has left his profession to make osteopathy his life work. The reasons for his change are told in his own words.

"Medical therapeutics having failed to relieve or cure a member of my own family I was led to investigate osteopathy. After a test of several months treatment given by a graduate from the A. S. O., Dr. E. D. Holme, Tarkio, Mo., finding it to be indeed a true and wonderful science, I decided to matriculate in this same school believing it to be not only the *first*, but the *greatest* and *best* of its kind, the parent and leader of all.

"A minister of the Gospel for eight years, yet I believe I am doing my profession no injustice, but rather adding to and increasing my power to do good as well as my usefulness to my family, in the mastery of the science of healing 'given to the world in 1874 by Andrew T. Still' under the banner of osteopathy. Long live this science! Long live its founder! Long live the A. S. O!"

Mr. E. F. M. Wendelstadt, another of the class, was a highly successful insurance agent in New York City. His experience is interesting as showing how a man may be converted against his will. His attention was directed to osteopathy by a newspaper article which told of a man, suffering excruciating pain from passing gravel, who had been relieved by an osteopath by placing part of his body in a comatose state without the use of drugs. Although startling, Mr. Wendelstadt was not yet convinced but only interested. However he was always on the lookout for information. His further experience is told best by himself.

"Not until last year was it my privilege to meet face to face some one personally acquainted with this art of healing. It was on one of the ocean greyhounds, where time is cheap (after you have paid for it.) I put up a stiff argument against osteopathy, not because I meant it, but because not knowing whether to believe or disbelieve, I wanted to hear the matter argued.

"I reached N. Y. with the hope of some need for a doctor. I was not disappointed, and my acquaintance on the steamer sent me to Dr. G. J. Helmer, a pioneer. I told Dr. Helmer that I had pains and aches, and did not believe in osteopathy, but was willing to be cured and converted. I took treatment for a few months, until I could not stand it any longer. I had caught the fever. I closed my office and told my friends that they must find some one else to insure their lives and chattles, and that I was going to the "Old Doctor" out West, who would teach me how to run a repair shop of the human telephone system. Now here I am and the fever is increasing, and if the wormian bones of the frontal and the parietal and occipital hold together for about two years I shall, with one-hundred and fifty fellow freshmen, gladly devote the balance of my life to preaching and practicing the true Gospel of God's greatest creation, man, the perfect machine, subject to breakdowns, and mendable by Dr. A. T. Still's Osteopathic Principles."

Miss Chorlotte Strum, a graduate of three trainings schools for nurses, was turned from the old schools of medicine to the truths of osteopathy by her own suffering and her search for relief. This is her explanation of her change:

"Many times the question has been asked me, "What caused you to take up osteopathy? and I always answer "pain." An insistent, steady, constant pain in the lower back part of my head. A similar pain two years before had caused me to resign an interesting hospital position in the East and decline others. Too much walking on the stone-like floors was then cited as the cause of the pain which was relieved by a rest of months, most of the time in a recumbent position.

"But my own little hospital floors were of wood. I didn't do as much walking either, but the pain was as bad as before and growing worse. I knew if I asked advice I would be told "you must give up the hospital, give up the baby and rest." I was tired of resting that way, so that time I asked for no advice. I couldn't sleep on my back, which set me wondering. About that time I read an article by Dr. Bunting, D. O., entitled "What is the Matter With Your Back?" and decided to try osteopathy.

"After six treatments the pain in the back of my head was entirely relieved. I continued the treatments for the curvature which by this time I learned existed, carried on the hospital, kept the baby, (an orphan with marasmus) through the entire summer until she was well, put up gallons of fruit, and gained in weight. After being a graduated nurse for fourteen years, a graduate of three training schools, I have given up the profession.

My observations of my own and other cases have taught me to believe that osteopathic methods reach causes, and I want to "know how."

Mr. John V. McManis resigned a lucrative position as assistant postmaster at Baird, Texas, in order to study osteopathy. The whys and wherefores of this course, are succinctly set forth in his words:

"I, like many others, did not believe at first because of ignorance but was induced to look into osteopathy by a friend who gave me several copies of the Journal of Osteopathy and also a medical dictionary. With these as a foundation I soon became interested and being a sufferer from a badly sprained knee which I had not been able to cure by means of established methods, I finally turned to osteopathy which proved eminently successful.

This determined me in my course and resigning my position I set my face northward to join the ranks of the A. S. O. students."

From a position as Supervisor of Music in the Public Schools of Springfield, Ill., to a place in the ranks of the freshman class of the A. S. O. seems a far step, but Mrs. Pauline R. Mantle tells convincingly of the reasons for her change:

"Many of my friends have expressed surprise that I should leave such an interesting and lucrative profession as that of supervisor of music in public schools for the study of osteopathy. For several years I have been greatly interested in the progress of osteopathy, and having an innate desire to know thoroughly the structure of the human body and as strong a desire to help the suffering, I became convinced that the best in life for me, would be to fit myself for what seems to me to be my line of greatest usefulness.

"To this end I am a student at the American School of Osteopathy, the only school of its kind provided with the influence and inspiration imparted by the presence of the renowned founder of the science of osteopathy, the most common sense method of all the arts of healing."

Mr. L. H. English is another one of the many students who have been led to attend the A. S. O. by the great benefits they have derived from osteopathy. In relating his reasons for taking up the study of osteopathy, he says:

"I was a student at Bucknell University, having settled my plans for a career as a teacher when overwork in school caused a general breakdown of my system. Suffered from headaches and had great trouble with my eyes. Putting myself under the care of an osteopath, I speedily felt relief and after considering the matter thoroughly I declined an excellent offer as instructor in a nearby town and made up mind that I could do more good as a practitioner of osteopathy than as a teacher and as a result I am now a student at the A. S. O."

A short talk with Mr. W. O. Deputy, who is one of those who have left the ministry to study osteopathy, brings out clearly his reasons for the change. Mr. Deputy says:

"I believe that man's chief mission in life is the relief of suffering either spiritual or physical. If a man can combine both these, he should be of still greater benefit to mankind. With this idea in view, I have given up the ministry to study osteopathy because I believe by so doing I will be best fitted to relieve suffering. I came to the American School of Osteopathy in preference to any other because I believe that a stream at its source is the purest and osteopathy from the lips of Dr. A. T. Still is certainly the fountain head of all osteopathic teachings."

Among the newcomers, but properly speaking not members of the freshman class, are several who are taking advanced or post-graduate courses. Of these several are graduates of other osteopathic schools and the reasons for their coming to the A. S. O. and their impressions of the school are unusually interesting.

Dr. M. A. English who is taking a post-graduate course is a graduate of the Boston School of Osteopathy. Mr. English speaks convincingly of his reasons for coming to the A. S. O.:

After my graduation, I started the practice of my profession in the little country town of Wellsboro, Pa., where I built up a lucrative practice, but owing to the smallness of the town and the number of patients which I treated who were scattered on outlying farms, thus necessitating much driving, I decided to discontinue my practice in Wellsboro, take as I had long planned a post-graduate course and then establish myself in some large town or city. When I came to pick out the college which I should attend I naturally settled on the A. S. O. because I believed that I could learn the most advanced theories of osteopathy and their practice as at no other school. And I can cheerfully testify to the fact that in no single feature has it disappointed me for I have seen many things which prove to me that the A. S. O. is at the head of the osteopathic schools both in theory and practice. This is not said in disparagement of other colleges but is offered as a tribute to the high aims and great abilities of the faculty of the school.

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Among the new students, there are nine who formerly attended the Philadelphia College of Osteopathy, seven of whom constituted the junior class of that institution. Mr. Geo. W. Cromie, acting as spokesman for the others, said:

"To say the least, we are entirely satisfied with our change to the A. S. O. Not only have all the promises held forth by the secretary or contained in the catalogue been lived up to and more, but in every respect, the faculty and the presentation of the theory and science of osteopathy are far superior to what we thought any school could offer.

"The college spirit is very contagious and we are fast gaining that enthusiasm so necessary to success in any business or profession. Lastly and best, the founder of osteopathy, Dr. A. T. Still is president of this school and is often heard in class rooms, delivering talks that in themselves are sufficient to make us glad we are here."

New Therapeutic Richmond.

Esculapius is a queer old duck, and has stirred up many a beautiful scrap by just having called out by some one "quack, quack." The devotee at his altar must be high minded even to getting himself laughed at. Ethics first and medicine after. This is almost fundamental in the teachings of medical schools.

Notwithstanding this, great progress has been made in the art of healing, and it may be easily believed that half the doctors know what they are doing when they write prescriptions—in most cases.

Medicine which was the only means recognized for many centuries in the care of disease, has a history antedating the Homeric poems, which refer to and in a limited way describe the medical practice

of that age and before. So it would seem that Esculapius, who was a Roman god, was elected to his job quite a long time after the healing art had become established as one of the institutions of civilization.

The practice of healing has always been associated with the sanctity of human life, and has consequently been held as one of the highest missions to which man can devote his efforts. This probably accounts for the rather overdone ethics of the profession, which perhaps have their foundation in the "Oath of Hippocrates," which pledged the healer to hold himself free from the mysticism of priesthood and the vulgar pretensions of the mercenary craft. The influence of that oath, ad-

ministered twenty-five hundred years ago, is felt until this day in the high conception of responsibility demanded of the physician by the profession. It is not to be wondered that the "ethics" sometimes slops over a bit. They are aristocratic and have lineage behind them.

The modern schools are more clearly defined than the ancient, the latter depending for their lines of demarcation more upon the individualism of the teachers than methods taught. The present day classifications are along accepted lines of medical practice, and may be described so that the layman may gain an approximate conception of what each means.

The prevailing school is that of allopathy. The fundamental basis of this school is that when the bodily organs go wrong from any disease, the proper thing is to pile a lot of medicine into the patient to set up another disease which counteracts the cause of the trouble. If the counter disease is the greatest the disease causing the trouble will quit business.

That thing has ruled the situation for a good many centuries, and of course so old a thing is bound to be a good thing. But there are always others, and some of these others concluded that a disease should be cured without the employment of another disease to whip it off the premises. This class is known as homeopathy, and its principle tenet is that when a disease occurs it shows symptoms. That is simple enough, but the rest is a little more difficult. The rest is this: by giving small doses of medicine symptoms similar to the disease symptoms may be produced, and one cures the other; and there it is.

Allopathy didn't do a thing to homeopathy for many years. Dr. Constantine Hering founded a college at Philadelphia for this school of practice in 1848, however, and in defiance of the tremendous opposition of the allopathic school it flourished, and the practitioners of that school are now recognized the world over, though now and then some allopathic physician, otherwise rational and sane, will refuse to treat or in any way aid a sick person in co-operation with a homeopathist. This is not the reason the high peaked dunce caps

were once worn by physicians to distinguish them. On the contrary, the dunce caps were worn before the homeopathists discovered themselves, and were probably abandoned because the suggestion they made was offensive and personal to the physicians who move them.

Then came the eclectic school. It happened in the first half of the last century, and it now has colleges. It is rational to the extent of recognizing anybody with merit and any remedy by that same sign. What is of proved value in medicine they accept. That is implied by the name, which indicates the nature of its genesis. Naturally that school never stirred up the strife that resulted from the homeopathic departures.

In 1874 Dr. A. T. Still became the father of a new system of healing. He was a student, and got ideas in his head. The result was osteopathy, a free translation of which is the pain of a bone, or bone pain. He founded a school in Missouri, and though but thirty years have elapsed since the "science" was discovered, there are in the United States today something over twenty-five hundred accredited practitioners who have diplomas, and an uncounted number without them.

This is the new Richmond in the field of therapeutics. And it is growing like the storied six, and the Richards of medicine are wondering how many he will prove to be.

There is this for osteopathy: it doesn't harm. Can any other school claim so much? Another thing: it doesn't require a drug store as a necessary corollary to the practice. It holds that if nature has a chance that, theoretically, there will be no disease. Blood flow and nerve relations are its essentials, and the school teaches that when these proper relations are interrupted there is trouble until restored. It also claims that bone displacement, from contracted muscles and otherwise, is responsible for most of this interruption.

Sounds sensible, doesn't it?

But the osteopathist in an opathist, and the greatest pain the school suffers is from its ethics. So fearful are its members that they will violate the oath of Hippo-

crates that they are almost or quite hypocrites about advertising. Anxious about much serving that prosperity may follow practice, yet, lest the suspicion of quackery might attach, they refuse and fail to tell the world what might be done to relieve suffering at so much per relief, when the world is hungry to know. Many a man and woman care only to know how and where relief might be had and to whom a little rational discussion of causes, effects, methods and means would give a cue for brighter days, but the "ethics of the profession" prevents the tale being told and the information disseminated, and so humanity suffers on, physicians go hungry but ethics is vindicated, so all is well.—Austin Statesman.

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The Milwaukee Sentinel, Wisconsin's greatest morning daily, pays a fine tribute to osteopathy in a defense of the lay press against criticisms made by the editor of American Medicine. Incidentally the Sentinel strikes the key-note of the difficulty with the medical profession when it tells what would be its requirements of a medical editor on its staff, requirements which it never hopes to have filled, namely, "a member of the medical profession who is able to harmonize all the disputes among the members of his own school of medicine."

The Sentinel's editorial defence against the attack on the secular press by American Medicine follows:

"The newspapers throughout the country come in for a mild lecture by the editor of the American Medicine on the deplorable inaccuracy of medical news items that find their way into the news columns. The lecture itself is not too long for reproduction here and it is therefore given in full in order that the learned doctor-editor's position may be rightly understood. He says:

"The newspaper accounts of the operations performed by famous foreign surgeons that have visited and are visiting this country have, in many instances, been entirely erroneous and unjust to the visitors, and to our American surgeons. The visiting surgeons have been credited with hav-

ing performed operations that had never before been done in the United States, although they had never made such a claim for themselves. Such statements bring the visitors into disfavor with their American colleagues and also lessen the respect in which our surgeons are held by the public. It appears to us that a reputable newspaper should have sufficient pride not to print accounts of operations that are the product of the uncontrolled mind of the imaginative reporter without submitting them to a medical man for revision. If it is impossible—and it seems that it is—to prevent the lay publication of medical items, every newspaper should have attached its editorial staff a competent physician, who, as medical editor, should revise all articles pertaining to professional subjects. Newspaper science would then, to some extent, be relieved from the contempt in which it is at present held. Every self-respecting newspaper should feel as much pride in accounts of medical matters as in those of financial, real estate, or other matters."

"The inability of the members of the medical profession to agree among themselves is one of the fruitful sources of error in the newspapers, for the unimaginative reporter as well as his brother with the lively imagination invariably attempts to report correctly all medical items. If there were contradictory reports concerning Prof. Lorenz and his operations printed in the papers, there were contradictions and some little bad blood in medical circles concerning the same subjects. There are controversies between medical journals of the same school in which the charge of "ignorance" and "unscientific practices" crop out, to the bewilderment of the lay press.

"Perhaps a medical editor, were one employed on The Sentinel, might be able to explain to the readers of this paper how it is that Prof. Lorenz was received with open arms by the orthodox practitioners of medicine and surgery in this country when he came to demonstrate his method of bloodless surgery, which differs from osteopathic surgery only in the number of treatments given in each case. The osteopaths are outlaws in most of the American states. They can not collect bills for services rendered, even when they, by a method of manipulation somewhat more merciful than that practiced by Prof.

Lorenz, are able to effect a cure. The Sentinel is distinctly a lay, and not a scientific, journal, but when it can find a member of the medical profession who is able to harmonize all the disputes among the members of his own school of medicine it will endeavor to secure his services as a censor of medical news in that particular school.

"The Sentinel trusts that it will not be understood as reflecting upon the medical profession as a profession, or upon the members of the profession for their failure to agree. Its only purpose is to give a reason why newspapers can not so trim their news items as to satisfy the members of that profession. No class of men

made more sacrifices, have been more unselfish—heroically unselfish at times—and no profession has accomplished more to make life in modern cities possible than the scientists who have honored the medical profession. Their very controversies have made for progress in the science of medicine and they are discovering new facts of human knowledge and contribute to the safety and welfare of the human family. While freely and unreservedly giving the medical profession credit for all this, and more, there are good reasons for taking exceptions to a lecture of this character, particularly when the lecture is framed in language that barely escapes a supercilious patronage that is distinctly distasteful."

Physical Culture, Poise, Exercise.

An article in a some time recent issue of The Chicago-Herald by Dr. W. R. C. Latson, editor of Health Culture, calls attention to several matters that must at some time not remote, be investigated by the osteopath. In this article attention is called to various conditions of the body resulting from faulty carriage, improper clothing, and unhealthful occupations, and suggesting methods of physical culture as a remedy for the imperfections. Physical culture is at present a popular fad. Properly considered it is more than a fad—it is a distinct contribution to the betterment of the race, and the numerous advertisements of the various systems seem in our magazines are but evidences of the declining influence of drug therapy and of an inquiry into the possibility of a more rational system of medicine. But there are extremes in the application of physical culture. Dr. Latson makes several assertions that are somewhat startling. He insists that the so-called normal curves of the spine are in reality abnormal—a statement that may assuredly be called in question and one the truth of which is not at all substantiated by showing that the spine of the three year old child is without these curves. He further states what is a pet theory of every physical culturist,

that not one person in a hundred carries the body correctly, and gives several tests by which the fact can be determined in any individual case. The one of these which he insists is the crucial one, may appeal to some persons, it does not to us. The test is as follows: "Stand erect, place upon the head a bag of grain, shot, or some similar material weighing from thirty to fifty pounds. Hold this position or walk about quietly for ten or fifteen minutes. If backache, or other discomfort ensues the carriage is incorrect."

It is often stated by the specialists in physical culture that the correct method in walking consists among other things in bringing the ball of the foot to the floor previous to the impact of the heel. If this be done the percentage of individuals who are thus correct is certainly less than one in one hundred. We have personally made observation of this matter and have yet to notice a single individual who in his normal condition and unaware of observation, fails to permit the heel to strike first. The query inevitably arises, if the unusual method be the correct one why after all these centuries of development should man still use a method of progression so disadvantageous? Why should not the principle of natural selection, or of

adaptation, or of purposeful direction, be sufficiently operative to produce as an inevitable result a method of progression more advantageous to his being. The same query arises in connection with other so-called defects of the average man. The present "fast" age and modern civilization come in for much abuse and blame for these existing defects. Just how far the blame is well placed and just to what extent the defects are real are unanswered questions. Personally, we have great faith in the adaptive powers of the organism and believe that many of the so-called defects of structure and function noted by the physical culturists are in reality not so, but are conditions best suited to existing circumstances. Yet all will agree that the adaptive powers are limited, and when foolish man persists in occupations and postures and practices that tend continuously and forcibly to pervert the structural alignment of the organism, it is time protests are made.

The subject of athletics and exercise in general is one that merits some discussion. There is no question that a certain amount of exercise is necessary for normal body action. It is a misplaced assumption, however, to insist that every man regardless of his condition or his occupation should develop to excess his muscular framework. Cultivation of a strong muscular physique in the case of an individual whose life work is intellectual activity of some kind is poor economy. A powerful biceps is of no immediate or remote value to the man who lives by his pen. The development of his muscular tissue beyond a condition of normal tonicity constitutes a hypertrophy, i. e., a pathologic condition. There is much dependent upon the habit of the individual. It certainly would not be evidence of wisdom for a man accustomed to a strenuous life of physical labor to abruptly assume the life of physical quiet, any more than an individual trained to a life of ease would be wise to change abruptly to an occupation requiring hard physical labor. While change is characteristic of living tissue nature invariably revolts at abruptness in the changing. Where a change of occupation is neces-

sary it is not the part of wisdom to attempt to maintain a physical condition adapted by habit to one set of circumstances, in another set whose requirements call for an entirely different physique.

What shall be the amount of physical exercise that each man shall take? There can be no answer except that determined by experiment on the part of each individual. In the same way the nature, the time, and the intensity of the exercise will be determined. Every man is a law unto himself in this respect as in all others. What is comparatively light and beneficial exercise in one individual is often found to be excessive and deleterious in another. Neither must it be assumed that all forms of exercise or systems of physical culture are equally efficacious with all persons. Individual conditions, temperaments, and peculiarities must be taken into account.

The whole subject of physical culture, athletics, exercise, and rest is at present in a condition of chaos and awaits a master hand to restore order. That there is much to be learned and in the learning much to be gained for man's well-being, cannot be gain said. Let the good work go on, but let it be remembered that it is new and as such is especially subject to error. Wise is he who is able to make the distinction between fact and fancy, between workable theory and chimerical speculation.

The Montana State Meeting.

The Montana osteopaths met in annual convention in the Grandon Hotel in Helena, Sept. 3, 1903.

The meeting was presided over by Dr. Asa M. Willard, vice-president of the association, the president, Dr. J. C. Burton being absent. Dr. Ira F. Browne was appointed secretary pro-tem, Dr. O. B. Prickett the regular secretary being absent.

The meeting was opened by an invocation, after which the minutes of last session were read and approved.

Dr. Asa M. Willard read a most interesting and helpful paper on "Appendicitis" which was discussed by all present.

At the same session the following topics were also discussed: "Duties of the Individual Practitioner to the Profession," and "Professional Ethics."

Dr. E. V. Strong made the report for the committee appointed to purchase a testimonial for Mr. W. S. Hedges for his able work in securing the passage of our osteopathic bill.

The association ordered one hundred copies of the constitution of M. O. A. to be printed for distribution among the members.

The following officers were elected for the ensuing year; Dr. Asa M. Willard, president, Dillon; Dr. C. W. Mahaffay, vice-president, Helena; Dr. Ina F. Browne, secretary, Great Falls; Dr. E. V. Strong, treasurer, Helena; Drs. Ina F. Brown, E. V. Strong and A. M. Willard, trustees. A letter from Mr. Hedges recognizing the gift presented to him was read by Dr. Strong, after which meeting adjourned to meet Sept. 3, 1904.

INA F. BROWNE, D. O., secretary.

Minnesota State Meeting.

The third annual meeting of the Minnesota Osteopathic association was held in the Y. W. C. A. building in Minneapolis, Sept. 4th. About 100 osteopaths were present during the day, the large majority being from the Twin Cities. It was the first all-day meeting of Minnesota osteopaths, and was voted a decided success. It was suggested by some that a two-day session be held next year.

With the exception of the papers by Drs. King and Littlejohn the following program was carried out:

President's Address..... Dr. C. W. Young
Lesions..... Dr. H. W. Maltby
Principles of Osteopathy
..... Dr. H. Clay Camp
Report of the Cleveland Meeting
..... Dr. Susan Reed Bottenfield
Congenital Hip Dislocation
..... Dr. Malie A. D. King.
Goitres..... Dr. F. D. Parker
Cystic Tumors..... Dr. C. W. Riches
Displaced Innominates
..... Dr. Geo. L. Huntington
Address..... Dr. J. Martin Littlejohn

The only complaint made was that there was not all the time desired for discussion. Some points on ethics in the president's address stirred up a lively but courteous antagonism. Dr. Young held that it is the physician's duty to save life first, and that consideration for "medics" or others is a secondary matter. Dr. C. E. Henry upheld the regular medical idea concerning ethics. The association seemed to be about equally divided upon the subject.

It was suggested by some that the code proposed by the A. O. A. was too close an imitation of the medical code; that as osteopathy was a marked advancement over old systems, osteopathic ethics should be an improvement over the empirical medical code; that the people are just as tired of the "ring" methods of the old physicians as they are of drugs.

All the papers were of a high order and thoroughly practical

Some interesting clinics were presented; a congenital dislocation of the hip, a case of supposed zinc poisoning, and a case of marked dorsal kyphosis following meningitis, were of special interest.

The banquet and toasts in the evening provided refreshment for both mind and body. The occasion was a jubilation over our recent legislative victory and the relief on passing the inquisition of the Board of Osteopathic Examiners. The inimitable Dr. E. C. Pickler graced the chair of toast-master. Dr. Upton in speaking of the legislature emphasized the fact that although we had won a great victory that eternal vigilance was the price of safety and that we must get ready for the next legislature.

The following officers were elected for ensuing year:

Dr. A. G. Willits, Minneapolis, president; Dr. O. E. McFaddon, Minneapolis, vice-president; Dr. M. R. Ely, Rochester, second vice-president; Dr. H. W. Maltby, Mankato, third vice-president; Dr. Geo. L. Huntington, St. Paul, sec'y.; Dr. Mabel E. Fuller, St. Paul, treasurer; Dr. Mahoney, Minneapolis, librarian. Board of Trustees: Drs. Herron, D. S. Bottenfield, Bowden, Stern, and Rheem.

MARCELLUS R. ELY, D. O.,
Rochester, Minn.

Notice Members Illinois Osteopathic Association,

In the event of Dr. Mary E. Kelley leaving the state and tendering her resignation as secretary and treasurer of the "Illinois Osteopathic Association" notice is hereby given of the appointment of Dr. Lola L. Hays of Wyanett, Ill., who will succeed Dr. Kelley for the ensuing year. All communications, dues, membership fees, etc., should be addressed to Dr. Lola L. Hays, secretary and treasurer I. O. A., Wyanett, Ill.

The attention of every osteopath in the state is called to "The Osteopathic Year-Book" which the Trustees of the A. O. A. at the Cleveland meeting made contract with Wm. R. Dobbyn & Sons of Minneapolis, Minn., to publish. This Year-Book will contain, among other things, a directory of every member of the profession whether or not he is a member of the state association of the state in which he is practicing.

If you are a member of the I. O. A. and have not paid up your dues, or if you are not a member and wish to be affiliated with the state association do so at once and be listed in this directory as a member, in good standing, of your state organization.

In accepting the resignation of Dr. Mary E. Kelley, who goes to Detroit, will say, she takes with her the best wishes of the I. O. A. Her removal from the state means that Illinois will lose and Michigan gain an osteopath of the first water. The appreciation of Dr. Kelley's services to the association has been manifested by her election to the office of secretary and treasurer for three out of the four years of its existence. Dr. Herman F. Goetz, formerly of Quincy, was the first secretary and treasurer and in answer to letters sent out by him the first meeting of the Illinois osteopaths was held and a permanent state association organized. This meeting was held in the office of Drs. Chapman & Chapman of Galesburg, Ill., June 17, 1899. Those responding were:

Drs. J. D. Wirt, Bloomington; J. H. Sullivan, Chicago; S. M. Ellis, Chicago; R. K. Williams, Chicago; J. W. Banning, Chicago; L. H. Taylor, Peoria; H. F. Goetz,

Quincy; Frank Chapman, Galesburg; Mrs. Ida Hickley Chapman, Galesburg; Dudley Shaw, Dacatur; O. E. McFadden, ——— E. Bigsby, Monmouth.

Out of this little band of twelve pioneers the I. O. A. took root and has been an active and progressive association for the four years of its existence, holding annual meetings at Galesburg, Chicago, Peoria and Bloomington. It succeeded in passing two osteopathic bills in the legislature which were vetoed by Governors Tanner and Yates. The work laid out by the association at the Bloomington meeting will require the co-operation of every member. The state has been divided into districts for the organization of societies. An osteopath will be appointed from each district to organize the osteopaths and shall be known as the counselor for that district. Let each member put a shoulder to the wheel, support the district, state and national associations and get into line every osteopath in the state before the next annual meeting at Springfield, and when we attend the World's Fair on *Osteopathy Day* and our historians are sifting the events of that memorable occasion, let none be more important than that of the I. O. A. having the largest state organization represented.

Fraternally,

J. D. CUNNINGHAM, Pres. I. O. A.,
Bloomington, Ill.

The Nebraska State Meeting.

The Nebraska Osteopathic association met in annual session at Grand Island, August 25th, in the parlors of the Kœhler Hotel. Twenty seven Nebraska towns were represented by enthusiastic osteopaths and a profitable meeting resulted.

MORNING SESSION:

Invocation—Rev. Z. O. Dorward.
Address of Welcome—Mayor Cleary.
Response—President Milliken,
Business.

AFTERNOON SESSION:

Osteopathic Treatment of Ear and Eye Diseases, Dr. W. B. Van DeSand, Crete.
Osteopathy in Acute Cases, Dr. G. L. Clayton, Chadron.

Treatment of Female Diseases, Dr. Emma Hoyer, University Place.

Osteopathic Therapeutics, Dr. Fayette Cole, Omaha.

Constipation, Dr. Byron Peterson, Albion.

Discussion followed each paper.

EVENING SESSION.

Business

Ten Minute Talks:—

Specializing—Dr. F. E. Gamble, Fremont.

Our National Association—Dr. July V. Fry, Alliance.

An Illustrated Lecture on Glaucoma and Iritis,—Dr. Wm. B. Van De Sand, Crete. Osteopathic Experience.

The meeting was eminently successful, the members feeling well repaid for time spent and distance traveled. A code of ethics was adopted.

The following telegram of greeting was sent to Dr. A. T. Still: "The Nebraska Osteopathy association in session at Grand Island, August 25th, send kindly greetings and loving remembrance to Father Andrew."

The officers for the coming year are:

President, J. Mark Kilgore, York; vice-president, N. J. Hoagland, Norfolk; secretary, Grace Deegan, Omaha; treasurer, Emma Hoyer, University Place.

Next year's meeting will be at Fremont.

GRACE DEEGAN, D. O. sec'y.

Edison Does Not Like It.

According to newspaper reports of recent date the famous inventor of electric appliances says the X-rays are to be avoided by those who value their health. This declaration coming so shortly after his assertion that the drug has had its day is likely to discredit him in the eyes of the members of the medical fraternity. The latter are themselves privately convinced that the drug is of little value and are seeking some more satisfactory method. Many have turned to the various forms of radiant energy as offering a fertile field, and the Roentgen rays are being utilized in numerous relations and conditions. The battle is on between the advocates and the opponents with results thus far about equally divided. Mr. Edison alligns him-

self with the opposing class. To osteopaths all this is interesting. In so far as they enter the arena they will largely oppose its use mostly of course on theoretical grounds rather than from observation of cases of their own, for the majority of osteopaths are too busy with a much more fascinating theory and practice.

Mr. Edison makes one point which is quite significant. The disturbance of nutrition that resulted in the loss of an arm by his assistant, and believed to be due to a prolonged and intense exposure to the X-rays, only became apparent after several years. Such as been the history of numerous therapeutic measures. Temporary well-being or absence of symptoms following a specific form of treatment is too often taken to mean that it possesses a curative value or at least is capable of no injury. Will later history show that the cures effected by the Roentgen rays are only secured if at all at the expense of some other disorder, perhaps equally as bad? Supplanting one disease condition by another is never satisfactory and is not justified except in the most extreme cases.

That the Roentgen rays may produce profound changes in the nutritive condition of the structures through which they pass need hardly be discussed, but the value to the organism of such changes is certainly open to question. The changed metabolism that results is assuredly not a normal condition. If the molecular or other vibration which is set up in the morbid tissue interferes sufficiently with its conditions of growth to cause it to disappear, it is not likely that the normal tissue which must of necessity be equally involved in the application of the rays, will be undisturbed. This objection to the use of the rays is identical with that offered to the administration of the drug for germicidal action. Any such drug will influence deleteriously the normal body cells, which will more than balance the good effect which follows the destruction of the micro-organism. For this reason, at the present day, drug therapists themselves make little use of the internal application of germicides in combating diseases associated with bacterial action. Will treat-

ment by the Roentgen-rays, and the violet rays, and the radiant energy from radium, be compelled to pass from use by the same logic of events?

If the morbid tissue can be destroyed without the deleterious results suggested then there may be a place in therapeutics for the various forms of radiant energy as accessory to surgical practice. In any case the treatment is essentially symptomatic and palliative. Its use by the osteopath can never be justified until every osteopathic measure has been applied without avail.

Until the question is more nearly decided than at present osteopaths may well let it alone. The ambition to aid in deciding the question may be a worthy one but the far-seeing osteopath will be engaged in answering the much broader and more important question of the ability of the organism to purify itself when kept in a normal condition of structure and environment. The latter is unquestionably his immediate duty and responsibility.

The Fight in Alabama.

EDITOR JOURNAL OF OSTEOPATHY,
KIRKSVILLE, Mo.

DEAR SIR:—Our battle in Alabama has been fought again and lost by a vote of 17 to 12, so far as securing the passage of our proposed bill at this session of the present legislature, but won so far as adding to the strength of our cause in the gaining of hosts of good substantial, honest friends. This time the senate was the battle ground. I regret to have to say, but it is true and the president of our national organization, Dr. Chas. Hazzard, as well as the local osteopaths of Alabama, who were with us in Montgomery will bear me out in what I say, that the greatest obstacle in the way of our success was an article published in Osteopathic Physician over the signature of Sec'y A. B. Shaw of the Des Moines college claiming that the existing law in Alabama was good enough and that osteopaths should pass the examination. This same paper is now urging the osteopaths of this country to send in their contributions to help carry on the fight in Alabama. We do not know whether the gentleman above referred to

has contributed to the fund or not, but he should and liberally. It is such obstacles as these that have ever been our hardest to combat and overcome. Those of us who have sacrificed our individual time, broken into our practices by being away from them at any and all calls—spent sleepless nights and endless hours of labor that our grand science might be justly recognized—feel most keenly these useless and uncalled for publications and expressions, especially from those who *profess* to be so earnest in their efforts to advance the cause of osteopathy. The local osteopaths deserves great credit for their ceaseless efforts and good work as well as the men who fought so valiantly on the floor of the house and senate. The osteopathic profession owes them a debt of gratitude that it can never repay. These friends have said to us, "Never fear, there is another day coming and we shall be here and with you and we shall win next time."

A. G. HILDRETH.

St. Louis, Sept. 22.

Football at the A. S. O.

The football season is on again and each afternoon sees a husky lot of students out at Still Park being drilled in the ins and outs of the great fall pastime by Coach Pat O'Dea, the famous Wisconsin full-back. Prospects for a good team this year are very bright as not only are the candidates more numerous than ever, but out of last year's team eight are still in school which leaves only three positions vacant. The old men who have returned are Craig, Capt. and left tackle; McMains, left end; Bean, right tackle; Miller, left guard; Starkweather, center; Crowley, right half, Ganoung, left half and Malone, full-back.

A strong schedule has been arranged for this year, of which perhaps the most bitterly contested will be the game with the Illinois University at Champaign. The complete schedule follows:

Sept. 30—Illinois at Champaign.

Oct. 10—Knox at Kirksville.

Oct. 17—Lombard at Kirksville.

Oct. 24—Still College at Kirksville.

Oct. 31—C. B. C. at St. Louis.

Nov. 7—All Stars at Kirksville.

Nov. 14—St. Louis University at Kirksville.

Nov. 20—Washburn at Kirksville.

Nov. 26—Denver at Denver.

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THE proper price for an osteopathic treatment is just what it's worth.

AT the recent meeting of the Missouri state osteopathic board held at Jefferson City, Sept 21, 152 osteopaths were granted licenses. It is reported that there were 187 applicants. The next meeting of the board will be held in Kirksville in January.

THE questions of how often and how long to treat in certain cases and for certain conditions are not to the point. It is not a matter of how often or how long but how good. Take the Old Doctor's advice and hunt for something wrong, out of place, then fix it—get something done, then quit. Nature does the rest.

AS we go to press with the last form of the Journal on this the day of closing matriculation for the present term, Sept. 30, the entire enrollment of new students is 151. It is with pleasure that we are able to announce an increase of twenty in our attendance this year over that of last year. Last June 131 were graduated and now 151 are here to take their places.

A NEW directory of graduates of the A. S. O. will be published about November 1. In order to keep the directory thoroughly revised and up-to-date it is necessary that graduates report immediately any change in their locations. If you have recently located and have not reported the fact, please do so at once. Report to Dr. J. A. Quintal who has charge of this matter.

CLINICAL material at the A. S. O. has never been more plentiful or of a larger and more interesting variety than at the present time. Several cases of more than usual interest have been presented at the clinical lecture each day and over one hundred and fifty cases are being treated in this department every afternoon at the Infirmary. With an almost equal number of outside patients, the total number now being treated by our senior students exceeds five hundred.

TO any one attending the Cleveland meeting the position of the leaders of our profession toward pure, genuine osteopathy was made plain. The sentiment there was almost universally in favor of the old fashion, bone-setting osteopathy, as against the tendency to get away from that practice and in its place (but not in connection with it) adopt the practice of treating diseases with water, electricity, vibration, etc., as is the policy of some.

DR. ASA M. WILLARD of Dillon, Mont., president of the Montana state association writes the Journal editor encouragingly on the matter of the recent improvement in our publication as follows:

"The Journal has increased in literary and scientific merit 200 per cent. during the last twelve months. Nothing will help our profession more outside of the practice itself, than having meritorious literature. In past years some of it has certainly been very poor. You are to be congratulated upon the Journal's development. May the same care continue to be exercised in selecting the material to be put before the public."

THIS month the Journal takes pleasure in presenting in supplement the address of Dr. H. F. Goetz delivered before the Alumni Association of the A. S. O. last June. Although not entirely in agreement with Dr. Goetz on many points set forth in his address, still in the main there can be no objections to his general conclusions. It is the policy of this Journal to present all sides of questions under discussion in our ranks and to allow a liberal exchange of ideas, but to assume responsibility for nothing but unsigned contributions. Dr. Goetz's ability, energy, and well known interest for the advancement of osteopathy will insure a careful, unprejudiced reading of his address.

Members of the January Class, 1901, in Attendance at Cleveland Convention.

E. W. Cully, Clara Davis, R. A. Dunnington, Julia A. Fogarty, W. A. Gravett, Fred W. Gage, Katherine Huston, N. E. Harris, H. C. Jaquith, Orella Locke, A. Miller, A. S. Melvin, Mary E. Noyes, P. K. Norman, Lucy K. Peel, Jesse A. Root, W. E. Reid, J. F. Reid, Della Renshaw, J. S. Shorey, Clara Wernicke, Mrs. Charlotte West, Joseph Wenger, D. C. Westfall.

It was reported in Cleveland that the above class had the largest per cent. of attendance at the Cleveland convention of any of the classes from the A. S. O.

A Book of Case Reports.

The American Osteopathic association began last year the collection of data from which to compile a book of case reports. More than seven hundred blank case reports were sent to practitioners in the field with the result that, when Dr. Hazzard made his report in July, 1903, less than one hundred of these blanks had been returned filled out with cases. Dr. Hazzard says in a letter of recent date: "A volume of case reports, well gotten up, would be immensely valuable. The limited number of reports sent in last year is an index of the need in the direction of keeping clinic records." Dr. Hazzard, from his wide experience in the matter of

compiling a strictly osteopathic symptomatology, knows the great use the earnest, conscientious practitioner could make of such a volume as it is proposed to edit. It becomes in proper hands a treatise on practice. The text books on osteopathy are far too few but at the same time they must be based upon actual practice and ten years is a limited time for us to speak positively concerning conditions. This is especially true of the so-called incurable diseases. We often find they are amenable to treatment when we take such cases as charity patients.

A case report to be valuable must be presented in a scientific manner. If the lesion was at the third lumbar, the physician should go further and say whether it was a lateral, posterior, or anterior condition. In that way we obtain definite information from which principles may be deduced that will enhance the value of our science.

From the material that is being sent to me, the first volume will be edited. Case reports for this volume must be here at my desk before November 1, 1903. As soon as material gathers after that date, a second volume will be produced. It is hoped that all members of the profession will contribute largely to make this work successful. It is not necessary that the reports should be written on the blanks furnished by the A. O. A., for if the report is carefully written, it may embody all the facts required by the printed blank. These blanks will be furnished gratis to all who apply for them.

EDYTHE F. ASHMORE, D. O.,
46 Valpey Bldg., Detroit, Mich.

St. Louis Sanitarium.

There come to us again this month good reports of the work in St. Louis. September has added materially to the increase of business there. Dr. Hildreth was away three days last week in Alabama, and while away Dr. Crowley took charge of the sanitarium work. There are new patients constantly coming, and true to the reputation of our profession a goodly number of the old being cured—not helped, but cured. Let the good work go on.

The Wisconsin State Examination.

A correspondent sends us the following account of the recent examination for osteopaths held at Madison in July: "At the recent examination held in Madison before the Wisconsin State Board of Medical Examiners, July 14th, 15th, and 16th, the osteopathic applicants for license were six, four from the S. S. Still college at Des Moines, and two from the A. S. O.

"The recently published results show that all the S. S. Still graduates failed and the two A. S. O. graduates both passed with a good margin to spare. The S. S. Still people were admittedly some of the best students of the June '03 class, and one had had the three year course!

"I felt I ought to mention this because I remember how much the Des Moines people in their Journal made of the fact that one A. S. O. graduate failed in the Iowa examination last spring, I believe.

"I know the above is true and correct as I have the information from the individuals concerned."

The Commission Business Again.

It is not the policy of this Journal to continue a discussion that might seem to some as being directed against some particular school of osteopathy rather than against a practice that is without doubt detrimental to osteopathic progress and standards, but in view of the fact that the *Cosmopolitan Osteopath* in its September issue made certain statements and insinuations concerning the A. S. O. that are without foundation in fact and that bear the earmarks of untruthfulness, we deem it essential that this matter should be answered in a truthful, straightforward, gentlemanly manner, placing the A. S. O. clearly on record in the matter of commissions and business management in general and showing that the author of the article in the *Cosmopolitan Osteopath* had but little or no regard for the truth, also we continue this discussion in our October issue to give an opportunity to a number of prominent practitioners in our profession to go on record in the matter of schools giving commissions for new students as they have requested it.

Dr. Warren Hamilton, treasurer of the

A. S. O. for the past six years, in referring to the commission question said, "I have always thought that giving commissions for new students was bad business policy and sooner or later the school that followed that practice would have its hands full of trouble. From the day I was first made secretary and treasurer to the present time the A. S. O. has never offered or given a dollar in money or its equivalent either in the shape of a commission or present for any new student. If this statement is doubted, find the one to whom a commission has been offered or given. On two occasions since I have been connected with the management of the A. S. O. we have employed a representative during the summer vacation who was paid a stated salary to visit prospective students but no "special inducements" were ever offered. The A. S. O. is a one-priced institution."

The regular teaching force at the A. S. O. is composed of fourteen members of the faculty. There are three in addition to this number who do no teaching. The Old Doctor and Dr. Chas. Still have been for the most part connected with the school almost from its foundation, Dr. W. R. Laughlin is now serving his sixth consecutive year as a member of the faculty, Dr. M. E. Clark his fifth, Drs. Young, Geo. M. Laughlin and Hulett their fourth, Drs. Dobson and Link and Mr. Murrell their second. Dr. Gerdine is the only new member of the faculty with the exception of several assistants in the various departments.

Yet the *Cosmopolitan Osteopath* with its characteristic disregard for the truth published in its last issue the following statement:

"It (the S. S. Still College) has six professors of longer and more successful experience in osteopathic college work than our critical friends of Missouri, (the A. S. O.) which has but one professor doing actual daily class-room work in that institution of as much as four years such experience."

For the sake of simple truth who are these six professors of "longer and more successful experience?"

As to the matter of salaries paid to teachers the *Cosmopolitan* again shows its "love for truth" in saying:

"If the American School pays more in salaries than this college, it pays the greater ones to men who do not teach a single regular class in the institution or advance the interests of the students in any direction. Its "dead load" salary drawers are, we confess, in the majority. The Still College, Des Moines, pays more money in salaries to teachers and professors who actually do regular class work in the college than the college which issued this circular."

(The circular here referred to is one that the A. S. O. sent out last August to prospective students giving them some information on the subject of schools that buy their recommendations.)

Who are the dead load salary drawers at the A. S. O.? There is not a man in the faculty who does not do regular daily class room teaching with the exception of Dr. Hamilton whose time is fully taken up with his duties as secretary and treasurer and Dr. Hildreth in charge of the St. Louis Sanitarium and the Old Doctor who, although he does no "regular" teaching, meets the classes on an average at least once each day. Who then is referred to as the dead load salary drawers? Is it meant that the Old Doctor is one of them? Can it be meant that the founder of osteopathy, a man who takes but \$2400 a year out of his school and infirmary business for his salary as against \$3600 drawn by the self-styled great S. S. Still out of his business, is a dead load salary drawer? True, the A. S. O. does pay all her instructors good salaries but she gets value received. Again truth came in second when the *Cosmopolitan* said, "The Still College pays more money in salaries to teachers and professors who actually do regular class work than the A. S. O."

The latest statement furnished to the stockholders of the Des Moines school, which is now more than a year old, shows that the total amount of yearly salaries paid to its entire faculty not including Dr. S. S. Still and his wife and Secretary A. B. Shaw was \$8064.76 as against \$22000.00 paid to the instructors at the A. S. O. for the same year not including Dr. A. T. Still, Dr. C. E. Still, Dr. H. M. Still and Dr. Hamilton. At the present time the A. S. O. pays twenty-five per cent. more in salaries than

at the time this comparison was made. *These are facts.*

The *Cosmopolitan* went a long way for an argument when it stated that the A. S. O. "advertised Drs. Hazzard and Harry Still as professors for the coming year."

We announced at length in our April, 1903, issue of the *JOURNAL OF OSTEOPATHY* that Drs. Hazzard and Harry Still would sever their connections with the A. S. O. at the close of the school year and locate in New York City the following fall. In our quarterly Bulletin published June 1, their names appeared on the faculty list as they were both at that time members of the faculty, and at that date the faculty for the next school year had not been elected. In our next Bulletin, printed and circulated August, 15, their names did not appear as members of the faculty. No attempt has been made to make it appear that these gentlemen would continue as members of the A. S. O. faculty, any statement of the *Cosmopolitan* to the contrary notwithstanding. We have no war to make on any competitive school doing an honorable business, but we do declare war and expect to keep it up on practices that we know are deleterious to osteopathic progress and upon those who engage in them and their ilk.

The following practitioners in the field are among the number who desire to go on record on the commission business:

Dr. Chas. C. Teall of Brooklyn, ex-president of the A. O. A. said:

"There can be no middle ground on the subject of commissions. It is wrong ethically and morally for it means that the advice, given to influence a prospective student, is biased by the idea of personal gain and for no honest motive. It is a two edged sword which is as dangerous to the giver of the bribe as to the taker, for it means the barter of a man's word. Did one ever hear of a successful practice founded on the payment of commissions for patients? Certainly not. It is results that count and a business so obtained is permanent. The same principle holds with the school question. Make them so good that you cannot keep the students away and save the commissions to improve the school. Deliver the goods and there will be no lack of buyers."

Dr. Paul M. Peck of San Antonio, ex-president of the Texas association, said:

"I have deplored the fact that some schools in our 'Associated Colleges' seem to find it necessary to offer a bonus to influence new students to matriculate there. It is a rather candid admission on their part, it would seem to an outsider, of the superiority of competing schools who do not cheapen their standing by resorting to such rather unprofessional methods, and who do not have to. While we all have to recognize that the power of the almighty dollar is very alluring to mankind I hope the members of the osteopathic profession will make an effort to raise above such considerations and send their beginning students to the schools which offer the highest educational advantages and will make the most thorough osteopaths, for we all recognize that the country is full enough now with the lame product of "one-horse" institutions that have had the dollar the prime object of their existence at the expense of the support and advancement of our profession. This is the strongest argument against patronizing the kind of schools that offer bonus for students."

Dr. Asa M. Willard, of Dillon, president of the Montana association and president of the Montana state board, said:

"I was unaware until recently that the practice of paying commissions for students existed in any of our schools. Such methods can be nothing but disastrous to the good name of our science. They breed and foster a spirit of commercialism detrimental to our professional usefulness."

Dr. Harry M. Vastine, of Harrisburg, president of the Pennsylvania association, said:

"It is to be regretted that some of our colleges have so extensively entered into the commission business. To me this evidences weakness and schools offering me such can count on me as refusing a recommendation to students. There's room enough for all the colleges to run on the "Proficiency Plan" and only such should win. Such practices are comparable to the osteopath who pays a commission on patients and just as amenable to the Ethical Code, for it equally undignifies the college and profession, lowering it from the high plane of merit to that of mere business sagacity."

PERSONAL MENTION.

Dr. Sophia E. Hemstreet recently located at Nevada, Mo.

Dr. G. S. Nazor has changed his location from Shelby to Ashtubula, O.

Dr. A. R. Waters has changed his location from Lincoln to Pawnee City, Nebr.

Born—To Dr. and Mrs. E. E. Bushart of Sullivan, Ill., on August 23rd, a son.

Dr. Frank S. Snedeker of the last graduating class has located at Salem, Ill.

Dr. J. B. Schrock, formerly of Unionville, Mo., has located at Greenville, Texas.

Dr. Allie M. Smith has changed her location from Dalton, Ga., to Galesburg, Ill.

Dr. Jessie H. Willard has recently opened offices at 701 Champlain Bldg. Chicago, Ill.

Married—Dr. Frank Bigsby and Miss Daisy Forsythe, on Sept. 16th, at Kirksville, Mo.

Married—Dr. Harlie D. Norris and Miss Anna May Spencer, on Sept. 3rd, at Marion, Ill.

Married—Dr. J. Edwin P. Holland and Miss Beryl Maude Showers, on Sept. 23rd, at Bloomington, Ind.

Dr. Ida W. Youngquist of the last graduating class has located at Chicago with office at 42, Auditorium Bldg.

Dr. Hardy W. Carlisle, formerly of New Brighton, Pa., recently located in the New Masonic Bldg. Louisville, Ky.

Dr. Nannie Dufur announces that she has located at The Normandie, San Diego, Cal., for the practice of osteopathy.

Dr. T. J. Watson, formerly of Pueblo, Colo., having sold his practice at that place, has recently located at Denver, Colo.

Dr. and Mrs. H. L. Maxwell, formerly of Charlotte, N. C., are now located at Reading, Pa. with offices at 846 Center Ave.

Dr. J. Henry Hook formerly of Bonham, Texas, is now associated in the practice with Dr. N. S. Johnson at Grand Junction, Colo.

Dr. Wm. H. Brown, formerly of Mexico, Mo., is now located at Maryville, Mo., where he has formed a partnership with Dr. W. R. Byars.

Dr. Edyth Ashmore of Detroit, Mich., re-

cently returned to her practice after spending a very pleasant vacation touring in Canada.

Married—Mr. James Ennis Cobb and Miss Ethlyn McBurney on Sept. 10th, at Chicago. Both are members of the senior class of the A. S. O.

Kendall Achorn, a son of Dr. C. E. Achorn of Boston, and a recent graduate of Harvard, is one of the new matriculants at the A. S. O.

Dr. C. P. McConnell and wife of Chicago have just returned from their European trip. The doctor will immediately resume his practice.

Dr. Clarke F. Fletcher announces that on Oct. 1st, he will open a new office at 143 W. 69th St., New York City, for the practice of his profession.

Dr. Eliza Edwards of the last graduating class has recently located in Cincinnati, O., where she is associated with Dr. E. R. Booth in the practice.

The next state meeting of the Texas Osteopathic association will be held in San Antonio, Oct. 23rd and 24th. A good attendance is expected.

Dr. Edith De Sollar has recently associated herself with Drs. Eugene and Aurelia Henry of Flushing and New York City, N. Y., for the practice of osteopathy.

Dr. Maude Conkel until recently of Plymouth, Ill., has succeeded Dr. Grimsley in the practice at Olney, Ill., the latter having gone to Decatur to locate.

Dr. J. S. Baughman and Dr. Nellie R. Baughman his wife, of Burlington, Ia., are among the number who are taking the post-graduate course at the A. S. O.

Dr. Richard H. Coke, graduate of the June class, 1903, has recently opened offices at The Wells, 636 Fourth St. Louisville, Ky., for the practice of his profession.

Dr. Florence I. Shove of Chicago who spent several weeks in South Dakota and Minnesota during the summer returned to her practice about the middle of September.

Dr. W. J. Smith of Ironton, Mo., was a recent caller at the Journal office. The doctor and his wife conduct a sanitarium

at Ironton and have met with success in this enterprise.

Herbert I. Hewish, M. D., D. O., late president of the faculty of the Atlantic College of Osteopathy has resigned from both faculty and directorate to devote himself entirely to his private practice.

Dr. Clara E. Sullivan who for the past fifteen months has been associated with Dr. A. I. Doneghy of Wheeling, W. V., severs this connection to form a partnership with Dr. B. A. Williams of Nashville, Tenn. Both are graduates of the Southern School.

Dr. H. C. Cupp of Memphis, Tenn., recently made the school and his old friends in Kirksville a very pleasant visit. He has been located in Memphis for the past four years and has succeeded in building up a good practice for himself and a good name for osteopathy during that time.

Dr. Jesse E. Matson has recently located at Eau Claire, Wis., for the practice of his profession. He writes, "This is a splendid old state, and while the field still requires a good deal of pioneer work, there is room for several strong osteopaths and I shall be glad to welcome A. S. O. graduates to our state."

Drs. Hickman & Hickman of Princeton, Ill., have established an up-to-date hospital and sanitarium for the accommodation of their patients. These gentlemen are successful practitioners and have established a large practice in Princeton. Their sanitarium is thoroughly equipped for surgical, osteopathic and X-ray work.

Dr. Homer Woolery of Bloomington, Ind., writes, "I have been elected to a fellowship in the Chicago University to do research work in anatomy and hoped very much to spend the following year in that work but my health does not justify such procedure and I shall spend the coming year seeking health in the climate of Arizona."

Dr. Orren E. Smith has recently located at 817, 14th St., N. W., Washington, D. C. He had expected to locate in Indiana but the state board refused to grant him an examination on the ground that he had matriculated in school after Jan. 1st, 1901, and that such applicants must have had four years of work. He writes, "I insisted that

our school had four terms which corresponded to the four terms of a medical school." The board said, 'This is fulfilling the spirit of the law but not the letter.' As I had no recourse except through the courts I gave the matter up."

Dr. Herbert E. Peckham announces his new address as 720 N. Nevada Ave., Colorado Springs, Colo. He expects to do some original work in osteopathy that will require the report of cases to him and in which he desires the help of practitioners in the field. An announcement of the character of this work will be made later either by circular letter or otherwise.

Dr. Clinton R. Lytle has formed a partnership with Dr. Anna B. Shortridge of Devil's Lake, N. D. He still retains his interest in the Cando office under control of Dr. Walker. Dr. Shortridge has been practicing at Devil's Lake for three years and is a successful practitioner. She is the wife ex-Governor Shortridge and has figured prominently in bringing about good osteopathic legislature in that state.

Dr. Harry M. Still and Dr. Chas. Hazzard will open offices October 1st, at 17-19 E. 38th St., New York City, for the practice of osteopathy. These two gentlemen are already so well known to the profession that it seems that almost anything the JOURNAL could say in recognition of their merits as practitioners would only be a repetition of what has already been said. We think, however, that a conservative estimate as to the character and ability of the members of this firm would place them second to none in the practice of osteopathy. Their large experience and scholarly attainments will guarantee to their patrons the best that can be had from osteopathic treatment.

The following alumni visited the A. S. O. during the past month: Drs. T. L. Drennan, Jackson, Tenn.; W. T. Thomas, Sedalia, Mo.; Esther Whittaker, Perry, Ill.; J. A. Overton, Rensselaer, Ind.; Jesse Barker, La Harpe, Ill.; Leslye Hyde, Decatur, Ill.; A. I. Doneghy, Wheeling, Va.; E. V. Parrish, St. Louis, Mo.; C. G. Rust, Salem, Mo.; S. S. Still, Des Moines, Ia.; Minnie Potter, Memphis, Mo.; C. E. Ross, Ft. Smith, Ark.; J. B. Schrock, Greenville, Tex.; John W.

Parcels, Temple, Texas; J. W. Hofess, Beaverdam, Wis.; John M. Smith, Carrollton, Mo.; Henry Snedeker, Cincinnati, Ia.; Lenore Kilgore, Kennett, Mo.; U. T. Miller, Moberly, Mo.; C. O. Hoagland, Waterloo, Ia.; Mattie E. Coleman, Crete, Nebr.; E. M. Ireland, Central City, Nebr.; Mamie Leech, Champaign, Ill.; C. N. Crouch, LaPlata, Mo.; Virgil A. Hook, Wilks Barre, Pa.; E. E. Bragg, Atlanta, Ga.; F. L. Tracy, Anderson, Ind. and J. R. McCreary, Bristol, Tenn.

Married—Dr. William Rohacek and Dr. Eugenia Armstrong on Sept. 7th, at Uniontown, Pa. They have located at Greensburg, Pa., for the practice of osteopathy.

A Correction.

The items appearing in the August number of the JOURNAL OF OSTEOPATHY in regard to E. H. Cosner, and in the August number of the Cosmopolitan Osteopath in regard to W. W. Blackman were both incorrect. These gentlemen received high grades in the last Ohio examination, but neither received the highest. This statement is made in justice to others who took the examination, knowing that neither Dr. Cosner nor Dr. Blackman were responsible for the personals that appeared in these publications, and without any intention of doing either of them any injury.

It is the policy of the Ohio Board of Examiners to give out no information regarding the per cent. received by any applicant except in case of failure, and then only to the one most interested.

M. F. HULETT, D. O., Secretary.
Columbus, Ohio, Aug. 26, 1903.

FOR SALE—If you buy my household and office furniture for about \$450, you get a good (Mo.) practice. Brought more than \$3,000 last year. Don't write unless you mean business.

"J" Care JOURNAL OF OSTEOPATHY.

Fashion in Therapeutics.

First Lady: "I'm taking four kinds of medicine. How many are you taking?"

Second Lady: "Oh, medicine don't count. Operations are all the go now. I've had three this summer."

THE JOURNAL OF OSTEOPATHY

Vol. 10. No. 10.

SUPPLEMENT.

October, 1903.

AN ADDRESS TO THE ALUMNI OF THE AMERICAN SCHOOL OF OSTEOPATHY.

Delivered At Kirksville, Missouri, June 24, 1903.

By Herman F. Goetz, B. S., D. O., of St. Louis, Mo., President of the A. S. O. Alumni Association.

CAN we not on such occasions as this, refer to our progress, to our triumphs, to our success without being accused of egotism, or self laudation? Are we not justified in looking with pride upon our rapid growth as a distinct school of practice?

"The love of praise, how e'er concealed by art,
Reigns more or less, and, glows in every heart."

I can say at least, that as a profession, as a science, as an art, we have strongly entrenched ourselves in a position which is both sound and scientific, appreciated by our friends and feared by our enemies. A position so fortified that when we seek recognition, we can no longer be lightly set aside. Our fighting ability, either for legislation or scientific recognition of our work, has been recognized as a manly effort to practice according to a demonstrated therapeutic method of absolute worth. Where we once demanded consideration we now command it.

Osteopathic success has followed clinical demonstration, and when we realize that most of this material has and does represent the failures of other schools, we can, indeed, be proud of the osteopathic structure we have reared. This is especially a point upon which we may congratulate ourselves. To have served our purpose so grandly as to be able to say, "We have cured when others failed," must be to us always a matter of great pride.

To belong to a profession, whose rational claims to recognition are, we have benefited and cured those who have suffered much, and those who have been given up as incurable, must be sufficient justification for our practice, and for our devotion to the profession we represent.

The record of our development for the past three years has been signally, extraordinarily flattering. We can look upon the perfection of our work, the

growth and practical achievements of our colleges, the broadening of the scope and application of fundamental osteopathic principles, favorable legislation, with no small degree of pride. As regards legislation, being granted representation is a mark of special favor. First we sought recognition, fearful that some one would refer to osteopathy as the practice of medicine; then we were granted legislation calling for examinations in all branches of the study of medicine excepting materia medica; and now, the number of special *Osteopathic Board of Examiners*, we have, is a progression upon which we can especially congratulate ourselves. As the president of the alumni association, and in behalf of the association, I desire to express our sincere regards and the deepest appreciation for the work done along this line by all those who so nobly devoted time and money. We all feel keenly the debt we owe them and this debt we can only repay in part by a full realization of the great importance to us of this legislative progress and by our expressions bring to them in no small measure, but in all the fulness of our gratitude, our decided appreciation of their untiring efforts, and not least, to compliment them upon the very diplomatic disposition they have made of our legislative cases.

And while this growth of our colleges, of schools, of individuals is so noticeable, we must with pleasure note the decided improvement in our Journals, in fact, in all our literature we are advancing. The principles of our Journals differ, after all, but little. The subject matter published is of wide diversity, and shows a growing desire on the part of the members of our profession, to broaden, to deepen their cultures in other lines, which have been tersely nicknamed adjuncts. Our Journals have discarded their restricted view of osteopathy and are trying to make the osteopath, the physician who stands for intellectual advancement along all scientific lines not diametrically opposed to osteopathic laws; a physician in whom narrow mindedness, jealousy, bigotry are displaced by culture, toleration and a wider conception of the laws of osteopathy, both in theory and application. It is our literature which is forcing us to the front, and as we come more and more into the scientific world, we must ever be improving, ever more deserving of approbation in our work. As experience teaches us (and I would say, never write on a subject in which you have had no clinical experience) first, observe; second, observe; third, observe; then apply your knowledge of anatomy, physiology and chemistry.

While this is an occasion for looking backward on our successes, for patting ourselves on the back for proficiency, it can also be used profitably in analyzing those questions which may retard our development.

A question, which I understand was first asked at the last meeting of the A. O. A., "Are you a lesion osteopath?" is, I think after all, responsible for precipitating a discussion that has long been in a state of solution in our profession. One objection I find in this discussion is that those who profess to be only "lesion osteopaths" are intolerant of those who are not; also the term, lesion osteopath, is not clearly defined in this discussion. If

it refers only to the treatment and not to the cause of disease, I may be a lesion osteopath, in that I believe in specific osteopathic treatment, but may not be, if specific osteopathic lesions are the only accepted causes of disease, or manipulation the only allowable treatment. If it refers to both the cause and treatment in the specific sense here understood then there are no lesion osteopaths in the osteopathic profession.

If it means that there are no such things as extraneous causes of diseases, that no good is derived from any form of treatment other than osteopathy, it limits our practice to a certain extent. And here arises the question which may advantageously be taken up at the A. O. A. this year. "What are the therapeutic procedures which the osteopath may ethically avail himself of?" In scientific discussion, take notes, make your points coolly, coldly and calmly, and without personalities. What we are looking for is system, and every man has the right to his opinion, whether you see fit to agree with him or not. Remember that he who agrees with you may be unwise, and he who does not agree with you, is not necessarily a fool, or is he less interested than you are in the welfare of our profession.

Five years of osteopathic literature are open to us; five years of osteopathic developments along all lines, and after careful perusal of our contributions to science, we can be well satisfied with results so far, while it can be truthfully said "Well done," yet one great fact issues therefrom and demands our earnest thought and action; namely, the demonstration of osteopathic claims is based almost entirely upon theories, wholly so if we except clinical evidence.

The osteopath is a theorizer, conditions confront him, he theorizes. Grant that he overcomes conditions by practical application of principles as in treating, yet clinical evidence is perniciously empirical. What we need now as a profession, are physiological laboratories where we can prove or disprove the theories of osteopathy; a more profound study of bacteriology and pathology in their applications to osteopathy; a greater prominence given to the study and application of dietetics and hygiene; and finally a more common sense view of the extraneous causes of disease. Because you believe in the efficacy of diet, of hygiene in the prevention of disease, because you believe that these so-called adjuncts are included in osteopathic practice, do not allow anyone to insinuate that this knowledge weakens you as an osteopath. If no other object is attained by thus voicing my views than to make you see that nothing can make for our higher culture, our taking a more important, more recognized position among scientific men, than for us to appreciate the importance of adding these collateral, correlated branches of practice to that of osteopathy, it will be more than I can hope for.

Do not think you are heretical or accuse others of being so, if you or they deny that anatomical derangement is not the sole cause of disease, but stand out fearlessly; proclaim and prove your position, if you can, and if can not, don't be afraid to say "I am wrong." Don't be afraid to think; and don't ac-

cept the dictums and teachings of *any school of practice*, not even our own, no matter who propounds them, without question, without thought. Thus has many an error in osteopathy been propagated. And I say to those members of our profession, who attempt to teach one thing and practice another, that no man can long limit the practice of osteopathy to the correction of specific lesions (osteopathic) as the only ethical method of osteopathic treatment, nor the cause of disease to a specific lesion (osteopathic) of an anatomical structure.

That there may be deviation from the general rule, (anatomical anomalies.) That there may be structural variations, which do not alter physiological function, no observing diagnostician can honestly deny. Hence any treatment which does not consider extraneous causes in addition to specific anatomical lesion is making an error of far reaching importance.

Into every profession, theories, undemonstrated theories (sometimes accepted, at other times discarded) must get in. But I know of no theory which has ever crept in I deem more dangerous than this attempt some members of our profession are making to limit our practice to this narrow, vulnerable theory of cause and treatment of diseases; and the day is approaching when this will be a humiliation. We must avoid these decided statements as to cause and effect, when sufficient proof of the right kind is totally wanting. Such discussions as the lesion theory, or the self cleansing mucous membrane theory are not entirely based on facts.

To be taught that pathological mucous membranes are always self cleansing, when the most superficial study and demonstration prove they are not, is one of the examples of a previous theory that crept into our work and calls for a lot of unnecessary explanation; for if you will only observe a sniffing, catarrhal boy, the theory is at once disproved, and we make the deduction without fear, that pathological mucous membranes are not always self cleansing, and that in many cases douching, be that either nasal, gastric, vaginal or rectal, must be resorted to. But why cite these cases of the necessity of other treatment? I appeal to your common sense. Is it not an unwarrantable attitude to attempt to narrow our work, to specialize it to such degree that we question the use of simple therapeutic procedures, absolutely necessary to our practice, for fear of violating an osteopathic principle?

I say to you all that you are graduate, practicing physicians, and not graduate, "specialized lesion osteopaths."

In the prevention of disease, you owe a responsibility to yourself and to others as a physician. If osteopathy is a practice that serves every purpose in every plane we must demonstrate our superiority by reducing the mortality of certain infectious or contagious diseases, which are to-day being fought only by other schools of practice.

I hope you will all understand my plea here, I am urging that a broader interpretation be given to our work; as I see the future, as we grow, we must overtake these responsibilities, as do other schools of practice. We must ap-

preciate the value of extraneous causes of disease and extraneous methods of treatment, and must avail ourselves of this knowledge and apply it.

We must understand, we can't help but believe that diseases of malnutrition are caused by indiscretion of diet, etc., etc.; that consumption is spread because of ignorance, because of failure to observe hygienic laws, and without detail now, the proper common sense method of treatment must be self evident.

So in closing my argument on the "lesion osteopath" discussion, I make this assertion (and stand ready if given time to investigate the every day practice of any lesion osteopath, to prove it) that there is not and never has been and never will be a "lesion" osteopath, in the sense that the affirmative would have us believe. Be honest with yourselves, be honest with your profession.

To all the world you can now say, "That a mere flexion of the vertebral column may cause nerve pressure symptoms," and you can prove it, and you can also prove that over-eating, independent of osteopathic lesion, causes dyspepsia, that exposure or syphilis causes locomotor ataxia, etc., and not the wildest stretch of your imagination makes it necessary for you to say a lesion of the spinal column was the predisposing and these the exciting cause. So with our success let us reflect. Let us banish theories, narrow, prejudiced, unscientific theoretical positions for good, sound common sense, based on a wide knowledge and appreciation of the causes of disease, and the necessity of treating accordingly. So, for example, when a patient comes under your care suffering with the hell of intemperance or morphinism, don't attempt to cure him by adjusting anatomical derangements, but adjust his allowance of whiskey or drugs, and if you can't do that, you can't cure him, in spite of all the lesion theories which may be extolled.

Just as you have learned to apply the use of antidotes for poisons, just so you must learn the "antidotes" for wrong combinations of food, must learn to apply the laws of correct living and all other hygienic measures, so you must learn that there are functional *causes*, as well as constitutional and organic causes of disease.

The prevention of disease is one of your greatest responsibilities.

The full appreciation of these facts will make your attainments as osteopathic physicians superior to those who attempt to limit your culture. The application of principles, which, if not a part of osteopathy, according to their notions are certainly a part of being a physician.

Don't think because you *apply* the principles of practice taught you *right here in this college* that you are depreciating the practice of osteopathy as promulgated by our venerable founder; don't think he is going to criticize you for thinking. I have heard him say, when a patient applied for treatment, "Go away, you smell of whiskey, come back when you don't." Have heard him refuse to treat morphinism.

My paper began with referring to the favorable points of our growth, and as we were all together, it is also the occasion for reflection. So I will

touch on another subject in our profession, which I will call one of ethics, though some members of our profession would ignore this conventional control entirely. Comparatively speaking, we must honestly confess, that when it comes to the observance of an ethical code, of accepted conventional laws, the osteopath is most lax; that is, we may say, the osteopath is the least observing of conventional forms, if we judge him by the code or standard of ethics which other professions observe. While I may think the application of a code of ethics is most despotic in some instances especially where the young practitioner is concerned, yet, it is a case of fair for one fair for all even in this. I do not intend to consider all of this subject, but to particularize, to call attention to a special grievance as I see it; namely, advertising, and it is here that we should better understand ourselves. A merchant who has something to sell may advertise *his wares*, but your "wares" are individual attainments, education, culture, personal attributes, what you have is a part of yourself. To advertise these, your superiority, is a conceit; a breach of the code of ethics of which you must not be guilty.

Sending out special forms of advertisements, such as booklets, do you more harm than good, and I speak from experience.

Now that I realize how others see us, realize that I was cheapening a profession of which I was proud, whose ethical perfection I sought, my object now is to save you this embarrassment. **NEWSPAPER ADVERTISING IN ANY FORM BELONGS TO THE UNSPEAKABLE.** Cast around, observe those who stand high in the ministry, in law, in medicine, in osteopathy, do we ever see their name placarded?—be it in any unconventional form. We most decidedly answer, no! Imitating those who are successful is one way of becoming so. In the practice of medicine the use of printed (preferably engraved) announcements, your name, your degree, your location, and office hours, is allowable. But again from experience, I can say that even these are a waste of time energy and money. Best of all, go to your chosen field, and garner your practice from your acquaintances, your friends, your patients, whom you have made to know and feel that you are to be trusted with responsibilities. Go to your chosen field *without* the preconceived prejudice that ours is the only school of practice that ever does any good in the world. This provincialism, subjects us to many smiles of derision, the more direct effect of which is to arouse for our own theories a decided intolerance. You will find that in your heart to heart talk with any osteopath, that he does know and believe in some therapeutic procedures other than pure osteopathy that have a great deal of value, although, he may practice only according to his own science. But on this point keep abreast with the scientific progress made by men whose interests should be yours.

I can only urge you to take pride in this special knowledge, understand the advancement science is constantly making along all lines of therapeutics procedure. Keep your ledger of information posted to date, and despite all

criticism go on and on with an enthusiasm strongly fortified by the accomplishments of those who have preceded you. What they have done well, you can do equally as well and better. So don't enter upon your duties with a lukewarm profession of principles, but with an earnest determination to carry the standard of osteopathy higher; with the determination to take an active, virile part in your profession. Our enthusiasm need not carry us beyond the limits of conservatism. Practice your art as you conceive it.

Of osteopathic application, you are now your own interpreters. Imitate no one if you do not choose to do so. Limit yourselves in no way, you are the ones who must build up osteopathy, as a school of practice, but don't forget, like all arts, it has its limitations. Don't make extravagant, impossible to achieve, claims for our science. Don't fear to practice the "art of healing;" be yourselves, but be conservative. When I say conservative, I do not mean "too cowardly to fight and too fat to run," but we all want to see you as practicing physicians in the highest sense of ethical culture, an honor and a credit to our profession.

And finally, a few words in explanation of my address, which more than ever now seeks its justification in the well put words of the president of the graduating class "Enjoy the good, condemn the faulty." That's a good injunction for us all to follow, for in those words lie the proper conception of the art of healing. My admonishments are not that you should give yourselves up to the sole practice and partisanship of so called accessory methods, but to systematize these in your minds, so they are ever available in practice, in the event of their not conflicting with the laws of osteopathy. Nothing that I advise is contrary to these laws, but their place in our science is so illy understood that we too often condemn one another for certain practices, which we individually endorse by our practices.

To those of you who are just passing out of school, out into that great maelstrom of life, where currents, eddies, whirlpools, will buffet you here, there, almost everywhere, I can only enjoin steadfast, patriotic adherence to the laws of osteopathy and especially now to your beloved Alma Mater. You are going out with the enthusiasm characteristic of the young graduates. Remember, nothing comes without effort, that is nothing worth having; coming back here and renewing old ties, requires an effort, and I assure you from experience I can say *it is worth having.*

You cannot now appreciate the unspeakable pleasure that will be yours as each year rolls by, if you make it a point to visit the old college. How great the happiness of meeting again your professors, after time and experience have matured you! How great the thrill that runs up and down your spine, as you see these old red walls loom up in the distance! How you involuntarily quicken your steps to reach these doors! You look around and your thoughts are, "Here is the room, the rooms where I learned the ground work of my glorious profession; here I gained my first knowledge." You must remember these

words long, my admonishment to seek this pleasure. This contact with scientific men will be forgotten soon in the rush and push of getting on, so I say, write it down on the calendar for June, 1904, for then no matter what happens, "I am going back to Kirksville, the dear old school."

True, you will grow apart in a measure from your classmates and schoolmates, but once here all the feeling of possession of old love is again aroused and when you can say as I can, I have never missed to throw my arms around my dear old Alma Mater at least once each year, you will then know and experience "how good it is to be back," how it strengthens and fortifies your loyalty, your determination to do that which will make your profession proud of you. So to the graduates just leaving the paternal roof, remember that its shelter is ever open to us, its protecting arms ever ready to receive, to welcome us.

Good bye, to you all for another year and may you prosper.

Modern Facts

About four years ago a coterie of leading men in New England joined hands and purses, quietly, to develop a property which is located nineteen hours from Boston by rail. Experts had been employed with orders to spare no expense to make the most searching investigation preparatory to pronouncing an opinion on the actual wealth contained in the property. The verdict was unanimous that this was one of the most remarkable finds of the nineteenth century. Of the men who joined in this work four are the heads of establishments rated AA AI, one is a bank president, one president of a public service corporation, one is high in the councils of America's leading street railway system, another is a large capitalist, etc. These facts can be readily confirmed through Dun, Bradstreets, or any New England bank. These men constitute the management of the present corporation. They are not now, nor have they ever been, mere figureheads. They are the active and interested managers, who, instead of going to the general public four years ago with an immature proposition, went into their own pockets, until now there has been invested in actual cash more than \$300,000. They patiently labored and bided these four years, until to day the property is in a stage of advanced development, which admits of something like mathematical exactness in calculating results. The results have justified the expenditure of every dollar put into it to date, for they have unfolded an enterprise of such magnificent proportions that it should rank with the most extraordinary dividend-makers of a century.

Now, extraordinary as this statement is in itself, my business proposition is still more so. My clients have spent \$300,000 and more to make all this a substantial fact. They stand ready now to endorse it to you as worthy of your attention and your investment. They declare to you that its earning capacity is one which the actual evidence before your eyes will confirm as likely to last for some generations. In times of unsettled finances its very character would constitute it a Gibraltar of stability. They are about to increase the capacity and more money will be required for this purpose. They are prepared, therefore, at this time to extend to a limited extent an opportunity to join them in further enlargement of the enterprise. Before asking your investment, however, let me say that I am authorized to extend to inquirers who mean business an invitation to visit the properties AT OUR EXPENSE, so that each may convince himself of all the facts. No depositor in a bank has an opportunity equal to this to make an intelligent examination of the security of the institution to which he intrusts his money. Our simple business arrangement is this:

"If you do not find the developments to be all that the prospectus (which you receive on application) represents, you need not invest one dollar."

The trip takes you into some of the most beautiful country on this continent and will prove a most enjoyable half-week vacation in itself.

I am withholding my office address in this advertisement because this offer will meet with a response so large that my office force would be able to pay proper attention to only a small fraction of the number who called. After you have written me you will be supplied with full particulars. You will find that your bank will confirm my statement as to the character and credibility of the people with whom you will deal, and you are quite likely to know some of them yourself, at least by reputation.

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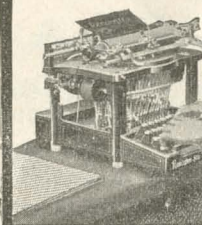
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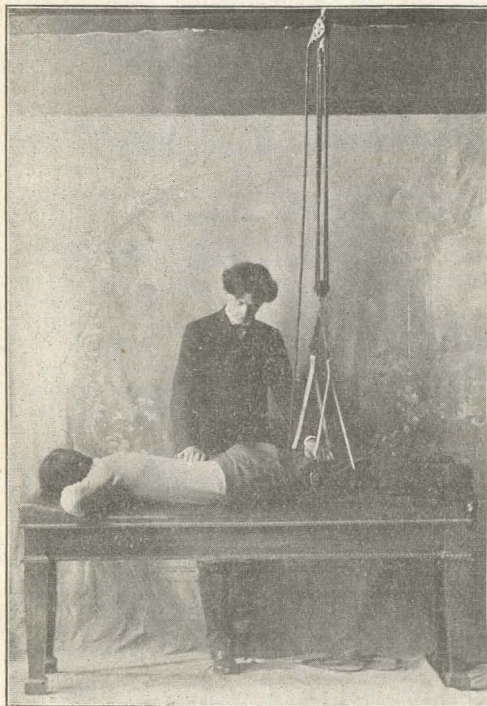
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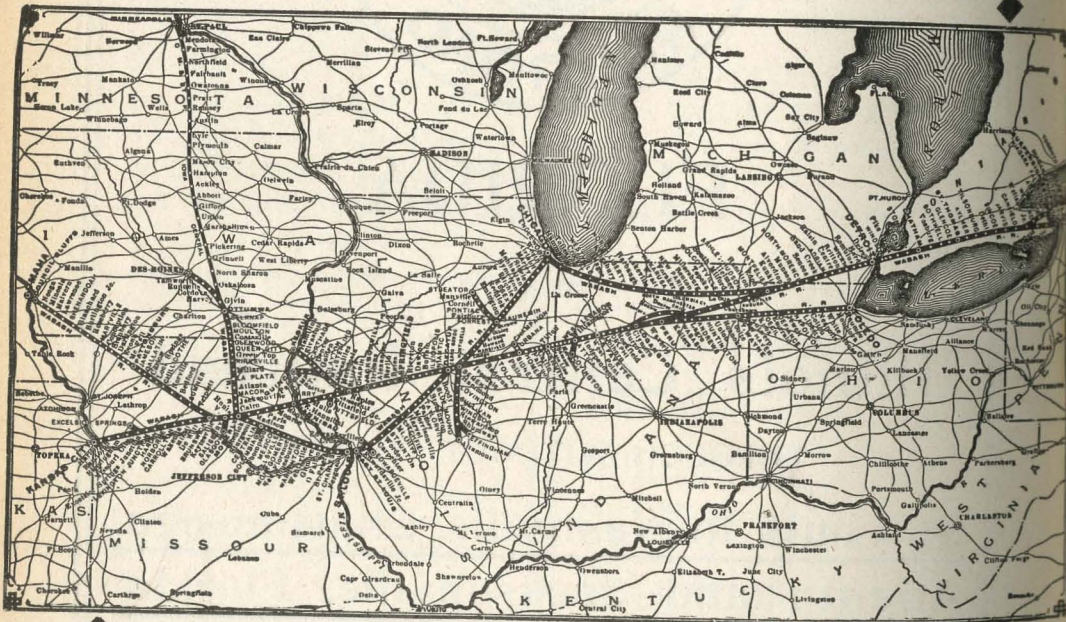
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