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THE JOURNAL OF OSTEOPATHY

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WHY THE OSTEOPATH IS SUCCESSFUL?

CARL P. MCCONNELL, D. O., CHICAGO, ILL.

The present unique position of the osteopathic school in the field of medicine demands our constant watchfulness and attention for its best development. The situation is a unique one owing, first, to its extraordinary inception, second, to its revolutionary medical tendencies, and, third, to its marvelous popular growth. History gives no example, even approaching in a single phase clinically, popularly, or educationally, of a healing system that has attained the growth osteopathy has in so short a period; and this short period of osteopathic history covers little more than a decade.

Two influences, a positive one and a negative one, account for the rapid growth and development of the science. The first is represented by the actual and inherent merits of the system, the attributes of which are scientific, practical and comprehensive. The second influence is a negative one after the manner that prior medical systems have presented an incoherent practice with which both physician and patient were dissatisfied. Apropos of the preceding sentence allow me to quote from an editorial by Dr. J. Madison Taylor in the August issue of the *Monthly Cyclopædia of Practical Medicine*:

" * * * The first thought which arises is that we have accumulated an overwhelming mass of literature, not one-third of which is worth perusal. It is the product of much loose thinking, inexact researches, feverish leapings at conclusions, inordinate hopefulness of miraculous discoveries. Confusion to the point of confounding, often results from accepting specious conjectures and opinions based on theorizings unfortified by essential facts. Those who assume the duty of ascertaining and formulating these fundamentals, notably the physiologists, have failed often to supply us working principles where we need them. The most practical advances have been furnished by the surgeons, the least by the neurologists." The saneness of osteopathy is substantiated by the one fact that the body is a vital and physical mechanism; whoever denies this will involve the opinion of all physicians. Our treatment is, also, based on this fundamental—*anatomical readjustment*; thus etiology and

therapeutics follow this one well known and logical channel. Herein rests the key why the osteopath is successful. Anatomical and physiological knowledge is applied fundamentally on mechanical grounds to the vital, partially self-adjusting, and self-recuperating body; in a word osteopathic treatment through the principle of anatomical-mechanical readjustment gives the necessary impetus to the disordered nerve or vascular channel to restore function. The researches of the physiologist, of the pathologist, and of the pharmacologist have had to do largely with effects of function and with perverted conditions from the standpoint of effects rather than causes from the basic mechanical and readjustment principles. Herein rests, also, the key why the surgeon is more or less successful. Every physician will agree with Dr. Taylor that one-third of medical literature is not worth the reading, and that much confusion in both medical writing and practice is due to conjectures, mere opinions, etc. But the real reason of the continual shifting of medical theories and practice is due to the fact that medicine lacks an all embracing, universal philosophy.

Quoting Dr. Taylor further we note the following:

"In general medicine, take as an example tuberculosis; after much attention to its pathology and therapeutics we are informed by 'authorities' as a finality, that our main, some say our only, reliance, shall be upon open air and dietetics. Such a conclusion is a pitiable confession of failure. Upon scrutiny it will be felt that this is not adequate in view of what has been learned from empiricism alone, much less from the scientific researches of intellectual giants. It is fairer to assume that we have either omitted to learn some important supplemental facts or have not achieved a practical medical philosophy. Perhaps both are true, when we reflect that it has been pretty thoroughly established that by far the larger part of our heritage in medicine is derived from wise empiricism." We can not be accused of being presumptive when we state that the osteopaths have a "practical medical philosophy." It is our philosophy, our fundamentals, that stand us in good stead many times a day. We do not claim to know it all, far from it; we are well aware there are many "important supplemental facts" that we have not discovered. But the success of the osteopath lies in the fact that our philosophy is practical and comprehensive and therefore applicable to the tissues and organs as a part or as a whole. Common medical knowledge and newly discovered facts do not upset our fundamentals or philosophy, but find their proper niche in the superstructure according to their relative value.

Again quoting Dr. Taylor:

"From long experience we have evolved invaluable rules governing the use of medicines. Less exact knowledge exists concerning those most important auxiliary remedial agencies, entitled physiologic, such as the application of heat and cold, dry or through water, movements, manipulations, readjustments, stretchings, pressure on nerve points, motor and respiratory education, diet, climate, and such like rational agencies, all of which are well worth our practical study and judicious employment. The deeply scientific

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yet promising realm of electricity, special rays, belong to the specialist; no tyro is safe to meddle with them."

"More puzzling are those agencies, hypnotic suggestion, mysticisms, the contemplation of sacred symbols, which have exercised powerful effects on functional disabilities and psychoses since the dawn of history. These justify our best attention and deserve our employment. We are fully alive to the efficiency of these instruments, but too rarely exhibit a working knowledge of how to use them. They are not only legitimate factors in our armamentarium, but are powerful for good when judiciously employed, and far otherwise when effects thereby achieved by fanatics or charlatans are brandished in our faces." The foregoing certainly present quite an array of "extras." We believe that the most invaluable rules governing the use of drugs that experience has evolved pertain to their great dangers and abuse; drug medication is an "unnatural" method of therapeutics—it is not in harmony with physiological functioning. But why this change of front? The past five years has seen a tremendous change of attitude on the part of the medical profession toward these "physiologic" methods. Even three years has shown a marvelous increase of medical literature on these subjects. Note above: "movements, manipulations, readjustments, stretchings, pressure on nerve points," quite a list. It does seem that the osteopathic leaven is working. Then there is christian science which has had at least two wholesome effects: first, the lessening of drug usage, and, second, helping to bring the profession to a realization that they must mend their philosophy.

We compliment the medical profession on their broadening policy, and it is undoubtedly more than a policy now; it is liberality based on observation and education whereas at the very incipency there was barely tolerance. And with all of this the osteopathic profession is broader and more liberal than at an early day. With all of our confidence backed by most successful clinical experience we feel honored to give credit to much knowledge that is termed common medical heritage. But our broadening process is principally due to the developing of our fundamentals, extending the superstructure and tracing the ramifications; it is not, as even some misinformed ones in our very ranks may think, a paralleling of the strictly osteopathic procedure by so termed physiologic or natural methods; in these there is certain merit, but they are very small satellites in comparison to the osteopathic luminary. The successful osteopath remains close to the fundamentals knowing full well that with all of our present knowledge future probabilities are beyond present comparison, and that the success of osteopathy has been due to keeping the original spirit intact—not to the exploiting of incidental features.

Again Dr. Taylor says:

"Why does the average practitioner fail to add anything to the sum total of knowledge? Not because he is untrained in literary construction, as he usually claims, but because his mind is a mere curiosity shop of unclear impressions, half-retained beliefs, half-released, faulty impressions, altogether

shop-worn ideas, bereft of definite convictions. He may fail utterly in utilizing his vague notions gained by reading extensively in the foremost journals, whereupon his patient, exhausted in patience and confidence, seeks and gets relief or cure from some narrow-minded cancer or herb doctor, bone-setter or osteopath, who at least can and does apply with conviction and skill simple principles of drugs or mechanics to definitely indicated problems". We desire to thank the doctor for admitting that the osteopaths do apply with conviction simple principles of mechanics to definitely indicated problems with palliative and curative results. We will not quarrel with the doctor, of course, that all of our work by considerable presents something more than simple principles of mechanics. Our etiology, pathology, diagnosis, and most of the treatment occasions much thought and labor. But in all of this our success is due to the fact that our osteopathic philosophy is practical, that the fundamentals of medicine are simplified. On the contrary, with the medical physician his practicing has been a heterogenous mixture, a hodge-podge.

The following excerpt is taken from the June issue of Thought. It presents one side of the medical situation of to-day:

"A detail man representing one of the largest manufacturing drug houses in America, a man, too, of extended and broad observation said:

" 'Doctors and druggists are being put out of business.'

" 'Do you think so' ? I said.

" 'I am sure of it. In less than fifty years—perhaps in twenty—there will be few physicians using drugs.'

" 'How do the doctors talk about business?'

" 'They are all complaining. Why, I will tell you, doctor, betwixt the reduction in the volume of business resulting from sanitary improvements and the prevalence of physical culture, christian science and osteopathy, there is nothing but hard picking left for the doctor.'

"I was impressed by these remarks from such a man, and more so because they were in line with statements coming from other men in similar vocations, as well as from physicians themselves. There can no longer be a doubt that medical practice is at a crisis from which it will emerge with evidences of great change. * * *"

A few months ago in a personal letter from one of the largest Eastern medical publishing houses the following was stated:

" * * * It seems to be the tendency in your schools to broaden out constantly in regard to text-books used.

"Osteopathic students probably buy more medical text-books than those of any other school of medicine."

This is, and was intended, a compliment to the osteopathic fraternity. I have heard medical book sellers say the same thing. Does it mean osteopaths are weakening in their osteopathic faith and leaning toward drug medication? Far from it. This "broadening," if such you wish to term it, is simply our legitimate and consistent growth and development. The osteopath is seeking

knowledge. He is always glad to add a fact or a truth to his philosophy. Any new discovery or any new treatment is considered with pleasure, and if found of value is readily adopted; but the reader should realize that much of the vaunted self-styled discoveries are old ideas clothed after a different fashion or are simply inconsistent short lived speculations. We reverence the work of the conscientious physician and of the true scientist. But our progress and success is due to the oft repeated fact that our medical fundamentals are simplified—in a word logical and mere common sense.

Osteopathic practice is based upon facts, not upon chimera. Our history shows this. We have much to develop yet; in fact, we have barely started. We have not lapsed into extravagance from losing our perspective. It is only through experience we can hope to perfect ourselves, and experience is constantly making us more symmetrical, more shapely, and more true to ourselves; and through and with all of this is due our success.

GENUINE OSTEOPATHY VERSUS SO-CALLED BROAD MINDEDNESS OR LIBERAL OSTEOPATHY.

A. G. HILDRETH, D. O., ST. LOUIS, MO.

Read before the Minnesota Osteopathic Association.

So much is being said at this time and has been said in the recent past regarding pure osteopathy, or adjuncts in osteopathy, or the limitations of osteopathy that it seems to me now would be a good time to call a halt and begin to carefully and conscientiously analyze our condition, and the situation as it exists in our profession today.

Osteopathy stands a monument to liberality, progress and scientific growth. It is to this science that the eyes of the world are turned as to a beacon light guiding suffering humanity on to something better in medicine. It is the first treatment of disease outside of the drug medication schools that has made itself felt in the legislative halls of this country. To this profession is due the credit of creating the best kind of medical legislation—the kind that cares for its own business and does not try to interfere with, prevent or tear down some other method.

To osteopathy is due the credit of making the first inroads, yes, of breaking down for the first time, the medical trust, fostered as it has been for years by legislation. This being true, it then behooves us to make haste slowly, carefully measuring our distance and considering every step taken. Our growth has been so meteoric, so colossal, so stupendous in all its avenues, that a great many of us have become intoxicated over our success, and are not always competent to judge what is best. A great many of our people are threatened with dementia, their minds are almost weakened by the unexpected successes obtained so nearly without an effort upon their own part. To these people their progress has been so good and bountiful and great and they are so rich in success and feelings, they want to share it all with every one and call everything

osteopathic. But the awakening must come; the practical is with us, and has ever been, as well as the idealistic. To a great many, however, the battle has been a hard fought one and to these we are largely indebted for our guidance; they have been our ballast as it were. Today we are confronted with questions which mean much to us, problems which shall shape the destiny of our profession throughout all time to come, and their solving can be best accomplished by looking at things as they are. We have no time to waste in condemning other schools of treatment; we have no time to theorize; neither have we time to squander upon this man's ideas of massage, suggestive therapeutics, X-radiance, vibration, and other side issues, for if they have a place among the curative agencies in time they will occupy that place. No one individual can master all the sciences of the earth; no one man or woman can become proficient and successful in all lines of trade or commerce, neither can they practice all the various kinds of professions and make a success of them as a whole.

Osteopathy stands distinctly alone—a scientific treatment for the cure of disease. It cannot cure everyone; if it could, all natural law would be upset. But it can and does cure any amount of diseases that have been pronounced incurable by the older schools of medicine for centuries past. It occupies the position it does to-day through results obtained, and these results, too, have been produced by our treatment in its crudest possible condition while passing through its period of gestation or beginning. Many of you are aware of cases cured—absolutely cured of conditions pronounced incurable by the most experienced medical men, not only of this continent but of the civilized world, and that oftentimes these cures have been made by men and women of very ordinary capacity in our own ranks. Whence came this power, this prestige, this growth. Let me tell you: from that principle given to the world by our illustrious discoverer, Dr. Andrew Taylor Still, and named by him osteopathy—a principle whose possibilities and future were as little comprehended by him, even thirteen years ago when the first school was chartered, as is the depth and breadth of the science to-day comprehended by the men and women who profess to practice it. No man or woman has yet been born who has even the slightest conception of its future, and if we can but direct the power of our minds into the right channels, we need have no fear for the outcome. A concentration of thought, a husbanding of our energies, a full realization of just what has been already accomplished, even by the crude application (and it has been very crude up to the present time) of our treatment, is what is needed in order that we may know and realize what we have. We need greater confidence in our own profession. This is not said with any thought that no good is to be derived from other systems of treatment, or that there is not good in all other systems, for that matter; nor is it said with any desire to lessen the opportunities of any individual in our practice; but rather with the hope of strengthening the individual with an abiding faith; yes, with an absolute knowledge that osteopathy is greater, much greater, than the men and women

who practice it know and that its limitations cannot be set at this time for the reason that its boundaries are as yet unknown and seemingly limitless. Our limitations are, in my judgment, encompassed only by the caliber of the men and women who practice it, and who are harping continually on something on the outside. The plea of broad mindedness by those who advocate the use of everything from drug medication down to the common rubbing, sounds good on paper, but analyzed presents the spectacle of a brain lacking the capability to comprehend the genuine article from the counterfeit. Think of it; the osteopath who studies medicine, upon the ground that he wants to be able to treat his patients from all standpoints, sounds good, seems sensible, but is it? Let us see: First, what is medicine? A science? No, never; not even so designated by a great majority of its own practitioners. It has no specific for any disease, hence is not a science. Second, you know that your own treatment is scientific, so far as we have gone, and what can you expect to gain by the alliance of a truth with a falsehood? Third, you know and we all know that the failure of medicine to cure has made our profession possible. We owe our existence to the fact that we have cured and do cure their failures. What good can we expect to come from studying the very thing which has produced the condition that exists today in the practice of drug medication? Fourth, should anyone study from the standpoint of wanting to give to his patients all the kinds of treatment they want? Let him stop and think; isn't it reasonable to believe that people who want to take drugs are, as a rule, going to send for the man who has made the study of medicine his life work; in other words, send for the family physician and not for a mixture? Does it not seem reasonable that if we put this extra time and study upon the field that has done so much in so short a time, (even with all its drawbacks and environments), a field almost unexplored and so promising—and seek more light in the direction from which so much glorious light has come, rather than go back and dig among the dungeons of the past ages with all their mistakes and failures, we would benefit ourselves more and aid suffering humanity faster? Again, tell me: can you afford to insult your profession by placing it upon a level with massage, christian science, mental therapeutics, etc., by advocating these things and fostering them and allying them with your own work? Don't misunderstand me; I am not saying there is no good in these systems, but I am saying there is more good in genuine osteopathy than in all other systems combined, and that you sap the very tree of life which has given you existence whenever you undertake to tack to it the various tails which some of our so-called broad minded people are preaching, and, I fear, practicing. Who, to-day, in our practice are the men and women who are making the greatest success of their lives and, consequently, of our profession? They are the men and women, all over this land, who are using their hands and their brains alone; men and women who adhere strictly to that God given principle as taught in the early days of osteopathy; crude though it was, it was pure and not tainted with so much broad minded folderol. I know I am taking a very radical posi-

tion and one that will call down upon me more or less criticism; but I know, the time has come for more action and less theory. I know, too, that I have stood, as many of you have time and time again, by the bedside of so-called dying patients; that again and again have I been called where hope had fled and that by the application of the genuine article I have seen any amount of these people not only relieved but permanently cured. They were not cured by this adjunct or that one; by the X-ray or the vibrator, but by the application of the hand—that live, sensitive, delicately educated member of your own body—directed to the point which caused the disease, and by a correction of that cause, relieving and freeing that powerful, ever ready element—Nature—they have gradually grown to health and life again.

You may just as well tell me that the pianola can produce the same harmony as a Paderewski, or that the artificial flowers that so beautifully adorn our ladies' hats can compare with the natural, living beauty and fragrance of the growing plant, or that the artist can produce on canvas the same magnificent beauty we see painted upon the horizon by the natural coloring of one of our sublime sun rises, or more glorious sun sets, or that there can be transferred to canvas the same all inspiring grandeur of our scenic Rocky mountains, as to tell me that anything can be manufactured or created to compare with our delicate sense of touch. It all lacks soul; it lacks that element of communication with the mind to satisfy—to know—when the work is completed. The artificial can never compare with the natural.

We have reached the time and the place when we should stand shoulder to shoulder for what our experience has taught us and for the principle that has made us what we are and that has done so much for the sick and afflicted. We should feel proud of the record we have made and, instead of making apologies for what we have failed to accomplish, stand up like men and glory in the good work ably done and go on with a determination that stops not at any obstacle, after more and greater knowledge, and instead of blaming our profession for our failures, place the blame where it belongs—upon the individual. At Denver, as I looked over that body of men and women gathered together from all quarters of this great country of ours—representatives of a science as yet so new to the world—with their happy faces, their earnest, active, energetic, successful lives; happy in a self-consciousness of well doing; happy in a calling that meant living for something higher and better than self; prosperous and prospered; looked up to and respected by the best people on earth; benefactors of mankind, I could not help thinking of what had made them so. Where would that collection of men and women have been to-day but for this science? What gave them their opportunities? Many of them were individuals whose lives had been saved by osteopathy and many others there were whose environments and conditions in life would have carried them to the end, unheard of, unknown, but for osteopathy—an everlasting boon to the sick and a continual benediction to those who practice it.

We have reached a time in the growth of our profession when we should

reach out our hands and tear from the face of a thinking, yet blindly led public, the thin mask which has ever been held before their eyes, covering up under the guise of science, the wretched, miserable mistakes of the old schools of medicines. Many thousands of graves have been prematurely filled by the mistakes of drug medication and the wretched butchery of so-called modern surgery. That surgery is a science no one can question, neither can they question the fact that its graveyards are full of skeletons sent there before their time through needless operations, and their mistakes are all covered up under the cloak of law by the name of science. Their experiments were legal. God help us and this liberty-loving people to throw off this yoke; it can only be done by giving them a better way; yes, a genuinely scientific way. We have that way: GENUINE OSTEOPATHY will do the work and the time it takes to accomplish this end depends upon you and me, my brethren, and the caliber and ability of those who profess to be osteopaths.

INCREASED RECOGNITION OF OSTEOPATHY. DUTY OF PRACTITIONER TO PUBLIC, PROFESSION AND SELF.

ASA WILLARD, MISSOULA, MONT.

Delivered Sept. 7, 1905, before the Montana Osteopathic Association, Helena.

When the osteopathic practitioner first entered the field his sphere of usefulness, as compared with what it now is, was limited. An overwhelming percentage of the patients of the first graduates were chronics and a large part of these were cases of very palpable deformity. The reason for this was that such cases had usually traversed the gamut of physicians, methods, and remedies and were not only willing to accept, but grasped at any thing which offered relief. By being successful with them, when others had failed, osteopathy drew attention to herself and thus started her reputation.

As the public gained confidence in the system the practice became more varied. Acute cases were more and more received and general recognition of the science, as a complete system, was accorded by the public. To-day each osteopath is family physician, treating for every ailment from that of a burn or a dislocated toe to typhoid fever or pneumonia, in twenty families where he would have been so employed in one but ten years ago. With this appreciation and recognition of the completeness of the osteopathic system comes added responsibilities for the practitioner. He must be informed on a wider range of subjects. To meet this need our colleges have extended their curricula until they are now equal to the best medical colleges in the country. But the increased time in college is but the beginning. To call to mind a few of the obligations of the man out of college to the public, his profession, and to self will be the object of these remarks.

In relation to the duties of the physician to the public the curing of disease is by no means the most important of subjects for his consideration. We are tending to the time of fuller appreciation of the spirit of the old adage, "An

ounce of prevention is worth a pound of cure." This is true in both the legal and medical professions and it even enters into the ministry; for no little part of a minister's work is in keeping men strong to resist evil and vice as well as curing those already soulsick.

The ideal lawyer is one who best counsels his clients how to avoid litigation; not he who only tells them how to get the best of it after they have gotten into it; so to those in the healing art, their highest goal should not be the possession of knowledge of how to cure all diseases, but rather how to prevent them. In passing I may say that I do not feel that this result will ever be attained through the medium of serums and antitoxins; but the gray matter and heated atmosphere being expanded along these lines are indicative of the preventive trend of modern therapeutics. I think it was Wordsworth who said: "We sometimes learn more when we stoop than when we soar." In the history of advancement along all scientific lines there has almost invariably been a stage of what might be termed platitudinous ponderosity. Then either gradually or suddenly the right idea was evolved and people said "how simple." In prophylaxis we have not yet reached the "how simple" stage, but progress is being made. Under the head of disease prevention, each year marked steps are taken toward more rational hygienic and sanitary measures. At the present time along this line much greater real progress is being made in matters relating to the public collectively than to the individual. As physicians receiving recognition as general practitioners it is the duty of every osteopath to keep himself informed as to the most advanced, efficient and practical methods relating to the protection and preservation of the public health. In consideration of the narrowed sphere of our early practitioners this could, with little blame, be neglected; but under present conditions our duty to the public demands a thorough knowledge of all that pertains to the health of the community—its sewerage, surface drainage, garbage disposition, water supply, school hygiene, etc. At this point I wish to mention a matter which I think deserves the consideration and the active support of all osteopaths, and that is legislation to prevent the sale of adulterated foods and to prevent the public exhibition of certain physical deformities and monstrosities. The first mentioned legislation is being actively agitated the country over. There is in this country a powerful combination of moneyed interests fattening their purses at the expense of the health of the common people through the sale of these adulterated and chemically preserved foods. The average person is not usually cognizant of the harm. It is done insidiously. Because of his fuller knowledge of the physiology of the body and of chemical processes, and hence of the resulting harm from the use of these foods, it is a moral responsibility for the physician to be found using his every influence in the effort to suppress their sale. Relative to the public exhibition of certain physical deformities and monstrosities, I have never heard of any active agitation against such, and I do not think the harm that can result from such practice is generally realized. During the past summer there was exhibited in a show which passed through

Montana a man into whose abdomen was fastened the shrunken, deformed, headless body of a child. It was a case of malformation of twins with non-development of one body. I saw a woman who was soon to become a mother stand and watch the grewsome spectacle for fifteen minutes. It is needless for me, before this body, to dilate upon the possibilities in this and similar instances. Suffice to say that at the very least a morbid unwholesomeness of mind is encouraged and I think we should place ourselves on record as opposed to such exhibitions.

With regard to the relation of the practitioner to our profession, were it one in which the beneficiaries were solely its members, who profited from a financial standpoint in being such, and if no injustice was done to others, there would be just reason for allegiance to it. When, however, we represent that which is to confer a blessing upon humanity and make for the happiness of our fellow men, our obligations are multiplied many fold and for its advancement our best efforts are due. The greatest ultimate achievement of osteopathy will come through the results wrought by the conscientious, painstaking endeavor of the individual practitioner in his daily work; but the bringing of osteopathy to universal recognition can be much hastened by efforts made collectively; hence the value of our state and national associations and the duty which we owe to the profession of supporting them. Comradship, fraternity and enthusiasm are elements which give added power to any movement and these we get through united effort and occasional contact with each other.

If considered, however, from the mere standpoint of duty to self, membership in local, state and national associations and attendance whenever possible, is a profitable investment. Experience is nowhere a more valuable teacher than in the practice of the healing art, but no one person has an all embracing experience; hence a knowledge of that of others is a valuable asset to have in many emergencies of practice. On the other hand all of us encounter many like difficulties, and humanity is so constituted that it is hardly conceivable in a multitude of problems coming to a number of separated physicians that each practitioner will, in every case, reach the best and most exact solution. It occurs to me in this connection that it would be a good plan if, during the course of the coming year, each practitioner would make a note of any case or cases coming under his observation which present unusual aspects or distressing symptoms which prove uncontrollable. Then, at our next year's meeting, these could be brought up and discussed. Two heads being better than one, an exchange of experiences in practice may cause the gaining of successful results in the future in many instances where we before had individually met with failure.

In contradistinction to knowledge gained by experience there is a point I wish to make mention of which I think cannot be too strongly impressed upon our minds, especially when we consider the mentioned wider scope of our practice. There is a great temptation to the busy practitioner to neglect his reading. Nothing will so cramp and stunt the lone worker and bring him into the

rut of prejudice and bigotry. Many an old school practitioner is in that rut, and while our science is yet young we, too, have some of them. Last year in preparing for a clinic on gallstones to be conducted at the A. O. A. meeting in St. Louis, I mailed to several hundred osteopathic physicians over the country lists, each containing questions asking how many cases of gall stones they had treated; the length of standing of each case; how many cures, benefits, or failures; were lesions osseus or otherwise, etc., twelve questions in all. One physician deigned to notice but three of them. He had treated one case and had cured that. Opposite the question "were lesions osseus or otherwise?" he wrote; "Your question is unscientific. I practice nothing but unadulterated osteopathy." Our reading stimulates and makes more valuable our own observations. New diagnostic features, new methods of diagnosis and technique are constantly being brought to light and developed and we must keep in touch with them.

Before concluding there is one reference in regard to our duties which I wish to make, and that is to the practitioner's care of his own health. No man or woman is so much the public's servant as the physician, and in the worry and stress of practice it is easy to accept this to the extent that we make no provision for recreation and recuperation for ourselves. Usually by a little foresight and arrangement of our work we can adjust things so as to have an hour or two free each day, and I regard this as a duty. Good health and clear thoughts are boon companions, and by keeping in good physical condition himself a man is better fitted to meet his professional duties from day to day and will be able to meet them for a greater number of days.

In these few, in some measure disconnected remarks, I have principally endeavored to bring to your minds the fact of the added responsibility which rests upon us as practitioners because of the general popular and legal recognition of osteopathy as a complete science. In speaking of our duties I have made separate mention, for convenience, of our duty to the public, to the profession and to self; but in observance no such division can be carried out. Each overlaps the other. Duty to self conscientiously performed will bring better service to the public and dignity to the profession, and by loyally supporting our profession and working in unison we gain added enthusiasm and interest in our daily work. As to our duty to the public—there is no man or woman who gives some of his life for others, but that has added something to his profession and to himself.

OSTEOPATHIC TECHNIQUE.

ERNEST SISSON, D. O., SAN FRANCISCO, CALIF.

Read before the California Osteopathic Association.

I shall not follow literally the outline suggested by my subject, as you might perhaps expect; that is, I shall not dwell upon specific manipulations, but shall deal more particularly with the general method of procedure.

The habit of studying movements in manipulation is somewhat dangerous

if followed too industriously. By so doing we may become artists, but not necessarily scientific osteopaths. The masseur should be an artist in his line, but he is not necessarily scientific. He may give you the perfection of massage, but there it ends. I do not wish to be understood as drawing a comparison between osteopathy and massage, for there is none, though unfortunately massage is employed by some would be osteopathic practitioners to make up for a deficiency in their knowledge.

An osteopath, to be correct, must always be scientific in his manipulations. The form of movement is not of great importance; it is the result desired that is never to be lost sight of.

First, find out what you want to accomplish, then employ your most direct method and quit. Know when you have gained your point and give nature a chance to go on with the restoring of the equilibrium. Do not give a lot of promiscuous pummeling and perhaps destroy a great part of the benefit the patient would receive did you not disturb an already complete and effective treatment. For instance, suppose we have a patient with a lesion at the third dorsal vertebra, with stomach involved and very nervous. You are not apt to restore the lesion in the first nor in several treatments, but you can, by careful treatment, relieve the symptoms and at the same time relax the parts preparatory to perfect articulation. Now, after relieving the symptoms and treating the nerves especially affected, what is the effect of following it up with a general treatment? Simply this: The permanent benefit that would result by the concentration of the relief where it was most needed would largely be neutralized and perhaps entirely done away with, by reason of the distributing of the effect over the system generally. Therein you would resemble a masseur. Temporarily the patient may feel better, but have you accomplished as much in the end. The repair that had been directed to the special part has been scattered and the effect of a specific treatment largely destroyed. Every movement in a treatment should have an intended and specific object and not an uncertain but hoped for possibility. If a desired effect cannot be obtained in the way that you expect, you will not be apt to find out what particular treatment is effective if you exhaust your catalogue of movements at each treatment. But if you work specifically, with your efforts directed to but one object at a time, and conquer each difficulty in its turn, leaving the general treatment to such cases as require only such treatment, the patient will be more quickly benefited and your knowledge be extended.

I had a case at a hospital not long ago and an observant nurse wanted to know if I gave a different treatment every time. I had not purposely varied the treatment in order to mystify her, but directed the movements to what appeared to me to need help the most at each visit.

It is an advantage to keep out of the habit of using one movement or set of movements to the exclusion of others. If you do not, you will become one-sided and your own back will need attention as well as the patients'. Right here let me advise you not to neglect taking your own medicine. If your

work is at all heavy you will need a treatment at least once a week, and to neglect it is to unfit yourself for your work.

In selecting your manipulation, the case in hand and the idiosyncrasy of the patient must be your guide. Don't forget to read your patient as well as his disease before you commence, taking into consideration the age, sex, and vitality. In treating old or extremely anemic persons, exercise especial care in respect to the ribs. It is a very easy matter in these cases to loosen a cartilage at the sternal articulation, and not an easy matter to remedy it when done. Of course care is necessary in all treatments, but the greatest care should perhaps be used in giving the first and the last treatments: the first, because you have everything to learn about your patient; the last, because you have everything to learn about your previous work and its results. In the first treatment you have the patient's peculiarities and unknown symptoms to guard against, and while you may accomplish a measure of the cure by being vigorous at first, should new symptoms thereafter appear or old ones be unduly excited by the stimulation of the nerves involved, you may have lost a patient and established false ideas concerning osteopathic treatments and their effects. Do not attempt to do too much at first, except in very acute cases. If a patient feels better after his first treatment, it will take much to discourage him later and he is not nearly so apt to blame you for each new pain that comes regardless of external causes. And care should be especially exercised in the last treatment. If your case has progressed to your satisfaction and you have established favorable conditions, you do not want to dissipate the good effect by establishing any new relation of parts. Let your last treatment be rather an examination and verification of the work already done, and when you find things are as you want them, leave them that way without attempting to send the patient away with a grand industrious finale. If your previous treatments have not done the work, you will not accomplish it in the last one.

We claim to be skilled mechanics and repairers of this human machine. A good mechanic first understands his work; then he is careful about the kind of tools he has and the condition in which they are kept. Our hands are our most important tools, and it is essential that they be kept in perfect condition. Rough hands and dulled nerve-endings are a hindrance to good work. Sharpen your touch to the keenest possible point and protect it from harsh treatment. Avoid putting your hands in very hot or very cold water. Avoid contact with rough material. Strive to produce and cultivate in your fingers an instinct for detecting pathological conditions, contractions and abnormalities. The slightest deviations from the normal should be noted and considered when the hand passes over them. The touch and expression of the hand means much to any physician, and especially to the osteopath. Through it the patient will quickly detect the true note of sympathy, gentleness and control. The soft, gentle, yet firm and confident hand is the ideal one for the physician. As the late Judge Ellison once remarked of Dr. Harry Still, "He has a grip like a bear, yet his hand can be as soft and gentle as a woman's." Avoid the soft, crawling

movement or approach; let it not be sudden and obtrusive, but direct, gentle, and controlling. Your hand must be educated to find the lesion. The two greatest rules in osteopathic treatment are, first, find the lesion, and second, remove it. But first we must find it, and in this effort no aid is so important as the trained touch. The other organs of sense are but accessory to this one in our work. "Seeing is believing," but "feeling is the truth."

Scientific manipulation generally is what we need most to develop, and this means the most careful attention to every detail; less overlooking of the smaller lesions, and less promiscuous treatment given at random with hope that it may accomplish something. The slight break in the spine may be the cause of the more serious trouble. A good many treatments are prolonged through the anxiety of the doctor to do all the good possible for his patient at once, and this leads him to overreach in his work. Again, do not try too hard to remove a lesion in one treatment. When it is obstinate and will not yield readily, try all the easiest ways first, both for the patient and for yourself. Often you will find a stubborn dislocation letting go its hold with some simple rotation, just as if it had decided of its own accord to be properly set, after the physician has expended much energy and thought upon it for several weeks. This shows that preparatory treatment is necessary. When the tissues are properly relaxed and in condition, the restoration is often a simple matter.

When practical the ease of the treatment to the patient should always be considered. If there is more than one way to accomplish a result use the one that is easiest for your patient if possible; it will generally be easiest for you, also. And do not be afraid to stop when you are through with a treatment. Give the patient all the time necessary, but no more. Their time is often valuable, and nothing is gained by delay or unnecessary treatment. The important point is to make the patient improve. A "rush" treatment is never satisfactory of course, but each treatment should be directed toward a specific result and when that is obtained, stop. Extra time may, however, be taken at each treatment for an examination of the case, as by so doing you may continually find some new development. Each treatment should find us more thoroughly posted and better able to control the difficulty. We must never forget that nature provides a cure for every ill and that our work is that of the assistant. Our aim is to remove the obstruction as quickly as possible and to carefully see that we place none in nature's way.

I have avoided commenting upon specific movements, as they are as varied as are the physicians. It is certainly beneficial always to know just what turn will with greatest ease reduce certain lesions, but if you have to rely for results upon a certain routine of motions and go through them systematically, I believe you will find it necessary to make a change in your method. Look for the lesion, first, last, and all the time. Then if you are at all mechanical, which you should be, and have a scientific training, which you should have, the motions or movements will suggest themselves to your mind instinctively, one by one, as if it were a tangled skein before your eyes.

I have one thing to advise, and that is, keep your mind always upon the business in hand.

YELLOW FEVER.

E. E. TUCKER, D. O., NEW ORLEANS, LA.

The recent invasion of the city of New Orleans by an epidemic of yellow fever has allowed the New Orleans board of health, the local doctors and the U. S. Marine hospital service to score a triumph second to none in the scientific history of the country.

The greatness of the triumph springs from the facts that the city is filled with non-immunes, many of them Italians ignorant of the English language and difficult of restraint; the early date of arrival and the virulence of the disease; the difficulty of early diagnosis and that the fever had gotten foothold before its discovery.

New Orleans is a city in which an epigrammatist has said, "The living live below the water and the dead are buried above the ground." The sewage is pumped over the levees into the Mississippi, which during high water is above the city. Moreover the water supply is also from the river, the sewer of the continent, the water of which being uninviting the people have dug about thirty thousand cisterns, ideal breeding places for the *stegomyia fasciata*, the mosquito which carries the disease. Under the direction of the authorities the citizens set about screening these cisterns. This with careful sanitary measures soon checked the rapid spread of the disease and improved methods of handling greatly reduced the mortality.

It is worthy of notice that the difference between the death rate in the earlier epidemics and the last is attributed to the fact that in the earlier epidemics calomel was freely used. Calomel is now "known to be death" in yellow fever. The improvement in the medical handling consists in the giving of no medicines at all and in placing dependence upon nursing.

The contributions to science that may be made by the epidemic cannot now be foretold. The experience of no one man nor generation of men is sufficient evidence for the determining of a point of etiology. This present experience may tend to confirm the scientific in the opinion that the *stegomyia fasciata* mosquito is the important agent in producing an epidemic of yellow fever with the corollary that this is because of a germ which it harbors and with which it subsequently inoculates by its bite.

This statement was given to the world as the indication of a great number of experiments most carefully conducted.

Without venturing to discuss from an osteopathic standpoint the cause of this disease, osteopathic reasoning may yet be made to contribute something to the knowledge of its etiology.

Shortly after the epidemic in '99 a paper was published by Dr. Tonarte, of New Orleans, giving certain opinions based on observations made during that epidemic. These opinions were that the real seat of the disease is the liver, which becomes congested so as to obstruct the portal circulation. This delaying of the blood explains the congestion of the intestinal and gastric mem-

branes, particularly those where anastomosis with systemic vessels is least; the stomach and duodenum in which retrogressive changes soon take place, the membranes finally giving way and allowing the characteristic "black vomit," consisting of blood acted upon by the gastric juices. The retrogressive changes in the blood lead to destruction of the blood corpuscles, which when finally released, together with the bile from the congested liver, color the skin a bright bronze, giving the name "yellow fever" to the disease. It is this congestion which makes the taking of calomel or of solid food too soon after the fever has passed so intensely dangerous.

Severe pain in the back of the neck and the lower back are characteristic of the onset of the disease. Anatomical connection between the neck and the seat of the disease may be traced through the roots of the pneumogastric nerve, whose peculiar action as a cardiac inhibitory nerve will also explain the discrepancy between the pulse beat and the height of the fever. The whole tract supplied by the tenth nerve is involved in this disease and its well known close relation to the brain may be thought to explain the early delirium. Pain in the lower back suggests, possibly, the receptaculum chyli and lumbar centers for the lymphatic circulation, which being greatly engorged to relieve the mesenteric blood pressure, would reflect irritation to their spinal centers. As to the albuminuria, not only is the tenth nerve known to have close connection with the kidneys, but also the failure of the hepatic function throws upon them an extra burden; beside this the large amount of albumen forced into the circulation through the thoracic duct must be partly eliminated by the kidneys.

Enough has been said to focus attention strongly upon the pneumogastric nerve and its territory. What is the manner of the overthrowing of this important nerve? In the first place in hot weather an extra burden is thrown upon the liver in caring for the hastened metabolism in the intestinal contents. If to the heat is added humidity—the condition which is found most favorable for the development of yellow fever—a burden is thrown upon the lungs, another organ supplied by the pneumogastric nerve, and a still further burden thrown upon the liver in the increased impurity of the blood. The long continuance of heat and humidity may exhaust these functions to the point of a fine opportunity for the last straw. Now in a city of any magnitude there are sure to be a number to whom any general pathological influences will act as a last straw. Such conditions would cause a more or less simultaneous outbreak in a community of a number of similar cases, which would constitute an epidemic and would give appearance of contagion or infection, whereas the only epidemic influence would be the weather.

Yellow fever, has however, been shown to be transmitted by the bite of the *stegomyia fasciata* mosquito. No more is known than this fact. Whatever the means may be by which the mosquito transmits the disease it possibly acts as a further irritant or poison to the liver or its nerves.

The Duty of the Medical Expert to the Individual and to the State.

BY R. B. H. GRADWOHL, M. D., ST. LOUIS, MO.
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Louis.

(Read before the St. Louis Medical Society of City Hospital Alumni, March 16, 1905. Reprinted from the Courier of Medicine).

The main flaw in our present system of medical expert testimony is its extremely partizan character. There are other flaws in the system. Some of these flaws and abuses were developed in a remarkable degree in a case in which I was retained as an expert. I propose to recite the medical facts of this case and such other points connected with it as are necessary to appreciate fully the argument. I refer to what has been called the "Watson case," recently tried in New London, Missouri, before the Circuit Court of Ralls County. The facts follow:

Dr. Taylor J. Watson, a married man, aged 40 years, a native of Ralls County, settled in Pueblo, Colorado, several years ago and engaged in the practice of osteopathy. From all accounts he lived on terms of perfect happiness with his wife. Last July he came back to New London, accompanied by his wife, to visit relatives, intending later to visit the Universal Exposition at St. Louis. One afternoon, while driving with his wife in his brother's buggy, Watson journeyed down the Organ Ferry road to the iron bridge which crossed Salt River, about one mile from New London. The bridge is 35 feet high and rests upon piers set in the river near either bank. There is a wooden rail on the bridge, about 4 feet in height near the approaches to the bridge, increasing in height toward the center. The evening in question was July 5, 1904; it was raining. About 8 p. m. the horse and buggy, with no occupants, were found near the south end of the bridge (Watson drove on the bridge from the northern approach). The dashboard and shafts of the buggy were broken. Investigation revealed the unconscious form of Watson on the bridge. Help was summoned; Dr. W. T. Watson made a thorough examination and made

a diagnosis of concussion of the brain; the patient was taken to town; search was made and the body of Mrs. Watson was later found in the river, under the bridge, floating on the surface of the water. She was prepared for burial; no visible marks of violence on the body were made out. She was embalmed and buried. Her husband recovered consciousness in thirty hours. He explained the accident by stating that the horse became frightened at a piece of paper lying on the bridge and began lunging; memory of all events thereafter was completely lost. His version was accepted and nothing more was thought of the case, except the unfortunate manner in which Mrs. Watson lost her life.

When the accident insurance companies who had insured the life of Mrs. Watson to the extent of \$18,000 in favor of her husband were apprised of the case, they began an investigation to satisfy themselves that this was truly an accident. Apparently they thought there were suspicious circumstances connected with the case. They conducted a system of espionage on the movements of Watson, who subsequently came to the Exposition at St. Louis. Fortified by the results of their "shadowing" of Watson, emboldened by the convictions of their adjuster-detective representatives that foul play had been committed; working the science of deduction "overtime," to use a slang expression, the insurance companies employed two medical men of St. Louis to perform an autopsy on the body of Mrs. Watson. The body was exhumed and the autopsy was performed in the Court House at New London by the St. Louis physicians, in the presence of a number of local physicians. Their findings, as reported at the Coroner's inquest were, briefly, that they saw no signs of violence on the body, except a small abrasion over the nose; they found the pupils equal and contracted to the size of the "head of a pin." The brain and its membranes were normal. They testified that they opened the larynx, trachea, bronchi and lungs and found no foreign material present, no water, no sand. They testified that the lungs were "full and crepitant." They found clotted blood in the heart; liver, kidney and spleen were nor-

the stomach was half filled with fluid. It was stated that there were no signs of violence or of drowning, or of disease, and, consequently, thought the subject had been poisoned. The particular poison used, in the opinion, was morphin. For chemical analysis they tied off the stomach, cut off the gall bladder, the liver and kidneys, took the heart and brain in toto, dumped all the contents into an ordinary tin bucket and placed over them some alcohol purchased from the village drug store. A piece of paper was used as a cover for the bucket. They testified that the bucket and its contents were safely taken to St. Louis, locked up in a laboratory and afterwards delivered to a physician in East St. Louis for chemical analysis. He was directed to look for morphin. This physician stated at the Coroner's inquest that he obtained three distinct color reactions of morphin. The verdict of the Coroner's Jury was to the effect that Watson killed his wife with morphin after she was dead put her body in the river. Watson was held on an information issued by the Prosecuting Attorney of Ralls County for murder in the first degree.

Watson, now defendant charged with murder, employed Messrs. J. O. Allison, R. C. Roy, C. T. Hays and G. W. Whitecotton as counsel. These gentlemen mapped out a defense along clean-cut, intelligent and straight lines. Their straight-forward and unflinching methods in the conduct of the case stood out prominently against the petting and "grand-stand play" on the part of the State's attorneys and conferees. It was the demeanor of the State's experts while testifying before the Coroner's inquest, knowing the facts of their partisan employment by the insurance companies, that was not by the Coroner of Ralls County; and the comments of other physicians who had been present at the autopsy testified that it had been incompletely performed; that the exacting and delicate series of chemical manipulations had been ruthlessly and ignorantly deposited in a common, unclean tin bucket for transportation to the laboratory, subject to contaminations of all kinds in this repository; feeling sure that the client was innocent, that his wife had

been accidentally drowned and not poisoned, these able men drew up their case.

A second autopsy was performed in a most painstaking and careful manner, observing everything, omitting nothing, concealing nothing, belittling nothing, magnifying nothing and manufacturing nothing. Most remarkable facts were adduced at this second autopsy. The lungs were found "full and crepitant," as described by the State's experts. The testimony of the State's experts that they had freely incised the lungs, trachea, bronchi and larynx, seeking signs of drowning, met with startling refutation at the second autopsy which disclosed the fact that the only incision made into the entire respiratory tract was a small incision which had cut off a piece of pulmonary tissue about three or four inches long from the lower part of the right lung, also the margins. The lungs had not been separated from their attachments; the bronchi had not been opened; the trachea had not been exposed; the larynx was untouched; in short, the second autopsy showed that the gentlemen testifying for the State had not spoken truthfully in regard to their autopsy findings. The evidences, the plain, honest evidences of sand and other foreign material, nay, even of water, in the trachea, bronchi and lungs could not have been sought for, by virtue of this inadequate examination on the part of the first autopsy physicians.

I later examined the debris found in the respiratory tract, in larynx, trachea and bronchi, and found sand and plant cells in abundance. The second autopsy showed that the esophagus had not been opened at the first autopsy. It also contained sand and plant cells. The second autopsy showed that one kidney was intact and that a very small piece of the other had been cut off; a very small piece of the liver was missing. Further examination was made to determine the cause of death. The middle ear cavity on one side showed eight drops of clear fluid present. This fluid was neutral in reaction, contained no albumin and no cellular constituents, and was, consequently, not an inflammatory product.

These several findings convinced the physicians at the second autopsy that ample

signs of drowning were present. Nevertheless, a chemical examination was deemed expedient. Accordingly, the viscera, liver, kidney, small intestine and lungs were placed in separate clean glass jars, sealed, and taken in the custody of the sheriff of Ralls County to the laboratory of Dr. Victor C. Vaughan, of Ann Arbor, Michigan, where they were delivered to him in person. A sample of the embalming fluid was taken for chemical analysis. No analysis of the embalming fluid had been made by the State's chemist. In due time Dr. Vaughan reported that no signs of morphin were present in these viscera.

The testimony of the State's experts at the trial was very similar to what they said at the Coroner's inquest, excepting that cross-examination brought out some very "interesting" statements. The physician who made the first autopsy on the part of the insurance companies, gave his opinion that the cause of death was morphin poisoning; this was based on the minutely contracted pupils, and the "absence of any other signs pointing to any other cause of death." He denied the presence of any signs of drowning; he denied that "full and crepitant lungs" indicate drowning, although this is diametrically opposed to authoritative teaching. He claimed that blood clots in the heart indicate morphin poisoning. While admitting that water in the middle ear is a good sign of drowning, he acknowledged that he had not looked for it, because, he said, "what is the use of it when the temperature is so hot you can almost faint, that you go in and saw out the ear, when you have all the other signs but that?" Later on, in rebutting the defense testimony that water was found in the middle ear at the second autopsy he maintained a most novel and strictly preposterous proposition, i. e., that there is normally 60 drops of clear lymph in the middle ear cavity and this is what was found at the second autopsy! This is an anatomical piece of information that is peculiarly his own, as the usual conception of the middle ear cavity is that it is an air space, under normal conditions! This same State's expert maintained that in every case of drowning, water in determinable quantity is to

be found in the lungs. Confronted with Ogston's statistics, that water in the lungs is found in but 48 per cent of the cases (and Ogston has handled thousands of cases, he handled thousands of cases, he has handled so busy it made him mental off, and he would not be competent to write about it." This needs no comment. In general, he testified under cross-examination, that he considered medical literature of small moment compared to the results of his own experience.

The testimony of the physician who made the chemical analysis for the State can be dismissed with a few words. He testified that he had obtained "three color reactions for morphin at a preliminary test" of the stomach contents. Later, "complete" examinations gave none of these reactions for morphin in the viscera. He presumed that the presence of the embalming fluid (which he discovered contained formaldehyd by its odor when extracting tissues) probably prevented the appearance of the color reactions of morphin. A word in his direct examination as to whether he found the crystals of morphin; in cross-examination, he admitted that the finding of the crystals is an essential part to absolutely swear to morphin poisoning. He yet acknowledged that he had not sought and consequently had not found these essential crystals. His evidence indicated that he was not sure in his own mind at the time while testifying that he had found morphin, although he had been sure at the Coroner's inquest.

Dr. Victor C. Vaughan, of Ann Arbor, testified that he found no reactions for morphin in the tissues of Mrs. Watson. Testifying along expert lines, he stated that the color reactions are deceptive and unreliable; that many ptomains give color reactions resembling those of morphin; that in showing the color reactions of morphin when present; do not necessarily mean that morphin is present; when absent, it means that morphin is not present. Dr. Vaughan stated that the only positive means of identifying morphin in these toxicological investigations was to find the crystals of morphin. While admitting that in this state of terrible distances out finding the crystals we can not swear

morphin is present. Asked as to the influence of the formaldehyd embalming fluid, its influence on the prevention of the appearance of the color reactions in animal tissue containing morphin, Dr. Vaughan stated that among experienced workers, there is no possibility of this interference, because it can be easily avoided by slowly evaporating off all the formaldehyd. The testimony of Dr. J. T. White, who performed the second autopsy, developed signs of drowning. My testimony corroborated Dr. White's.

Dr. W. T. Watson testified concerning his condition. Dr. T. J. Downing testified likewise. They maintained that Watson had concussion of the brain. The doctor claimed he was shamming. There were additional experts on the question of concussions, Drs. Paul Y. Tupper and C. G. Addock, who answered hypothetical questions in regard to Watson's condition. They agreed that he had concussion.

The jury promptly returned a verdict that Watson and Watson is now a free man, having languished six months in a prison cell awaiting trial. The case was an illustration of how a private interest, in this case the insurance companies, can use the machinery of the criminal law, not only to persecute, but even to persecute. In this case the dead woman's father was supposed to be the prosecuting witness, yet he was merely a blind, behind which stood the deceptive-agents of the insurance companies, pulling the wires which moved the State's attorney and the State's experts. * * * *

* * *

Montana Osteopathic Association.

REPORTED BY DR. ELIZABETH STRONG.

The program was carried out as published in the following officers were elected for the ensuing year:

Dr. Asa Willard, president, Missoula; Dr. Elizabeth V. Strong, vice-pres., Helena; Dr. Virginia Hogsett, treasurer, Butte were unanimously re-elected and Dr. C. W. Mahaffay, secretary, Helena.

Our association is steadily growing in membership and enthusiasm our only regret being that in this state of terrible distances it is impossible to meet oftener. Three new members were admitted and each and every

one feels that our meetings are very helpful. At our next meeting we hope to give a practical demonstration of the theories advanced by those who favor us with a paper.

Program of Fifth Annual Meeting of the Montana Osteopathic Association Held at The Grandon, Helena, Sep. 7, 1905.

MORNING SESSION.

(Convenes 9:30).

INVOCATION

Address of President—"Increased Recognition of Osteopathy; Duty of Practitioners to Public, Profession and Self," Dr. Asa Willard, Missoula

Report from Delegates to National Association, Presented by Dr. K. Virginia Hogsett, Butte.

Symposium—"Bright's Disease," Dr. A. A. Allison, Anaconda, Dr. I. F. Rosencrans, Kalispell, Dr. Henrietta Lorton, Butte.

General Discussion of Symposium Papers. Paper—Methods of Disinfection and Sanitary Precautions in Smallpox, Dr. O. B. Prickett, Billings.

Reports of Cases of Epilepsy, Dr. D. D. Rieger, Red Lodge, Dr. E. V. Strong, Helena. Clinic—"Spinal Irregularities," Dr. Chas. W. Mahaffay, Helena.

General Discussion on Methods of Adjustment.

AFTERNOON SESSION.

Business meeting, concluding with election of officers for coming year.

Immediately after the business meeting the members of the Association will ride to Broadwater and there conclude the day's program with a picnic and luncheon.

* * *

Osteopaths Organize.

The Jasper County Osteopathic Association was organized last night at the office of Dr. Kenaga. The officers elected are:

Dr. Charles Cornelius, of Carthage, president; Dr. Minerva Kenaga, of Joplin, secretary; Dr. Ethel Hearst, of Webb City, treasurer.

Others present were Dr. Mary Cornelius, of Carthage, and Dr. O. M. Strickland, Dr. Boswell, Dr. Woods, of Joplin.

The next meeting will be held with Dr. Hearst, of Webb City, Tuesday evening, October 10.—Joplin Daily Globe.

New Students.

One hundred and seventy-one new students have matriculated at the A. S. O. Some twenty to thirty more are attending classes but have not yet signed the matriculation papers.

There are almost an even hundred in the freshman class and nearly as many more post-graduates and advanced students from the S. S. Still, the Atlantic, Philadelphia and the Boston schools.

It is interesting to note the distribution of the students now in school.

Missouri and Illinois come first in the list with 71 each, New York, second, with 64. Pennsylvania third, with 45 and Iowa fourth, with 39.

Of the distant states and foreign countries California and Massachusetts are represented by 13 each, Maine, 5; Oregon, 7; while Canada has 10; Mexico, 2; Australia, 2; Alaska, 1 and Hawaii, 1.

In this list are 47 states, territories and foreign countries.

Post-Graduates.

Bagley, Louise M. St. Louis, Mo
Corbin, Wm. Silas. Malvern, Iowa
DeDiemar, Chas. A. Edina, Mo
Hook, Albert E. Cherokee, Ia
Kelso, Sophronia B. Kirksville, Mo
Kerr, Miss Janet M. Grinnell, Ia
Palmer, Harry D. New York, N. Y
Sands, Ord L. New York, N. Y
Taber, Miss Mary E. Medicine Lodge, Kas
Wolfert, Wm. J. Philadelphia, Penn

Senior Class.

Baker, H. U. Lone Tree, Ia
Cabana, Miss Edmire. Buffalo, N. Y
Casey, Eugene M. Oxford, N. Y
Caul, Augustine C. Buffalo, N. Y
Cormeny, Howard J. York, Pa
Floyd, Ambrose B. Buffalo, N. Y
Johnson, Miss Julia. Ocean Grove, N. Y
Kaffenberg, Edward L. Valentine, Neb
Lawrence, Wesley S. Covington, Pa
Lockwood, Jane E. Buffalo, N. Y
Mitchell, Warren B. Patterson, N. J
Robson, Ernest W. Buffalo, N. Y
Shook, Ross O. Houston, Kas
Simmons, Margie D. Patterson, N. J
Tucker, Chas. H. Nashville, Tenn
Ussing, Agnes. Crawford, N. J

Warner, Sumner E. Indianapolis, Ind
Welch, Oscar. Philadelphia, Pa
Wheeler, Glenn B. Buffalo, N. Y
Witmer, Frances M. Niagara Falls, N. Y

Junior Class.

Baumagras, George O. Boston, Mass
Brain, Rebecca. Buffalo, N. Y
Bumstead, Lucuis A. Lincoln, Neb
Cadwell, Wm. E. Des Moines, Ia
Coats, Caroline N. Kansas City, Mo
Cox, Robert C. Buffalo, N. Y
Dalrymple, Henry R. Brooklyn, Mass
Dillabough, A. H. London, Ont
Dorrance, Harold J. Salemville, Pa
Foster, Julian C. Butler, Pa
Gamble, Mary E. Salt Lake City, Utah
Gamble Tustanis A. Salt Lake City, Utah
Gosman, Wm. A. Buffalo, N. Y
Harris, Andrew J. Jackson, Mich
Harris, Mrs. Clara E. Jackson, Mich
Long, Frank W. Toledo, O
Long, James H. Delaware, O
McDaniel, Fannie A. King City, Mo
McRae, John N. Galt, Ont. Can
McLaughlin, Albert H. Sumner, Neb
Merkley, James R. Buffalo, N. Y
Miller, Joseph D. Mt. Morris, Pa
Mosher, Stephen G. Ackworth, Ia
Randall, Ada. Buffalo, N. Y
Rouze, Elizabeth A. DeGraff, O
Thayer, Miss Edna. Erie, Pa
Trible, John M. Buffalo, N. Y
Wardell, Miss Sarah. Asbury Park, N. J

Sophomore Class.

Baer, Wm. S. Kittaining, Pa
Bashline, Orrin O. Lamastine, Pa
Broderick, Miss Katherine. Torrington, Conn
Cockrell, Mrs. Marthana. Bozeman, Mont
Colrin, Laurella A. Schoolfield, Ky
Cooper, Miss Edith F. Buffalo, N. Y
Dunnington, Wesley P. Philadelphia, Pa
Geddes, Paul W. Battle Creek, Mich
Gleason, Mrs. Jennie C. Mendota, Ill
Gould, Miss Dorothy. Lincoln, Neb
Henry, John L. Chillicothe, Mo
Herdman, Sara F. Brooklyn, N. Y
Ireland, Lula M. Guthrie, Okla
Lowry, Mrs. Bell P. Ennis, Tex
Nicholas, Kathryn. Fremont, Neb
Rankin, Florence. Washington, C. H., O
Romig, Miss Kathryn. Philadelphia, Pa
Sanborn, Roy W. Galesburg, Ill

Sexton, Wm. Henry. Philadelphia, Pa
Sinder, Harry E. Buffalo, N. Y
Thompson, Lillian. Syracuse, N. Y
Vance, Arlyn T. Indianapolis, Ind
Wamsley, Asa. Buffalo, N. Y
Weegan, Percy L. Buffalo, N. Y
Wynne, Ionia K. Franklin, Pa

Freshman Class.

Alspach, Miss Mary E. Marion, O
Aydelott, William. Oakland City, Ind
Barker, Robert M. Near Memphis, Mo
Barker, Nora. Bible Grove, Mo
Beeman, L. Mason. New York City
Beslin, Meade G. Cherokee, Ia
Bienemann, Joseph C. Peoria, Ill
Bolton, Redmond A. Humston, Ia
Brown, W. C. Kalamazoo, Mich
Brown, Mrs. Nora M. Kalamazoo, Mich
Carleton, Miss Fanny T. Barre, Vt
Carlow, Frank G. Jackson, Mich
Comstock, Mrs. Sadie H. Chicago, Ill
Cook, Miss Josephine. Yonkers, N. Y
Cornell, Miss Harriet. Brooklyn, N. Y
Cryster, Miss Harriet. Niagararia Falls, Ont
Davis, Robert D. Athena, Ore
Dilley, Mrs. Sarah L. Carthage, Mo
Dove, Chester E. Tower Hill, Ill
Eddy, John T. New York, N. Y
Erwin, E. Paul. Indianola, Ia
Farnum, Charles E. Fall River, Mass
Friend, Lillie M. Bentley, Ill
Gandier, M. H. Uffington, Ont. Can
Garrigues, Louis L. New York, N. Y
Gazda, Joseph A. Brazil, Ind
Getty, Miss Blanche. Syracuse, Kan
Gibson, Preston W. Springfield, Ill
Gray, Edward J. Britton, Ont
Harper, Leona M. Minneapolis, Minn
Haswell, George A. Hoosick, N. Y
Hatch, Charles T. Goshen, Ind
Hawk, Miss Margaret A. Moravia, Ia
Hawkins, Laura I. Washington, D. C
Hawthorne, Fred W. Buffalo, N. Y
Haynes, Mrs. Helen L. Jerseyville, Ill
Hilbert, Louis A. Grantfork, Ill
Hoffman, Miss Nettie. St. Louis, Mo
Hoffman, Geo. R. St. Louis, Mo
Hovertton, Thomas J. Durham, N. C
Jepson, Mrs. Ruth B. Dixon, Ill
Kagay, Miss Lorena. Marion, O
Killet, Miss Maude. Skowhegan, Me

Kneisel, Miss Nora L. Lincoln, Neb
McFadden, Charles. Sedio-Wolley, Wash
McHolland, Frank. Portland, Ore
McKinney, Mrs. Clara. Houston, Tex
McLyons, John, Jamaica. Long Island, N. Y
McRoberts, Mrs. Sarah. Pittsburg, Pa
Mains, Miss Era. Dexter, Mich
Malone, John A. San Antonio, Tex
Marshall, A. New Castle, Pa
Merrin, Mrs. Virginia. Atkinson, Neb
Miller, Dilbert. Sailor Springs, Ill
Miller, Ray B. Sheldon, Ia
Moffet, Thomas C. Hatfield, Mo
Moffet, Mrs. Mattie. Hatfield, Mo
Moore, Carrie E. Cincinnati, O
Northern, Robert J. Billings, Mont
Orr, Mrs. Viola. Bicknell, Ind
Pixley, Anna D. Olney, Ill
Reid, Ralph. Alsecta, N. D
Reveal, Thomas J. Hillsboro, Tex
Pindde, Miss Lucy A. Bon Air, Va
Rice, Miss Gladys. Brooklyn, N. Y
Rogers, Robert W. Boston, Mass
Sanborn, Miss Genoa. Spowhegan, Me
Satterlee, Miss Nettie. St. Joseph, Mo
Schofield, Mrs. Tenie M. Buffalo, N. Y
Scothorn, Samuel L. Circleville, O
Shearer, Frank L. Prophetstown, Ill
Shipman, Kirk W. Manawa, Wis
Spofford, Melvin R. Anoka, Minn
Smith, Edward R. Urbana, Ill
Stearn, Mann W. Hoosick, N. Y
Steele, Frederick A. New York, N. Y
Still, Benj. F. Mabank, Tex
Swope, Chester D. Amanda, O
Tarr, Alfred J. Oelwein, Ia
Thiele, Fred G. Galesburg, Ill
Tindall, Amos W. Albany, Ind
Tuttle, Mrs. Mayme. Portland, Me
Walker, L. H. Beaumont, Tex
Walker, Ora M. Medina, N. Y
Warren, Gertrude B. Vallejo, Calif
Wheeler, Miss Adaline. Titusville, Pa
Whibley, George M. Portland, Me
Wilson, Roderick B. Dixon, Ill
Young, Mrs. J. Jersey City, N. J

* * *

FOR SALE.—Practice in Michigan City at price of furniture. No opposition. Population 1200. Address Michigan, care of Journal of Osteopathy.

Minnesota Association Annual.

The Minnesota State Osteopathic association held its fifth annual meeting Friday, September 8th, at the Y. M. C. A. building, Minneapolis, Minn. The meeting opened at 9 a. m. with the transaction of business and election of officers. About seventy osteopaths were present.

The constitution was amended so that the dues hereafter will be but \$3.00, instead of \$5.00, when paid in advance; delinquent dues will still be \$5.00.

Steps were taken and an appropriation made for the establishment of an association library.

Dr. Geo. L. Huntington was indorsed by the association for reappointment on the Osteopathic State Board of Examiners.

President H. H. Moellering, in his annual address, reported a prosperous year for the association, and noted the progress made along all lines osteopathic. He urged more interest on the part of practitioners in getting young men and women of the right kind to take up our work at the colleges.

Dr. C. W. Young made an enthusiastic report as state delegate to the A. O. A. meeting at Denver.

Dr. A. G. Hildreth read a short paper on "Genuine Osteopathy," and then was kept busy for about an hour demonstrating treatment for "Rib and Upper Dorsal Lesions" and answering questions. Dr. Hildreth's enthusiasm is contagious and by its own power corrects many a lesion.

Dr. J. B. Littlejohn did a Lorenz operation for "Congenital Dislocation of the Hip" on a child two years old, at the Laurence sanitarium. The case had been under osteopathic treatment for several months. Patient was under anesthesia about thirty minutes. Rapidity and deftness characterized the operation.

Dr. J. M. Littlejohn read a scholarly paper on "Physical Diagnosis of Diseases of the Heart," illustrated by clinical records of twenty-three cases. Dr. Littlejohn is very optimistic as to the ability of an impaired heart muscle to recover itself under favorable treatment. The paper will be published.

Dr. C. E. Still kept the session very much interested in his discussion and demonstra-

tion on "Cervical Lesions and Hip Dislocations." Besides, the doctor spoke with overflowing enthusiasm on osteopathic methods in obstetrical cases. He was opposed to the habitual anesthetizing of the patient in these cases, declaring that osteopathy made it unnecessary.

The evening was marked by a social supper, at which Dr. L. M. Rheem toasted "Our Guests" and the guests responded in happy vein.

The guests were elected to honorary membership in the M. L. O. A. and Dr. A. T. Still was sent a message of congratulation and best wishes.

The following officers were elected: President, B. F. Bailey, Minneapolis; first vice-president, C. W. Riches, Anoka; second vice-president, Arthur Taylor, Northfield; third vice-president, Wm. O. Flory, Minneapolis; secretary, H. C. Camp, St. Paul; treasurer, Victoria Anderson, St. Paul; legal adviser, J. C. Crowley, Minneapolis; librarian, K. G. Mannel, Minneapolis; trustees, C. W. Young, H. H. Moellering, L. A. Mecay, St. Paul; Malie A. D. King, Fergus Falls; J. A. Herron, Minneapolis.

PROGRAM.

9 a. m. sharp—Business Meeting and Election of Officers.

10 a. m.—President's Address.

State Dele-gate's Report, Dr. C. W. Young.

10:30 a. m.—Rib and Upper Dorsal Lesions, Dr. A. G. Hildreth.

12:00 m. Noon Adjournment.

1:00 p. m.—Fixation of Congenitally Dislocated Hip, Dr. J. B. Littlejohn.

2:30 p. m.—Physical Diagnosis of Diseases of the Heart, J. Martin Littlejohn.

3:30 p. m.—Cervical Lesions and Hip Dislocations, Dr. C. E. Still.

6:30 p. m.—Jubilee Dinner in same hall.

7:30 p. m.—Reception in Honor of Our Guests.

Place of Meeting, Y. W. C. A. Hall, 87 South Seventh Street.

* * *

History of Osteopathy and Twentieth Century Medical Practice.

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The Pacific School Divided.

The Des Moines Register and Leader reports that the teachers and students from Des Moines headed by Col. A. B. Shaw will organize a new school.

* * *

Athletics.

Owing to the numerous changes at the A. S. O. this fall, athletic sports have been somewhat neglected, but football and basketball teams have been organized and the students are showing enthusiasm in the practice.

* * *

The Watson Case.

A review of the Watson case appears in this issue under the title of "The Duty of the Medical Expert to the Individual and the State." This review shows clearly the innocence of Dr. Watson. Though late we are glad to publish this careful record of the case.

* * *

The Cure in the Fagan Case Complete.

Drs. Matthews and Beeman are still getting newspaper advertisements for their cure of Mr. Fagan of Hastings-on-Hudson, who is now, as the New York Press says, "A picture of health and strength." This paper describes the treatment in an unusually

clear manner and gives the credit to removal of the lesion and not to massage as is so often the case.

* * *

Changes in the Journal.

In order to comply strictly with the postal laws the name of the special edition of the Journal of Osteopathy has been changed to the Osteopathic Journal. A new cover page is being prepared and we hope to make future editions more artistic as well as more attractive in every way.

* * *

The New Students Pleased.

In response to an inquiry as to how they liked the A. S. O. the students here from the other schools have expressed themselves as decidedly pleased with the work. Of all those asked not one had a complaint to offer.

The faculty and trustees are highly gratified by the enthusiasm shown by all the students and will strive the harder to raise the school work to the highest possible standard.

* * *

Is There Any Good In Osteopathy?

The above is the title of an attack on osteopathy and osteopathic schools, reprinted in pamphlet form from American Medicine. It seems to be gotten up for distribution by M. D's. and contains the usual amount of ignorance of osteopathy, villification of osteopathic methods and prevarication in regard to osteopathic schools found in such pamphlets several of which are in existence.

* * *

Osteopaths on Program of Orifical Surgeons.

In the program of the annual meeting of the American Association of Orifical surgeons, held at Chicago, September 27th and 28th, is a heading "Bureau of Orifical Osteopathy." Ella Still, D. O., chairman and Drs. Ella Still and G. H. Carpenter are on the program for osteopathic papers.

It is said that the noted orifical surgeon, Dr. E. H. Pratt, is responsible for this recognition of osteopathy. Dr. Pratt had the benefit of osteopathic treatment from Dr. Harry Still some years ago.

* * *

The O. P. Intends to Amuse.

The Osteopathic Physician for September contains an amusing piece of osteopathic

fiction entitled, "Dr. Alonzo Brown, Osteopathic Vet." This very entertaining story marks the beginning of a new feature, that of pure entertainment, which the O. P. will develop more fully in the future.

* * *

Every Where for September.

Will Carleton's Magazine "Every Where" for September is much improved in contents, size and general make-up, and bears witness to the publishers' oft-expressed determination not only to retain for their periodical its enviable reputation for cleanliness and instructiveness, but also to add, as opportunity offers, features that of necessity must be appreciated by the existing family of "Every Where" readers and materially increase their numbers.

* * *

Book Review.

Cohen's System of Physiologic Therapeutics, Volume V.

This volume is one among a series of good books edited by Dr. Cohen and treating of physiologic therapeutics. Volume V is devoted entirely to the subjects of Prophylaxis and Hygiene, these subjects being of special interest to every physician as they form a very substantial part of his system of practice. No matter what his school of medicine may be, this volume is one that will furnish him much valuable information. This work contains as is stated in its preface "an epitome of what is essentially the Natural History of Medicine, including the important facts thus far learned, regarding the origin, dissemination and prevention of disease."

The prevention of disease and the preservation of health are discussed in detail. Great prominence is given to etiology and the manner in which many diseases may be disseminated.

Although no mention is made of what is strictly termed osteopathic etiology of disease (spinal lesions), other causative factors that must be considered by every physician are fully and thoroughly discussed. This book, as well as the others of the series, is a valuable addition to that part of medical literature that sets forth the non-drug treatment of disease.

The September number of the Journal of the A. O. A. contains Dr. McConnell's research address, "The Osteopathic Lesion." It is certainly an interesting article for osteopaths. Read it.

* * *

The South Eastern Iowa Osteopathic association will meet at Burlington on the 5th of November. Dr. Baughman writes that "It is the intention to have it the most interesting and instructive meeting in the history of the society."

* * *

The annual meeting of the Nebraska Osteopathic association has been postponed to October 6th, 1905.

* * *

Program of the Meeting of the Greater New York Osteopathic Society Held at Fifth Avenue Hotel, New York City, Saturday, Sep. 16th, 1905 at Eight p. m.

Call to Order.

Secretary's Report.

Annual Address, President Herman E. Hjordemaal.

Report of the Delegates to the A. O. A. meeting held at Denver, Colorado, Ord L. Sands, Chas. E. Fleck.

Observations of an Osteopath in the Panama Canal Zone, Charles Hazzard.

Adjournment.

* * *

The New Jersey Osteopathic Society.

The fifth annual meeting of the N. J. O. S. will be held in Newark, N. J., Saturday, Oct. 14th, followed by a banquet in the evening. The society expects to introduce a bill in the legislature this fall asking for the establishment of a separate osteopathic examining board.

Yours fraternally,

F. P. SMITH, D. O., Pres.

* * *

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A Definition of Osteopathy.

A system of drugless healing by which a practitioner, through an accurate knowledge of anatomy and physiology and by appropriate manipulations, aims to adjust structure, so that nature can restore normal conditions of function to the body.

* * *

The Nobel Prize Contest

is practically closed and those having votes now ready should send them in immediately. The magnificent way in which the friends of osteopathy have responded has won a deeper respect from another great magazine and has given the osteopathic profession greater confidence in its ability to do things. The result of the vote will soon be announced and whether we win the voting contest or not, we are still winners.

* * *

The Osteopathic Lesion. A Question.

Since the publication of Dr. McConnell's researches on the osteopathic lesion, a number of questions have been asked in regard to the technique of the operations on the dogs. First, about how much force was necessary to spring forward the dog's spine and as to the possibility of rupturing vessels and ligaments or producing spinal concussion. Another question was as to the number of times the dogs were anesthetized. The profession will watch with interest for the answers to these questions. Meanwhile Dr. McConnell's work has stimulated several others to take up work in research lines.

* * *

Our National Association.

Every year sees our National Osteopathic association stronger than the last. And every year shows a greater amount of work accomplished by the organization. There are now over one thousand members but this is only one member to four practitioners. Every osteopath should be a member of the association; its work is for the good of all and the greater the national organization the greater the social standing of its members. The osteopathic profession is probably the best paying profession in the country, yet in some places its social standing needs to be improved. It is only by united action that social prestige, legislation and advance of ideas may be gained. All osteopaths should

become members of the A. O. A. Dr. H. L. Chiles, Auburn, N. Y., is the secretary and he will be glad to send you blank applications for membership.

* * *

Disease and Death in the Home Medicine Case.

Miss Adele MacGill, who has given much time to settlement work in various cities, and whose writings have attracted much attention because of the thorough knowledge displayed, has recently written an article entitled "Blindness and Death in the Home Medicine Case." The article has been highly commended from responsible sources. She calls attention to the fact that wood alcohol, being much cheaper than pure grain alcohol, is frequently substituted for the latter with most dangerous results. An investigation recently made to determine the adulteration of commercial witch hazel showed that out of seventy samples bought from as many leading drug and department stores in different cities, fifty-two contained a large percentage of formaldehyde and wood alcohol, while the remaining were weak and watery. Dr. Frank Buller, of Montreal and Dr. Case Wood, of Chicago, both noted specialists, claim to have found, through thorough investigation, one hundred and seventy-five cases of blindness and one hundred deaths for which wood alcohol was directly responsible. Miss MacGill states that these effects of wood alcohol may be caused both by its internal use and absorption through the pores or a small break in the skin. When it is realized that this dangerous substitute for pure alcohol is found in the most common household remedies—camphor, bay rum, witch hazel, etc.—the broad field for its disastrous work may readily be conceived.

* * *

Adulterated Food.

Perhaps no subject before the people is causing more intense and wide-spread interest than that of adulterated food. Investigations and experiments are being made on every side. Prof. Eugene Girard, one of the chief chemists of the International Stewards' Association, made some very impressive demonstrations before that body recently at its meeting in Atlantic City. For two months previous to the meeting Prof. Girard had been extracting adulterations from the various

foods placed on the market for sale and feeding them, in about the same proportion as eaten by the human family, to rabbits, guinea pigs and dogs. These animals were given their regular food and these adulterations were simply mixed through it. The rabbits and guinea pigs soon died, but the dogs resisted the effects of the poison a little better. One large healthy and robust New Foundland was submitted to the treatment for two months and when taken before the association he was so emaciated, weak and ill that he could scarcely stand and was suffering from what Prof. Girard called "a beautiful case of human dyspepsia." The dog was killed to save the Professor from a charge of cruelty to animals.

The public is especially warned against catsups, jellies, tomatoes and Boston baked beans. Out of thirty-six samples of catsup recently examined thirty-five were adulterated. Eighty-six per cent of the jellies tested were impure and nearly fifty per cent of the canned tomatoes fell in the same class. The evil is so well rooted that it can not easily be eradicated, but the country generally is thoroughly alarmed over this situation and strenuous measures will probably be adopted to meet the evil.

* * *

Spinal Irritation—Its Cause and Cure.

In the October Medical Brief is an article under the above heading by Virgil English, M. D., containing a fair description of osteopathic spinal lesions and some of their results. While he gives osteopathy credit for some good results in treatment no credit is given to Dr. Still for the discovery of these lesions.

Further Dr. English says that he can cure these lesions and their dependent afflictions by "the use of sulphur, lime, silica and other chemical constituents of the body in connection with hygienic measures."

Let us take a look at the doctor's reasoning. He says, "The pressure causing this condition—spinal irritation—is produced by inflammation and resultant expansion of the surrounding tissues, or by a displacement of one or more vertebrae; usually the latter. To cure these troubles caused by a misplacement of one or more vertebrae and impingement upon the nerves he would

feed the stomach upon the mineral constituents of the body. This kind of reasoning needs no comment.

* * *

Another Blow at Alcohol Medicines.

Federal Commissioner, John W. Yerkes, has rendered a decision that after the first of December every body who sells patent medicines "composed chiefly of distilled spirits or mixtures thereof, without the addition of drugs or medicinal ingredients in sufficient quantities to change materially the character of the alcoholic liquor" shall pay the liquor dealer's yearly tax.

It seems a shame that commissioner Yerkes should thus at one fell blow, destroy the last remaining chance for the poor toper to obtain his drink in a "drug" town. Imagine the grief and the thirsty longing of the knight of the red nose when told that his bitters, his tonic and his sarsaparilla are all under the ban and he must find a place where orders are "delivered with a wink."

Seriously it may be doubted that so far as patent medicines alone are concerned, this order will measurably remedy any evil except the breaking of the liquor laws. For a patent medicine to sell it must contain either a stimulant or a narcotic and there are worse stimulants than alcohol which the patent medicine dealers may be forced to use. Still it may serve as a method of education to the masses of people who are still ignorant of the nature of patent medicine compounds.

* * *

The "Special" Edition of the Journal of Osteopathy has become the Osteopathic Journal and is still published by the Journal of Osteopathy Publishing Company.

This magazine is most desirable for field literature. It contains each month sixteen pages of articles by the most able writers in the profession. These articles are all the more effective because they are not written especially for advertising purposes and do not bear the earmarks of advertising material.

The October number is now ready for distribution.

100 for one month, \$2.75; 100 regularly for 6 months or longer, \$2.50 per hundred per month. Orders for larger quantities at same

rate per hundred as above indicated. This includes express prepaid, wrappers for mailing purposes and card on inside cover page, (Card limited to 20 words). No orders accepted for less than 100. Orders for the special must be received by us by the 1st of each month. All single orders must be accompanied by remittance.

Send for sample copy.

* * *

ANDREW TAYLOR STILL, D. O.,

KIRKSVILLE, MO.

DEAR DOCTOR:—

I have the honor and pleasure to advise you that at a meeting of this association held in this city September 23, 1905, you, as the "Father of Osteopathy" were unanimously elected an honorary life member and we all hope that you may live long and be happy.

Yours very respectfully,

ROGER E. CHASE, D. O., Sec'y.

* * *

Radiobes Not Alive.

Another dream of science has been shattered by Sir William Ramsay's declaration that radiobes are, instead of being forms of life, merely peculiar albumin jacketed bubbles of a gaseous emanation of radium.

* * *

Make the New Year Book Accurate.

Having been entrusted by the trustees of the A. O. A. at the Denver meeting with the arduous task of preparing a year book that will contain an official directory of all legitimate osteopaths in practice, I herewith urge the presidents and secretaries of all state osteopathic societies to lend me their prompt co-operation.

It is the universal wish of the profession that the next osteopathic directory printed will be accurate, up-to-date and complete. I am ready to make it so if I can enlist the help needed, both to revise the present list and read the proofs I will submit in due season. Not only are the officials of state and local osteopathic societies urged to give their aid, but all public-spirited osteopaths who are willing to lend a helping hand. Is the list of your city and state correct as far as you know the facts?

Please make a note of all errors of omission and commission in the year book of 1905 and send the same to me promptly. If you see

any name incorrectly spelled, initials wrong or address faulty, please send the correction to me, stating the number of the printed page of the 1905 year book on which the error is found. If your name is omitted or that of any other legitimate osteopath, also notify me, giving school, year and present address.

The osteopathic profession has never yet produced a complete, authoritative and satisfactory directory. It is sorely needed. I pledge the profession to spare no time or toil to furnish it by January, 1906, if I may have the assistance of those whose help I have a right to expect.

Faithfully and fraternally,

HENRY STANHOPE BUNTING, D. O., Editor.

* * *

An Issue In It.

"What has kept you from church so many Sundays?" inquired a minister quite severely of one of his rather liberal-minded congregation. "Have you become a Deist?" "Worse than that," responded the stray lamb.

"What! you have not been stricken with atheism, have you?"

"No, something worse than that."

"Worse than atheism? Impossible!"

"No sir, not at all. Rheumatism sir, rheumatism."—Ph. Era.

* * *

She reads the advertisements. Young housewife—"Any liver to-day, Mr. Bones?" Butcher—"Yes, madam." Y. H.—"Then I'll take ten pounds; but please see that it is not that wretched, torpid kind, which the doctors say is the cause of so much disease.—Raymond's Monthly.

* * *

"Been any callers?" asked the Hon. Mr. Blunks.

"Yes, one," answered his secretary. "Patent medicine man was in to see what we would charge him for getting a few testimonials in the Congressional Record."—Ex.

* * *

I will give a half interest in my business, which is located in a southern city, to any competent lady Osteopath, who will take charge of same while I am absent for my health. Address Journal of Osteopathy Kirksville, Mo.

Personal Mention.

Dr. Edward D. King has located at Alma, Mich.

Dr. J. W. Tarr has opened an office in Cloquet, Minn.

Dr. Murray Graves, of Vandalia, Mo., visited the A. S. O. recently.

Dr. Gid Pendleton, of Gallatin, Mo., visited the A. S. O. recently.

Dr. and Mrs. W. M. Easton, of Oil City, Pa., were recent visitors at the A. S. O.

Dr. O. L. Leeper has located at Santa Rosa, Calif., 210½ E. Oklahoma Ave.

Dr. L. N. Pennock, of Norborne, Mo., spent several days here during the past month.

Dr. J. Jay Walker has opened an office for practice at 420 N. Oregon St., El Paso, Tex.

Drs. L. H. Fisher and Millie Rhodes have opened an office at 505 Ninth St., Brooklyn, N. Y.

Dr. J. A. DeTienne has taken charge of the practice of Dr. C. C. Teall in Brooklyn, N. Y.

Dr. J. F. Byrne, after a few weeks vacation has returned to his practice in Ottumwa, Iowa.

No matters relating to the Journal of Osteopathy should now be addressed to Dr. Geo. M. Laughlin.

Dr. J. O. Smith from Monroe, Wis., is visiting at the A. S. O. He will locate soon in Monticello, Wis.

Dr. T. L. Drennan, of Jackson, Tenn., visited the A. S. O. and Kirksville friends during September.

Drs. Pauline R. Mantle and Ida M. Fox have opened an office at 405 Pierik Bldg., Springfield, Ill.

Drs. Albert E. Daugherty, late of the staff of the American School, and Eliza Mantle have opened an office in the Griesheim Bldg., Bloomington, Ill.

Dr. Josephine DeFrance of 404 Commercial Bldg., St. Louis, has returned from a trip to Europe. She sailed for Naples on July 8th and started for home from Dover, Sep. 7.

Drs. F. D. Parker and C. A. Upton of St. Paul, have formed an associate practice, retaining the suite of rooms occupied by Dr.

Parker for the past eight years at 708 New York Life Building.

Born—To Dr. and Mrs. E. R. Ryerson, Sept. 19, at Lincoln, Nebr., a son.

Born—To Dr. and Mrs. J. A. Dillon, at Centerville, Ia., Sept., 7, a son.

Born—To Dr. and Mrs. Lee C. Deming, at Pasadena, Calif., Sept. 8, a daughter.

Married—At Fowler, Ind., Sept. 14, Dr. Geo. R. Price and Miss Rhoda Mae Darby.

Married—At Eureka, Cal., Sept. 28, Dr. Edwin A. Montague and Miss Mae Richmond.

* * *

Removal Notices.

Dr. Ella P. Ray from Okmulgee to Tulsa, Ind. Ter.

Dr. B. H. White from Holton, Kans., to Salem, Ore.

Dr. W. S. Smith from Sterling, Colo., to Red Cloud, Nebr.

Dr. A. S. Coon from Lewistown, Idaho, to Clarkston, Wash.

Dr. A. F. McMillen from Connellsville, Mo., to Keyser, W. Va.

Dr. Wm. G. Classen from Ann Arbor to South Haven, Mich.

Dr. C. A. Campbell from Victoria to 309 Mason Blk., Houston, Texas.

Drs. Geo. and Eveyln Jones from David City, Nebr., to Hastings, Nebr.

Dr. Caryll T. Smith from Oregonian Bldg., Portland, Ore., to Aberdeen, Wash.

Dr. F. S. Jones from Cameron, Tex., to 115 E. Franklin St., Hillsboro, Tex.

Dr. L. K. Cramb from Morgansfield, Ky., to 421 Hennessy Bldg., Butte, Mont.

Dr. S. P. Hewis from Davenport, Ia., to 114 West 6th St., Oklahoma City, Okla.

Dr. Dora Wheat, from 897 Ellicott Sq., Buffalo, N. Y., to 1238 Second St., Louisville, Ky.

Dr. Harry E. Douglass from Palatka to St. Augustine, Fla., with office opposite Ponce de Leon Hotel.

Dr. J. E. Burt, Hotel Normandie, Broadway and 38th Sts., to The Rexton, 320 West 83rd St., New York City.

Dr. J. S. Blair from Battle Creek, Mich., to St. Petersburg, Fla.

Dr. Loa E. Scott from 12 Logan Place to 712 Rose Bldg., Cleveland, Ohio.

Dr. Hugh W. Conkling from Alma, to 17 N. McCamly St., Battle Creek, Mich.

Dr. S. H. McCartney from Zenia, Ohio, to Denver, Colo. Residence 119 Pennsylvania Ave., office not announced.

Dr. Lamar R. Tuttle from 38-40 West 33rd St., to The Oakdale Apartments, 36 West 35th St., New York City.

Dr. P. L. Corbin from Skidmore, Mo., to Citizen's Natl. Bank Bldg., Tecumseh, Neb., where he has purchased the practice of Dr. E. M. Cramb.

Dr. Wm. F. Englehart announces that he has moved from ninth to the second floor of the Missouri Trust Bldg., where he now has more desirable office rooms.

* * *

In response to the notice requesting graduates to send in any changes that may have occurred in their addresses during the past year, I received a number of replies, but fear not all that should have been sent in. Let me again urge upon the importance of helping me make the new directory as correct as possible. All changes of address must be in my hands by October 15th. Just how correct the directory will be depends on you.

J. A. QUINTAL, Directory Dept., Kirksville, Mo.

* * *

CLINICAL REPORTS.

REPORTED BY DR. HENRY TETE, NEW ORLEANS, LOUISIANA.

Yellow Fever:—

Case 1. Child six years, (son of Mr. S.): Was called at three p. m.; child had 103 fever, pain in head, limbs, and back, eyes red and swollen, lids showed congested capillaries, gums spongy and congested, bowels constipated. Pulse 120. Examination revealed 7th dorsal lesion, cervical muscles hard and wadded, bowels full and liver very sensitive. Kidneys normal. Treatment directed to liver and bowels and general excretion; specific treatment to 7th dorsal and cervical

muscles—did not try to cut fever. Think the fever burns up the poison.

Second day showed fall in temperature to 99 and pulse to 60; bowels moved freely and congestion disappeared; patient very weak—absolutely no nourishment for 24 hours. Kidneys not acting so well, so gave specific treatment and ordered frequent sips of water. Gave treatment to accelerators and raised ribs on right side, also clavicle.

Third day patient brighter and stronger, pulse increased to 76, temperature normal, and steadily improved in evening. There was no period of remission, the patient steadily improving. Think the period of remission is due to the interference with the normal processes and is a resumption by nature of the cleansing work that was interfered with by drugs, etc. This case No. 1 being so mild and showing such good results I reported on the second day as "bilious fever" but close observation of subsequent cases convinced me it was a mild type of yellow fever. The patient being a native strengthened my belief.

Case 2 was almost identical with first. Cervical lesions; contractions at 7th dorsal and 2nd lumbar. Followed same course. M. D. in consultation; he gave purge, the only medication used. Case mild. Gave no nourishment in either case for 72 hours, then broth, and vichy water.

* * *

South Dakota Osteopaths Organize.

The first annual meeting of the S. D. O. A. was held at Huron, September 14th, during the state fair.

A good attendance was had and after business had been finished clinical cases were brought before the meeting by Dr. Marie Steere at whose office the association met.

The officers elected were as follows: President, Dr. A. M. Glasgow, Sioux Falls; vice-president, Dr. Winifred Atkinson, Mitchell; secretary, Dr. C. Steele Betts, Salem; treasurer, Dr. Walter Goodfellow, Aberdeen.

Chairman board of trustees and legislative committee, Dr. Ella N. Farr, Pierre.

Three new members were elected, making 24 out of 45 in the state.

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DR. JAS. M. KIBLER,

Graduate of the American School of Osteopathy, Kirksville, Mo., June, 1899.

Post-Graduate, June, 1904.

Phone 540.

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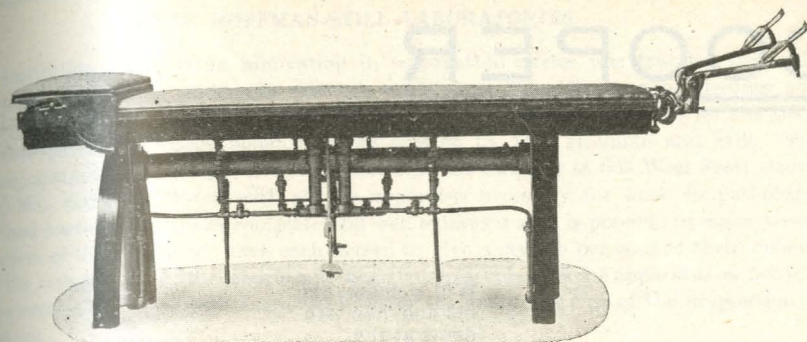


Fig. 2

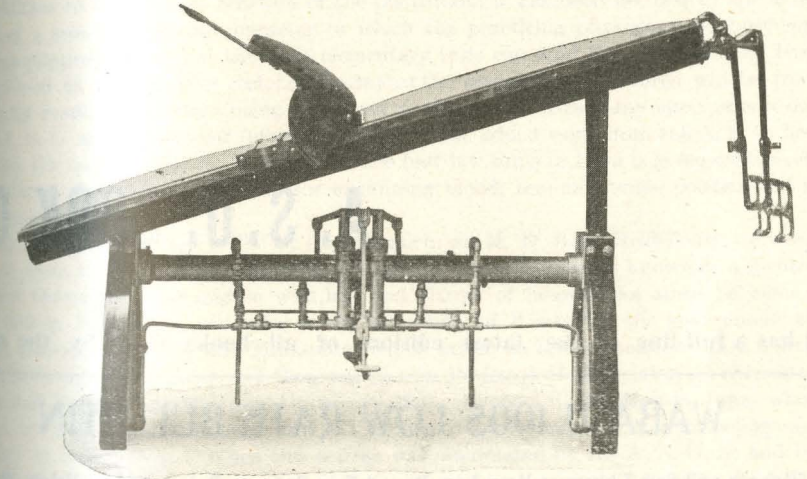


Fig. 3

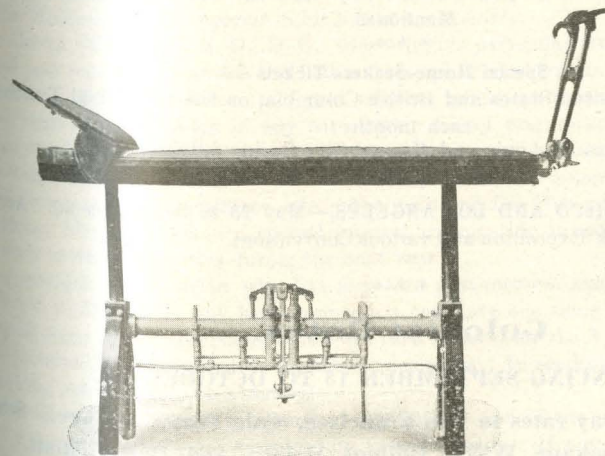


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Fig. 2 shows table in its tilted position. This table may tilted at any angle and either end may be tilted.

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THE HOFFMAN-STILL LABORATORIES.

This institution which is an innovation in osteopathic circles was founded primarily with the object in view to undertake research work along Scientific-Osteopathic-lines and particularly to work out some absolutely unproven and much discussed points for the text-book on Osteopathic Pathology which is being written by Drs. Hoffman and Still. The laboratories, occupying as they do, five large rooms in the building at 603 West Scott street, Kirksville, Mo., and being fitted with all the apparatus necessary for work in pathology, chemistry and bacteriology are as complete and well equipped as it is possible to make them. The promoters of the laboratory have each agreed to give a certain per cent of their outside income to the maintenance of the laboratories and the replacement of the apparatus as needed, so that the success of the project is assured whether the analytical side of the proposition is successful or not.

In addition to the original function of the institution, it has been decided to add a department of a semi-commercial character to which the practicing physician, too busy and entirely unequipped for any but the most elementary tests can send his specimens and have them examined at a reasonable cost, being sure that the reagents and so forth will be fresh and correctly made as there are being examined in the laboratories many specimens a day from the A. S. O. and in the near future there will be the added-work from the A. S. O. hospital. Also, the medico-legal work of some of the best law firms in Iowa is given exclusively to these laboratories and the facilities for examining blood, seminal stains, poisons and so forth are unexcelled.

Doctor Hoffman who has a Ph. D. from Munich, an M. D. from Heidelberg, Germany and a D. O. from the A. S. O. is a scientist of national reputation and is known as a medico-legal expert throughout the middle west, has had charge of laboratories since he came to America, first in New York, and later in the university of Wisconsin, the government experimental station in Dakota and Minnesota, which latter he left to become State Pathologist and Bacteriologist of Iowa and then was chosen Professor of Physiological chemistry, Pathology and Bacteriology at Drake University Medical School in Des Moines, Iowa, where he became interested in Osteopathy and left Drake to take charge of the Pathology and Bacteriology at Still College. When this college was assimilated by the A. S. O. he and Dr. George Still, the surgeon in charge of the S. C. O. hospital were secured for the A. S. O. facility. Dr. Hoffman has no superior in his line in the country.

Dr. George Still, M. S., M. D., D. O., who will give particular attention to the post operative and post mortem specimens has had a thorough science training and has in his private collection over 900 postoperative and post mortem specimens mounted for the microscope. The first class in bacteriology in any osteopathic school was under his direction over five years ago and he has taught in summer and regular courses ever since.

Although the analytical work will be entirely under the supervision of Drs. Hoffman and Still there are several graduate osteopaths including Dr. Forest Crowley and Dr. Arthur Cunningham, who have taken a special interest in scientific investigation and will do research work in the laboratories during the next year.

Any osteopathic physician who has any rare post-mortem specimens the diagnosis of which is not to be used in any legal connection can have the same examined free by relinquishing all claim on the specimens, which will then be used for the A. S. O. class work. Formalin is preferred as a preservative for these specimens. In sending substances for analysis the following rules should be observed:

Label all specimens with the name of the patient and of the physician and also mark whether a complete or special examination is to be made. If any advice is desired, aside from the analysis always send a complete history of the case. The methods of packing and the price for analysis of the different substances will be sent on application.

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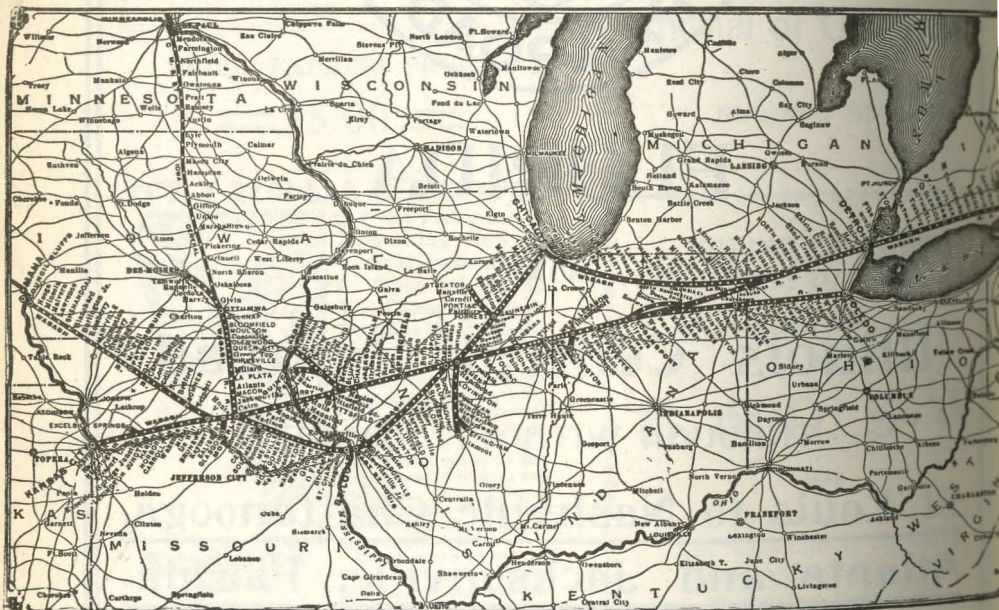
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