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INFANTILE PARALYSIS.

GEO. M. LAUGHLIN, D. O.

Infantile paralysis or anterior polio-myelitis is a disease of the central nervous system involving the cells of the anterior horn of gray matter of the spinal cord, producing as a result of this, degeneration, followed by paralysis and atrophy of the muscles of the extremities, and the trunk, depending on parts of the cord involved. The disease occurs most frequently in children and for that reason, is known as Infantile Paralysis, but I have known it to occur in young adults. Probably it occurs most frequently between the ages of two and six.

The disease comes on acutely, the child is usually, previous to the time of the onset, in very good health. The first symptoms to be noticed are gastric disturbances and fever, the child complaining of feeling poorly as if suffering from a cold or from a bilious attack or tonsillitis. In the course of a few hours or few days at most, paralysis develops, which is usually complete to the parts affected. More commonly, both legs are paralyzed, but it is possible for any one or all of the extremities to be involved, and in bad cases the muscles of the trunk are also involved. There is no disturbance in sensation and the sphincters, as a rule are not disturbed, and there is not much pain. After a few days, the fever subsides and the child begins to feel better, but the parts of the body attacked by the disease are completely helpless. After a time, the muscles begin to atrophy but there is a gradual return of the power of motion. The extent of this atrophy will depend upon the amount of destruction that has taken place in the spinal cord as a result of the acute inflammation which has attacked the anterior horns of the gray matter. Ordinarily this atrophy progresses for about a year, then it remains about stationary, but is usually followed, if the atrophy is marked, by contraction of the tendons, which produces deformity.

The cause of the trouble is not definitely known. It has been observed, however, that it frequently follows injury, but the history of the injury obtained in connection with this disease is not sufficient to produce an inflammation of the cord. Injury does not act as an inciting cause of the disease, but it no doubt acts as a predisposing cause. This disease is known as a system disease, because those parts of the cord are attacked which have a similar function; and the location of the lesion in the cord is widespread, extending in most cases from the cervical to the lumbar enlargement, but only involving those parts of the cord between these two areas when the muscles of the trunk are attacked.

In myelitis due to injury, that part of the cord is involved only, which is near the seat of the injury to the spine, and all parts of the cord may be involved, depending upon the extent of the inflammation, while in infantile paralysis, only the motor areas are affected and the lesion in the cord may extend along its full length. There is much evidence which leads us to believe that the trouble is an infection, from the fact that the trouble comes on acutely, is associated with fever, and gastric disturbances. When these symptoms subside, the cord is found to be damaged. The location of this infection, however, is not known, but it is probable that it occurs in the gastro-intestinal tract, and that the toxins of this infection are absorbed by the blood and carried to the spinal cord. The toxins producing this disease have an especial affinity for the cells in the anterior horns of the gray matter and thus they are attacked by an acute inflammation. The reason why other parts of the cord are not attacked is that they possess a different function and have a different chemical composition.

The virulence of the toxin will determine to a considerable extent the severity of the disease. Where the toxin is highly virulent, the inflammation in the cord is more intense and the cells are more rapidly destroyed. In mild cases, the inflammation is not so marked and some parts of the cord undergo complete resolution, restoring the paralyzed limbs completely, but as a rule in all cases where there is extensive paralysis in the beginning, some deformity will result, no matter what the treatment may be.

This disease is readily diagnosed from the other forms of paralysis occurring in children. Where the brain is affected as in infantile hemiplegia, one side of the body only is paralyzed and the reflexes are exaggerated, while in infantile paralysis, they are lost. Cases that have suffered from spinal meningitis, are often left with a deformity similar to that following infantile paralysis, but the difference in the symptoms at the time of the acute attack, will enable one to make a differentiation. A peripheral neuritis following some infectious disease often simulates

infantile paralysis, because there is atrophy, loss of motion and in bad cases, deformity, but in peripheral neuritis, there is usually at some time in the course of the disease much pain and other sensory disturbances which are not present in infantile paralysis.

On account of the frequency of infantile paralysis, we have probably treated more cases of this disease, than all other forms of paralysis combined. The great majority of them have been cases of several years standing where but little improvement could be expected, but we have had in our own experience twenty-five or thirty cases under our care from the very onset of the disease.

If much is to be accomplished, the patient must be seen comparatively early in the disease. I have found in my experience, that unless treatment is commenced prior to one year following the onset of the disease, only meager results can be expected. Of course, no hard and fast line in this particular, can be drawn, because in some very young cases we have had very good results even after two or three years, but of course, no cures. The best results are obtained where the cases are seen and treated from the onset of the disease, but even then in bad cases, some atrophy and deformity will probably follow. I have never had a case, even among those that I saw from the beginning, that was entirely cured, and in some of those cases treatment was continued for a year or two, but in no case that I have had, has deformity been so great that the child could not walk without support.

In the beginning of the disease, the object of the treatment is to allay the inflammation in the cord and if this is accomplished in time, the inflamed area will undergo resolution and the function will return to the paralyzed limbs, but if the inflammatory process continues until the cells are destroyed and replaced by fibrous tissue, a complete cure cannot be effected.

The treatment consists of manipulating the spine in the region of the areas of the cord involved, with the idea in view of correcting any abnormality for the purpose of improving the circulation to the cord.

In addition, the cervical region must be given special attention, as in many cases, lesions here affect the spinal circulation through interference with the spinal arteries. The limbs should be kept warm and passive motion given them several times daily. The nurse or parents also should be instructed in the matter of rubbing the limbs and exercising them for the purpose of keeping up the circulation. When the child is up and around, the spinal treatment should be continued, but now should be given more vigorously than before, and if contractures are developing in the legs the tendons should be thoroughly stretched at every treatment. Braces are never indicated to prevent deformity, at least in the

first few years of the disease. Better results are obtained by giving affected parts as much freedom and exercise as possible so that the circulation will be improved. In old cases where there is much atrophy and weakness, braces are often useful in helping the patient to get about.

Out of the great number of cases that have come under our observation, we will give a few here which are representative. First—a girl eight years of age was brought from Iowa for treatment several years ago. She was stricken with the disease about nine months before coming here. One leg was affected and she was unable to walk. She was wearing a heavy iron brace to prevent deformity. We found upon examination that the leg was considerably atrophied and the circulation very poor. There was some contracture of the tendo Achillis. The brace was immediately discarded and the patient placed under treatment. In one month's time, she was able to support her weight upon the affected limb, and in another month could walk about the room without any support at all, although the limb was still weak. The muscles filled out quite a little and the circulation got very much better so that after six months treatment she got around fairly well, but there was still a noticeable limp.

It is our opinion, that if the limb had been left in the heavy iron brace for a much longer period, it would have become entirely useless and beyond the hope of much benefit.

Second,—Four years ago, there was an epidemic of infantile paralysis in the neighborhood of Kirksville. I saw during the summer of that year, fifteen or twenty cases, a number of which I afterwards treated for a number of months. The one that I am about to describe now, has been of great interest to me on account of the fact that the principal improvement in this case took place two years after the onset of the trouble, rather than within a few months following it as is the usual experience. This case was that of a little girl eight months old. She was completely paralyzed, the paralysis affecting all four limbs and the trunk as well. She has been treated irregularly from that time to the present. Very little improvement was noticed in this case during the first year and a half of the treatment, but since that time the child has improved rapidly. She is now able to walk and there apparently but little atrophy in the limbs. The muscles of the thigh and one shoulder being alone affected. She has, however, some lateral curvature in the lumbar region, due to paralysis in the spinal muscles in that area and to the difference in the strength of the legs.

I will now give two cases illustrating treatment, and the results to be expected in long standing cases. This spring, a girl ten years of age was brought to us from Illinois for treatment. At the age of five, she

was stricken with infantile paralysis and both legs were left paralyzed. The muscles of the thighs were fairly well developed, but from the knee down, there was marked atrophy. The tendons had so contracted that her feet were drawn so badly out of shape that in standing, she stood upon the bones of the ankle, the soles of the feet pointing inward. This case was of so long standing that there was some deformity in the bones. The case had had some month's osteopathic treatment, which improved the child's general condition and had made the limbs somewhat stronger, but little effect was produced upon the deformity in the feet. We decided that an operation was advisable. The shortened tendons were divided and the feet forcibly straightened and put in plaster casts. Those, the child wore for about two months, when they were removed and light braces placed upon the feet. She now walks fairly well with the use of this support. The foot is now placed squarely upon the sole in walking.

Case four,—Is that of a young man twenty-five years of age. Fifteen years before he was attacked with infantile paralysis, which left him deformed in one arm and leg, although he was able to walk by the use of a cane. Contractures of the tendons were not marked. He was treated for six months; during this time the muscles in the affected leg developed considerably, the leg measuring two inches more in circumference at the completion of his course of treatment than at the beginning. He walked considerably better. The arm was likewise improved. The treatment consisted of spinal treatment to improve the circulation to the cord, although no hope was entertained of having any effect upon the degenerated areas, but those areas adjacent to the areas of degeneration were no doubt favorably affected by this treatment, which improved the spinal circulation. The muscles and tendons of the affected limbs were also stretched and thoroughly manipulated. In this way nutrition to them was improved. These old cases will improve a little along for several years under this form of treatment, but of course, on account of the nature of the pathology of the disease, a cure cannot be expected.

PELVIC LESIONS.

DR. W. E. NOONAN.

The Pelvis is the basin-like cavity of the inferior part of the trunk. The false pelvis, that portion above the ileo-pectineal line, belongs properly to the hypogastrium. The true pelvis, that portion below this line, contains the pelvic organs and structures.

The bones composing the pelvis are the sacrum, coccyx and the two ossa innominata.—Its articulations are: the lumbo-sacral, symphysis pubis, the sacro-coccygeal and the two sacro-iliac all of which are amphiarthrodial joints, the latter having some arthrodial properties.

The pelvis is stronger and more massively constructed than either the cranial or thoracic cavity, its element of strength being essential in support of the superimposed structures of the body, itself so supported by the lower extremities that the center of gravity of the head is indicated by a vertical line drawn through the acetabulum. This bony structure affords attachment to 117 muscles. It is well to remember that ossification is not complete in these bones until about the 30th year.

The spinal canal, which continues through the greater part of the sacrum, contains the sacral nerves, which are transmitted through the anterior and posterior sacral foramina. The duramater of the cord terminates at the third sacral vertebra; the filum terminale, which is the central tendon of the cord, is continued on and blends with the peristium on the posterior surface of the coccyx.

All divisions of the nervous system are represented in the sacral nerves, both visceral and somatic. It is important to note in this connection the formation and functions of the inferior hypogastric plexus. It receives fibres from the second, third and fourth sacral nerves direct, and from the first two ganglia of the sacral gangliated cord, which with its four ganglia are situated on the inner side of the sacral foramina in the connective tissue separating the pelvic viscera from the sacrum. From this plexus numerous branches are distributed to all the viscera of the pelvis, accompanying the branches of the internal iliac artery.

LESION DEFINED.

The term lesion as here used implies any change in the relation, position or adjustment of the pelvic articulations, which subluxation results from any abnormally exaggerated movement of which the joint or joints may be susceptible; the slightest of which must necessarily be followed by pathological changes, diseased conditions of associated tissues.

HOW LESIONS OCCUR.

These lesions may occur from falls, strains or any traumatic force suddenly applied when the articular structures are unprepared to sustain a shock, especially if it be transmitted through the tuber ischii or femur.

WHERE LESIONS OCCUR.

In lumbo-sacral lesions, the 5th lumbar vertebra is usually found to be anterior or posterior. In sacro-coccygeal lesions, the coccyx is usually displaced anteriorly or laterally. Lesions at the pubic articulation are usually found dependent upon sacro-iliac lesions. The sacro-iliac articulation may present an ilium subluxated upward, downward, anterior or posterior, or any combination of these lesions. It may be found rotated around an axis on its own articular surface or that of the symphysis pubis, yet the axis about which it may rotate will be found to vary according to the nature and manner of transmission of the force from which the lesion results. This articulation is more subject to subluxation than any of the other pelvic articulations, the sacrum being of an irregular wedge shape, and its articular surfaces so disposed that, owing to the extreme weight it has to bear, this joint is rendered especially liable to displacement. In my experience I have found the upward and backward displacements predominating.

EFFECTS OF LESIONS.

It is not within the province of this paper to discuss in detail all the phases of disease which may be produced by such lesion. Such discussion is to be left to the special consideration of such diseases. Neither is it claimed that such diseases, or effects are produced solely by such lesions. But it is important to consider here as elsewhere just how these lesions cause disease. Undoubtedly the primary effect is a disturbance of the physiological action of the nerves involved. Evidence is well established to show that in the delicately and complexly arranged nervous mechanism, opposing forces are constantly active in the maintenance of equilibrium of normal functional activity, and in the conservation and regulation of potential and kinetic energy. This may be noted in the action of the vagus and cardiac accelerators, of vaso-dilators and vaso-constrictors, viscerodilators and viscerconstrictors; and in various muscular activities, as seen in the opposing forces on the muscular fibers of various hollow viscera. Thus it will be seen that if the law governing coordination, transmission or delivery of nerve impulse to a viscus or structure be interfered with, abnormal function, or disease, will follow.

It is the problem of the osteopathic physician to study, not only local symptomatic pathological conditions, but to remember that "the human organism is a whole, and must be contemplated as such", and that the life forces respond to a well defined chemical and physical law, any disturbance of which will be followed by a consequent modification of function.

The nature and location of the effect produced by a pelvic lesion will be found to vary according to the nerves involved in such lesion. The integrity or position of the pelvic structure may be so changed as to alter its relation to the spine, producing first a curve in the lumbar region, and second a compensatory curve in the dorsal region, both of which are brought about in the maintenance of body equilibrium. Thus it will be seen that the effect of a pelvic lesion may be so far reaching that it is not extravagant to say that any organ or structure of the body may be thereby affected, either directly or remotely. The lesion may be of such nature as to affect only the innervation to the lower extremities; again, it may affect only the pelvic organs, and may be productive of any disease common to these regions, including motor, sensory, circulatory or nutritional disturbance, atrophy, hypertrophy or deformity of various natures. Reflexly or secondarily such lesions may produce disturbance in the abdominal, or thoracic cavity, or of the cranial structures.

DETECTION AND CORRECTION OF PELVIC LESIONS.

While Hilton and others have noted the connection between pelvic bony lesions and distant effects, it remained for the osteopath to apply his knowledge of anatomy and physiology in the detection and correction of these lesions for the cure of various diseases which result therefrom. As in disease of all other parts of the body, our teachings impress upon us the importance of a careful examination of all associated structural parts. The philosophy of this is so apparent to us that its importance cannot be too highly emphasized. The various modes of such examination is the common knowledge of all osteopaths and needs no description here. Suffice it to say that inspection and palpation are used just in the same manner as elsewhere. Mensuration may be employed with advantage here, and is of more importance than in almost any other region. The essential thing is to know the normal, understand the anatomy and physiology of the parts involved that we may readily detect the lesion, then apply the mechanical principles of osteopathy by which we accomplish the removal of such lesions, and their effects, commonly known as disease, disappear.

Houston, Tex.

INSOMNIA.

DR. P. K. NORMAN.

Perhaps no ailment inflicts more mental suffering and distress than insomnia. With nothing to do during the long weary watches of the night, when sleep has forsaken them, but to think about what they may finally come to, it is no wonder that many of these poor sufferers develop a morbid fear of insanity. No other simple ailment has one-tenth the number of suicides to its credit, and the reason for this is not hard to find. With the mind wearied in the useless effort to get even a little rest it is easy to see how they may seek everlasting surcease from their trouble in death.

The treatment of insomnia with drugs is highly unsatisfactory, as the various soporifics and hypnotics all have a tendency to lose their effect in time and in addition they bind up the secretions and put the system in a worse condition than before, while they do not remove the cause of the trouble.

Various hygienic means, such as bathing, diet, exercise, rest, change of climate and air, ocean voyages, etc. have been recommended for the treatment of insomnia, and in cases where the trouble is due to extraneous causes, such as overwork, grief, excitement or something similar, they will frequently give relief and often cure the case. There is, however, a type of this disease in which none of these measures is effective and where drugs give only temporary relief. It is in this class of cases that osteopathy demonstrates its absolute superiority as a treatment for insomnia. In those cases which will be relieved by other measures osteopathy will also give relief and usually more promptly and effectively than any other means, but in the last class osteopathy is the only treatment which will effect a permanent cure.

In these cases (as in neurasthenia) we find that there is some source of irritation to the nervous system which must be removed to effect a cure. This, in chronic cases, is usually some trouble along the spine which may be anywhere from the atlas to the coccyx. Frequently we find this condition associated with the typical osteopathic "weak back", i. e. the whole spine curved posteriorly when relaxed and the spine of the lower dorsal and lumbar vertebrae prominent and frequently the skin over these spines much discolored.

A thorough search of the spine in these chronic cases, where we have eliminated other factors, will invariably reveal some irregularity to which the trouble is attributable and when we have found this cause and applied our treatment properly we may expect prompt results.

No class of cases requires a more thorough study or more careful

and painstaking treatment, but I believe in none is a cure more certain if we are persevering. So far I have not known of a case of insomnia which has not yielded to osteopathic treatment when continued over a sufficient period of time, which may range from a few days to four or five months, according to the condition of the patient and the difficulty of removing the cause.

Memphis, Tenn.

OVERWORK.

DR. ORREN E. SMITH.

The cause of osteopathic lesions, is, judging from the number of times it is asked by those taking treatment, a very popular question, and also a very practical one, in that preventive measures may be used by the individual to ward off disease.

In presenting fatigue, or over-work, as a cause of lesion, let it be understood that this is only one of many causes, and is treated separately only in order that the investigation may be more thorough and hence more intelligent to the reader.

The component part, or elementary constituent of the body as a whole, is the cell, and is so used here. Just what happens behind closed doors of working tissues is quite interesting and instructive. The built up protoplasmic mass, (i. e., the cell equipped for work), is composed of a number of chemical compounds, which, upon being oxidized, or torn down, liberate energy for bodily processes and activities. The power of doing work, which has been stored up in the cell during the resting season, is again set free by oxidation and the energy becomes active in muscular contraction, glandular secretion, nervous impulse, etc., etc.

Oxidation is a burning process and from it are left end products, or ash, just as in burning wood or coal outside the body. These waste products consist of various acids and gases which are poisonous to the vital part of the cell and are very detrimental to it when retained.

It is well known in physiological experimentation that weak acids stimulate protoplasm temporarily, and that strong acids stop its movements. In muscular contraction sarcolactic acid is one of the chief end products of waste and increases as work is continued. As the acidity of the cell increases its protoplasm becomes more inert and less capable of motion because of the continual increase of this acid and other waste material.

Carbon-dioxide gas also suspends movement of the cell protoplasm but does not destroy its power of conducting impulses.

This makes of sarcolactic acid, carbon-dioxide and other waste products from oxidation, a chemical irritant to muscular and other tissues of the body. The stimulus thus constantly applied to sensory afferent nerves is sent in to the nerve cells in spinal cord and brain from whence they are reorganized and reflected over efferent pathways, which in muscular tissue becomes manifest in excessive muscular tonus. The resulting muscular tonus is an exaggerated reflex tone, something similar to the constantly acting tonic activity of the circulatory system, the sphincter of the iris, bladder etc., which causes shortening of the voluntary as well as of the involuntary muscles.

This shortening, which the muscles undergo in contraction, has an effect upon the bones and other parts to which they are attached, in drawing them closer together. This power, which the muscles have of approximating distant points in the bony skeleton, is a very great factor in creating lesions. While this power is applied intermittently—for during rest the muscles relax according to their vitality—it must not be forgotten that the bone, cartilage and other connective tissue, to which the muscles are attached, are, as Dr. Hulett observes in his "Principles of Osteopathy," "less capable of self-adjustment than muscular tissues, and hence remain out of position."

Constant dripping of water will wear away the hardest stone. So, constant traction on tissues incapable of self-adjustment will cause them to vary from their normal position.

Now, it is a law in the human organism that there is just enough space in the human body for every structure in its normal position. Variation from this law causes disease. When bony structure occupies an abnormal position the neighboring softer tissues are encroached upon. This pressure causes irritation, congestion and inflammation, not only of the parts so restricted, but of distant organic parts through their blood- and nerve-supply being interfered with.

The displacement of bones, cartilages, etc., it will be seen, is brought about by physical changes in the soft tissues, the shortening of the muscle being due to chemical changes produced in it by activity. Under ordinary circumstances the waste products are removed by the circulation rapidly enough to maintain a healthy condition. It is only in extreme and prolonged demands for energy that the system is over-worked.

We have just these demands in long hours of labor in which occupation positions are maintained for a number of hours without resting the parts used, and in repeating these demands day after day.

In experimental physiology it has been demonstrated that if, when the muscle has become fatigued, it be required to continue working, the time required for the muscle to recover its normal shape and elasticity is out of all proportion to the amount of work done. To get up in the morning feeling tired and unrested is fair warning that the tissues are not yet relaxed and have not regained their normal elasticity,—that the demand exceeds the supply. This cumulative inelasticity repeated day after day is the basis of pathologic contraction from which disease springs.

If the work is extremely exhausting the length of the resting period must be lengthened in proportion. It is impossible to extract a ten-horse power energy from a five-horse power plant. Doubtless this commercial age is looking for just such a mechanism, but it is not to be found in the human body.

To accomplish most one must demand no more of the bodily plant than the product of its maximum capacity. Laws regulating this supply of energy cannot be changed, but must be conformed to.

While it is true that the inherent vital property of muscular tissues makes it self-regulative, it is equally true that the will-power of man dominates this vital property of the tissues through the central nervous system, and if he so chooses man can draw upon this reserve life of the cell until it is no longer able to make an unaided recovery. Granting, however, that the softer tissues may recover, there yet remain the less vital structures of bone, cartilage, etc., which, misplaced, are incapable of self-adjustment and which will continue to act as irritating lesions to their neighboring soft tissues.

It seems more than probable that the beginning of the osteopathic lesion in many cases is over-work.

Indianapolis Ind.

THE MEDICAL UNITY.

We don't know whether the dog star Sirius is in the wrong quadrant of the heavens for the medical profession or not, neither do we know if Mars is in the sign of Capricorn or in the shadow of the hen house, but something is certainly wrong in the horoscope of the profession of phials and pellets. A perusal of the last issues of a dozen or so of the leading journals and magazines devoted to this strange science, shows the universal uncertainty on the part of them all.

Not that any one editor is so particularly timid in stating his own opinions, but he is very sceptical of the other eleven literary representatives of this exact? science. Never before in the history of medicine has there been such a diversity of opinions, such an uncertainty concerning the treatment and management of disease. One of the farce-comedy specialities on the part of minor lights of the weedland variety of medical writers is to criticize Dr. Osler, author of the most widely used and best text book on the Practice of Medicine in print, and the criticisms are based on the fact that the osteopaths and osteopathic journals cite the great Osler as proof of the fact that drugs are not only useless, but often harmful in the treatment of such acute infections as Typhoid, Scarlet fever, Measles, Whooping-cough, Pneumonia, etc.

The fact that these statements, from the man acknowledged to be the head of his profession, are used and quoted by the "irregular" osteopaths in support of their own views that "what will make a well man sick will make a sick man sicker," is ample proof that Osler is a traitor to his profession and should be Oslerized, a la chloroform.

One magazine, a little less fanatical than the rest says that Osler did not mean to furnish the osteopaths with ammunition, but that "nevertheless, he has befouled his own nest". The idea of befouling the nests of a flock of harpies who would try to run down and ruin the reputation of a man who has done so much to combat the evil effects of drugs, is ridiculous. Admitting the great influence of homeopathy in reducing the size and character of the old "kill-or-cure" shotgun prescriptions and giving due credit to the hydrotherapists for preventing the killing of thousands and thousands of helpless fever patients by letting them die of thirst, yet we must also admit the universal benefits to mankind of the stand taken by Osler against the rest of his profession on the matter of ignorantly and promiscuously using drugs, admitted to be poisons where no one has the temerity even to claim any known or specific action from them. Osler is by no means the first man in the medical ranks to decry the ignorant and irrational use of poisons to cure sick people. Old Dr. Holmes is one of our earlier examples of the "regular" opponents of the drug system. In all such cases, however, there has been a great commotion on the part of the molecules and atoms of the profession and from these little fellows, there has been a torrent of abusive tirade and shouts of treachery and double dealing. Now the thing that all this proves, is this: Any man inside the medical ranks, no matter how sincere, no matter how much he knows of the fruitlessness of the "poison treatment" no matter how much he may want to break away from the unscientific methods, he must always be held back by the cry

of traitor: And if he keeps on, he must sooner or later be made an "irregular". So the reform must come from the outside and also there must necessarily be something to substitute for the phials, pills, and pellets. Osler and such men use placebos, good nursing, diet and more or less water; all good and essential but they don't go far enough. A few have gotten warm as it were, and approached the truth by adding vibrators and massage, but all of this is only touching the surface. None of them have seen the importance of mechanical adjustment at the centers, except old Doctor Still. He is a typical example of the man in the medical profession who had the courage of his conviction and went on until he was not only criticised, called traitor, etc., but outlawed by the moss grown profession that wants no changes. We appreciate the men of Osler's type who have courage enough and are in a position partly to modify the drug treatment, though we are sure that it is the fact of the cures everywhere made by drugless irregulars, which makes it possible for them to do what they do in modifying the "poison treatment". If any one knows a distinction between a drug and a poison, we want the information. Our dictionaries are shy on the subject. Knowing that real reform and radical changes must come from the outside and knowing the value, but insufficiency of the diet, water and such other treatments, we must agree that from osteopathy, in the hands of osteopaths, must come the final solution.

If Osler and his brand of medical men serve as good references for the absurdity of the drug treatment, then our thanks are due them and the thanks of the world for the part they have played in eliminating to a certain extent, the use of poisons in a sick person's diet. Also our sympathy is extended them for having to undergo the nagging and persecutions of the rat-terriers of their profession.

There seems to be another fight that bids fair to make considerable clatter and possibly furnish some interesting data, and that is the quarrel between the Medical Record and the Journal of the American Medical Association: The Record, belonging to Wm. Wood and Co., publishers of many standard medical books, can hardly afford to continue the argument however, as they are threatened with a boycott on their books if they continue to criticise. The Record scores one good point in its criticism of the National Medical Directory. This book is a vast collection of advertisements; full page, half page and agate line, scattered between which are the names of some of the medical men of America. The margins of the leaves even are covered with advertisements of pills, pile cures and impossible intestinal antiseptics. The doctors names are in fine print, but at so much per magnification, the

name can be enlarged so as to be discoverable amongst the debris of "ethical" ads. Also, if it seems advisable to the philanthropic publishers, a long list of the jobs the doctor has held, will be added. It is certainly a good investment for the physicians of the country at seven dollars a copy, plus the frills on one's name.

How proud the great profession must be of this ethical specimen of literature. If the publisher of an osteopathic directory would try a trick like that, he would be driven out of the profession. It used to be said that a magazine was like a sandwich; a slice of reading between the layers of ads. We can think of nothing to compare the great medical directory to, except a boarding house hash, and the worst of it is that for a few dollars each, a few osteopaths have allowed themselves to appear in the book surrounded by patent medicine ads. and not even dignified by the title of doctor. We hope never again to see any of our profession played for suckers in this way for no one imagines that they knew that they were to be framed like the medical men's names in margin ads. for patent pills and antiseptics. Anyhow, let's be osteopaths and not try to wear any paste jewels or get into a "who's who" book of the medical profession which many of them even are ashamed of.

We are sorry for the honest men of the medical profession also, who are thus forced to appear so ridiculous. Really we have no fight with the medical men, it is with the medical theories.

Amongst the other arguments, is one on infections, antiseptics, etc. that is as amusing as it is ponderous. Altogether though, the biggest and best fuss is between the patent medicine men who sell their drugs under one set of names and those who use a different nomenclature. Altogether, the profession is in a bad way as regards harmony, scientific accuracy or rational methods of therapeutics.—G. S.

NERVES.

LESLIE S. KEYES D. O.

"Success is measured by the record of achievement". This application was never more true than that manifest by the numberless records on file in osteopathic literature of the present day. The osteopathic keynote of success has always been to remove causes for pathological conditions and let nature do the rest. There is however a vast majority of our case records which glow with such marvelous results that a casual observer is caused no little wonder at the seeming miracles.

He is led to judge oftentimes, from such reports, that in order for a person to be cured he must first have some disease which was caused by some marked injury to the spine as from a fall out of a wagon, down the stairs or into a bath tub.

It is the intention of this paper to discuss briefly an entirely different class of cases in which our treatment is equally successful and as gratefully received. The understanding of such requires an equal amount of care and attention and a comprehension of the patients mental state.

The subject of nervous disorders is very vast and complex and in this present state of high civilization a very serious one. We are learning more every day of the large influence the mind has over the bodily activities. This fact is manifest to a greater or less degree in every one we meet, and even to anticipate how far reaching this control may be or become, it is not possible at present. The reverse condition is in like measure equally true as is manifest with every new case of "nerves" which comes for treatment and gives symptoms of nervous excitability, depression, feelings of weakness, cardiac neuroses, headaches etc., etc.

People remark that they never knew they had nerves before and now are not able to keep their minds long from the idea that they are little else than a bundle of nerves. The high tension under which these people live is often brought on by prolonged overwork of a sedentary nature. An expenditure of nerve force greater than the supply. Any unusual demands upon the nervous system if but for short intervals of time; a lack of variation in one's occupation; failure to take proper out-of-door exercise and receive a change of tone through external stimuli. Many times the real causes are obscure and not even spinal lesions can explain the condition.

Upon examination we generally find a tightness, often contractures, of the muscles of the back. Sometimes one group more than others. In passing to the neck the deep muscles are invariably unyielding. This is equally true of the fascias and we have a picture of the results of overstimulation with a lack of proper drainage and circulation. Waste products accumulate and make conditions more aggravated. Here are our lesions, other than bony, but equally deserving of attention and as gratifying to correct.

What is the modus operandi? A treatment famous for the brevity of time required; an operator with enthusiasm at a nervous pitch; an idea to do something and a belief that it is safer to do too much than not enough; a mental vocabulary crowded for a chance to launch our theories; or, an introductory treatment consisting of a few stool twists?

The decided reverse of these is the keynote for success and the one idea above all others is to promote relaxation, release the nervous tension and let the great sympathetic nerves feel the touch of a quieting influence.

Who has not often heard a patient say as our inhibitory treatment was taking effect, "What a relief that is," or "How good that feels," and then as our hands were removed would express a wish that they might just lie still and sleep. It is many such grateful cases as these that makes one appreciate his profession and feel what a blessing it is to be able to relieve suffering humanity.

OBESITY, AND THE TREATMENT.

EDOUARD W. GOETZ D. O.

Our osteopathic field literature has had very little if anything to say on the subject of obesity. In fact very little is said in medical works. Is it because the practitioner has not taken up the treatment of this affliction in the same ratio with other diseases, or is it because the results have not been sufficiently marked or gratifying to warrant a report thereon?

Personally my success in such cases has been very satisfactory and far above my most sanguine expectations. Though I have had several cases that have shown very little response to the treatment—not due however to any fault of the method, but more the lack of co-operation of the patient with the physician—yet I have had many cases that merit special mention and it is with these that I have to deal and my experience with them which brings forth this article.

Osteopaths have every reason to be very sanguine of the success to be attained in the treatment of obesity cases and so I trust that the rules and method that I have followed will help those who have had less success and that it will encourage the practitioner to undertake such cases.

It must be borne in mind that an obese patient is very hard to control and to impress with the necessity of living faithfully and rigidly according to the physician's instruction. Obesity is no doubt a disease in which there is a faulty condition of the digestive organs and through this fact there is in the patient that inordinate craving and almost irresistible desire for such foods as produce the excess of fat. The pancreas, either through organic disease or functional disturbance is unable to cope with the amount of work thrown upon it, thus allowing the fats to be absorbed in an emulsified state instead of being saponified, and in this form deposited in the various tissues.

Most obese persons are voracious eaters (though they may not admit it) and they are also rapid eaters, both of which must be controlled by the patient if good results are to follow. Hence a restricted diet, with the osteopathic treatment, is of prime importance.

There are different forms of obesity, some with complications, some without. There are the solid, apparently muscular fat people; also some proportionately fat all over, while others have a large abdomen, either solid or pendulous, with legs and arms comparatively small. Each case must be handled in its own peculiar way.

It is to be noted that the different parts of the body respond to the treatment in the order given; beginning with the abdomen, which will first decrease, then the neck, hips, thighs and calves.

In the beginning of treatment the practitioner should make certain measurements also record the weight for comparison with the changing conditions as the treatment progresses.

Measure the neck, abdomen, around the hips, thighs and calves and after a month's treatment (not before, nor allow the patient to do so) take the weight and measurements again and note the change. You must expect very little reduction the first two weeks, hence the measurement taken before the end of a month may not only be disappointing to the patient but discouraging to the physician. If treatment (three times a week) is persistently followed and thoroughly applied and you have the co-operation of the patient, you may expect to find a reduction in weight of from ten to twenty pounds the first month and a similar reduction, possibly more, the second month, with a corresponding decrease in the measurements.

Two or three month's treatment will be sufficient to satisfy most patients as well as yourself. The patient may also look for further reduction even after stopping treatment.

I had one case of a man—age 38, height five feet six, weight 210 pounds, who lost thirty-eight pounds the first two months improved his general health and removed the very severe pains that he had in his legs.

Another case—a woman, age 26, weight 190, solid and muscular, lost 20 pounds in one month and ten more the second month; her appetite was normalized so that the craving she had had for certain fat-forming foods disappeared.

Another—a man, age 48, abdomen very large, legs and arms comparatively small, reduced girth five and half inches in two and a half months also corrected constipation which he had had for over 20 years. This latter condition of the bowels may be found in some obese cases.

I might give numerous other illustrations to show the effects of

the treatment, but I have given you an illustrative case of the different forms and is sufficient to give you an idea of what can be done.

Now then, regarding the treatments each of which requires a longer time than for most other troubles. I treat from fifteen to twenty minutes, according to how much of the body is involved, as every part which is abnormally large must have its special attention or manipulation.

As there is a faulty digestion, especially involving the pancreas, pay particular attention to these organs. Thoroughly manipulate the neck and shoulders, then anteriorly the stomach and liver, and the abdomen from the ribs to the pubes; next treat the sacral region and manipulate thoroughly the thighs and the calves, also work along the thigh from the saphenous opening down, following the course of the blood vessels which is of great importance. Work all parts deeply. In the beginning of the treatment the patient should take an enema of about two quarts of very warm water from a fountain syringe, patient lying on the left side until the full amount of water has passed into the bowel. The patient is then to roll over on the back, to the right side, back again to the left side, then get up and evacuate. Four of these injections should be taken the first two weeks, after that one every thirty days for a few months.

Exercise in the open air should be insisted upon, such as walking, or any physical movement that will bring the different parts of the body into action. Patient should also lie on back and raise the legs at right angles to the body, also brace the legs and raise the body to a sitting posture. This should be done several times night and morning, as it has a tendency to strengthen the recti muscles and helps to reduce a pendulous abdomen.

As I said before, the diet is of great importance and must be so impressed upon the patient. I find that the following has given good results. The main object being to remove from the dietary all fat forming foods, the patient should avoid sugars and starches and most fats, though a certain amount of fat with the food is essential.

It is thought by some that water is fattening but a certain amount is necessary to aid digestion and elimination. It may be taken in lemonades which are beneficial, also weak tea or coffee (without sugar or cream). Chicken or clam broth, oyster soup and thin beef tea are good.

Fish, all kinds except salt varieties, salmon and blue fish. Meats to be taken once a day only and then only the lean variety, such as lean beef, mutton, chicken, game, bacon, ham. Boiled or poached eggs, a limited amount of dry toast, gluten biscuit, beaten biscuit, zweiback, Vienna rolls, soup sticks, crusts, Graham gems, hoe cakes.

Of vegetables, the fresh varieties are the best; such as asparagus, celery, cresses, cauliflower, greens, spinach, lettuce, white cabbage, tomatoes, radishes, very little if any potatoes. Eat plenty of fresh fruit, such as grapes, oranges, cherries, apples, peaches, berries, acid fruits. Canned fruits are not so good on account of the great amount of sugar used in preserving.

Must absolutely avoid fats and beverages in excess, thick soups, salmon, blue fish, eels, herring, salt fish, pork, veal, sausage, spices, hominy, oat meal and all other like cereals, macaroni, potatoes, parsnips, turnips, carrots, beet root, rice, currants, puddings, pies, cakes, candies, milk, sugar, malt and spiritous liquors.

It is advisable to eat but two meals a day and reduce the amount to about half of what was consumed before the treatment was begun. It will be only a matter of a week or ten days when the abnormal craving for certain foods will cease so that it will be comparatively easy after that for the patient to control his appetite.

I am positive that if the above instructions are adhered to that the most satisfactory results will follow, much to the satisfaction of the patient and the doctor.

The results in all my cases so far seem to be permanent.
Cincinnati, Ohio.

Why You Should Try Osteopathy.

To a vast, but constantly decreasing number of people, osteopathy is so new and such a radical departure from the long accepted methods of treating disease, that they must have a good reason presented to them for putting their trust in its merits and efficiency as a curative agent. Well and good. The heading of this article tells exactly its mission. To tell you some reasons why you should take osteopathic treatment, always considering of course that you need some physician's services.

Medicine—or to be exact—drugs, do not cure disease by their mere mechanical presence. Almost any physician will tell you he only seeks to assist nature to effect a cure by using certain drugs as indicated to stimulate or depress the chemical and physiological processes. That is, he whips them up, or holds them back in the hopes that he may thereby aid nature.

Osteopathy also assists nature, but in a very different way. Disease never exists without a cause. There is a reason for every case of illness and the osteopathic school of practice says that usually that reason exists as a mechanical interference with the pathways of blood and ner-

vous energy, thereby disturbing the nutrition and normal action of some tissue or organ. This gives rise to a certain group of symptoms which we call disease. Osteopathic diagnosis locates these mechanical causes of disease. They are usually found in the spinal column, or its surrounding structures, namely: the ribs, muscles and ligaments. Why here? Because it is from the spinal cord, contained within the spinal column, that the nerves issue (except in the case of cranial nerves,) and in order to reach the tissues and organs which they supply, they must pass close to and between the spinal vertebrae and the adjoining structures. Any change in relation between these parts may result in pressure on or irritation to the nerve trunks thus altering their ability to carry nervous energy, and as a matter of course the part supplied by the affected nerve must suffer.

All life, nutrition and function is dependent first, on nervous energy which controls every bodily process, and secondly, on its blood supply, which, while regulated by the nervous system, furnishes the nourishment required to keep all body tissues, including that same nervous system, in health. Under a normal action of these two the body produces every chemical required within it, every organ performs its function, every cell is nourished, the waste is excreted and new tissue is built up to replace the old. That is one reason why osteopathic physicians use no drugs. With undisturbed nerve and blood supply, nature furnishes all needful chemicals for normal functioning. It must follow then that osteopathic treatment is the correction of the mechanical difficulty and the allowing of nature to resume its natural course. This, then is the first reason why you should try osteopathy. It is a logical system of diagnosis and treatment. More of the detail of both you can learn from any osteopathic physician.

A second reason is the great success of osteopathy in the relief and cure of disease. The number of "incurables" who have been restored to health by it is vast. Osteopathy first attracted attention by curing cases on which drugs and surgery had failed. The very nature of its diagnosis and treatment makes this possible. But not every case treated is cured. Some are relieved, some fail to receive any benefit. But this is not to the discredit of osteopathy. Some conditions are impossible either of relief or cure by any system of healing.

Which system by its failures, does most to populate the cemeteries—drugs or osteopathy? We leave the answer to the thoughtful, observant reader. Considering the class of cases treated by osteopaths the percentage cured or relieved is remarkably high. It is the usual experience of an osteopathic physician to first get a lot of chronic cases that have withstood everything else. After he has shown what he can do

with these, he begins to get those of more recent onset and finally is called in acute cases. And contrary to the belief of many, osteopathy handles both successfully, why not? If it can cure a case of chronic gastritis of five years standing, why can it not cure a case of acute gastritis of five days standing. The diseased parts are identical in both, and in the latter the tissue changes are infinitely less, so again you have a reason to try osteopathy—it takes care of your acute illnesses.

Another is that the more treatments you take the more good each succeeding one does you. The results are cumulative, and the regular patient usually finds that after while it takes but a few treatments to relieve him of any acute ills.

Finally, osteopathic treatment is neither severe nor painful. It may be had by men, women and children of all ages and degrees of strength without being more than they can stand. It is a nerve tonic, a relief from pain, a sleep producer when all else fails and by the promotion of good circulation brings health and strength to the whole body. The treatment is a manipulative one, but it is not "rubbing." Neither is it at all immodest. There is no undue exposure of the limbs or body, treatment being generally given through one or two thickness of clothing. In the treatment of diseases of women there is far less pain, exposure and embarrassment than under non-osteopathic methods.

People who try osteopathy—who give it a real trial and stick to it long enough to give it a chance to obtain results, are not often disappointed. They will get something for their investment, but it is useless to expect all cases to be alike. You must have confidence in your osteopathic physician, giving him all the information you can and according him your help by following his instructions. It is then very likely that you will have another reason for trying osteopathy—because it did something for you.

A Specific Treatment for Malaria.

HENRY TETE, D. O.

Living in a section of the country where "malaria" is very prevalent, it has fallen to me, in the last five years, to treat over one hundred cases of this disease. The majority have been of the typical tertian form. About one fourth the number were either quotidian, or quartan. At first being full of theories, and freshly plucked notes, I jumped on to my task with the easy confidence of which only a new graduate is capable. However I soon came to note the fact that all cases did not yield to treat-

ment in the same way. Some cases upon which I have counted two or three months as a fair time in which to cure, recovered in a week. Others of a very mild nature persisted for months and in some cases I could do nothing. Now as there is not much difference in any two cases of typical tertian malaria, I could not understand this. Of course different cases might and did present different lesions (bony) but why should two cases presenting the same lesions, and these lesions being removed, not yield to treatment? For instance, I had one case, Mr. B., whose malaria yielded in three treatments and his friend Mr. L. took three months to cure although Mr. B. had much the worse case.

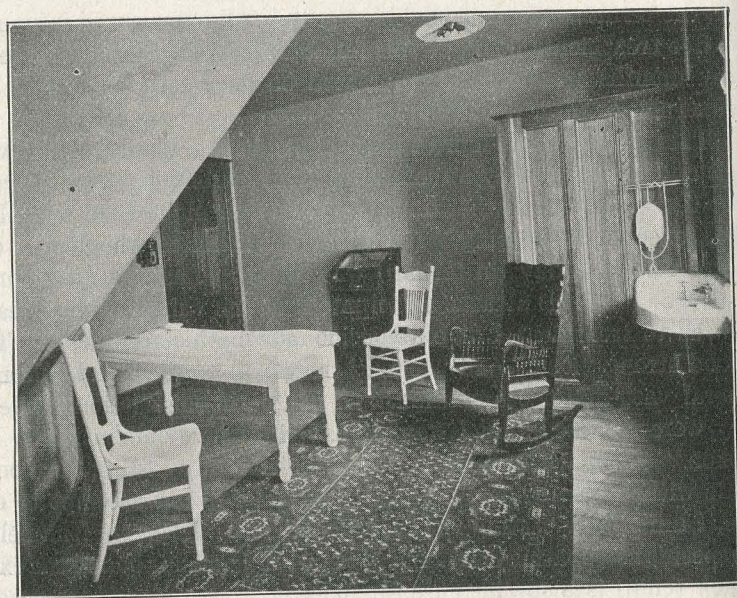
This question puzzled me a great deal. I tabulated all my cases minutely as to history of the disease, etc., noting carefully the results of treatment. I looked up all osteopathic and medical authorities, but was still in the dark, until one day in looking over my cases, I noticed that in fifty three cases, where the appointment (hour of treatment) had been previous to the hour of, and on the same day as, the expected paroxysm, the results were remarkably speedy. All cases cured in one, three, and five treatments being of this number, whereas those cases requiring many months treatment were treated on days on which they had no paroxysm, or after a paroxysm.

This struck me as more than a coincidence. I had now on a working basis and from that day a malarial patient coming in, was always asked as to the "type", and what hour of the day, or night he usually had the chill, fever, and sweating. A patient for instance who had a chill at twelve o'clock to-day (in tertian) was told to come day after tomorrow at eleven, (or if his attacks anticipated) at ten thirty for his treatment. Now as to treatment I give a specific osteopathic treatment. That is, a good strong "local" and "spinal" treatment to liver and spleen and a general vaso-motor stimulation. Of course if bony lesions were found they were removed, and I want to say right here emphatically, I am a "lesion" osteopath, and that I do not believe any lasting cure could be made without removing the lesion. Now I will not attempt to explain this, I am simply stating the fact which I have discovered, namely, that "A specific osteopathic treatment given within an hour before the expected attack (chill) is a specific cure for malaria." Perhaps if we accept the germ theory of malaria we can account for it upon the basis of phagocytosis, the phagocytes being greatly stimulated in the blood stream by the treatment; at the moment the plasmodium ruptures the red corpuscle, and emerges in search of a new home, he is destroyed. Or if we accept the "Splenic wave theory" advanced by Doctor E. A. Tucker, we can account for the results by alteration of nerve supply. This task I do not take up; I simply state the facts which I have noted.

I give a treatment on the third, fifth, seventh, fourteenth and twenty first day as the tendency to recurrence is on these days, according to authorities.

One year ago I announced this to three osteopaths and have spent this year in verifying my work. I did not want to go into print before I was sure.

Finally I want to say that I do not infer that malaria cannot be cured in any other way, for I know that it can, but the anticipating treatment is the straight, speedy, sure and direct method. Of course removal of lesions and increasing cell resistance will do it, but in a long round-about way. I shall be glad to hear from anyone upon the subject and furnish them with case reports.



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EDITORIAL DEPARTMENT.....

Three new members have been added to the editorial staff of the Journal, Dr. F. P. Pratt literary editor and Drs. H. F. Goetz of St. Louis and J. L. Holloway of Dallas, Texas, field editors.



DR. F. P. PRATT.

Dr. Pratt is a new light in osteopathic circles, and one from whom the profession will hear in the future. He is an honor graduate of the Kansas University and was class leader in the A. S. O. Since September first he has held the position of instructor in descriptive anatomy at the American School of Osteopathy.

Dr. Goetz is well known to the profession as a vigorous writer and lately as the originator of the "Pantagraph," a machine designed for lesion research. Dr. Holloway, our representative in the south is a member of the Committee on Education in the A. O. A. and is a man of wide experience and ripe judgment.

Large Classes in the Osteopathic Schools.

The opening of the new school year has been a time of apprehension among the various osteopathic schools as this year brought the first real test of enrollment under the three year course. Reports from the various schools have all been favorable and the freshman class at the American School of Osteopathy has already passed the hundred mark.

The Journal Subscriptions all paid.

The Journal of Osteopathy is now running its subscription list on a cash basis and the Journals, except for occasional sample copies, are not sent except on pre-paid subscriptions.

We apologize to our readers for the typographical errors in the article last month "An Oculist's Experience with Osteopathy." In some way the proof escaped correction.

* * *

A book, called Polk's Medical Directory of North America contains 3168 pages of names, patent medicine ads, etc. Somehow or other, twenty names from a group, labeled osteopaths and printed on parts of two pages on one of which is an "ad" for "Kretol" and on the other "Antikamnia" and "Oxygen." Now we know some of these men personally and we know this was never intended, but we mention this, to warn others who might otherwise make the mistake, next year.

At the end of the list of osteopathic physicians, is a list of the "Schools of Osteopathy" and they consist according to this "Directory" of one school, and that school is an institution unknown to the A. O. A. and without standing among osteopaths. We get misrepresented enough otherwise; let us keep out of the lists of patent medicines.

* * *

For the benefit of enquirers, we will say that there is being carried on by some of the professors and students at A. S. O. a series of series of "research" experiments, none of which are complete and some of which cannot be complete for years. Until they are complete enough to impress others than those already believing in them, they will not be published. "Research" work on a few isolated cases is of no scientific value and though as a matter of interest, we may publish a few cases and experiments in a few months, in response to the forty or fifty letters asking why the parent school doesn't do some of this work, we want it understood that we consider them neither final nor conclusive. The excellent results, reported by Dr. McConnell, are enough to show "which way the wind blows" and for them, the profession is duly grateful and they ought to be sufficient in a general way, but to

satisfy the number of demands as to why the "parent school" isn't doing something, we will try to add something in a few months.

* * *

Collier's Weekly

Collier's Weekly is the only large magazine in the history of the country that ever had the courage to attack the patent medicine grafters, and call a spade a spade. In their issue of September 22, is the last article of the present series of exposures of fake drug companies. It is headed "The Great American Fraud" and subheaded "The Scavengers." It deals with the whiskey and dope-cure fakes and is probably the best of the series in that it not only shows up those who deal in the lives of drug wrecks but in doing so, must show up the fact that something is back of the cause for these drug-wrecks, and that "something" is the irrational "poison cure"

Collier's man, Samuel Hopkins Adams, who so successfully and thoroughly investigated these fakes may not believe in osteopathy yet. He may even believe in "ethical" medicine; we can't help that; he has done a lot of good and Collier's magazine deserves a subscription from every drugless champion in the country. No one who has not been in the business, realizes how much it costs a magazine to sacrifice all its patent medicine and sanitarium ads. and at the same time, in every way to antagonize the great patent medicine trusts with their thousands of agents. There is also an enormous expense attached to such an investigation. Every drug must be analyzed by an expert chemist who has enough reputation to sustain him in the damage suits likely to follow and the services of such chemists cost money.

In the last article, among other things, Collier's publishes a list of sixteen well known and widely advertised morphine cures all of which contain as the active ingredient,—morphine. The doses in most cases are as much as ten times an

ordinary dose, the "Cure" Company knowing that a person, used to this drug can stand a great deal more than would be needed to kill an ordinary person, but read Collier's for the rest. In closing the series, they say,—

"While this is the last article of the present series, it is by no means the last article that Collier's will print on the subject of patent medicine evils and swindles. From time to time short papers on various phases of the industry will be published. Since the beginning of the series many of the worst swindlers have taken to cover, but they need not deceive themselves into the belief that this has been merely a temporary crusade on the part of Collier's."

Mark Twain, the great humorist and author, becoming interested in Sam'l Adam's articles in Collier's, on the "Great American Fraud" helped out by writing to some of the well known preachers, lecturers, congressmen, etc., who had recommended some of the frauds and asked their reasons for so doing. The following is his summary:

"DEAR ADAMS—I think that the majority of the illustrious men whom I questioned by mail as to their reasons for recommending certain frauds exhibited themselves as astonishingly careless and dangerous citizens in their replies. They knew that the public believed in them and trusted them, and they were treacherous to that trust, and shamed it. You say that when they discovered how they were being used, they withdrew their names. In silence. Do you think that that was sufficient? It does not seem so to me. I think that until they repent publicly over their damaged names, the country ought to be as ashamed of them as you will see by their letters that they are privately ashamed of themselves. It is certainly laughable—and also pathetic—to see grown-up men act as these illustrious children have acted.

Sincerely yours,

"MARK TWAIN."

The Still College Affair.

"We are in receipt of Number one of volume one of the "Still" College Journal of Osteopathy. In wishing this Journal success we would suggest that in copying an article without comment, from the Des Moines Register and Leader, they leave a decided impression that Dr. R. L. Stevens, a new instructor in their college, was an instructor in the American School of Osteopathy. Dr. Stevens graduated two weeks ago, June 14th at the A. S. O., and has never been connected with that school in any capacity except as a student.

We feel sure that this kind of publicity did not have the sanction of Dr. Stevens and hope that it was an accident on the part of the Still College Journal. We would hate to see the new Journal launch forth into the "flap doodle" sort of advertising which has so often disgraced the profession."

The above article in our July number called forth the following in the August number of the Des Moines Journal:

"It seems that the office cat of the Journal of Osteopathy was away during the publication of the July number, or that our competitor is trying to start something he may not be able to stop.

The facts as we know them are as follows:

We were looking for a strong man to teach osteopathic technique. We discovered such a man in Doctor Stevens. We secured his services before our competitor knew it. We secured him because he had made an enviable reputation as an instructor, as was stated in our clipping. He taught thirteen classes outside of that institution with the knowledge and consent of our competitors.

His instruction was so satisfactory and superior to that offered by their school that their students went outside to him to get his instruction, and paid him \$650.00 for it in addition to what they paid for regular tuition.

Because of his superiority we sought his services and secured them. He

taught in the shadow of the buildings of our competitor with their knowledge and consent. We are proud of Doctor Stevens and took occasion to speak of his splendid qualities.

We made the original announcement without bringing out all these facts, etc."

The office "cat" of the Des Moines Journal was evidently in all right and had its tail stepped on from the above yowls emitted in their August edition. If there is anything irritating in our "correction" of the attempt on the part of the Des Moines Journal to indicate that R. L. Stevens was a former instructor in the A. S. O., we cannot help it. The Des Moines Journal did do this and if they had to frame a later article in caterwauling, in order to give the facts, we appreciate the facts at least. As they say, in their explanation: The facts are that the gentleman in question did tutor students outside of the school, "in the shadows of our buildings" if Des Moines wishes it that way and it was "with our knowledge and consent." And as a matter of fact, it is the custom for students in all higher colleges to tutor younger students in the various branches

If the author of the Des Moines article will ask some college man about this custom, he will find that it is common at all educational centers. The A. S. O. annually allows certain students the privilege of making a part of their expenses coaching or tutoring in this way and also in coaching dissecting classes. That the Des Moines management should secure one of these men to fill the following places is no particular cause for excitement. That they did it before their competitor knew it, was neither strange nor strategic; we were no competitor for his services. We have no complaint against him. We congratulated him before the ink on his contract was well dried. Our best wishes are with him. If he proves to be one of the best instructors in Des Moines in osteopathic technique, it is no more than we

expect from a graduate of the home of the science. Our sole objection was to the Des Moines Journal attempting to show that Dr. Stevens was one of the instructors inside of our institution except as a dissecting coach like dozens of other senior students.

However, as they say—"we made the original statement without bringing out all of the facts" As this will close our statement of the affair, we might mention a few more similar instances of "half truths" from the same issue of the Des Moines Journal, where the cat turned loose on the back sheet. We will confine ourselves to the pictures in the paper. There are eight full page and one half page cuts of the buildings, laboratories, students, etc. Of these, eight were taken of student groups, etc. before "Still" College was ever organized or thought of. The first one shows Dr. Rose Thomas instructing a histology class. Dr. Thomas has never taught in the school since the A. S. O. sold it. She is in Minnesota practicing. Another shows Dr. Thomas, Dr. Hoffman and his assistant in "a corner of the bacteriology laboratory". The "corner" is about all of the picture that is left in Des Moines, as most of the apparatus even, belonged to Dr. Hoffman and he has been teaching in Kirksville with it for nearly two years.

Another cut is labeled "Operating room, Still College." The picture in question was taken more than a year before Still College started and the building has been since remodeled into a rooming house. The rest of the pictures are similarly misleading except one of their athletic instructors. It isn't the facts that we object to, it's the fancies.

Dr. Stevens has the following work, according to the Des Moines catalog:

Superintendent Extra-Mural Clinic; Professor of Osteopathic Technique and Osteopathic Diagnosis, Theoretical and Practical Osteopathy; Clinical Recorder and Clinical Director; Clinical Demon-

strator of Technique; Superintendent of Dissection, and Assistant Professor of Obstetrics.

* * *

A Case of Ethics.

We have in our possession a letter from W. E. D. Rummel, Sec'y of the "Still College" at Des Moines, to a prospective student in which he writes, along with other uncomplimentary things, the following: "That institution (the A. S. O.) was somewhat criticized before the National Association because of its slack methods in clinics."

A letter to Doctor Teall the inspector of schools brought the following reply:

Chicago, Sept. 14, '06.

Dear Doctor:—

The copy of a letter with your initials signed to it is at hand and it is in error when the statement is made that the clinics of the A. S. O. were criticised at Put-in-Bay as you will see when the report of the inspector is published.

Yours Truly,

(Signed)

CHAS. C. TEALL.

* * *

The Osteoblast.

The above is the name appearing upon the title-page of the Year Book now being issued by the Junior Class of the A. S. O. Doubtless it was chosen with the modest intention of typifying the embryonic character of the careers of those whom it represents. The advance copy which we have had an opportunity of examining presents a handsome appearance, being appropriately decked in the school colors, Red and Black. It is not too high praise to say that the binding of silk-lined, undressed leather is suggestive of the artistic workmanship of the famous Roycrofters; while the press work has been so judiciously executed, and the pictorial adornment planned upon so lavish a scale, as to make an unusually attractive volume. We have no hesitation in declaring that the committee responsible for the work have provided full value for the price charged, namely, three dollars.

Thus much for the material aspect. That part, whether literary, artistic or humorous, which appeals not too exactly to the intellect, is no less deserving of commendation. It is of course characteristic of a College Year Book to present the funny side of things, and this feature is by no means lacking



in the present instance, but we are glad to note that the humor, where personal, is innocent of rancor. The "Knee Jerks" will scarcely cause a wince, and the "Phagocytes of Grief" are not calculated to draw tears, though it is conceivable that the "Faculty Symposium" may awaken

the cynical laughter of the gods in that Olympus where thunder-bolts are forged out of examination papers.

We cannot close this notice without calling attention to the many clever sketches—mainly the work of two artists, we understand—which are scattered throughout the volume.

The "Osteoblast" will certainly be treasured by students of the A. S. O. as a worthy souvenir of a period in their lives which is not likely to lose in significance as time goes on. But it deserves also to be welcomed by all who are interested in the School and the important part it plays in the spread of Osteopathy; for the book in a manner represents the institution, so that its friends have no need to be ashamed.

* * *

BUSHNELL, ILL., Sept. 11.—Bardolph, a little town six miles south of this city, is in the throes of diphtheria and the young 8-year-old son of Fred Maxwell, the editor of the local paper, who was exposed to the disease and given anti-toxine, died from the effects this morning. Not more than five minutes after the treatment the child fell to the street deathly ill. Supervisor W. L. Ritter and Mr. Maxwell carried the boy back to the doctors office. Dr. Hendricks saw at once that the case was serious. He diagnosed the case as oedema, which is a swelling up of the lungs and throat. Every possible means of relief, including artificial respiration was tried, but in vain. Death came 45 minutes after the administration of the serum, the child still being at the office of the doctor. Quincy, Whig.

* * *

It is no longer "Brother Emmet," but "Father" Hamilton now. It is a girl and the mother and Miss H. are doing nicely. It is the hope of the staff that the father also will be in working order, at his accustomed desk, by time the next number of the Journal goes out. All kickers, both chronic and acute, are notified that for this one month, Drs. Pratt and G. Still will receive all kicks, growls, com-

plaints and grumbles from all sources.

While the congratulations of the staff to the Editor-in-chief are not so noisy, they are just as sincere as those of the histology classes.

* * *

Remember that the short articles and the clinical cases described by Dr. Crowley on Membranous Dysmenorrhoea, and by Dr. Geo. Laughlin on "Infantile Paralysis" are cases from actual experience with nothing added, nothing subtracted, just plain scientific facts.

* * *

Of all the weird and fantastic systems of Therapeutics ever invented, the "Poison Cure" otherwise known as the practice of medicine, stands alone.

* * *

Dr. W. T. Thomas of Sedalia, Mo. sends us the following, clipped from the Salem Oregon "Statesman"

"Attorney General A. M. Crawford yesterday in response to an inquiry from the state board of health delivered an opinion that under the health laws of this state it is not required that a certificate of death shall be signed by a duly licensed and practising physician but may be signed by any one who had personal charge of the patient at the time of death and that under the law osteopaths or any householder under whose supervision the death occurred would be competent to make the required certificate."

This is certainly a move in the right direction. While the legality of an osteopath or any qualified person signing certificates cannot be doubted, there are many instances where more or less petty annoyance and spite-persecutions have resulted when an osteopath happened to be present at a death and signed the certificate. Of course, no such trouble is likely to arise if it is one of the osteopaths regular patients but now and then we get called in as a last resort when it is too late. It isn't a privilege we want or expect to use often, but we insist on being permitted all privileges of any other practice,

Partnerships Formed.

Drs. A. B. Clark and L. R. Benson, announce the opening of offices for practice of their profession at 1085-87 Metropolitan Bldg., Cor. 32nd St. and Madison Ave., New York City.

Drs. J. P. McCormick and Annie McCaslin have opened offices at No. 150 Highland Ave. cor. Grant St., New Castle, Pa.

* * *

Marriages.

Married—Dr. J. G. Leslie of Palousie Wash. to Miss Hettie H. Suter, of Wyconda, Mo.

Married—Dr. Adam Moffett of Cherryvale Kans., and Miss Laura Wilkin of Blackwell, O. T.

Married—Dr. F. A. Pardee and Cynthia Metzger, Tuesday Sept. 25th 1906, at Rochester, Pa. At home after Oct. 10th 218 Brighton Ave.

Married—Dr. Florence Judd of June class '06 to Prof. E. H. Barrows, of Hutchinson, Kans.

* * *

Births.

Born—To Drs. Milton H. and Edan B. Sharp, Aug. 25, 06, a boy.

Born—To Dr. and Mrs. R. E. Hamilton, of Kirksville, Mo. Sept. 27th 1906, a girl.

Born—To Drs. Geo. and Addie Weing, of Bath, N. Y. Aug. 22nd, 1906, a girl.

Born—To Dr. and Mrs. Ralph Kendrick Smith, of Boston, Mass., a boy.

* * *

Deaths.

Died—Dr. Logan H. Taylor, of 107 Barker Ave. Peoria, Ill. Death due to heart failure, during spasmodic fit of coughing.

Died—Donald Edward, seven months old baby of Drs. C. S. and Mrs. Betts, Sept. 2nd, 1906.

* * *

Visitors.

Among the visitors at the A. S. O., during the past month, were Dr. R. P. Coulter of Childress, Tex.; Dr. Carroll, of St. Louis Mo.; Dr. E. H. Cosner, Upper Sandusky, Ohio..

Locations.

Drs. Harold and Maie Dorrance have opened offices for the practice of Osteopathy at Suite 9 Jackson Bldg., Cor. Penn. and Sixth St., Pittsburg, Pa.

Dr. P. V. Aaronson, has located at Rooms 1-2, Hauser Bldg., Dinubia, Calif.

Drs. Robt. W. and Mary C. Bell have located at 211 East Main St., Independence, Kans.

Drs. Nora Haviland and Daisy E. Morelock have opened offices at Rooms 13, 528 Main St., Grand Junction, Colo.

Dr. Hugh M. Frazier has located at Forsythe Bldg., Fresno, Calif.

Dr. Frank W. Long, located at 232 State St., Sharon, Pa.

Dr. M. F. Hulett has located at 8 East Broad St., Columbus, Ohio.

Dr. A. E. Day, has located at 5 Hannah Blk, Sharon, Pa.

Dr. B. M. O'Donnell, has located at Aberdeen, S. D.

Dr. Wellington Dawes, has located at Dillon, Mont.

Dr. A. J. Harris, located at 311 Jackson Bldg., Nashville, Tenn.

Dr. Geo. M. Goodell, at Coon Block, Estherville, Ia.

Drs. Lester R. and Mrs. Daniels have located at Ochemr Bldg., Sacramento Calif.

Dr. Theodosia N. Spring-Rice has opened office at 46-48 West 96th St., New York, City.

Dr. James E. Burt announces that he is located at 320 West 83rd St., New York City. After Oct. 1st at The Forres, 251 W. 81st St., Cor. of Broadway.

Dr. Effie M. Messick has opened office at 314 W. Broadway, Monmouth, Ill.

Dr. Adelaide P. Farrington, has located at Garden City, Kansas.

* * *

Removals.

Dr. J. M. Coffman, from Central City, Ky., to 219 E. Fourth St., Owensboro, Ky.

Dr. D. B. Randall, from 528 N. State St., to 308 Merchants Bank Bldg., Jackson, Miss.

Dr. Kathryn Huston from Cleveland, Ohio, to Ashtabula, Ohio.

Dr. Ida Ellis Bush, from Idaho Springs, Colo., to 1350 Welton St., Denver, Colo.

Dr. Eliza M. Carey from Great Falls, Mont, to Red Lodge, Mont.

Dr. E. E. Keeler, from 303 Auerbach Bldg. to 309-10 Herald Bldg., Salt Lake City, Utah.

Dr. C. A. Camp, from Huntington, Ind. to Rochester, Ind.

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

Dr. C. O. Goodpasture from 1650-19th St., N. W. Washington, D. C., to 2449 8th St. N. W. Washington, D. C.

Dr. Bessie B. Walling from Medina, O. to 21 Whittlesey Ave. Norwalk, Ohio.

Dr. Ada E. Morrell, from Swan Bldg. Lowell, Mass. to 68-69 Glidden Bldg., Lowell Mass.

Dr. T. W. Sheldon, from 2611 Fulton St., Berkeley, Calif., to 1822 Sutter St., San Francisco, Calif.

Dr. R. D. Kilvary, from 6502 Madison Ave. to 6359 Monroe Ave. Chicago, Ill.

Dr. Wm. C. Wilson from O'Fallon, Mo. to Wentzville, Mo.

Dr. W. A. Gaylord, from Kenton O. to 5½ W. Briard St., Columbus, Ohio.

Dr. Eugene Tiberghien from Lexington Nebr. to Park City, Utah.

Dr. F. P. Miller from LaPorte, Ind., to 111 Confederation Bldg., Toronto, Canada.

Dr. J. F. Harwood, from Lexington, Mo. to 803 E. 8th St., Kansas City Mo.

Drs. J. S. B. and Elizabeth J. B. Marshall from 433 E. 4th St., to 312 East Third St., Jamestown, N. Y.

Dr. J. Birdsall Banker, from Hackensack, N. J. to 115 West 71st St., New York City.

Dr. N. D. Laughlin, from Kansas City, Mo. to 411-413 Granger Blk, San Diego, Calif.

Dr. Millicent Smith from King City, Mo. to 1131 24th St., Des Moines, Iowa.

Dr. H. W. Houf, from Las Vegas, N. M. to 1509 Antony St., Columbia, Mo.

Dr. W. Perry Simpson, (formerly Dr. Willie Perry) from Neosho, Mo., to Fredonia, Kans.

Drs. Ellen Barrett Ligon and Dr. Greenwood Ligon from Mobile Ala. to 33rd and 5th Ave., New York City.

Dr. Mary E. Taber from Chicago, Ill., to Lebanon, Mo.

Dr. A. F. McWilliams from 356 Mass. Ave. to 30 Huntington Ave., Boston, Mass.

Dr. O. E. Bradley from Macomb, Ill to Ellwood City, Pa.

Drs. G. Ernest Holcomb and Maude Brown Holcomb, removed from Baltimore Md. to 306 Ferguson Bldg., 232 Woodward Ave., Detroit, Mich.

Dr. E. W. R. Morelock from La Junta, Colo. to Harrisonville, Mo.

* * *

Dr. O. C. Robertson of Cynthiana Ky. has been ill of typhoid fever for several weeks, but has about recovered.

* * *

The New A. S. O. Post Card.

The new and attractive souvenir post card of the American School of Osteopathy and the A. S. O. Hospital were not published with the idea of selling them to practitioners. But since issuing them the management has received so many requests from practitioners who wish to send them to their patients, that they have decided to place them in the hands of the Journal of Osteopathy for sale, and they are now offered postpaid in lots of fifty or over at the rate of one dollar and fifty cents per hundred.

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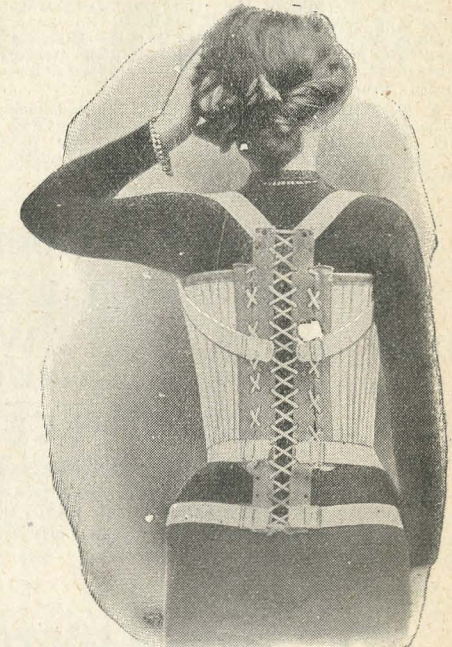
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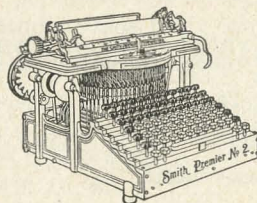
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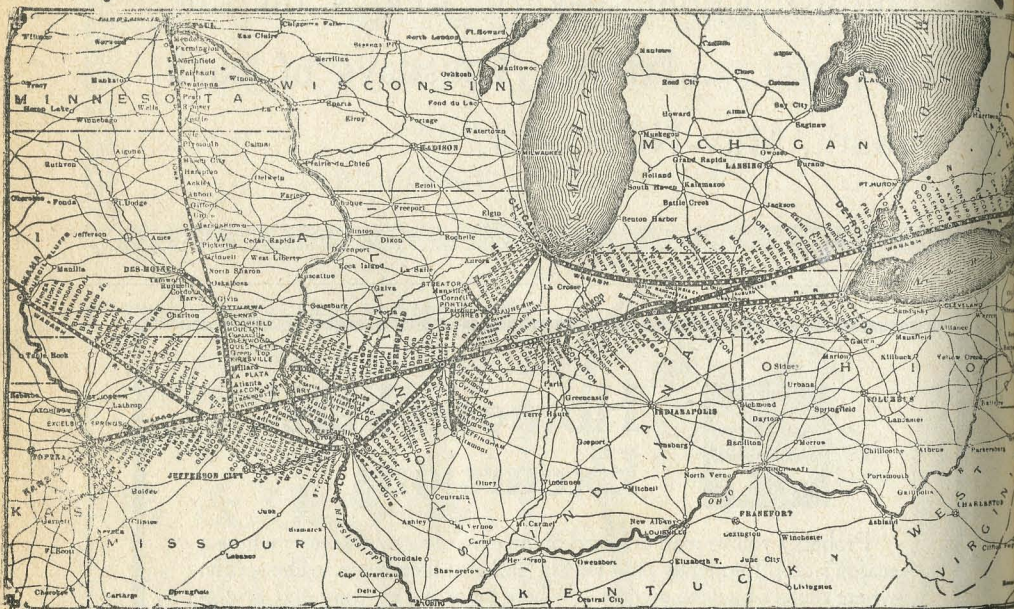
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