

# **The Journal of Osteopathy**

**October 1907**

**Vol. 14, No. 10**

Reproduced with a gift from the Advocates for the American Osteopathic Association (AAOA Special Projects Fund) and Michigan Auxiliary to the Macomb County Osteopathic Association

**May not be reproduced in any format without the permission of the Museum of Osteopathic  
Medicine <sup>SM</sup>  
(formerly Still National Osteopathic Museum)**

# THE Journal of Osteopathy

KIRKSVILLE, MISSOURI, OCTOBER, 1907.

## Is the Practice of Eclectic Osteopathy a Menace to the Osteopathic School?

President's Address Eleventh Annual Meeting of the A. O. A., Norfolk, Va., August 26-30, 1907.

S. A. ELLIS, D. O., Boston, Mass.

My subject is rather unusual and perhaps will bear a little explanation. By eclectic osteopathy is meant the practice of osteopathy as a major branch of therapeutics, but with the assistance of various adjuncts, even going so far as the use of drugs. The term "osteopathic school" is used in its general sense, and not in the sense of an institution of learning.

No doubt the question which this brings up seems superfluous to some of you who practice osteopathy in sections of the country where other methods or aids are never resorted to by the osteopathic practitioner. The use of adjuncts in osteopathic practice was considered by this Association a number of years ago, and at that time was regarded as settled, but the tendency toward drug giving is a new and insidious form of adjunct which we must consider now or in the near future. I can assure you that it is a live question in many localities. It cannot be said that drugs, as such, are taught at the present time in any of our schools, but not a small number of osteopathic practitioners use drugs with more or less regularity in their work. This is not confined to unrecognized or unqualified men by any means, for members of this Association have discussed with me in the most open manner the advisability of giving drugs. In view of these facts, the question which the subject of this paper raises is not out of place. It is unfortunate that it seems necessary to bring this matter forward again, but it is a situation which we are bound to face, and the members of this Association are the ones, who in the end, must decide it. The fact that osteopathy has had such wonderful success when practiced in its purity should certainly give the advantage of presumption to that side. To many of us the answer is clear, but there are others who will argue the negative with great enthusiasm.



The discussion of this subject, I fully realize, cannot be made altogether popular, for the very reason that even among recognized osteopaths there is such a wide divergence of opinion in the matter. My idea in speaking along this line was not particularly to state my own opinions, but to put the question before you in the serious spirit which it deserves.

Let us by all means be honest with ourselves and with our work. Are we in the future to practice osteopathy or shall it be eclecticism? These two definitions are from Webster:

"The eclectic physician is one of a class of practitioners of medicine who select their modes of practice and medicine from all schools."

"Osteopathy is a system of treatment based on the theory that all diseases are chiefly due to mechanical interference with the functions of nerves, blood vessels, and other tissues, and may be remedied by manipulation to remove interferences, correct misplacements, and stimulate or inhibit activity."

Certainly all of us today are in search of the best in the methods of diagnosing our cases and curing our patients. We want the training that will make us the most useful to our fellowmen and to the community at large. We are not going to allow any false pride or dogma to decide this question for us. It must be determined on its own merits.

Now as to eclecticism. The theory sounds all right, but let us see how it works out in practice. For the sake of example, let us say a man of good average intelligence and sound judgment—in other words, the scientific man of common sense—is in the position of a practitioner after a thorough course in eclecticism. He has very likely spent eight years in medical and osteopathic schools. In that time two separate and contradictory systems of drug therapeutics and diagnosis, surgery, and osteopathy have been carefully studied by him, to say nothing of kindred subjects like hydrotherapy and electrical therapeutics. He has graduated broadly trained, broadly educated—a first class all-round theoretical physician. His first patients are before him. They very naturally feel themselves fortunate to have fallen into the hands of this well rounded fellow. Are they to be disappointed by his ultra-conservation and lack of enthusiasm in his work? Does his failure to make a definite diagnosis or outline a definite treatment indicate hesitation or confusion of ideas? There is no denying that our eclectic doctor is to say the least somewhat puzzled. Could it well be otherwise? Is the man of average intelligence capable of comprehending and putting into practice such a multitude of contradictory scientific theories, particularly in the presence of his patient or at his bedside in time of critical illness? It seems to me that there is but one answer to all these questions, and that is an emphatic

"No." I believe that this opinion will be justified and borne out by the records and experience of so-called eclectic physicians. Has eclecticism made good in your locality? It certainly has not in Boston. The successful physicians of my acquaintance are those who have perfected themselves in one school, are definite in diagnosis and treatment, radical in their views, enthusiastic and hard at work along their particular line. We look in vain for a satisfactory philosophy in eclecticism. No two men in this school agree as to the best method of treating similar cases. One of our strongest points in osteopathy is in this very connection. We have a common and uniform philosophy both in diagnosis and treatment and in adhering closely to it we find our greatest strength.

Just a word about homeopathy. This school has had, no doubt, a wonderful influence in modifying the methods of physicians who favored strong drugs, but what of the homeopathic school as such? Its philosophy as stated by the majority of its adherents today is only a little less confused than that of eclecticism. I am sure that there is not a member of this Association who would wish to see our splendid science go the way of the homeopathic school. Loss of identity is the most ignominious ending that can be imagined for any school or system. Did this result come to homeopathy because of the practice of the theory in its purity and efficiency by the older men in the work like Bell or the Wesselhoefts? No. The result was brought about by the practice and teaching of the younger element of the profession who chose to pursue the mirage of eclecticism and dragged their school down with them. Perhaps too much has been said in the discussion of this problem of medical schools, but I feel strongly about these things. They are brought almost daily to my notice, and I sometimes wonder if these examples are not put before us in order that we may profit by them for the sake of our own osteopathy.

Now as regards osteopathy—the A. T. Still sort of osteopathy. Has it made good? Has it done what we expected of it? There is no doubt in the minds of any of us as to that. The wonderful development of this school, mainly in the last fifteen years, and the place it holds today in the minds and hearts of the American people is your answer. It has attained this splendid position largely on the strength of the most wonderful clinical record in the history of medicine. This result has not come through mixing amalgamation, or alliance with any other school or system of healing, but by maintaining in its purity the initial theory of osteopathy that the body is a machine and that the logical remedy for impaired machinery is adjustment. This idea carried to its natural conclusion and perfected to the highest degree has brought us where we are today. This theory has stood the test and has covered the ground



in a sufficiently broad manner for most of us, fortunately. It has stood the test not only of practice, but the strain as well of many assaults by our natural enemy, organized medicine. Victory has been ours in the majority of cases. We have successfully resisted all important attacks from without, and our success in the future rests entirely with ourselves. Not a small part of the result is done up in this knotty problem of broad training and broad practice. I would be the last to argue or speak in any way against breadth in thought or view, in diagnosis or treatment, but osteopathy is in itself the very essence of breadth. A more comprehensive or broader principle in medicine was never stated. "Man a machine," and Dr. Still placed but one limitation upon it. "No drugs" he wisely said. How foresighted he was we begin to realize today. "Man a machine?" What a wealth of opportunity for broad study is suggested by this phrase! Know the machine? Assuredly and in every detail as far as possible; not only the normal working machine, but the same when out of order—out of adjustment.

Have we all gone into the study of anatomy as far as we might? Are we worthy of the reputation which our friends give us of being anatomists, and can this splendid reputation be maintained? It certainly must be, for anatomy is the very life and trunk of our system. The workings of the machine in health and disease, the great department of physiology comes next in importance to us. If you do not care to be confined in your investigations, or if your mind chafes at the limitations and dullness of anatomy, here you have a chance to spread yourself over as much ground as you like. This subject has no bounds—no hedges, and every fact you dig out will be of the greatest use to you in clinical osteopathy. Your osteopathic practice is an application of every fact and principle in these two great sciences. If you still have the time for further study, investigation along the kindred subjects of osteopathic training will keep you busy and far from dissatisfied with osteopathy on account of its limitations.

Pretence and dishonesty have no place in science. By all means let us not pretend. We are credited with superior knowledge along anatomical and physiological lines. Let us be what our friends think we are—thorough, well trained osteopaths all the time. If we maintain a high standard in our osteopathy, our knowledge of these fundamentals must be most thorough. Let us be broad, but see that the breadth is along osteopathic lines. Let investigation and study be on the fundamentals of osteopathy, not leading away us from it with tendencies toward confusion of ideas and principles. Let us review a few facts in this connection. There is no doubt that the trend of the times among scientific men

is toward specialization. Far from trying to master two or three schools of healing, they are content to study only one, and to confine themselves at that to the mastery of one small branch of their chosen method. No one will deny that they are better in their special line for this concentration. Do we recommend the general practitioner for our surgery? Not at all. Very likely a surgeon is recommended who rather makes a joke of his deficiencies in general medicine. You understand that I am making no argument for the specialist. It seems to me that scientific men are carrying this idea to an unfortunate extreme, but the trend of the times is significant.

Too often already the impression has gone abroad that osteopathy is merely a system of treatment. This of course is entirely wrong. It puts our science in a class with hydrotherapy and similar methods. We cannot bear down too strongly upon the point that osteopathy is a school and a distinct system not only in our treatments, but in diagnosis as well. We should at all times make this clear to our patients so that the public may not gain a wrong idea of our work. In a recent article in the Kirksville Journal by Dr. Fiske, he quoted statements from a number of prominent osteopaths. I was pleased to note that in every case their success was attributed largely to the fact that they had always practiced osteopathy in its purity. Surely success has followed in the wake of this principle rather than in that of eclectic osteopathy if we are to judge by the records of the older group of practitioners in our work. They have never practiced anything but osteopathy, and their achievements are unquestionably significant. On the other hand, if we look to our investigators and scientists, we find that the large bulk of their study has been along the line of the osteopathic lesion. They have not worried as to the possible necessity of employing a drug or other adjunct to bring results.

There has been too great a tendency among osteopaths to turn in time of trouble to a medical practitioner rather than to seek the advice of a fellow osteopath. This giving way in the face of serious illness is a most striking confession of weakness. The giving of the drug itself is certainly not osteopathic, and it immediately suggests the question to the minds of the public as to whether osteopathy is a complete system or a specialty. This giving of medicine by our own men is proof positive that they think it necessary, which puts our science in the light of a limited practice.

It is difficult to understand why some of our practitioners should place their reliance on drugs just at this time when the best medical opinion is strongly against their use. Not to go too deeply into an argu-



ment against the use of drugs, these opinions from medical men are interesting in this connection. Metchnikoff, the great European authority, after making a statement on the ill effects of opium and alcohol on the phagocytic action of the white blood corpuscles, concludes thus: "But it is not only alcohol and opium which hinder the phagocytic action. A number of other substances regularly employed in medicine cause the same results. Even quinine, the prophylactic effect of which in malarial fevers is indisputable, is a poison for the white blood cells. One should, therefore, as a general rule, avoid as far as possible the use of all sorts of medicaments, and limit oneself to the hygienic measures which may check the outbreak of infectious diseases. This postulate further strengthens the thesis that the future of medicine rests far more in hygiene than in therapeutics."

Dr. A. Stearn, chairman of the Department of Pharmacology of the American Medical Association, has some interesting things to say about drug therapeutics. He has no delusions as to the science of medicine. He knows that it is still unborn. He says: "The treatment afforded by surgical measures may be rational in so far as it is directed against the cause of the affection. Internal medicine, on the other hand is still helpless and has to combat the symptoms of the condition. Almost the entire science of therapeutics is nothing but more or less refined and varnished empiricism, all protest to the contrary notwithstanding." He also adds: "Is it not quite humane to follow the letter and dictum of Skoda, who said, 'We are able to diagnose, describe, and understand disease, but we must not believe that we are able to cure it by any of our remedies.' We know now that most if not all infectious diseases are self-limiting. The effect of remedial measures on the underlying conditions is nil or almost so in every instance."

These men represent the best thought of the medical profession, and their opinions are certainly valuable.

Now when has osteopathy failed? Under what conditions has it disappointed the practitioner as well as the patient? Experience shows that in the majority of these cases, the osteopath was not sure of his ground. His conception of the initial lesion theory was faulty or confused, and through lack of confidence he failed to apply the specific osteopathic work which brings results in all curable cases. These failures can in no way be used as an argument against the efficiency of osteopathy. They are personal, and should be regarded as such. We shall have taken a great stride forward when we are able to attribute our failures to our own shortcomings and not question the wholeness of osteopathy; when we realize that the trouble was due to our failure to read and interpret deeply enough.

A law such as the one recently passed in New York seems very effective and wholesome. It restricts the osteopathic practitioner to the practice of osteopathy alone. We find this practice first stated in the constitution of the Greater New York Osteopathic Society. This organization prohibits its members from the use of adjuncts of any kind, and on the strength of this, has built up what is perhaps the strongest local osteopathic society in the country. Have the New York osteopaths found themselves hampered by these restrictions? Is there a place in the country where osteopathy is stronger than in New York? I think not unless it be at Kirksville, the home of the "Old Doctor". This strong osteopathic sentiment prevails quite as strongly up the state as in New York City. We saw this little band of osteopaths in the state of New York during the last session of the legislature achieve a most signal victory in a contest with one of the strongest medical organizations in the country. With all due credit to the personal ability and efforts of these men, could this result have been obtained without harmony, without a common belief that the individuality of osteopathy should be maintained and a common determination to place osteopathy on the statute books of New York as an independent system.

I can in no way make my position or my purpose more clear than by recalling to you a statement of osteopathic principles laid down by Dr. Still many years ago. I quote the following platform from one of his articles in an early number of the Kirksville Journal:

First—We are opposed to the use of drugs as remedial agencies.

Second—We are opposed to vaccination.

Third—We are opposed to the use of serums in the treatment of disease.

Fourth—We realize that many cases require surgical treatment, and therefore advocate it as a last resort. We believe that many surgical operations are unnecessarily performed and that many operations can be avoided by osteopathic treatment.

Fifth—The osteopath does not use electricity, X-radiance, hydrotherapy, but relies on osteopathic measures for the treatment of disease.

Sixth—We have a friendly feeling for other non-drug natural methods of healing, but we do not incorporate any other methods into our system. We are opposed to drugs; in that respect at least, all natural, unharmed methods occupy the same ground. The fundamental principles of osteopathy, however, are different from those of any other system, and the cause of disease is considered from one standpoint, viz: disease is the result of anatomical abnormalities followed by physiological discord. To cure disease, the abnormal parts must be adjusted to the nor-



mal, therefore other methods that are entirely different in principle have no place in the osteopathic system.

Seventh—We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in, just that much osteopathy must move out.

Eighth—Osteopathy is an independent system and can be applied to all conditions except purely surgical cases.

Ninth—We believe in sanitation and hygiene.

There are men in this organization today who give drugs in their practice, yet they do not hesitate to hold themselves out as osteopaths. A member recently said to me, "I cannot get along without morphine in my work." This man has practiced for a number of years and of course has a perfect right to his opinion. However, an expression of this kind raises many questions. This man has never studied medicine. Now is he qualified to prescribe such a powerful and insidious drug? Has a man who is an osteopathic graduate and still finds it necessary to give drugs in his practice, ever grasped the fundamental conception of osteopathy or sensed its basic theory? To me it is most doubtful. The loss of these men to the profession would not be irreparable, to say the least, but the harm to our science comes from the fact that while they practice this species of eclectic osteopathy they hold themselves out as osteopaths. Now if they believe conscientiously that drugs are necessary, their opinion of course cannot be criticised, but when these things are carried on in the name of osteopathy, it seems time that some change was made. The principle is the serious thing. It strikes at one of the most vital tenets of osteopathy—that it is a drugless science.

It must not be understood from these remarks that the fear of drug giving among members is any special phobia of my own. It is a condition and not a theory which presents itself to this organization, and a solution of the problem must be made in the very near future. We do not care to lose those members who are giving drugs in their osteopathic practice, and every effort should be exerted to make them see the danger to osteopathy in these methods. Failing in this, I am convinced that the American Osteopathic Association should state definitely that drug giving is not osteopathic, and should determine whether its members shall be privileged to use internal medicine in their practice.

—Reprinted from Sept. Journal of A. O. A.

## EXPERIENCE PECULIAR.

L. S. BROWN, D. O., Denver, Colorado.

It was peculiar to me, for I never had another like it, and I write it to put other osteopaths on their guard to be ready for emergencies.

I was just finishing up treatment of a patient in one operating room when some slight taps on that door brought me face to face with an old-time patient in my office, who seemed in terrible agony and asked for immediate attention. I sent him at once to another treating room and went there myself. The man is in the prime of life and has the best developed body of any of patients I have had in my practice—he is one among hundreds—and I was surprised to see him suffer. There is a convention of Masons at this time going on in this building and this man is of high degree in that body and State President, hence, very busy.

On examination, the first deviation I found in his body was the right leg was three-fourths of an inch longer than the left, and his pain was in the sacrum and lower lumbar region, reaching into the perineum and testicles.

Hurriedly I attempted to set that ilium and thought I did it, but his agony did not cease. I then examined other places, in the back, ribs, etc. Soon I ran for the slop pail to receive the excessive amount of tough, white mucus brought up by retching and coughing, then vomiting set in, and surely one stomach was fully emptied of its contents. Still he was no better and had great depression of strength and vitality; in fact I never saw any one lose vitality so rapidly, and look as though struck with death-pains as shown in his face. Again, I examined his ilium and it was still out. That time I took more pains to set it and did it, and then instantaneously all pain and agony ceased, and he was perfectly easy, yet I made him lie still to recuperate his vitality, which he did very rapidly. It was then I came to my senses. I knew at once what had caused all this commotion. The Pudic nerve had been caught. That explained his every pain and symptom. There were men here of every trade and profession from all over this State. A lawyer stood at the patient's side as I set that ilium the second time. He saw the patient's instant relief. A doctor was in the patient's office when he took sick and suggested that the patient take a big dose of castor oil to get relief. The patient said "No, I will go to my doctor." When the lawyer saw how quickly the pain left the patient, he went out and told the doctor who had recommended castor oil what I did, and how quickly the patient rallied, and he became excited and wanted to see and talk with that strange doctor. Soon the patient recuperated so he went to his people,



but in a few minutes returned to me bringing with him the castor oil doctor and introducing him as a very dear friend, said this doctor has great pain in his right arm near the elbow. Please see to it, I did, and explained matters to him, and gave him a magazine explaining osteopathy. The doctor asked me how I could set the ilium since it did not move, having a stiff, cartilaginous joint? Of course, I told him of his mistake, and that I had set thousands of them. He looked his astonishment, for he was learning new things.

\* \* \*

## Applied Gynecology in Osteopathy

LENA CRESWELL, D. O., San Diego, Cal.

The historical accounts of centuries ago, show that woman suffered from diseases peculiar to herself; and in remote ages attempts were made to correct these conditions.

No doubt the woman of the past ages did not have all the deviations from proper living, with which the modern woman has to contend; but the present age has that great philosopher, Dr. A. T. Still, and he has given to us and to the world an absolutely new and we believe, correct view-point of the cause and cure of woman's ills. The osteopaths are making a great reformation in the method of treating these disorders.

The subject of gynecology is the most important of any line of disease and belongs strictly to our field. The eyes of suffering womanhood are turned to osteopathy as to a beacon light. It develops and matures her and sets her free from the shackles of disease and misery, until she stands forth superb in all her power and beauty. Women suffer from these conditions largely from a lack of knowledge concerning the proper care of their bodies and frequently urged by their ambition, the physical is overdone; so it becomes the physician's duty to instruct the patient and teach many moral lessons.

### SURGERY USUALLY UNNECESSARY.

Almost all the diseases of the pelvic structure are curable in the beginning without the surgeon, and in truth, osteopathic practice is revolutionizing modern surgery, but even yet the number of women operated on for pelvic troubles is alarming; many are unsexed and it would seem that many of these necessary operations might be prevented if the women of our land possessed the proper knowledge of the care of their bodies. Many cases which were formerly considered surgical, respond readily to this treatment but some cases, usually dating from parturition, must have an operation. I have found osteopathic treatment of great value many times to prepare the patient for the operation, and it is frequently necessary afterward.

In many cases we find the generative organs do not develop properly; twisted vertebrae and rotated spines bring on a mal-formation, and this degeneration brings on uterine trouble, so the first principle that should be used in the treatment of these diseases is adjustment, other measures may relieve for the time but do not cure. The treatment of the pelvic disorders demonstrates the fact that a perfect circulation gives health, so one of the first essentials is to look after the blood supply to the parts diseased.

### SIGNS THE OSTEOPATH FINDS.

These may be rigidity or too much mobility, more marked at some points than others. In palpating the spine we find certain areas of immobility, lessened mobility and regions of tenderness very important to the osteopath. In nearly all diseases we find some change in some part of the spine corresponding to the part of the spinal cord that nourishes and controls that particular viscous. We may also notice irregularity of the spinous processes which suggests a lesion, but is not diagnostic of one, as many times the patient recovers, and this irregularity remains; but when there is impaired mobility of any set of vertebrae, it is safe to diagnose impairment of the viscera and structures that are supplied by the nerves that pass through the corresponding foramina, so that rigidity in the lumbar region means disease of the pelvic organs. The spinal cord terminates at the upper border of the second lumbar vertebra and the origin of all of the sacral and lumbar nerves must be above this point. This indicates the bony lesions as the primary cause, although there are a number of cases in which the changes in the spine are secondary to other conditions which the practitioner will ascertain and adjust.

### SOME EFFECTS OF SPECIFIC LESIONS.

In anemics and neurasthenics, we look for anterior conditions in the mid-dorsal, as a lesion here may cause pelvic disease by affecting the deep origin of all the lumbar and the most of the sacral nerves. A lesion in the lower dorsal may affect the nerves going to the uterus, ovaries and rectum; a subluxation of the vertebrae however slight will affect the blood supply to the nerve cells; a lesion of the lower dorsal will also affect the pudic nerve and this supplies almost the entire pelvic floor. Upon the strength of this floor, the position of the uterus depends. A subluxation of the last ribs will affect the ovaries, through the ovarian plexus, as the rami cross the heads of the ribs. It depends upon the lesion as to the condition of the ovary. There may be inflammation or atrophy, painful menstruation and amenorrhoea. The hypogastric plexus is located on the promontory of the sacrum and a lesion at the fifth lumbar will affect this plexus and cause disorders of the pelvis. An enlarged uterus



may press upon the hypogastric plexus and cause cramps. The position of the sacrum is very important in pelvic diseases. The utero-sacral ligaments lie in relation to the sacrum and hold the lower part of the uterus in position. Then there are the sacral nerves which are especially distributed to the cervix. We find a luxated innominate very frequently in women who suffer from uterine or menstrual troubles so the innominates should always be examined carefully. Sometimes there is a tightness of the tissues about the sacro-iliac joint, and the patient responds readily to treatment in this region.

#### SOME CONDITIONS AND THEIR CAUSES AND TREATMENT.

In misplacements of the uterus the most common condition in women who have borne children is retro-flexion; in nulliparae, ante-flexion. Laterals are not so common, ante-*version* can be physiological owing to the changes of the bladder. Ante-flexion is more common than retro-flexion. Retro-flexion is usually preceded by a retro-*version*, and complicated with one many times. Our method is to locate the lesion that interferes with the blood and nerve supply and remove the cause which as a rule comes from pressure to either the nerve force or blood supply or both; tight clothing forbidden. Normally there is a secretion from the vagina sufficient to lubricate the parts, and the genital tract is self-cleansing so that douches impair its vitality by weakening the tissues and destroying the natural secretions. When these secretions are abnormal in quality and quantity the condition is called leucorrhoea, and this is a symptom of some venous congestion of the uterus and vaginal walls. In leucorrhoea there is usually a displacement. We replace and inhibit the upper sacral nerves to the hypogastric plexus, also desensitize the round ligaments by pressing on the pubic symphysis. Aside from the venous congestion there may be a lacerated cervix. A daily warm water douche will also cause this condition; sometimes douches are necessary for the sake of cleanliness, but there is no curative property in the douche. Congestion of these parts causes severe throbbing in the top of the head. Usually leucorrhoea and erosion of the cervix are symptoms of other conditions. We give deep work over the uterus and veins leading from it and adjust the lesions along the spine to increase vaso-motor tonicity. While there are other reasons besides accidents to the bony structure which are the cause of disease nevertheless the statement is true that many diseases are from slipped and sub-luxated bones and even dislocations.

#### CASES IN POINT.

I will give a few cases illustrative. In a case of a young girl of seventeen years of age, suffering from secondary amenorrhoea, (primary amen-

orrhoea is where menses have never been established, secondary, is an acquired condition,) there had been suppression for seven months. I found an anterior upper dorsal so that the lesions seemed to interfere with assimilation as the body was not nourished properly. The lower dorsal was posterior affecting the ovaries, also muscular tenderness at the fifth lumbar. The mobility of the entire spine was too free, showing relaxation due no doubt to the general malnutrition. The viscera were pushed downward from wearing tight clothing. The organs were lifted and strengthened by having the patient reclining on the back with knees flexed, then the patient opposing—not too much—the thighs were adducted and vice versa several times. Aside from manipulations over the sacrum the hypogastric plexus was stimulated by tapping on the lumbo-sacral articulations. After two weeks treatment menses appeared. Patient was treated two months and lesions were removed and she has had no trouble since. In a case of retro-flexion where the uterine lesion was the primary cause and the contracted spinal muscles the secondary cause, there was obstructive dysmenorrhoea. The treatment was given to relax the muscles, and to straighten and replace the uterus, by strengthening the ligaments.

#### WHAT OSTEOPATHY HAS ACCOMPLISHED.

The science of osteopathy does more than all others to revolutionize the treatment of the diseases of women, and has advanced farther along this line than any other method. Osteopathic Gynecology is based upon facts. We should feel proud of the record we have made in the treatment of these diseases. From year to year our method becomes greater and more successful, and we are demonstrating to the public a more complete method of treating the diseases of woman-kind.

\* \* \*

## Osteopathic Superiority in Pelvic Troubles

G. A. GAMBLE, D. O., Salt Lake City, Utah.

In a recent number of a health magazine its editor (an M. D.) says "We find no occasion to recommend this so-called system," referring to osteopathy. In answer to a question relative to pelvic diseases, he says, "We should not think of sending a person suffering with a pelvic disease to an osteopath for treatment."

To ask a medical doctor for information concerning the science of osteopathy, is like asking a politician for an explanation of the principles of his opposing party; or for one religionist to explain the tenets of an opposing dogma of which he is either ignorant or prejudiced.

Now, Mr. Reader, won't you kindly let me tell you my experience



with pelvic diseases, and explain the views of an osteopath concerning these diseases? It is not my province to pass upon the merits or demerits of the practice of medicine, massage, swedish movements, hydrotherapy, etc., but I know from personal experience what osteopathy is doing for pelvic diseases. We claim that a large per cent. of pelvic diseases are due to a misplaced innominate, and traceable to that misplacement as the primary cause are such diseases as: rheumatism, sciatica, cystitis, ovaritis, salpingitis, hemorrhoids and uterine disorders. Sooner or later the alimentary tract becomes involved, either directly or as a result of medication. We have brought about a permanent cure in these diseases by correcting the existing lesion.

We desire to relate one case of several year's standing. A lady with a twisted pelvis, dating from birth of her child, after years of unsuccessful medication, was told that four feet of the lower bowel was paralyzed and must be removed. The surgeon also advised the removal of the appendix and ovaries. Purgative medicines were used continually, but had to be followed with an enema in order to evacuate the bowels. Examination revealed a posterior left innominate and the left limb one inch short. In three weeks after correcting the lesion a griping pain appeared in lower bowel, which was the first sign of life in those parts for years. In six weeks the patient had a normal action of the bowels. Patient discontinued the use of purgatives at beginning of treatment and in nine weeks was having regular passages from the bowels, with only an occasional use of an enema. Other ailments have yielded in a similar manner.

The innominate lesion remains corrected and the limbs are the same length.

I venture to say that every osteopath has had cases similar to the one above, and results are sure to be the same. We owe it to humanity that the wonderful achievements of osteopathy, which we consider the greatest discovery of the nineteenth century, be made known; and we urge the readers of this article to investigate osteopathy, by consulting an osteopath, or by conversing with any of the thousands of patients who have been cured by osteopathy.

\* \* \*

## THE COLON.

### SOME RANDOM THOUGHTS AND A PLEA.

WILLIAM SMITH, M. D., D. O.

Probably the most ill-used organ in the body (if we can speak of one in especial in that regard when all are so terribly abused throughout life) is the colon. That long-suffering servant patiently receives day

after day, poured into its interior, the semi-solid excrete matter from the small intestine, has handed on to him every source of offence to the small intestine above him. All of the undigested remnants of meals eaten far in excess of the requirements of the body, all the excess of liquid which has not been taken up by the absorbents in the jejunum and ileum. In short, all of that which is of no further use to the body, in addition to much still of value but unabsorbed, is dumped into the colon as into a common sewer there to undergo a process of partial drying prior to being thrown out as waste matter. Despite his lowly occupation there is much of interest in him, developmentally, anatomically, physiologically, clinically, and in regard to all of those headings a few words may be of interest to those who have frequently to consider him pathologically.

In his evolutionary history man was not always as he is to-day; he at one time lived on foods not so rich in nitrogenous matter, he required a longer intestine than he now possesses, and so Nature had provided him with a caecum. If one looks at the large intestine of an herbivorous animal such as the common rabbit, it will be noticed that below the point of entrance into the colon of the small intestine there is a prolongation downward of the colon to an extent of from ten to fourteen inches. This is the caecum in all its pristine beauty. The rabbit requires to extract from matter containing comparatively little nitrogenous matter all the nutrition that it can, so Nature has furnished this extra absorbent area. In his evolution man has changed in his gastronomic ideas, he has forsaken the Nebuchadnezzar-like dietary of his ancestors and betaken himself to the flesh-pots. Not requiring this caecum Nature treated it as she does all functionally inactive parts, and through generation after generation has been permitting it to atrophy, until now all that is left is merely the remnant which is shorter than its own name, the vermiform appendix, which to-day surgeons are amputating with as little compunction as a dog fancier removing the caudal appendage of a bull terrier. Sic transit gloria mundi. But the rest of the colon was also long, for the proper drying of the intestinal contents a certain amount of absorbent surface was required, and Nature planned out a method to give the necessary surface while economising in a most workman-like manner in the matter of space. The general intestinal wall has in its structure a large amount of muscular tissue, roughly speaking arranged in two layers, one of longitudinally running fibres, the other of fibers encircling the intestine. To shorten the intestine without lessening its surface-area was to Mother Nature simple. The longitudinal fibers were grouped in three bands and much shortened, at the same time the circular fibers were specially developed at varying points along the wall. The result is obvious, the



larger intestine is smooth along three bands on its external surface corresponding to the bands of longitudinal muscle, it is thrown into sacculations the marking off being made by the specially developed circular fibers. Length is thus saved while no surface is lost. This arrangement when the colon is acting in a physiological manner is admirable, but at times when some cause is stimulating these powerful bands of muscle to increased effort the result of their action produces the peculiar twisting pains of colic.

Anatomically the colon is the most definitely located of any part of the intestine; the ileo-colic junction is in the right iliac fossa, the ascending colon becomes the transverse in relation to the undersurface of the right lobe of the liver, the transverse becomes the descending colon in close relation to the left kidney and spleen, while the sigmoid becomes the rectum at the left sacro-iliac joint. The colon is fixed at these various points by mesenteric bands, and exaggerated muscular action at times, as already alluded to, causes pain by the resultant traction upon these. The entire colon from the caecum to the second portion of the rectum has a peritoneal investment, in part a mesentery holding it to the posterior abdominal wall, in part an omentum binding it to the stomach.

Physiologically the function of the colon has been briefly alluded to; digestion ceases at the ileo-colic valve, the digestive glands have become fewer and fewer as we descend the ileum and at the commencement of the colon cease to exist. In other words the colon has one great function, simply the drying out of the semi-solid mass poured into it; some of the absorbed matters being matter suitable for use in the nutrition of the body, some being waste, the entire liquid absorbed enters the blood stream by way of branches of the inferior vena cava, and it is left for the kidney, the liver and the spleen to determine what disposition shall be made of it. The absorbent surface is great, but the sacculi not only serve as conservers of surface but by their presence tend to prevent the too rapid transit of the mass through the passageway; this is of importance, for when we come to look at the lowest part of the colon, the rectum, we find an area plentifully supplied with muscular fibers, with a rich supply of sympathetic nerves (not under the control of the will) and at its lowest part a mass of strong circular fibers supplied by nerves under voluntary control. This space in the intestine was devised by Nature to contain solids or gases, having provided the means for the proper drying out of the intestinal contents she arranged in no way for liquids to be contained in the rectum. The center which controls the action of the involuntary fibers of the rectum is situated in the lumbar enlargement of the spinal cord, this center is not readily stimulated to action by the presence in

the rectum of solids or gases, but is immediately stimulated by the presence of liquids. In other words if a liquid mass is present in the rectum involuntary muscular action is set up, the bowel must be emptied. Hence if the contents of the intestine are abnormally liquid diarrhea inevitably occurs.

We may say that all diarrheas are caused by one or both of two conditions, the undue liquidity of the intestinal contents and the presence in the intestine of some substance which causes irritation of the terminals of the afferent nerves to the center whence emanate the efferent fibers to the muscular tissue of the part. Any portion of the colon may be stimulated by irritant matter, the mass is then propelled so rapidly through the intestine that it is imperfectly dried, the liquid in the rectum compels evacuation. On the other hand if digestion has been imperfectly performed from any cause whatsoever, and especially if there be a deficiency of bile in the intestinal contents, there is apt to be present in the colon matter which undergoes fermentative or decompositional change, most commonly undigested and unabsorbed fat; thus at the same time as we have drying of the mass we have the production of more or less large quantities of gas. Cases where we have imperfect digestion are very commonly brought to that condition through impairment of nerve action, and impaired secretion of the digestive ferments is often accompanied by lessened muscular action of the walls, partly directly due to the impaired nerve supply, partly indirectly since the bile acts as a stimulant to the afferent nerve-endings, and if we have impaired bile production, impaired intestinal secretion and impaired muscular action we have a trinity acting together to retard digestion, unduly dry out the intestinal contents prior to their admission to the colon and favor the fermentation process; since bile is a valuable antiseptic to the intestinal contents and favors the absorption through the intestinal walls, also aiding in the digestion of fats, its absence directly favors this last process. The reverse of diarrhea is constipation, and just as abnormal fluidity of the contents with increased peristaltic action produce the former, so do abnormal solidity and diminished action bring about the latter. It must not be forgotten that abnormal fluidity is commonly present in cases where we have impairment of the action of the kidney; this is one of the methods of Nature in the way of relief by rest, the same is true in such diarrheas as are of "portal origin," such should not be checked, they are better encouraged. But there is one other great cause of constipation, possibly the most important, and that is habit. We are all creatures of habit and there is no part of the body which is more readily taught a habit than the colon in its various parts, whether the habit be good or bad. Establish



the habit of regularity of intestinal evacuation and you have done much to guard against future intestinal irregularity, either in the one or the other direction. Unfortunately the person who begins to suffer from constipation only too frequently is induced to try "Begums Blue Bile Buttons" or some other cathartic cholagogue. Almost all of these contain some hepatic stimulant, whether it be calomel, podophyllin or what not, associated with some drug which acts upon the muscular wall of the intestine. Many of these are harmless, (other than educating the colon in the mistaken idea that they are necessary,) some injurious, for instance any preparation containing aloes which has a selective action on the rectum and produces in that part of the intestine violent straining, a very frequent cause of hemorrhoids. Other persons again resort to the use of the enema, and train the colon in the way it should not go by putting into it at more or less regular intervals that which Nature specially intended that it should not contain, liquid, and so insulting that organ that it in short order gets rid of the whole of its contents in endeavoring to remove the offending water. The rectum is taught, with malice aforethought, to act only when it is insulted in this manner. And that is called "curing constipation."!! But I said in the opening words of this rambling article that the colon was ill-used, let us see in what way and what remedy there is to be proposed. The alimentary canal is intended to take care of the proper digestion of a PROPER amount of food taken in PROPER proportions, a certain amount of liquid and solid, these containing a due amount of hydro-carbons, carbo-hydrates and proteids, and these it will convert into the forms suitable for absorption and reject the waste. But under certain circumstances the liver does not properly perform its work, bile is not secreted in proper amount, the digestion in the intestine is impaired. Such is manifested by the color of the stools, the presence of undigested fat and constipation, and the mass in the colon being retained undergoes fermentation, even decomposition, and so follows distension with flatus. This distension is most common in the sigmoid where it is often found so extreme that the part is enormously dilated. Here let us think a moment before resorting to the "whip for the tired horse," let us give the liver a rest. Do not urge the intestine to work, get rid of the mass in the colon by all means, but do not do it in a hurry. First put the patient on a diet of such foods as are almost entirely digested in the stomach, after a day on that diet give a copious enema of warm water containing an admixture of a bland, unirritating soap, a few minutes after that has come away repeat the injection. Then let nature act; aid her by osteopathic treatment, and see the result.

In almost every case where the liver is inactive we find the pancreas

the same, and the small intestine acts in a like manner, the muscular coat not receiving the impulses to contract excited by the presence of bile. Hence constipation is the rule in what we may term duodenal dyspepsia. Jarring the liver into activity with calomel produces an extravagant secretion of bile for a brief period—then resultant fatigue ensues from over work and Nature tells it to rest. The employment of purgatives in constipation does the very same thing to the muscular wall of the intestinal canal and has the same effect on the intestinal glandular tissue, it is followed by rest and non-secretion. No possible good to the bodily economy can come from their use, other than a very brief temporary relief, then the same condition recurs as a matter of course. Treatment over the splanchnic area will stimulate to normal, healthy action both the liver, pancreas and intestine. Low down in the splanchnic area we affect the colon, but when the colon is full of decomposing undigested fat, starch, sugar, proteid matter and what not, common sense tells us "don't leave such matter there to poison the system, to unduly strain the intestinal walls by distension with foul gases much of which will also pass through the walls, be clean inside and out, wash it out," but common-sense also tells us "washing out an organ ONCE does not mean educating the organ by constant enemata to rely upon them for the stimulus for its action." So while the colon acts as simply an excretory channel we must realize that excretion is a function, the colon is not a mere sewer pipe but as intricate a mechanism, as perfectly equipped for its work as any part of the body. For the performance of its duty it asks only one thing, fair treatment. It asks that if any portion of the alimentary canal situated above it be not doing its work that part be rested so that undigested matter is not thrown into it. Who would give a sufferer from diabetes a starchy food? Who would give a strong nitrogenous diet to the patient with interstitial nephritis? What sensible man allows a man with an excess of uric acid to eat much, if any, beef? But little attention is only too frequently paid to the matter of what is given to the sufferer with duodenal dyspepsia; the woman says she cannot eat potatoes, "they always disagree with me" so they must be almost entirely starch; the same woman must not eat pastry on account of its contained fat. Let her take diet chiefly nitrogenous for a few days, hard-boiled eggs (boiled not less than twenty minutes,) separated milk, the juice out of good beef. That sounds like a very limited diet, but the essential thing is to avoid starches and fats, while giving as much nutriment as will be NEEDED by the body without supplying too much, the excess to act as simply useless load. Surely if the patient's stomach is at fault, or you know that the small intestine would be the better for a



rest, common-sense once more says "rest those parts, feed the patient by the rectum," and, knowing that the entire colon is an absorbent but not a digestive area, it is only the application of common-sense once more to administer freely nutrient enemata of pre-digested food.

Give each part of the body a fair chance and it will do its work, treat it on physiological lines and you will get from it no disappointments. The colon is a faithful servant, if encouraged and treated right it will do its work cheerfully and without groanings (borborymi) and kicking (tormina) but if good old Mother Nature is expected to perform miracles in the way of correcting pathological conditions brought about by our neglect of the simplest of physiological rules, she is sure to find that even her application of exaggerated physiological action fails, then we find the case injured instead of benefited by her efforts. If we help her in the beginning we will find that we have a capable assistant, nay, far more, we will find that SHE will cure, while we act as her assistant.

\* \* \*

## The Origin of Some Medicines.

LOUISA BURNS, M. S., D. O., Daly St. and Mission Road, Los Angeles, Cal.

The first drugs given as medicines were used because of the old idea of disease as a spirit, a conscious creature which invaded the body and which lived upon the natural food of the body, and with fiendish ingenuity tore and cruelly mal-treated its unwilling host. With this idea of disease, the methods of cure naturally fell into two classes, of which one endeavored to placate the disease, so that it should not be angry with its host, the other endeavored to make its stay in the body so unpleasant that its visit should be shortened.

"Feed a cold" is an example of the first class of methods; "Starve a fever" is an example of the second. The use of bitter and nauseous medicines arose from the application of this principle. The disease was supposed to be inside the body, so the bitter medicines were given "to drive it out." Many of these bitter herbs contain a toxic principle. A person who was not too sick was able to eliminate the poisonous elements by means of increased action of the skin, kidneys, liver or intestines. This increased elimination was regarded as proof that the disease was "being thrown out of the system" and the patient's recovery was confidently expected. If too weak to expel the poisons administered as drugs, the patient usually died. The doctor then wisely said that the disease was too strong to be attacked by the remedies used, and regret was felt that the dose had not been increased, or that stronger medicines had

not been employed. Doubtless, many of these people would have been able to recover from the illness alone, but the illness plus the doctor was too much for them.

### FORMER BELIEF CONCERNING NATURE.

This view of diseases and therapeutics led to some peculiar methods which are not altogether relegated to history. Mother Nature was supposed to be a very beneficent and also a very whimsical old lady. As she provided the various diseases, so also she provided a special remedy for each one. History does not say how the diseases were so enabled to find an appropriate host, or whether diseases were so plentiful that there were enough to supply every person with his due share. At any rate, she placed the remedies in hidden places, and led the ailing to them by a succession of hints as to their use.

One plant has a yellow juice, bile is yellow, therefore this plant is good for bilious people. Another plant has a heart-shaped leaf, therefore it is good for people with bad hearts. Another plant grows very early in the spring, therefore it is especially good for the ills of that time of the year. The juice of the root of another plant is bright red, therefore the tea made from the root of that plant is of great merit in treating anemic people.

Some of these old ideas led to methods of treatment which were really of a certain value. The end of the journey was good, though the pathway was not above reproach. For instance, the girls suffering "green sickness," or chlorosis, were advised to eat freely of green things, lettuce, and all manner of "greens!" This was as good from the dietetic standpoint as the rest of the advice was bad, viz, that they should eat only unripe fruits.

The homeopathic maxim, "Similia similibus curantur," has its exemplification in many another one of these old remedies. For example, a burn was held as close as possible to the fire in order "to draw the fire out", and fever patients were covered closely to "sweat the fever out."

Not very unlike these is a recent idea offered with all earnestness in a late medical journal that abscesses should be treated with yeast poultices. The products of fermentation were supposed to be antagonistic to the products of bacterial action. Surely this is obedience to the old adage "Set a thief to catch a thief," with a vengeance.

In some such manner as these here mentioned have all the drugs used as medicines been discovered. It is all purely empirical, and all of the "cut and try" class of investigation.



## THE OSTEOPATHIC IDEA.

As opposed to these methods, the science of osteopathy stands as a true science. Osteopathic methods are based absolutely upon the exact facts of anatomy and physiology. The treatment given each patient is determined by the condition of the patient as it consists in adjusting the displaced body parts. The diagnosis of each case indicates the treatment needed, as the examination of any non-living machine indicates the nature of the required repairs. There is nothing of empiricism in such treatment; with sufficient skill, there is no chance in the matter, nor any possibility of making the condition of the patient worse rather than better. Let the condition of the sick person be thoroughly determined by the careful methods employed by osteopaths and the treatment is absolutely and certainly determined. There is no trying, no experimenting, no taking of chances; there is only the recognition of an abnormality and its correction.

It is true that these ideals are not always attained. An exact diagnosis is sometimes absolutely impossible, and there are many cases of illness which are incurable. Every method of treatment employed, however, rests upon a certain recognition of the condition of the patient, and is based upon his individual needs. Osteopathic methods, unlike those of other schools more or less famed in history, rest upon absolute facts, and not upon any theory or supposition or fancy.

\* \* \*

## OSTEOPATHY.

## A HEALING ART THAT FINDS STRUCTURAL ADJUSTMENT NECESSARY.

A. U. JORRIS, D. O., La Crosse, Wis.

Is there any subject more interesting or of greater personal importance than the making of the human body? The body is a perfect machine—the very acme of perfection is reached in the structural mechanism of man. The three classes of levers are found in man and are used by the osteopathic medical profession in restoring structural defects for the cure of disease in the body.

As before stated, "Man is a machine," and dependent, like all machines upon the proper adjustment of all its parts for harmony in their work. Each part must act in accord with those in relation to it. Each part must occupy its proper place. Each part must receive its proper nervous energy by way of unimpinged nerves; partake of proper food and be drained of necessary waste in order that it may show signs of health.

## NERVOUS SYSTEM CONTROLS BODY.

Controlling the activity of every gland, muscle and blood vessel—controlling in fact, the activity of every working part of the human body, is the NERVOUS SYSTEM presided over by the brain. The brain remember, is the seat of the mind and generates a force, which man likens to electricity. Connecting the brain with its servants, the body organs, and acting as the conductors of its force or impulses are the nerves, which pass through and between the muscles, tendons, bones and ligaments ramifying to all parts of the body. Tissue deprived of normal nerve force or brain impulse for a length of time, weakens, and, if deprived long, ceases properly to perform its work.

Thought, sight, hearing, sensation, motion, digestion, breathing, etc., etc., all are dependent upon this "nerve force." Without it all is still—a blank—the body a senseless, motionless, lifeless thing. Suppose a nerve is impinged by reason of a displaced bone (usually vertebra,) a less number of "nerve force" impulses pass over it and the tissues supplied by it suffer for want of proper nerve supply. Discord results, harmony disappears and dis-ease has made its beginning. The body loses its balance; a part of the machine falters in its work, which it makes known by pain, swelling, fever, stiffness, loss of sensation of other symptoms. The natural resistance of the tissues is lowered, germs may gain a foothold and become active. This condition as described results from defective structure, interfering with nerve and blood supply to a body part, and man has NAMED these signs as manifested by the suffering tissues, diphtheria, la grippe, typhoid fever, rheumatism, catarrh, tonsilitis, or otherwise, as the case may be. Isn't it strange you haven't thought of this theory before? You have always known that man was a self-propelling mechanism run by an unseen force called life, but you simply had not applied the same common sense to the cure of the human machine, that you would apply to an engine or other machine, i. e. adjust the disabled parts so that they may work harmoniously together.

## OSTEOPATHIC SCHOOL UNIQUE.

No other school of medicine or system of healing but the osteopathic adjusts the body structure, corrects displacements and mal-adjustments. He examines the body as a skilled mechanic examines a machine made by man. With a detailed knowledge of anatomy, a delicate touch highly developed, he locates displacements, mal-adjustments of body's parts and adjusts same by mechanical means through force, applied with the hands. Using the three classes of levers before mentioned in a scientific manner he re-adjusts the displaced structure, relieves the impinged nerves and then Nature restores the parts to health.



Surgery is resorted to only when found necessary to rid the body of dead tissue or other absolute indications for so doing exist. The symptoms of disease yield at once upon receipt of proper nerve and blood supply and the symptoms of health take their place. The human machine must be structurally correct in all its parts; and this condition the osteopathic physician brings about by his method. He stands alone in the healing world as the representative of a system of medicine which assists Nature to rid the body of dis-ease by the common sense method of giving it ease through correction of displacements and adjusting of mal-adjustments. Restoring function and bringing order out of disorder, harmony from discord are the result of a properly re-adjusted machine, whether it be "the human machine" or a man-made machine.

\* \* \*

"BRUDDER BONES".—Dr. Edward Willard Watson, M. D., in Medical Notes and Queries, delivers himself of the following, which so amused the Editor that he thought it not fair to keep it all to himself.

"Who will be in the front to welcome osteopathy to the medical fold? Surely dealing with bones as he does and ignoring drugs, the surgeon should advance with welcoming hand, for as "fingers were made before forks?" so were hands and arms chirurgical implements before knives and needles. Even to-day the Chinese dentist extracts teeth with his fingers, ignoring the dental forceps, and ere long we may find the osteopathic surgeon, differentiated from the osteopathic physician, tearing out ovaries and tubes, replacing internal organs, as well as dislocated ribs and vertebra, and performing all the operations of surgery without the knife. A sort of return to nature, like living in tents, sleeping on spruce boughs, and imbibing raw eggs and milk—the reaction from the artificial to the natural. And why should the youth who contemplates medicine as a career, waste his time on chemistry and physiology and surgery and materia medica and hygiene and therapeutics when he can be an O. D. with a moiety of the labor and a small fraction of the risk of passing the Board, for if he hesitates the kind osteopathic examiner on the Board will ask him to replace a rib, or a misplaced cerebral convolution, or a prolapsed cerebellum, and lo! the youth, so dull and stupid, will bloom out the very flower of osteopathy, and surprise his examiners with his wisdom. And the rewards? Are not their offices thronged with the wealthy, whose spines are proverbially dislocated from too much riding in autos, and too many collisions with pigs and chickens and stone walls and pike gates and policemen and constables? There is gold in it, there is fame in it for the young aspirant. Youth is no drawback age no hinderance. The law has ennobled them and we are back numbers Calomel blushes a pale rose pink, ipecac feels stomachic qualms itself. The bottles on the pharmacy shelf draw back in shame and the trusty steed of the old time practitioner shudders as he passes the osteopath's door and shies at his brazen sign—"One of the signs of the times," along with the mind cure, the faith cure, "the specific image" cure, the water cure, the raw vegetable, and the meat diet, and the squirrel menu—nuts and fruit—and the things that grow above ground and under the ground and last but not least the Breakfast food cure—whose name is Legion, and which now as in earlier days still enters the Gadarene Swine of to-day and hurries them down steep places into the same Eternal Sea."

# The Journal of Osteopathy

PUBLISHED MONTHLY BY THE  
JOURNAL OF OSTEOPATHY PUBLISHING CO.,  
KIRKSVILLE, MISSOURI

Subscription, \$1.00 per year in advance.

Entered at the Post Office at Kirksville, Mo., as Second Class Matter.

FRANKLIN FISKE, A. B., D. O., EDITOR.

#### LOCAL EDITORS.

William Smith, M. D., D. O., . . . . .	Staff Writer	A. G. Hildreth, D. O., . . . . .	Legislation
G. M. Laughlin, M. S. D., D. O., Editor Clinic Dept		C. P. McConnell, M. D., D. O., . . . . .	Practice
Geo. A. Still, M. S., M. D., D. O., . . . . .	Editorial Writer	H. F. Goetz, B. S., D. O., . . . . .	Practice
R. E. Hamilton, M. Pd., D. O., . . . . .	Editorial Writer	M. E. Clark, D. O., . . . . .	Obstetrics
Frank P. Pratt, A. B., D. O., . . . . .	Literary Editor	J. L. Holloway, M. S. D., D. O., . . . . .	Associations

#### FIELD EDITORS.

KIRKSVILLE, MO., OCTOBER, 1907.

#### EDITORIAL.

**Concerning Equipment.** There are many who inquire whom the Hospital finds best for equipment. We will state that all equipment in their line is purchased from the Max Wocher & Son Co., of Cincinnati.

\* \* \*

**Chance of Its Lifetime.** Dr. Evans says that the reason more A. O. A. members were not secured at Norfolk was that there was a relative small attendance. Next year there will be opportunity to have an attendance of 4,000, and an added membership of nearly all of these. Is it worth working for?

\* \* \*

**Kirksville, 1908.** There are some 3800 practicing osteopaths who owe their osteopathic birth to the A. S. O. or the schools merged with it; most of these lived at some time or other in the little city of Kirksville. Will you come home to your birth-place? The citizens will throw open their houses and take you in their families; the hotels will accommodate those who have never lived here. Dr. Charlie has promised to secure the Chautauqua tent for the meetings, if there is sufficient attendance to crowd the A. S. O. auditorium. Perhaps never again will there be another convention of like interest and importance. Will you be enrolled as one of those present? Begin to plan for it now.

\* \* \*

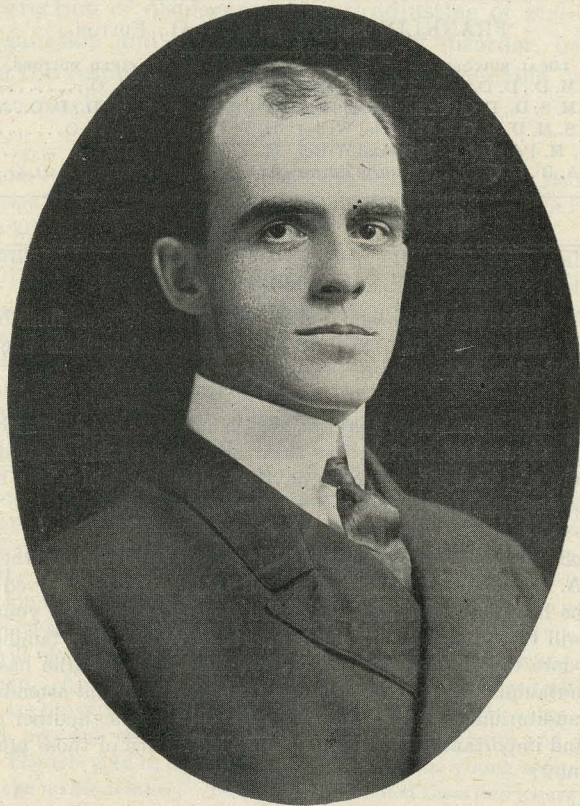
**For Our Posterity.** When persons who are justly celebrated have lived the allotted time of man, and been gathered to their fathers, the question is asked, What was the physical appearance of this human, who so changed the thoughts and ideas of mankind, that the stream started by him, ever working on the sands of time, creates a steadily increasing change in mankind's affairs? Dr. A. T. Still is a personality of this kind, and the work done by him and the influences by him set in motion, will live and increase, long after you and I have been forgotten. But on us rests the responsibility of thus providing for our posterity. The osteopathic profession is prosperous, and one of the ways in which it can show its gratitude for this prosperity



being made possible, is to secure a permanent likeness of the founder. A plan leading to this end was made at the A. S. O. alumni meeting and is outlined elsewhere in this issue.

\* \* \*

**Ex-President Ellis'** The address delivered at the Norfolk Convention is of such importance to the entire profession that we reproduce it from the A. O. A. Journal and print it in this issue. Dr. Ellis voices a sentiment which none dare ignore, that the mixer is a menace to the profession. In conversation with visitors at the A. S. O., the Editor has received statements like this, "No, I do not



S. A. ELLIS

Retiring President of A. O. A., whose address struck the key note for the Convention.

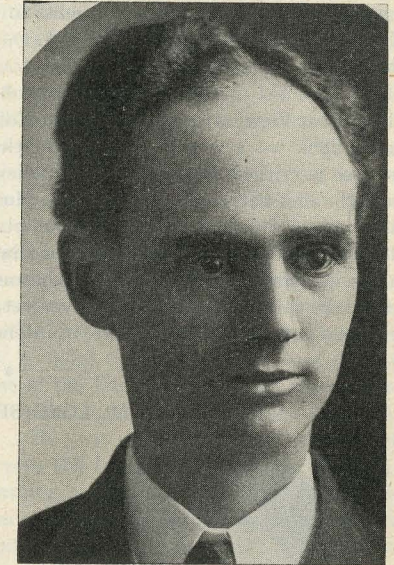
make a practice of giving drugs, but if they are needed I give them." The Editor asks, "Are they ever needed?" Understand, I do not deery the use of antiseptics, or of anesthetics, but when a practitioner substitutes for a rational method and one which has proved efficient after the other has failed, one which has been discarded by those who know the most of it and whose very empiricism and inaccuracy has paved the way for the magnificent record lesion osteopathy has made—it behooves the other members to look well to osteopathic knowledge of the member making such substitution. Members of the profession, have you a remedy? Voice it in a letter, and through the Letters to the Editor Department, it will go to the whole of the profession.

#### AFTER THOUGHTS OF THE CONVENTION.

Looking back on a past event, one can compare its successes with its defects, and taking this view of the Jamestown



DR. FRANK F. JONES, Trustee.



DR. A. STILL CRAIG, Regent.

Convention, one is impressed with the following: that there was a unanimity of expression in favor of pure lesion osteopathy, from the address by President Ellis, which set the keynote of the convention through the research articles, open parliaments, up to the final adjournment, and a spirit of progression broad, not in the sense of taking in all departments of therapeutics, but rather in the sense of taking in the full scope of the osteopathic theories, was present.

One of the most enjoyable features, was the opening address, given before the Journal representative arrived. The Editor thought this too good for just the A. O. A. members, and so reproduced it herewith.

Another feature was the open parliament by Dr. Atzen.

The success of the program was due largely to the efforts of Dr. Kendall Achorn, who as one prominent osteopath expressed it, "ran his legs off up to his knees, working for the convention."

The Board of Trustees of the P. G. School were reinforced by Drs. E. M. Downing and H. F. Goetz; the Regents, by A. Still Craig.

Dr. Kendall Achorn's name was inadvertently omitted from the list of members appointed to revise the constitution.

The work on terminology started by Dr. Fiske at the Tri-state Convention, was forwarded by Dr. M. C. Hardin, of Atlanta, Ga., on whose committee were appointed, W. F. Link, G. A. Still, J. L. Holloway and C. J. Muttart.

Another thing noticeable in the convention was that the new arrivals, those who



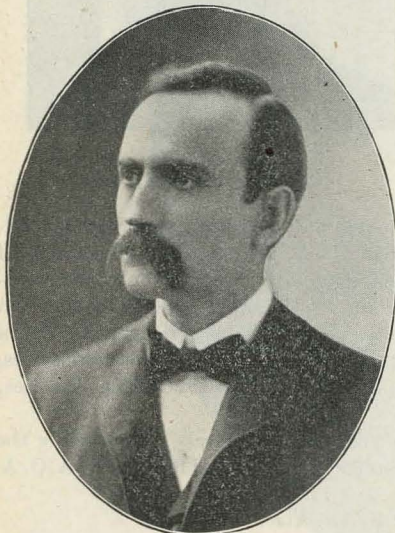
had not been the stand-bys for time immemorial, were given a chance to speak and express their opinions. While the attendance was small, we think that policies were inaugurated which with the impulse to be gained from the attendance of 3,000 at Kirksville next year, will make the A. O. A. an institution of service to the osteopaths at large.

\* \* \*

That "Bear View" Our good friend, Editor Bunting, has worried himself a great deal, thinking that the Journal was not friendly to the A. O. A., because it criticised a certain past policy. We made out reports of the convention from the first news sent us; later Drs. Moore and Ivie called at the Sanctum and gave other views which we are glad to adopt. We are glad to learn that the "real new blood" is already in commission and that there is nothing resembling an inner circle in the association. We join with the members and officers in the attempt to boost and make this year the greatest ever yet, and the convention one not to be even approached in size for many years; in interest, never.

\* \* \*

#### RETIRES AFTER LONG SERVICE AS A. O. A. EDITOR.



DR. A. L. EVANS.

passing notice, let us introduce the new editor, Dr. H. L. Chiles. To the A. O. A. members, he needs no introduction, having for so long served them, but to the Journal readers not members, his face may not be so familiar. The Journal extends to the new editor its congratulations.

After six years of service, Dr. A. L. Evans has laid down the editorial pen, with which he provided the ration of mental pabulum with which the A. O. A. members have been wont to recruit their osteopathic strength. He has seen it grow from an insignificant pamphlet to a journal of dignity commensurate with the profession it represents. And he has guided it well and impartially. With this



DR. H. L. CHILES.

#### DR. IVIE RETURNS TO CALIFORNIA.

Dr. William Horace Ivie, formerly of San Francisco, has severed his connection with the American School of Osteopathy, where he has served as instructor in hospital practice and osteopathic manipulations; as staff physician at the A. T. Still Infirmary and as interne at the A. S. O. hospital. He returns to California, where he is well known, having served there in various capacities, two years as president of San Francisco city association, one year as president of state board of osteopathic examiners, Western member of A. O. A. transportation committee and chairman of A. O. A. and S. F. O. A. joint relief committee and is now one of the Pacific Coast's two representatives on the A. O. A. Board of Trustees.



Photo by Moore

DR. WILLIAM HORACE IVIE.

He will locate at Berkeley, just across the bay from his former location, forming a partnership with Drs. Henderson and Penland, who have one of the best practices on the coast. Of the new firm, all have done post-graduate work, and Drs. Henderson and Ivie have served as staff operators at the A. T. Still Infirmary.

\* \* \*

Chance for  
City Practice.

If you wish to jump into a good practice in a good city, in a good state, send pretty soon for particulars about the Ad in this issue.

\* \* \*

#### DR. Gerdine Returns.

At the close of the last school year, Dr. Gerdine was given a year's absence to study in Berlin. Eager he was for a vacation and to undertake this trip, which he had planned ever since his alliance with the A. S. O., over four years ago. But when he learned that a member of the faculty had resigned immediately on the opening of the school term, he voluntarily telegraphed that if desired, he would forego his European trip and return at once to his post of duty. This generous offer was gladly accepted by the A. S. O. management.

During the summer, Dr. Gerdine has been specializing in his line, pathology, at Rush Medical College, preparatory to his intended trip abroad.



DR. L. VON G. GERDINE.



**P. G. Course After the Convention.** The following letter from a prominent osteopath is only one of a large number which have been received at the A. S. O. since the A. O. A. decided to hold the next convention at "Osteopathy's Birthplace."

Why can't you get us up a one month post-graduate course next year for the month of August 15th to September 15th, or immediately after the A. O. A. meeting.

I am voicing my individual needs and desires when I say I believe it would be a good thing for your school and will afford a great many of us perhaps our last opportunity of coming into direct contact with the "Old Doctor." The time would be short but such a course would be of incalculable advantage to the profession. With six or eight hours work per day a great deal may be done.

I know there are quite a number of your own graduates as well as those of other schools who would be delighted to take advantage of such an opportunity.

Think it over, and let us hear from you. Yours fraternally, ———

Of course, the A. S. O. has made no plans in regard to it as yet, but the Editor of the Journal would like to hear what the members of the profession think of the idea.

\* \* \*

#### OSTEOPATHIC LITERATURE ON APPROVAL.

In purchasing field literature you wish to know what you are buying. You can do this by looking over this number of the Journal of Osteopathy, the five leading articles of the Osteopathic Journal being printed herewith. The article by Dr. Smith consists of extracts of from the one in this issue. Notes written by the Editor. The contents of Vol. III, No. V. are:

Applied Gynecology in Osteopathy, Lena Creswell, D. O., San Diego, Calif.

Experience Peculiar, L. I. Brown, D. O., Denver, Colo.

The Origin of Some Medicines, Louisa Burns, M. S., D. O., Los Angeles, Calif.

Osteopathic Superiority in Pelvic Trouble, G. A. Gamble, D. O., Salt Lake City, Utah.

A Healing Art Requiring Structural Adjustment, A. U. Jorris, D. O., La Crosse Wisconsin.

A Misused Organ, William Smith, M. D., D. O., Kirksville, Mo.

Osteopathic Notes—The Editor.

Ready for delivery, October 25. To be sure of them, send your order NOW.

\* \* \*

**OSTEOPATHIC NURSES**—Nurses with osteopathic training are in demand. The A. S. O. training school will accept a few more students. Write for particulars.

\* \* \*

**FIRST OREGON OSTEOPATHIC LICENSE.**—The following is a copy of the certificate of appointment issued by the Governor of Oregon, to Dr. F. E. Moore.

STATE OF OREGON—TO ALL WHOM THESE PRESENTS SHALL COME—GREETING:—

Know ye that reposing special trust and confidence in the capacity, integrity, and fidelity of Dr. F. E. Moore, a citizen of La Grande, State of Oregon, I, Geo. E. Chamberlain, Governor of the State of Oregon, do, in the name and by the authority of said State, by these presents appoint and commission him, the said Dr. F. E. Moore, member of the State Board of Medical Examiners for the term ending May 27th, 1912.

In Testimony Whereof I have caused the Seal of the State to be affixed at the City of Salem, this 27th day of May, 1907.

(Signed) GEO. E. CHAMBERLAIN,  
Governor.

By the Governor:

F. W. BENSON, Secretary of State.

TO THE OSTEOPATHIC PROFESSION:

The trustees of the American Osteopathic Association awarded Dr. Franklin Fiske the contract for publishing the new osteopathic directory. In consultation with Dr. Fiske, I find that he is in a position to give a prompt delivery of the directory provided each osteopath who is addressed by Dr. Fiske does one simple little act toward its success, namely, fill out the card and return same at once.

The American Association aims to give the entire profession as authentic a directory, as is possible. Your co-operation with Dr. Fiske will be rewarded accordingly.

F. E. MOORE, President A. O. A.

\* \* \*

#### THE ALUMNI SOCIETY OF THE AMERICAN SCHOOL OF OSTEOPATHY.

DEAR DOCTOR:—

SEPTEMBER 14, 1907.

Do not lay this letter aside until you have read every word of it, for it brings a message of good cheer and an opportunity to do something that will forever be the pride of every alumnus of the A. S. O.

At the meeting of the Alumni Society of the A. S. O. at the recent convention of the A. O. A. the society enthusiastically and unanimously passed motions and resolutions to the effect that the alumni at the earliest possible time, commission the best artist to be had, to paint a portrait of Dr. Still for the Alumni Society, this portrait to be loaned to and hung on the walls of our Alma Mater, as a mark of our appreciation not only of what she and Dr. Still have been to us, but to the profession at large and the whole world as well.

In our estimation, this is the most commendable thing the alumni at this time could possibly do. We all feel that there should be a really good painting made of the "Old Doctor," and further that it should be done now while he is with us and in good health. What a splendid subject to inspire the touch of a great artist! And what a movement to bring an instant and hearty response from every graduate of our old Alma Mater!

This is not to be done by a few individuals, but it is to be a love offering, to be the privilege of every one who possesses a diploma signed by Dr. A. T. Still, and we feel that there is not one such person who will not be glad of this opportunity of showing his love for his Alma Mater, his profession, and the "Old Doctor," by sending at once his contribution to the common fund for this purpose. Believing that every graduate will contribute, the committee has placed the minimum contribution consistent with the success of the undertaking, at \$3.00. From assurances already received we know there is a large number whose love for the "Old Doctor" will cause them to send considerably larger sums, and this we hope they will do, for the size of the portrait, that is, half length, three-quarter length, or full length, together with the kind of frame, will depend entirely upon the responses of the alumni.

To make this an assured success, the contributions must be made at once. We are confident we can count upon your enthusiastic support of the movement, Doctor. Please send your contribution by check, post office or express money order to the society's treasurer, Bertha A. Buddecke, 816 Carleton Building, St. Louis, Mo.

You will, of course, be at the next A. O. A. meeting at Kirksville next August, and can then see the picture as it hangs in our Alma Mater.

Thanking you in advance in behalf of the Alumni Society for sending in your contribution within forty-eight hours after receipt of this letter,

We are, enthusiastically, your committee,

G. W. RILEY, J. A. DETIENNE,  
J. L. HOLLOWAY, CHARLES HAZZARD.



## Letters to the Editor.

### LEGISLATIVE SITUATION IN MASSACHUSETTS.

F. BOURNE LAKE, D. O., CAMBRIDGE, MASS.

We went up before the Massachusetts State Board of Examiners last May along with a number of other Osteopaths and M. D's. Not one osteopath failed, while forty per cent of the M. D's failed. I afterwards was talking with one of the Board of Examiners and in the course of our conversation he said that we osteopaths averaged higher in our marks in physiology than students from any other school! You can tell that to Prof. Gerdine, if you wish. The examiners knew I was from the A. S. O., too!

In the New England States a man might just as well not try to practice as to try to practice without a certificate from the various State Boards. In time, he might get a fair practice, but it would be a long and dreary time, for they are very conservative and think that if a man does not pass the Board he either does not know enough or is a fakir; and in either case he is, professionally, to be avoided. They feel that when they employ a "Registered Physician" that they are protected by the state against ignorance and fakirs.

\* \* \*

### LETTER TO DR. STILL.

The following letter to Dr. A. T. Still, shows that President Ellis' statement about the need of the osteopath is true, but at the same time, furnishes a clue to the solution of the problem—Study osteopathic text-books from an osteopathic standpoint.

DEAR DOCTOR:—In 1905, when I graduated, I thought I knew something about osteopathy and that it was now up to me to develop that science by personal investigation and research believing that the science was incomplete—that its possibilities were unknown and its fields of investigation had been limited and practically untrodden—but I've changed my mind. I did make a few observations which I thought were original and formulated an idea or two to spring upon my benighted brethren—when by some good fortune I saw your "Philosophy" in a brother practitioner's office and borrowed it.

First I read it—then I studied it, and I want to tell you I think there is more sense between its covers than any book I've ever read—and I've read stacks of them. That book set me thinking and I took it back and borrowed the "Autobiography." Then I got a jolt. I discovered that my ideas were not original—that Dr. Still had thoroughly discovered osteopathy in all its details before he ever gave it to the world and these so-called new discoveries were but infringements of a good copyright—and pretty poor imitations at that.

I know now that osteopathy is all or nothing and that ignorance is our only bar. I think every student and every "mixer" should read those two wonderful books—and if they do I know that discussions on "Eclectic Osteopathy" will vanish forever.

Although I've been two years in the field ere I read your books yet at this late day I could not do otherwise than send you this tribute to your genius and intellect. They tell me you are at work on another book. Well, just put me down as a subscriber. I want my knowledge right from the fountain head and I know it will contain a feast of good things.

I trust you may enjoy the best of health and I look forward to the summer when all your children will gather in your front yard to greet you and bless you and hope to have the pleasure of grasping your hand in fellowship then. With respect, I remain yours,

\* \* \*

## ASSOCIATIONS.

MICHIGAN—The annual state meeting in Michigan will be held this month. The Secretary, Dr. Stewart, of Detroit, says it will be "a rouser."

\* \* \*

INDIANA—The Indiana Osteopathic Association will have its tenth annual meeting at the Dennison Hotel, Indianapolis, Oct, 12th. Beside the President's address by Dr. J. F. Spaunhurst, there will be papers and discussions by Drs. M. E. Clark, J. E. P. Holland, C. E. Still, D. Ella McNicol and W. A. McConnell.

\* \* \*

IOWA—The Northwest Iowa Ass'n. will hold their annual convention in Cherokee, Oct. 2nd, and 3rd. The program includes the address by the President, Dr. W. A. Peterson, and also papers by Drs. U. S. Parrish, F. G. Cluitt, Geo. Engledew, Nettie Welch Nelson, Ida Peterson, Chas. Ray, A. E. Hook, M. A. Hoard, C. E. Still, Chas. W. Johnson, and A. W. Leard.

NORTH CAROLINA—The North Carolina Society will meet at Charlotte, Oct. 17-19. A. H. Zealy, Goldsboro, secretary.

SOUTH DAKOTA—The South Dakota Osteopathic Ass'n. held its meeting in Mitchell Sept 26th. The persons on the program were Drs. E. W. Tyler, W. B. Goodfellow, J. H. Orr, Mary Noyes Farr, John W. Pay, G. C. Redfield, Drs. Eneboe, Mary E. Pittman, Ben Smyth, S. W. Health. A feature of the Convention was the Brickbat Hour, for the good of the Association. A full account will be given in the next Journal.

A. S. O. ALUMNI MEETING—The Alumni of the American School of Osteopathy met in the Inside Inn, Friday, August 30, 1907, with Dr. G. W. Riley in the chair. The reports of secretary and treasurer were read and adopted. Dr. Riley then offered the suggestion that the alumni secure the services of a good artist to go to Kirksville and paint the portrait of Dr. A. T. Still, which portrait shall be formally presented to the American School of Osteopathy at the next meeting of the A. O. A., which will be held in Kirksville, Mo., in August 1908. Dr. Riley had made inquiries, and believed a portrait could be obtained by a good artist at the following terms:—head, \$1500; half length, \$2500; three quarter length \$3500; full length \$5000.

The president appointed a committee of three to make plans concerning the painting of the portrait.

The following officers were elected: President, Dr. J. A. DeTinne, Brooklyn; vice-president, Dr. Evelyn K. Underwood, New York City; treasurer, Dr. Bertha A. Buddecke, St. Louis; Secretary, Dr. Martha Petree, Paris, Kentucky.

The meeting adjourned after a short talk by Dr. De Tienne.

COLORADO—The D. O. A. held a called meeting for September, Friday, the thirteenth, at which Dr. E. C. Link, of Kirksville, was the honored guest. After a splendid dinner at the Brown Hotel, the company repaired to the Hotel parlors where Dr. Link gave a very interesting and instructive address on the A. S. O. Hospital and its past year's work. All went away feeling that the A. S. O. was keeping abreast the times and we heard talk of P. G. work by several prominent osteopaths who have taken a medical course and been disappointed in the amount of real good gotten out of it and suggesting instead that osteopathic knowledge is what is wanted by both practitioner and patients and all united in the feeling that the osteopathic college was the place to get it.

MINNESOTA—The Osteopaths of the state of Minnesota held their annual meeting at the Y. W. C. A. hall in Minneapolis on the 6th day of September. About fifty of



the profession were present who when evening came could well say they had had one of the most enjoyable and profitable days of their lives.

The forenoon was taken up by some minor matters and the discussion of sciatica, neuralgia, etc.

The following resolutions read by E. C. Pickler were unanimously passed:

"The Minnesota Osteopathic Ass'n at their annual meeting send love and greeting to our founder and wish him many years of happiness usefulness and good health."

"The Minnesota state Osteopathic Ass'n at their annual meeting send greetings to their members in Dresden, Germany, Drs. Moellering and wish them continued success, prosperity and happiness."

At 2 o'clock the association again assembled in the hall and Wm. Smith, of Kirksville, gave a very interesting lecture on the "Disturbances of the Alimentary Tract and their common sense treatment."

J. S. Raydell, of Minneapolis, gave an able address in which he emphasized the fact that osteopaths should be ready for emergencies at all times.

The officers elected for the ensuing year are:—President, E. C. Pickler; 1st vice-president, Wm. O. Flory; 2nd vice-president, G. M. Stern; 3rd vice-president, Arthur Taylor; secretary, F. E. Jorris; treasurer, A. G. Willits; Librarians, M. E. Fuller, K. J. Manuel; Legal Advisor, C. W. Young; Trustees, H. C. Camp, J. S. Rydell, J. A. Herron, F. M. Davey, Victoria Anderson.

MONTANA—The seventh annual session of the Montana Osteopathic Association convened at the Hotel Broadwater, at Helena, Montana, September 5, and a very interesting program was carried out and a very profitable meeting held. The following program was carried out: Invocation, W. C. Dawes, Bozeman; president's address, "Remarks in Relation to Professional Advancement," L. K. Cramb, Butte; paper, "The First Rib," E. M. Carey, Laurel; paper, "Morphine Habit—Osteopathic Treatment In," Asa Willard, Missoula; paper, "Cerebro-Spinal Meningitis," Eva M. Hunter, Livingston; Discussion of Constipation, lead by W. H. O'Neill, Deer Lodge; Discussion of Sciatica, led by C. W. Mahaffay, Helena; discussion of Hereditary Sick Headache, led by Carrie A. Cramb, Butte. The papers of Drs. Willard and Hunter were especially interesting. Practical demonstrations of the correction of lesions also formed a very interesting part of the program, led by W. C. Dawes, Bozeman.

The following officers were elected for the ensuing year:—president, John H. Lee, Billings; vice-president, Carrie A. Cramb, Butte; secretary, L. K. Cramb, Butte; treasurer, Wellington Dawes, Dillon; board of trustees, Asa Willard, Missoula, three year term, E. M. Carey, Laurel, two year term, and W. C. Dawes, Bozeman, one year term. The Association will meet in Butte next year, September 3.

NEBRASKA—The eighth annual meeting of the Nebraska Osteopathic Association met at Beatrice, Sept. 12, 1907. Officers for the coming year: President J. I. Young, Superior vice-president Clara Hardy; Sec., C. W. Farwell; Treas., Dr. Cramb.

The principal topic under discussion was future legislation. After the routine business was disposed of a very interesting program was carried out. Next meeting of the Association will be held at Lincoln.

ONTARIO.—The seventh annual meeting of the Ontario Osteopathic Association was held in the office of Dr. Robt. B. Henderson, 48 Canada Life Bldg., in Toronto September 2nd.

The following splendid program was declared by those present to be well worth coming to hear, the morning paper being President's address, Dr. R. B. Henderson;

paper, Temperment in Osteopathy, Dr. J. S. Bach; paper Breast, Osteopathically considered, Dr. F. P. Millard; paper, Chronic Dyspepsia as a Factor in the Causation of Disease, Dr. Church, Detroit, Mich.

The value of the Association's meeting was much enhanced by the presence of Drs. Wm. Smith and Geo. A. Still of the American School of Osteopathy, Kirksville, Mo. At the forenoon session Dr. Smith presented a number of clinics which proved very interesting and instructive. At the afternoon session Dr. Geo. A. Still in his clear and concise manner presented gynecological clinics which were much enjoyed. In addition he presented a case of traumatic synovitis of the knee, in which he pointed out that while the trouble manifested itself in the knee, a subluxated innominate was responsible for the condition. After discussing the case Dr. Still applied a plaster cast to the knee for the purpose of securing complete rest.

In the evening Dr. Smith who was introduced by the Rev. Canon McNab, delivered his popular illustrated lecture, "Osteopathy: its History and Growth," in Association Hall central Y. M. C. A. building. The doctor first discussed the theories of the various Medical schools—allopathic and eclectic—in healing diseases of the human body. He then presented the osteopathic principles and theory in a very clear and concise manner and showed that the osteopath secures results by ADJUSTING THE PARTS of the human machine and that his treatment is more often followed by good results than is medical treatment, and also that the osteopath is not confronted with one of the annoyances common to medical men, viz: that of administering treatment to some particular part or organ which, while it may accomplish the desired end, may at the same time react very detrimentally on some other organ.

Dr. Smith conveyed a message from the Old Doctor to his Canadian friends which was received amid applause. The Ontario Association join with their osteopathic friends of the U. S. in wishing the Old Doctor many more years of usefulness and happiness.

The old officers were unanimously re-elected, there being one additional officer elected, viz: Dr. F. P. Millard, of Toronto, as assistant secretary.

The consensus of opinion of the Ontario Osteopaths is that this meeting was the best ever, owing chiefly to the part taken by Drs. Smith and Still.

W. O. A. OF KANSAS CITY.—The Women's Osteopathic Association of Kansas City, Mo., held their first meeting of the season on Tuesday evening, Sept. 3rd. There was very good attendance in spite of the fact that several members have not yet returned from their summer vacation.

Following is the program:—Paper, "Goitre" by Dr. Purdom; paper, "Typhoid Fever" by Dr. Balfe; paper, "Hay Fever" by Dr. Peters. A general discussion and clinic followed the reading of these papers.

\* \* \*

#### SHORT PERSONALS.

Dr. Leslye Hyde of El Paso, Texas, is on a visit to the East.

Dr. Alta Corbin Skidmore of Corinth, Mississippi, is visiting at Kirksville.

Dr. A. H. Davis, of Niagara Falls announces his removal into a modern, up-to-date fire proof building.

Dr. Nellie Slaight has returned to her practice at 508 East Main St., Newton, Ia., after an all summer vacation.

Dr. J. W. Kibler, of Wilmington, N. C., has removed to Petersburg, Va., where he is now permanently located.



Dr. J. J. Moriarty of Ottawa, Ill., entertained his nephew, Mr. E. C. Murphy, of the Middle Class, A. S. O., the first week of September.

After attending the A. O. A. Convention and viewing the Exposition Dr. Clara E. Sullivan has returned to her practice at Wheeling, W. Va.

Dr. Effie E. York of San Francisco, is spending part of her vacation at Syracuse, N. Y., and will return to her practice sometime in October.

The Macon, Ga., News of August 30th contains a very complimentary notice of Dr. F. F. Jones of that city, elected as trustee of the A. O. A.

The Paris, Ill., Beacon laments that Wm. Waldo, who was a popular salesman in the leading clothing store of that city, has decided to study osteopathy.

Dr. Anna K. Aplin of Detroit, Mich., announces her removal and sends regards to her old classmates whom she expects to meet at the convention next August.

Dr. J. E. Downing of Bay City, Mich., has a rather extensive interview in the Tribune of that city, in which he describes the cure of insanity by osteopathic adjustment.

Dr. F. C. Lindstrom of Janesville, informs us that we did not read his announcement correctly. His marriage was to Miss Marion F. Chittenden, daughter of Dr. G. G. Chittenden, of Janesville.

After two months summer practice at Bay View, Mich., Dr. Carrie B. Stewart, is again in practice in the Stevens Bldg., Detroit. Dr. Walter Stewart spent his vacation at work in his office.

Dr. Edythe Ashmore spent her vacation at Watkins Lake summer resort in Michigan. She will have associated with her in her practice in Detroit, Dr. Helen Valens, of the last P. G. Class A. S. O.

Dr. Calvin H. Grainger of Winston Salem, N. C., in a column interview in the Journal of that city, gives the report of the Jamestown Exposition. Dr. Grainger took an optimistic view of the convention and exposition.

Dr. M. A. Hoard, of Cherokee, Ia., announces that she will have associated with her during the following year, Dr. Lillian Thompson, of Syracuse, N. Y., of the last P. G. Class A. S. O. Her son, Dr. B. O. Hoard, is at the A. S. O. now for a P. G. course.

Dr. Irmine Z. Gunsaul has succeeded Dr. H. A. Stevenson of 719 N. 6th St., Harrisburg, Pa. Dr. Gunsaul's offices are Suite 1-2, 29 North 2nd St., office hours, Monday, Wednesday and Friday, 9:00 to 6:30—the other days at her former office at Chambersburg, Pa.

Dr. Nettie Olds Haight describes the climate in California as "a continuous dream of delight realized." A friend of hers tells us that a real estate deal she made on "Friday, the 13th of Sept." has already quadrupled in value. This would make any climate delightful.

Dr. Geo. W. Perrin, Empire Bldg., Denver, announces his resumption of practice after eighteen days vacation at the "Most Successful Convention ever held by the American Osteopathic Association." In his announcement he quotes the editorial of the September Journal, regarding the Old Doctor's 79th birthday.

Drs. S. W. Longan of Kansas City and Martha Petree, of Paris, Ky., have formed a partnership at Paris, Ky., the latter's old offices having been enlarged and refitted. Drs. Longan and Petree are remembered by the Editor who was a classmate of theirs, as successful student operators, and they are proving their ability in the field.

Dr. Robert M. Echols, who recently located here for the practice of osteopathy, occupies rooms on the third floor of the Masonic Temple. He is a graduate of the American school of Osteopathy, which is located at Kirksville, Mo. He took a special

course after graduation. Dr. and Mrs. Echols are residing with Mr. and Mrs. Thomas Patterson on West Fourth Str et.—Winston Salem, N. C. Journal,

**How You Do in Louisiana.**—Dr. R. W. Conner, of New Orleans, has the following to say concerning Louisiana legislation: At the last legislature, the bill of the osteopaths passed the house committee and in the House itself, received sixty-three votes out of the sixty-four present. In the Senate, it was reported out of the committee, with only one dissenting vote, but was there abandoned to prevent a drastic M. D. bill passing. They expect to get a law the next session. The present condition is: No court decision, no law, license may be obtained from the city clerk, and state clerk, giving you right to practice as an osteopath, fee \$5.00 to city, and \$5.00 to state. So far as the Editor knows, the only licenses are those held by Drs. Conner and Graves.

**Osteopathy Among the Laity.**—Every practitioner has some "advanced patients" who read the technical articles in the Journal with interest, keep back from their friends all statements derogatory to the profession, and tell only that which will advance its interest. One of these is Daniel Laroe, of Jamestown, Texas. Although losing everything on account of the boll weevil and suffering other financial misfortunes, yet he does not wish to be deprived of the Journal. Practitioners in the field, do you realize what it means to you to have such friends in your neighborhood? The Journal will have a Christmas present proposition to make in the December issue. Be thinking about it.

**Delta Omega Meeting.**—The annual meeting of the Alumni Association of the Delta Omega Sorority was held during the A. O. A. convention and officers elected for the coming year. Mary Giddings, 810-11 New England Bldg., Cleve and, Ohio, president; Betsey B. Hicks, 206 Ward Bldg., Battle Creek, Mich., secretary.

\* \* \*

#### VACATION IN THE ROCKIES.

E. C. LINK, D. O., KIRKSVILLE, MO.

It was the writer's good fortune to spend his short vacation in Colorado. He reached Denver a few days after the meeting of the Colorado Osteopathic Association and the echo of that meeting shows that Colorado osteopaths are certainly alive and doing good work.

While in Denver I called upon a number of my professional friends and acquaintances and was treated most courteously. The president of the Denver Osteopathic Association conferred with his associates and as a result of the conference the writer was the guest of honor of the Denver Osteopathic Association at a dinner at the Brown Palace Hotel, Friday, Sept. 13, '07, and after dinner was requested to address the association touching upon the benefit of the A. S. O. hospital to the students of the A. S. O., a description of the hospital and our record for the past year.

A good quiz and a thorough discussion of certain cases as to treatment and general management followed in which the various members freely expressed an opinion and showed them to be thinkers as well as conscientious workers.

The meeting afforded to me an opportunity to meet so many of my old acquaintances and to form new ones and as they are working so harmoniously to advance the cause of osteopathy in Denver and were such gracious hosts I feel that I may be pardoned for feeling a little bit "puffed up," and I am truly proud of the reputable practitioners in that city. They are securing practice in the best class of society and in many instances they are the family physicians. What better recommendation do they need?

After the meeting was adjourned several of those present expressed themselves as anxious to return to their Alma Mater and the parent school of osteopathy to pursue a post-graduate course better to fit themselves for their life's work.



## PERSONAL PARAGRAPHS.

**RETURNS FROM BERMUDA.**—Dr. C. C. Teal has just returned from Bermuda, where he went attending a patient.

**BRINGS PATIENT TO KIRKSVILLE.**—Dr. F. P. Wood, of Laddonia Mo., is in Kirksville with two patients whom he brought here for consultation.

**OPENS BRANCH OFFICE.**—Dr. B. R. Mansfield announces that he has opened a branch office at 414 West Center St., Marion, Ohio, still retaining his office in Galion, Ohio.

**CHANGES IN EDITORIAL MANAGEMENT OF A. O. A. JOURNAL.**—Dr. A. L. Evans got out the September number of the Journal, but announces that hereafter Dr. Chiles will be in charge.

**POST GRADUATE STUDENTS.**—Among the graduates who are taking the Post Course at the A. S. O., are Drs. B. O. Hoard, Cherokee, Ia.; G. W. Van Halteren, Athena, Ore.; and Truman Wolfe, Carthage, Mo.

**WILL SPECIALIZE IN EYE DISEASES.**—Dr. J. B. Schrock, of Bedford, Ind., stopped here a couple of days ago, on his way to Lincoln, Nebraska, where he will take a course in a medical college. He intends to specialize in eye troubles, but he is not abandoning osteopathy.

**JOURNAL MATTER COPYRIGHTED.**—Beginning with this issue, all contributed articles in the Journal of Osteopathy will be under copyright. Should any practitioner desire to reproduce them, in part or whole, he should communicate with the Journal of Osteopathy Publishing Company.

**VOICES NEED OF THE PROFESSION.**—Dr. John H. Wilson, Napoleon, Ohio, voices the common sentiment of the profession when he says "Every city of any size should have an osteopathic hospital with a competent surgeon in connection." Being so far from the A. S. O., he took Mrs. Wilson to Toledo for hospital treatment.

**ORIGINAL CAST WILL PRODUCE CRUTCHES FOR SALE.**—One evening during the Convention at Kirksville, next August, the original cast will produce the osteopathic play, Crutches for Sale, some of the members coming across the continent to take part. The proceeds will be given to the Charity ward of the A. S. O. Hospital.

**WRITES EXCLUSIVELY FOR THE JOURNAL.**—Dr. William Smith, one of the most forcible writers in the Osteopathic profession, has been engaged as a staff contributor of the Journal, and will each month or so, contribute articles on some osteopathic subject. Have you subscribed for the Journal, and thus made sure of receiving them?

**KENTUCKY OSTEOPATH NAMED FOR POLITICAL PREFERENCE.**—Early in September at a meeting of democratic bolters, and independents, Dr. K. W. Coffman, was nominated from Owensboro, Ky., for the state senate. At the time it was not known whether he would accept the nomination or not, and we have not been advised in this matter.

**OKLAHOMA OSTEOPATHS IN DOUBT.**—On account of the adoption of the constitution, the present laws in Oklahoma and Indian Territory will be subject to change in the next session of the legislature. The osteopaths in that state did not succeed in inserting an osteopathic clause in the constitution, so they are now preparing to secure a good law.

**THE BIRTH OF OSTEOPATHY.**—In the Boston Transcript, recently, Dr. R. K. Smith published a very interesting letter about the work of Dr. Edward W. Tuson, F. R. C. S. on the subject of Spinal Debility. Dr. Tuson is one of the pioneer osteopaths, but where he recognized spinal treatment to limited extent, the osteopaths apply it universally.

**A GOOD IDEA FOR CITY MEETINGS.**—At the Indianapolis City meeting of the 7th, Drs. Clarke and O. E. Smith reviewed the A. O. A. Convention. At the next meeting, each member will report his most obstinate case under treatment at the time and a symposium will be held on it. The Indiana osteopaths expect to change the legislative situation in that state before long.

**CONCERNING NEW ADVERTISERS.**—The Allen Bath Appliances are good property and when ordering them, mention The Journal. Other new bidders for osteopathic patronage, to whom please mention seeing their ad in The Journal are, The Max Woche & Sons Co., Farwell & Rhines Co., Dickson Memory School, Loomis tables Bigsby's Technique, Eale's & Taber's Charts and The Osteoblast.

**IS THANKFUL.**—In an interview in the El Paso paper, Dr. Ira Collins says concerning recommendations sent to the Texas chief executive, by friends "For when I saw all the nice things that had been written about me I felt like the homely girl who went into her bedroom and closed the door and said, 'O God, I thank Thee that love is blind. We are not sure the doctor referred to the Governor or the people."

**ANOTHER MEDDLESOME CORONER.**—In Washington, osteopaths have not the legal standing accorded them in some of the more progressive states, so when Irene, the two year old daughter of J. B. Langdon, of Green Lake, near Seattle, died recently when she had been under the care of Dr. E. E. Pierce, an osteopath, and had not died according to law, with the aid of drugs, the coroner refused to accept her death. After the burial, the city health officers notified the state board of health, and arrangements were being made to disinter the body and hold a post mortem. What the outcome of the case is, has not been learned. Dr. Pierce is a graduate of the now defunct Ohio College.

**AN OSTEOPATHIC BOOK, EXCLUSIVELY ON DIAGNOSIS AND TECHNIC.**—Dr. Myron H. Bigsby, of Philadelphia announces the publication of his new book on Osteopathic Diagnosis and Technic, the first work devoted to these subjects.

Dr. Bigsby in this book, has attempted to systematise the methods of treatment, classifying them as first, general, which however, he is very careful to differentiate from the cheap massage, given by correspondence school fakirs, under the name of osteopathic treatment. Second, indirect, where the treatment is applied to points in the neighborhood, but not on the lesion. Third, direct, in which one hand makes a fixed point at the lesion. Fourth, extreme, where the full strength of the operator is used to break up adhesions and accomplish an immediate adjustment. We will await with interest, the opinions of the profession.

**A BROCHURE ON THE MORPHINE HABIT.**—Enterprising osteopaths are constantly adding to the scope of the osteopathic treatment, one of the most recent being that on morphinism, by Dr. Asa Willard. The Helena Daily Independence says, "Dr. Asa Willard made a notable address on the morphine habit." Favorable notices were given in practically all the Montana papers. This article will be published in the November Journal, and is worthy a place in any osteopathic text book, being a complete and scholarly description of the subject. Fifteen extra copies value \$1.00 will be sent free to any one sending in a three years subscription to the Journal. If you want more extra copies, put in your order early, as the edition is certain to be soon exhausted and the article will not be reprinted.

**COLLEGE ROMANCE.**—"It has just been made public that Miss Florence Rankin, daughter of Hon. and Mrs. Reuben Rankin, of Jeffersonville, was quietly married to Dr. W. P. Dunnington, of Philadelphia, Pa., on August 2nd, by Rev. E. W. Price, pastor of the Methodist Protestant church. The announcement of the wedding was kept back owing to the fact that Dr. Dunnington was compelled to return to his practice and the bride was not ready to accompany him. There is a pretty little romance resulting in the match. The two young people graduated from the same college at



Kirkville, Mo., in the class of 1907, and during their school days an attachment sprang up between them and long before the close of the course it was determined to end it all by getting married. The couple will make their future home in the Quaker City, the bride having joined her husband there this week"—Press note from Washington C. H., Ohio, Sept. 14.

STILL OTHER CANCER CURES.—The Editor has been looking up different cancer cures and investigated the one reported at Port Jervis, N. Y., where a certain Mrs. Wilhelmina Ludwig, was supposed to have been cured of cancer by a rattlesnake bite. Altho' the editor wrote a very few days after the supposed cure, the letter was forwarded to several different points, and finally returned to the writer. In Berlin, according to the St. Louis Post Dispatch, Professor August Bier has been taking defibrinated pigs blood and injecting it in the cancers and by the hemolytic power of the blood, destroying the cancer. These two are characteristic of a good many popular ideas about the subject. The scientific method is more according to the statement of the Pall Mall Gazette, "To narrow down the issue to a certain definite line of investigation in which the clue to the nature of cancer must be sought."

HOW OSTEOPATHY IS REGARDED IN CALIFORNIA.—Dr. Wm. Jesse Hayden, 516 Auditorium Bldg., Los Angeles, called on the Journal the other day and talked of the situation in California. He says that the new law specifically states that there is to be no discrimination between methods of therapeutics, and is of the opinion that once an individual passes the new board, he can choose whatever system he wishes, regardless of the one in which he was schooled, but the law expressly states, that those holding certificates under their old law shall be regarded as having the same rights as those receiving them under the new. This would apparently give the old two year graduates the right to follow any therapeutic method they desired, and if so, this would apparently be retroactive legislation. Whether it is or not, will shortly be determined by a case brought against an osteopath for using some sort of hot air treatment for asthma. Dr. Hayden says that the California osteopaths insist that there is no definition for osteopathy, but that it is an all inclusive system, which however, has as its central thought the idea of vertebral adjustment. He says that while there are the most osteopaths in California of any state in the union, they will welcome new recruits, provided they are adjustment osteopaths and not rubbers. He says the most of the instruction at the Pacific School is given by its alumnae resident in Los Angeles, and that the future of the College is brighter now than ever before.

PENNSYLVANIA STILL WITHOUT LIGHT.—The Pennsylvania state Medical Ass'n are still worrying about the osteopaths, and telling how ignorant they are. As for ignorance, the following from Dr. Henry Bates, Jr., chairman of the State Legislative Committee, and "one of the best known practitioners of Philadelphia" certainly takes the prize.

"I believe in recognizing all persons in the profession who come up to the requirements. But these requirements should be rigid. Full and complete knowledge of the structure of the body, the needs of its various parts and familiarity with the laws of Nature, should be insisted on. Do the osteopaths know all this? Evidently not, if it is considered that they would manipulate solely for all ills that flesh is heir to. They would manipulate for diphtheria, for tuberculosis, for Bright's disease, for spinal trouble, for liver complaint and the hundreds of other ailments to which the persons are subject. Think of pursuing the method of manipulation for all this wide divergence of diseases, because they don't believe in medicine! It is simply preposterous on the face of it. There should be a law passed which will definitely describe osteopathy and limit their field of work. They should be classed as skilled masseurs and prevented from practicing medicine generally, if they should make such an attempt."

## NEWS NOTES AND COMMENTS.

RETURNS TO NEW YORK.—Dr. E. E. Beeman and wife, who spent their vacation in Kirkville, with the former's parents, have returned to New York City.

START OVER AGAIN.—Dr. H. J. Faulkin and wife, of Peoria, Ill., have each filed petitions in bankruptcy, scheduling their indebtedness with practically no assets.

A STATE OF GRAFT.—Dr. L. R. Livingston, recently located in Canon City, Colo., says, "weather is fine here, but Gee! talk about graft, if this state isn't a graft, I don't want a cent."

VISITS KIRKSVILLE ON VACATION.—Dr. R. W. Conner and wife, of New Orleans, have been visiting in Kirkville, Mo. During their absence from New Orleans, Dr. H. W. Mackie has had charge of their practice.

GOES TO KANSAS CITY SCHOOL FACULTY.—Dr. H. M. Gifford, of Louisiana, Mo., has accepted a position as professor of skin and venereal diseases, and assistant in surgery at the Central College of Osteopathy.

A TYPICAL SOUTHERNER.—Dr. H. T. Ashlock, who is practicing in Morristown, Tenn., has been spending a few weeks visiting his parents in Kirkville. No one seeing Dr. Ashlock would suspect that he is originally a "Missouri product."

LOCATES IN NEW HAVEN.—Dr. Forrest Crowley, who has been taking charge of Dr. E. C. Link's practice at the A. T. Still infirmary during Dr. Link's vacation, has left for New Haven, Conn., where he is located at 384 Crown St.

SEEING IS BELIEVING.—Dr. E. O. Millay, of Detroit, says of his young osteopathic assistant, Herman, that "he must be seen to be appreciated." This reminds us of a certain western osteopathic young miss, whose proud father said "she must be heard to be appreciated."

PACIFIC COAST STILL ATTRACTIVE.—Dr. W. H. Ivie, who has served in various capacities at the A. S. O. in the past year, after looking over the osteopathic situation of the country, has decided that the charms of the coast are most attractive, and has located in Berkeley, California.

TRAVELS WITH PATIENT.—Dr. E. E. Keeler, of Salt Lake City, Utah, who has been traveling with a patient, as private physician for several months past, spent a few days at his old home in Leon, Ia., recently. Dr. Keeler, states his address is still 309 Herald Bldg., Salt Lake City.

HAS COMPANY TO "SHOW PEOPLE".—Dr. W. S. Corbin, of Chickasha, Okla., is the president of the Economy Electric Sign Company. The company's letter head says "85% saved, the way to wealth paved." We don't know whose way it is but suppose it means the customers'.

LICENSE IN LOUISIANA.—Dr. Murray Graves, A. S. O. '00, who is practicing in Monroe, La., has secured a license as osteopathic physician giving him the same standing in that as an allopath. The only other one we know of in that state is that one held by R. W. Conner, of New Orleans.

SANITARIUM PROPOSED.—Dr. Elma Harbert, of Richmond, Mo., is spending a short time in Kirkville, resting and receiving treatment at the Infirmary. The citizens of Richmond appreciate Dr. Harbert's ability to the extent that there is a movement on foot to try a sanitarium there and place the doctor in charge.

SUGGESTION ABOUT NEGLIGENT SECRETARIES.—Dr. Effie E. York suggests to the Journal, that names of the secretaries who have failed to send the Directory Editor, their state list, should be published in the Journal from month to month. The editor has decided to accept this suggestion, but he thinks that in some cases, perhaps, this negligence is due to a busy practice. He hopes that next month, however, there will be none to publish, all having responded by that time.



PLACES OSTEOPATHIC LITERATURE IN LIBRARY.—A good idea is that advanced by Dr. F. Bourne Lake, Cambridge, Mass., who has so interested the librarian of the Cambridge Public Reading Room, that he has requested information regarding osteopathic literature suitable for the reading room tables. This is one of the best ways possible of getting patients, if the osteopaths but knew it. In fact a number of practitioners have subscribed for copies of the Journal to be sent to the libraries in their city.

INCORPORATE A SUCCESSFUL PRACTITIONER'S NAME.—Drs. Eleanor L. Moore, and Ida F. Moore, late of Fort Wayne, Ind., on Jan. 1st, '07 purchased the practice of Dr. Ella A. Hunt, of St. Louis, and on February 8th, incorporated the business under the name of The Ella A. Hunt Institute of Osteopathy. Dr. Eleanor L. Moore is president. Dr. Hunt has withdrawn from active practice for a rest and is no way connected with the new firm. The offices are in the fourth floor of the Equitable building.

GREETING TO THE OLD DOCTOR.—Edgar D. Heist, secretary of Ontario O. A. sends the following to Dr. A. T. Still:—"The Ontario Osteopathic Ass'n, in convention assembled—the strongest and most enthusiastic ever—have instructed the secretary to convey the expression of their sincere loyalty to the science of osteopathy and its revered founder, and their prayers for your continued good health and longevity. We are further grateful to have had with us your accomplished first teacher and instructor, Dr. Wm. Smith, who ably entertained and instructed us."

KEEP AFTER FAKE PRACTITIONERS.—Dr. L. K. Cramb, of Butte, Mont., states that the Montana Board will continue the prosecution of the fakirs in that state who are practicing under the name of Chiropractors. It would be well if the practitioners in all states where these pseudos are operating would bring suit, in this way dividing their forces and splitting up their "slush fund." It is easy for a practitioner who is not able to pass the osteopathic examination nor furnish the osteopathic requirements to open up as a "chiro", but we trust that this class of fakirs will soon go the way of the short course correspondence school, and "Barber Book" pseudos.

CENTRAL KENTUCKY OSTEOPATHIC ASSOCIATION LOSES PRESIDENT.—The Central Kentucky Osteopathic Association by the death of Dr. Harry T. Lee, loses not only its newly elected president, but a successful practitioner and valuable member as well. Dr. Lee was a graduate of the A. S. O., January '04, and has been in successful practice at Carlisle, Ky., since that time. The decease was caused by typhoid fever and complications. The burial was in charge of the Masonic fraternity. The active pall bearers were:—Dr. O. C. Robertson, Mr. Joe Darnell, Dr. Jo. Boyd, Dr. Roy McIntyre, Mr. Howard Veach, and Mr. Urban Swinford. The honorary pall bearers were:—Dr. G. W. Righter, Wood Darnell, James Dooley, W. B. Ratliff, W. T. Minter, M. C. Swinford, J. T. McCauley, J. M. Strother, H. M. Ewing, and S. K. Veach.

ANOTHER WOMAN IN THE CASE.—Dr. F. R. Kenton, who with his wife, Dr. Elizabeth Kenton, practiced in Breckenridge, Mo., since their graduation last January, recently became enamoured of a Mrs. Hall, of Nettleton, Mo., a granddaughter of the Drs. Kenton's landlord. Dr. Elizabeth Kenton naturally objected, and Dr. F. R. and Mrs. Hall disappeared, their whereabouts still being unknown. Mrs. Kenton is for the present in Kansas City, at 908 Charlotte St. The Breckenridge papers and also correspondents of the Journal living in that city, say that the sympathies of the community are with Mrs. Kenton, stating that she enjoys the best regards of all in that locality. The Kenton's had a successful practice, the Breckenridge paper saying that Dr. Elizabeth is the better practitioner of the two. The Journal would appreciate any information as to Dr. F. R. Kenton's address.

## DIRECTORY DEPARTMENT.

### Help! Help!! Help!!!

Are you a college director, and do you wish your graduates of since June 1906 to be in the A. O. A. Directory? If so, see that your secretary gets your list in at once. This includes the following colleges,—Massachusetts, Philadelphia College, Chicago School, Still College, Southern School.

Are you a graduate of any of the above schools since June 1906, or have you a friend who is such? If so, and you want your name in the next A. O. A. Directory, see that your Alma Mater gets the list of names to us soon.

Have you a book that you have published, have you a society organized, have you a periodical published, which was not included in the last directory, and want it in the next? If so, tell us about it at once. We are not mind readers.

We wrote to the secretary of the Association in every state where there was one and asked for lists of the practitioners in those states. The following have not responded,—Arizona, D. L. Conner; Colo., R. A. Ellis; Conn., W. A. Wilcox; Dela., Arthur Patterson; Ga., J. W. Bennett; Ky., H. E. Nelson; Me., D. Wendell Coburn; Maryland, F. E. Hemstreet; Mass, Edith Stobo Cave; Mich. (Have been unable to find who is secretary since Dr. Glascock moved away). Mo., Bertha A. Buddecke; N. Dak., Orr Sanders; Ore., Mabel Akin; Pa., J. I. Dufer; S. Car., W. E. Scott (No Association); Va., E. H. Shackelford, (No Ass'n); Wash., R. E. Chase.

Do you live in any of these states? If so, please write to your secretary and ask him to send list AT ONCE.

When the postal cards are sent to you, if you are not a Journal subscriber or a member of the A. O. A., please respond AT ONCE. The Editor has given his word that he will use his utmost endeavor to get the directory out on time, and he will do it. If you are left out, blame your Alma Mater's secretary, or your state secretary, and not the Editor. Better write to them now and see that you are not left out.

The following osteopaths were marked "gone" by the secretaries in their respective states. WHERE ARE THEY?

**Alabama.**—Foster, Allen Claude, SS-01, 1st Nat'l Bank Bldg., Birmingham;

**Arkansas.**—Robertson, J. A., '05, Fort Smith; Waggoner, John Newell, A-'05, P. O. Bldg., Eureka Springs.

**District of Columbia.**—Larrimer, Orion C., Ph-01, 1634 17th St., N. W.; McKenzie, Alex R., At-02, Pope Bldg.; Smith, Wm. J., A-99; Winbigler, W. F., Ph-02, 1405 W. St.

**Idaho.**—Catron, H. B., A-04, Payette; Morris, H. D., A-02, Falk Bldg., Boise; Mrs. H. D. Morris, same address.

**Indiana.**—Held, Alice R., SC-04, Dean Bldg., South Bend; Houghton, Alice E., A-04, Kendallville; Kampf, E. J., A-07, 119 W. Wayne St., Fort Wayne; Montague, Wm. C., 317 So. Sixth St., Evansville; Parmalee, Cora G., C-01, Attica; Seaman, Kent L., Sc-04, Noblesville.

**Indian Territory.**—Brown, W. H., SS-01, Sapulpa; Foutz, Cordelia, A-06, Ada; Ryals, Henry Baker, Sc-04, Sulphur; Barkley, M. B., A-07, Tulsa; Bragg, Jas. A., A-04, Alexander Bldg., Tulsa.

**Iowa.**—Chappell, Walter G., 107½ W. Vanburen, Centerville; Dunn, Wade, A-03, Centerville; Hills, Whitford C., SC-04, Lafayette Bldg., Waterloo; Marcy, Franklin Albert, SC-04, Des Moines; Patterson, Myrta E., SC-01, Hitchcock Blk., Osage;



Peterson, I. F., S-05, 1804 High St., Des Moines; Ruddy, T. J., SC-03, 1012 20th St., Des Moines; Rumbaugh, Vadie Brown, N-00, Gladbrook.

Mississippi.—Abernethy, J. U., A-00, Riverside; Abernethy, Mallie M., A-00, same address; Clark, Mrs. Mignon Taylor, A-00, Webb; Gibbs, M. D., SS-00, Tupelo; Price, Emily, A-01, Magnolia.

Nebraska.—Balfe, Susan, A-04, Alliance; Clay, Lizzie, S-05, Fairfield; Clark, Anna E., S-05, Lincoln; Cole, Fayette S., SC-00, 509 Paxton Blk., Omaha; Milliken, Chas., SC-03, Ord.

Kansas.—Barnes, Perry J., A-03, Atehison; Caylor, John H., Hiawatha; Phelps, Henry Clay, A-05, Harper; Smith, Davis C., A-01, Caldwell; Smith, P. A., 1035 5th Ave., E., Hutchinson; Stewart, J. Alvin, SC-03, West Side Square, Lyons; Hoagland, Clark O., A-01, Wichita; McClelland, Chas. A., A-99, Wichita.

Missouri.—Mayer, H. M., A-01, 127 W. 6th St., Kansas City.

New Mexico.—Hofsess, Mary M., SC-00, Eaton; Miller, Samuel Wesley, A-03, Langton.

New Jersey.—Davis, Mrs. Violetta, N-, 19 W. Park St., Newark; McElhaney, S. H., N-99, Scheuer Bldg., 738 Broad St., Newark; Worsley, A. Sweden, At-04, 169 High St., Perth Amboy.

Ohio.—Caldwell, Cora A., A-02, 402 West Main St.; Heyer, Ferdinand C., A-01, Nat'l Union Bldg., Toledo; Lewis, Richard G., A-00, 304 Neave Bldg., Cincinnati; Jones, Burton J., SC-01, 342 Nicholas Bldg., Toledo; Pheils, Elmer T., A-05, 1323 Utah St., Toledo.

Oklahoma.—Jones, Ruth E., S-05, 121½ Oklahoma Ave., Guthrie; Leedh, Marietta, A-02, Shawnee; Farmer, J. Frederick, A-99, Pasadena, Calif.-Shawnee; Ball, C. D., A-06, 127½ N. Broadway, Shawnee.

Rhode Island.—Wilson, Martha, A-04, 1732 Broad St., Providence.

South Dakota.—Cummings, Mrs. Mina V., S-05, Deadwood; Conner, Mrs. A., N-99, Flandreau; Hester, Golden M., A-04, Dell Rapids; Walrod, Dora May, A-99, Rapid City; Wismer, Tillie, A-03, 12 Main St., Lead; Campton, Esther E., N-01, Selby; Barber, A. L., N., Springfield; Cartwright, X. W. A., SC-04, Summit.

Tennessee.—Whiteside, Sumora L., SS-03, Winchester; Boyd, Richard H., SS-05, Union City; Shackelford, Mrs. A. Illinski, A-99, Wilcox Bldg., Nashville; House, T. B., SS-00, Springfield; Owens, F. G., SS-02, Nashville; Illinski, A. X., A-02, 602 Wilcox Bldg., Nashville; Dorris, Florence, SS-02, 223 N. Vine St., Nashville; Shackelford, C. E., SS-00, Dyersburg; Holt, Katherine, SS-, Dixon Springs; Barnes, Fannie, SS-02, Cross Plains; Curry, Etna L., A-00, Cookeville; McKnight, Mrs. E. E. M., SS-02, Columbia; Dudley, J. S., SS-03, Bristol; Bright, S. H., A-03, Buttercox Bldg., Bristol.

Texas.—Mansfield, Thos. B., A-98, Abeline; Ross, Hettie M., C-02, 1007 San Antonia St., El Paso; Compton, Emma M., SS-00, Denison; Hudson, Mrs. Frances, A-99, San Antonio.

Utah.—Beers, E. S., S-05, 50 East 3rd St., Salt Lake; Deegan, Gray, A-02, Ogden. Coffman, Joseph F., A-06, 316 North Court St., Florence; Morris, R. B., SS-01, Montgomery; Wadsworth, Mrs. H. C., SS-, 623 N. Court St., Montgomery.

West Virginia.—Paland, Frank L., A-06, New Martinsville; Ludden, James B., A-00, 40½ Capitol Ave., Charleston.

Wisconsin.—Wallace, Paul B., Ac-02, Grand Rapids; Chase, Wm. B., A-99, Ashland; Chandler, Ada C., M-01, 614 Milwaukee St., Milwaukee.

Wyoming.—Eskeu, T. M., S-05, Douglas.

## REMOVALS AND LOCATIONS.

- Aplin, Anna K., from 216 Woodward Ave., to 405-6 Stevens Bldg., Detroit, Mich.  
Balfe, Annabelle, at Gering, Nebr.  
Bennett, M. G. E., from Eugene Ore., to General Delivery, Lincoln, Nebr.  
Bliss, C. W., from 1148 E. Jersey St., Elizabeth, N. J., to 30 Vreeland St., Port Richmond, New York City.  
Boyles, Louis G., from 332 East Lake Ave., to Room 514 American Bank Bldg., Seattle, Wash.  
Buffum, G. H., from 5 Barr Blk., to 3 Barr Blk., Sheridan, Wyo.  
Burdick, Ralph, at Tonopah, Nevada.  
Coburn, D. Wendell, from Portland, Me., to 100 High St., Newburyport, Mass.  
Crowley, Forrest G., from Kirksville, Mo., to 384 Crown St., New Haven, Conn.  
Cunningham, A. M., from Bethany to Blue Mound, Ill.  
Davis, A. H., from Gluck Bldg., to 303-4 Elderfield-Hartshorn Bldg., Niagara Falls, N. Y.  
Davis, P. M., from Girard to Fort Scott, Kans., forming partnership with Dr. G. W. Hay.  
De Shazer, J. D., from Ouray, Colo, to Folsom's Dental Parlors Q Durango, Calif.  
Blair, J. S., new offices at 607-8-9 Wood Bldg., St. Petersburg, Fla.  
Dersam, Kathryn, from Johnstown, Pa., to 330 E. 2nd St. Chillicothe, O.  
Echols, R. M., 3rd Floor Masonic Temple, Winston-Salem, N. C.  
Gunsaul, Irmine Z., from Chambersburg, Pa., to Suite 1-2 29, North 2nd St., Harrisburg, Pa.  
Handy, Annie P. Thompson, from Sakonnet to 21 Beacon Ave., Providence, R. I.  
Hilliard, W. F., Box 207 Haileybury, Ont., Canada.  
Kibler, J. W., from Wilmington N. C., to 23 Franklin St., Petersburg, Va.  
Livingston, L. R., Box 404 Canon City, Colo.  
McKinney, Lulu, from Eureka Springs, Ark., to Garden City, Mo.  
McPike, J. S., and Mary E., from Osborne, Kans., to Norman, Okla.  
Mitchell, Warren B., from 414 Clinton Ave., to 738 Broad St., Newark, N. J.  
Moore, Eleanor L., from Ft. Wayne, Ind., to Fourth Floor, Equitable Bldg., St. Louis, Mo.  
Near, J. Leroy, from 2121 Center St., to 503 the Alta Vista Apts., North East Corner Bancroft Way and Telegraph Ave., Berkeley, Calif.  
Otey, J. J., from Modesto, to 10-13 1st Nat'l Bank Bldg., Ventura, Calif.  
Pratt, Mary E., from 1612 Madison Ave., to 402 National Union Bldg., Toledo, O.  
Renshaw, Della, from the Charlevoi, to 56 Winder St., Detroit, Mich.  
Rude, C. C., from Mt. Carroll, to Tuscola, Ill.  
Studley, H. L., from Rosebury to Eugene, Oregon.  
Thompson, Lillian, from Syracuse, N. Y. to Cherokee, Ia.  
Wallace, H. C., from Blackwell, Okla., to Boyle Heights., 1950½ E. 1st St., Los Angeles, Calif.  
Wegar, Percy L., 1721 Main St., Buffalo, N. Y.

\* \* \*

## BUSINESS OPPORTUNITIES AND WANTS.

Decora, Ia., a town of 5,000 twenty miles south of Cresco, wants an osteopath. Write Dr. C. B. Hunt, Cresco, Ia.

WANTED.—An assistant. I have too many patients and I can not refuse to treat them. Address 309, care the Journal



An osteopath is wanted at Almena, Kans. Nearest practitioner is at Norton, sixteen miles distance. Write Mrs. Susan M. Smith.

FOR SALE.—Have a nice practice, well established in good Oklahoma town. For particulars write to "Oklahoma" care of Journal.

WANTED.—Office partner. I would like to share my office with an osteopath for particulars, address, Dr. M. N. White, 1 McDonough St., Brooklyn, N. Y.

Albany, Mo., wants an osteopath who can handle obstetrical cases as there are some there soon to be confined, who desire osteopathic treatment. Write G. R. Ruby.

WANTED.—A lady D. O., for partner. In wealthy Kentucky community, practice established nearly four years. Business prosperous. Address Kentucky, care of Journal.

Union, Ore., a town of 1500 people in good agricultural and fruit valley, on a branch line, 2½ miles from the main line of O. R., Ry., wants an osteopath. Write to Mrs. E. E. Pursel.

FOR SALE.—Edinburgh Stereoscopic Anatomy, brand new, very cheap; also White's Anatomical and Obstetrical Manikin at less than half of cost. Dr. L. P. Meaker, Auburn, N. Y.

FOR SALE.—A good established practice in a Kansas town of 20,000. None but prospective buyers need write. Reasons for selling given prospective buyer. Address S. W., care Journal.

A practitioner is wanted at Dixon, Mo. Work to begin at once. Dixon is located in the Ozark mountains, and has a population of about 1,000, 135 miles from St. Louis, on the Frisco. Write J. W. Staben.

FOR SALE.—Good practice in a large city. Includes fixtures and lease. Office established nine years. Will be sold at a sacrifice as the owner is going abroad. Send stamp for particulars to A 1. Care this office.

Union City, Tenn., is without an osteopath. Osteopathy is well known there. The last practitioner having been very successful, but none has taken his place since his death. For further information, write Samuel D. Woosley, 533 N. 1st St.

FOR SALE.—Splendid practice in good Illinois town of 3,000. Income last month \$125.00. Nearest osteopath twenty-five miles; fine location. Sold cheap on account of health; guaranteed as represented. Address Illinois, care of Journal.

FOR SALE.—Practice and office fixtures, in best town between Kansas City and Denver. Population 2,500. Only osteopath. Practice last year \$2000.00. Reasons for selling given prospective buyer. Address R. M. Cooper, D. O., Norton, Kan.

Norwich, Kingman County, Kans., forty miles from Wichita, in a rich country, with two railroads, wants an osteopath, a lady preferred. Four patients to begin with. For further information write Mrs. J. W. Flatt, 1715 South Mead Ave., Wichita, Kans.

There is an osteopath wanted in a town in Mexico, of 15,000 population, alt. 4,000 feet, climate excellent, very prosperous locality. One patient would be willing to pay \$500.00 per year to secure a practitioner. Write Dr. J. C. Burton, 508 Frost Bldg., Los Angeles, Calif.

Dr. O. C. Robertson, Cynthiana, Ky., writes that the citizens of Carlisle, Ky., are desirous of having a practitioner who is worthy of taking the late Dr. H. T. Lee's practice, locate there. His practice ran from \$2000 to \$3000 per year. His furniture and library may be bought reasonably, and his lease, which runs till next year, may be secured. Write Dr. Robertson.

WANTED.—Office partner. A lady A. S. O. graduate who has a successful practice in Missouri, desires a gentleman partner who will take the men patients, and will

also assist in the other office work. He to have what he can make and pay one-half the office expenses. No money wanted, only a good operator. Address, Missouri, care of Journal.

WANTED.—An osteopath, gentleman preferred, at Baraboo, Wis., who will engage in general practice, including obstetrics. If qualified by a twenty-seven months course, address Ada M. Burnham, 1121 Birch St. (This is a good location. The Editor would clear from \$20 up per trip, when he was located at Portage, and Dr. La Plount, his successor, treated 13, Sept. 21.)

\* \* \*

#### STATE BOARD NEWS.

The Wisconsin State Board has granted to Dr. Florence A. Patterson of Winona, Minn., a license to practice osteopathy, for her interstate practice. She took the examination at Madison in July.

Dr. M. E. Bowen, of Tazwell, Va., has successfully passed the Virginia Medical examination.

The next meeting of the Idaho Board of Examiners will be in Nampa, beginning October 23rd. E. G. Houseman, Nampa, secretary.

The North Carolina Board of Examiners will meet at Charlotte, October 17th to 19th. A. R. Tucker, Durham, secretary.

The Michigan State Board of Registration and Examination met in Lansing, Sept. 4th and examined several candidates. The examinations in gynecology, neurology, and principles and practice of osteopathy were oral.

The Montana State Board of Osteopathic Examiners met in Helena, September 3, 4, and 5, and examined the following all of whom received certificates: Drs. Wellington Dawes, Dillon; John H. Lee, Billings; Loretto B. Nelson, Great Falls. The next meeting of the Board will be at Helena, March 3 and 4, 1908.

Dr. V. H. Greenwood of Kansas City has been appointed by Governor Folk to fill out the unexpired term of Dr. Traughber, as member of the Missouri Board of Osteopathic Examiners. Dr. Traughber has located in California.

The following members were recently appointed by acting Governor Pindall as the Arkansas State Board of Osteopathic Examiners: A. A. Kaiser, Little Rock; A. W. Berrow, Hot Springs; J. C. Young, Jonesboro; C. L. Fagan, Stuttgart; L. G. Higinbotham, Pine Bluff.

\* \* \*

#### WHAT THEY SAY ABOUT THE JOURNAL.

What do you think of the Journal of Osteopathy recently?

Here are some of the things said by others:

"I can't afford to have my name off the list."—A. H. Robuck.

"I do not want to keep house without the Journal of Osteopathy"—Myrtle Pleasant Morrison.

"I am greatly pleased with the Journal."—Ernest R. Proctor.

"I have never been a subscriber to the Journal, but I find I can scarcely afford to be without it, for I want to keep posted."—Arlowyne Orr.

"Besides the helpful things that you are giving us professionally, we look forward to the issues as we do a letter from home."—Carrie B. Stewart.

"I think the Journal improves each month, and could not think of going without it."—Henry A. Whitfield.

These are only a few of the many notes of commendation that we are receiving daily. As the subscribers keep coming in, their subscription money is paid out in improvements, and as there are more improvements, the more subscribers are enrolled to make still further improvements. Are you helping the profession along this line?



## BIRTHS.

Born—To Dr. and Mrs. B. H. White, 346 Capitol St., Salem, Oregon, Sept. 13, a son.

Born—To Dr. and Mrs. E. O. Millay, Detroit, Mich., Aug. 8th, 1907, a son, Herman.

Born—To Dr. and Mrs. E. C. Link, Kirksville, Mo., July 30, a son, William Frances.

\* \* \*

## DEATHS.

Died—At Carlisle, Ky., Sept. 16th, Dr. Harry Thomas Lee. Interment in Carlisle Cemetery, Sept. 18th.

Died—At Kirksville, Mo., Sept. 22nd., Maude Hannah Funk, a sister of Dr. E. E. Hannah, Muncie Ind., and cousin of Dr. F. H. Hannah, Indianapolis, Ind.

Died—At Lexington, Ky., Sept. 18th, Dr. C. W. Tanner, formerly of Mt. Sterling, Ky.

\* \* \*

## MARRIAGES.

Married—At Washington C. H., Ohio, September 14th, Dr. Wesley P. Dunnington, of Philadelphia, and Dr. Florence Rankin, daughter of Hon. and Mrs. Reuben Rankin, of Jeffersonville, Ohio. They will reside in Philadelphia.

Married—At Titusville, Pa., Sept. 4th, Mr. Harry R. Iehle and Miss Adaline Wheeler, both of the senior class, A. S. O.

Married—At Philadelphia, Pa., Sept. 11th, Dr. William Samuel Nichol, of Philadelphia, Pa., and Miss Margaret Johnson, daughter of Mr. and Mrs. Wm. R. Knight, of Philadelphia. At home after Oct. 1st, 3652 Frankford Ave.

Married—At Cotter, Ark., Sept. 17th, Dr. Melvin S. Slaughter, of Webb City, City, Mo., and Miss Myrtle V. Shreve, of Cotter. At home at Newland, Webb City, Mo.

Married—At Middletown, R. I., Sept. 5th, Mr. Chas E. Farnham, of the Senior Class, A. S. O., and Miss Alice L. Albro, of Middletown.

Married—At Beaumont, Tex., Sept 1st, Mr. L. H. Walker, of the Senior Class, A. S. O. and Miss Hallie Mae Bratcher, of Beaumont.

Married—At Pasadena, Calif., Sept. 5th, Dr. N. D. Laughlin, and Miss Blanch Jones, both of Pasadena.

Married—At Pratt, Kans., Sept. 4th, Mr. E. F. Pellett, of the Middle Class, A. S. O. and Miss Dorothy Green, of Pratt.

Married—At Buffalo, N. Y., Aug. 21st, Dr. Percy L. Wegar, and Miss Lydia Miller, both of Buffalo.

Married—At Monroeton, Pa., Aug. 7th, Dr. Joseph P. Bashaw, of North East, Pa., and Miss Mary I. Rockwell, of Monroeton. At home after Sept. 3rd, North East. Pa.

\* \* \*

## VISITORS.

Among the visitors at the A. S. O., the past month were Drs. Alta Corbin Skidmore, Corinth, Miss.; R. W. Conner, and wife, New Orleans; G. W. Van Halteren, of Athena, Ore.; Elma R. Harbert, Richmond, Mo.; H. Thos. Ashlock, Morristown, Tenn.; William Graves, Jefferson City, Mo.; J. L. Cooter, Williamstown, Mo.; Wm. J. Hayden, Los Angeles, Calif.; Jos. B. Schrock, Bedford, Ind.; R. S. Pickler, Indianapolis, Ind.; Wm. H. McCoach, Indianapolis, Ind.; Earl I. Agnew, Leadville, Colo.; N. A. Johnson, La Plata, Mo.; M. S. McK'y., St. Louis, Mo.; Moore and Moore, La Grande, Ore.; Truman Wolfe, Carthage, Mo.; Mary E. Noonan, San Antonio, Tex.; J. S. Blair, St. Petersburg, Fla.; F. P. Wood, Laddonia, Mo.; L. H. McCartney, Columbus, O.