

# **The Journal of Osteopathy**

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# THE Journal of Osteopathy

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NO. 8

## “FOLLOWING IN THE OLD DOCTOR'S FOOTSTEPS.”

(Poem of the 1908 Class, A. S. O.)

Note ye—how with freedom untrammelled  
He walks—not in the old beaten way;  
But boldly across hedgeways of science,  
Where foot of man before dared not stray.  
Revealing the whisperings of Nature  
With a wisdom whose touchstone is love;  
Until now 'tis known to all nations  
How valiantly for the truth he strove.

\* \* \*

Stood he like the Rock of Gibraltar  
Alone in his defense of the right.  
Deeming it not beyond pardon  
For this new discovery to fight;  
Brooking not a whisper of failure,  
Even though all the multitude jeered;  
Cared he nothing for man's opinion  
Small heed gave he whether scoffed or cheered.

\* \* \*

Mark ye, his footsteps in the passing,  
Think you, we can follow where they lead?  
Pleasant be the pathway or dreary,  
Over mountainside, desert or mead;  
Down through the valley of the shadow  
Where the mysteries of life are told,—  
To the mart where pestilence reigneth  
And lives slip out in the damp and mould.

\* \* \*

Footsteps of his need not retracing,—  
For on heart and life God's plan is writ;  
Happy now in the shades of evening  
Loving all as at his knee we sit.  
His words like precious sheaves we garner,  
Against the day when we'll have them not  
Humble we feel while in his presence  
Like children with lessons all forgot.



In counting the length of his living  
 We measure not by milestones but deeds;  
 Great as the sea depths is his giving,  
 For the whole of eternity's needs;  
 The way for all time shall be brightened,  
 Because of this one gift to the world,  
 And we hasten to do him honor  
 With our banner so proudly unfurled.

\* \* \*

Success will ne'er be gained if we wander  
 From the truth which for us he laid down;  
 Drank we from the well-spring of knowledge,  
 Many draughts from this well of renown;  
 Ere was flashed on our minds the vision  
 Of life as God planned it to be,  
 Like Nature—beautiful and perfect  
 As the waves which come up from the sea.

\* \* \*

Ever we hold in grave reverence  
 Each moulded bit of the Potter's clay;  
 Seeing in every line the imprint  
 Of infinite mind in fullest sway;  
 And hope we to gain deeper meaning,  
 As our minds come attuned to the thought  
 That living is doing—not grieving  
 The plan which for the world hath been wrought.

\* \* \*

Revel we not in fancy's dreaming,  
 Our motto here shall be worth and work,  
 For truth and right we stand together  
 And pity it will be if we shirk.  
 Think not 'twill be always our innings—  
 The willow with the laurel will blend;  
 But where e'er our barks shall be riven  
 One purpose shall be ours to the end.

\* \* \*

We'll stand by the banner we've chosen  
 Wave it under skies leaden or blue;  
 Loyal to each thread in its weaving;  
 Proclaiming to the world, that though few,  
 As one shall our strength be in doing,  
 As one our thoughts for weal of the Youth;  
 In word and work a band united  
 And seekers ever for what is truth.

Have we one bright dream for tomorrow,  
 Seeking all for the Elysian Way;  
 A tear we'll drop for memory's sake,  
 When we need must think of yesterday.  
 We're better because our paths have crossed,  
 Each life has received, how none may tell,  
 Impress that will last forever and aye.  
 Now to friends and school we'll bid farewell.

—LILLIAN FRIEND.

\* \* \*

## OSTEOPATHIC CONTROL OF CIRCULATION THROUGH NERVES.

ASA WILLARD, D. O., MISSOULA, MONTANA.

How the circulation to organs of the body that are "in deep" can be affected by extraneous manipulations such as employed by the osteopath is a puzzle to many. A little study of the circulatory system of the body will make what seems a puzzle a most logical procedure.

### How the Blood is Distributed.

We know the heart pumps the blood out through the arteries and keeps it moving; but the exact distribution, the amount of blood received by each organ, is dependent upon the caliber of the arteries about and within that organ. Sometimes the organ needs more blood than at other times. For instance the stomach just after a meal, and the liver a little later when the digested and absorbed materials are sent on to it require an increased amount of blood. To meet these varying requirements of the different organs and parts, the arteries to them are so constructed that they are not mere hollow cylinders each of a fixed and unvarying caliber but their bore can be enlarged or diminished. This is brought about by a layer of minute muscles which circle about the artery and constitute part of its wall. When these muscles contract they narrow the caliber of the blood vessel so that less blood flows through, and when they relax the caliber or bore of the vessel is larger and more blood goes through; hence, they can allow an organ to receive more or less blood as its needs demand.

But so far these interesting physiological facts do not clear up, in the least, the question of the osteopath's affecting circulation to the organs he cannot reach by direct manipulation; for he could no more reach these minute muscles in the walls of the blood vessels supplying the organ than he could the organ itself. But we are now brought to what does explain.



### Function of the Vaso-Motor Nerves.

THE CONTRACTION AND RELAXATION OF THESE LITTLE MUSCLES CONTROLLING THE VESSELS' CALIBER IS REGULATED BY NERVES called vaso-motors (vessel-motors) from their function.

These vaso-motor nerves are divided into two sets. One set is called vaso-constrictors because their action causes the little artery-encircling muscles to contract and thus contract the blood vessels. They are functioning to some extent all the time and keep the vessels' caliber just large enough that just the amount of blood which the different parts of the body need at ordinary times can reach them.

#### How an Extra Supply of Blood is Sent.

The other set is called vaso-dilators because their action produces dilatation of the vessels through causing the muscles in their walls to relax. They do not act all of the time but only when an unusual amount of blood is to be thrown to some part. For instance the stomach gets food in it and that causes a message to go through the nerves of sensation up to the center in the spinal cord where the vaso-motor nerves to the stomach start, "More blood is needed in the stomach. It has some work to do." The vaso-dilator nerves to the arteries in the stomach are immediately caused to become active and those arteries are dilated that more blood can pass through them.

The osteopath knows just where in the spinal cord are located these centers of the nerves thus controlling the circulation to each of the body organs and parts, and by scientific manipulations applied to the spine he is enabled to affect them.

You say, "That makes a good story but I don't believe he can affect nerve centers in the spinal cord, it being clear on the inside of the bones of the spine."

If you think such cannot be done here is a little experiment which will show you that it is not impossible.

#### A Simple Experiment.

There are little muscles in the eye, of the nature of the ones in the walls of the arteries, which control the size of the pupil of the eye. The center of the nerves which control these little eye muscles is located in the spinal cord at the upper part of the dorsal region (that is between your shoulders just a little below where your collar band strikes). Have some one place his thumb or knuckles against your back there about an inch to one side of the middle and press firmly and move the thumbs briskly up and down a few seconds. Meanwhle you look in a mirror and see if the pupils of your eyes do not dilate.

### The Osteopathic Application.

Of course the manipulations of an osteopath are in no wise so crude but it serves to show you how through the nerves the various organs can be affected. Now suppose at the point where the thumbs were used there was, due to some former strain or twist, a vertebra which had assumed a position just a mite awry with its fellows above and below it; or suppose the grippe or some specific disease, or other cause, had left a deep ligament or muscle there contracted, might not such by constant pressure and irritation chemically affect those nerves to the pupil of the eye, and could not such conditions just as easily, if rightly located, affect the vaso-motor center controlling the arteries of some organ, and by causing excessive contracture or relaxation of the blood vessels of that organ disturb its normal blood supply.

Chronic irritation to vaso constrictor nerves might be produced and then the arteries to some organ would be so constricted that the organ would be starved for want of blood and of course could not do its work. If on the other hand vaso-dilator nerves were most irritated the arteries to some part would be chemically dilated and the part become congested as for instance the membranes are in catarrh.

#### A Common Cause of Disease.

Slight structural derangements keeping up a constant pressure and irritation to the sensitive nerves controlling the circulation the osteopath finds to be a most common cause of disease. Through his accurate knowledge of the body anatomy he is enabled to seek out and detect these impediments and to remove them. The congested or starved organ again getting its normal well regulated blood supply, if its tissues have not been hopelessly injured, gets well of its own accord.

\* \* \*

#### THE "OSTEOPATHIC DEVIL."

Mr. William Lodeceek, of Greeley, Colo., furnishes the following amusing anecdote concerning a lady osteopathic physician:

Several years ago, a minister (who by the way is a firm friend of osteopathy) who had been very successful in mission work, was holding a meeting in the park one Sunday afternoon. In very vivid words, he had just drawn a picture of the octopus devil, when an osteopathic physician just arriving asked a small boy what was the occasion of the gathering. The urchin replied, "Mr. K—— is preaching on the osteopathic devil."



## WHAT IS OSTEOPATHY?

BY BELLE CASE HARRINGTON.

(Extracts from September Cosmopolitan Magazine.)

"In the treatment of disease the great difference between the osteopath's method and that of the "regular" physician lies, of course, in the fact that osteopaths use no medicine except, perhaps, an occasional salve or lotion in skin troubles, or an antidote in case of poisoning. The medical practitioner calls, makes his diagnosis, leaves the remedies indicated for his patient's ailment, and goes away, depending upon his medicine to do the work. The osteopath makes his diagnosis, then must remain and administer his treatment 'from the shoulder,' as one might say. The prophylactic value of osteopathy is great.

"In diagnosis, the osteopath uses all the methods common to the regular physician, but in the determination of spinal lesions he pays particular attention to palpation, i. e., examination by touch. The experienced osteopath possesses in his finger tips a power of diagnosis which is almost marvelous. While by no means ignoring symptoms, he more often finds his clue to the real trouble in some irregularity of bone or ligament or muscle—causes which are commonly considered unimportant by the "regular" physician.

"The big corporations realize the value of this kind of examination, and thousands of dollars are saved every month through the keen discernment of their osteopathic advisers. In the adjustment of damage cases resulting from personal injury, the opinion of a competent osteopath is of great value, as he can readily detect the frauds which are so often practiced in such instances. Osteopaths are often called upon for expert testimony in court, and as examining physicians for insurance and railroad companies they are considered especially competent.

"One of the most dramatic incidents connected with the achievements of osteopathy is the case of Mrs. Helen Delendrice, whose husband is termed 'the merchant prince of the Dakotas.' Mrs. Delendrice was affected with what the leading surgeons of the United States term cancer of the breast; one operation had been performed and another seemed imminent, with slight hope of saving her life. She consulted competent osteopaths, who pronounced her disease not cancer, but a curable malady. Her complete restoration to health attracted universal attention, and the following year she appeared before the North Dakota legislature, and by her personal plea secured the passage of a bill giving osteopaths the right to practise in that state.

"Many cases of asthma of long standing have been permanently relieved by this treatment. In fact, one of the 'old doctor's' first and most spectacular cures was performed upon an asthmatic patient. He was driving along a country road when he came to a door-yard in which was a group of excited people. In their midst was a man, propped up in a chair, fairly fighting for breath. His friends looked on helpless, apparently expecting his death at any moment. Doctor Still saw at once that the man was suffering from asthma. He brushed the onlookers aside, and striding up to the sufferer, he began to examine and manipulate the spine, giving the man almost instant relief. Friends looked incredulous, while the rescued man exclaimed: 'My God! What have you done? I didn't suppose anyone but the Almighty could ease me like that.'

"As before stated, there are some maladies which the new science has, as yet, failed to reach, and, in common with other schools, every notable cure is offset by cases which receive only partial relief. Osteopathy is not infallible, but it would be manifestly unfair not to recognize the things which it can and does accomplish."

\* \* \*

## EXPLORING THE EAR.

Descriptive.

GEORGE M. GOODELL, D. O., HAMPTON, IA.

For the sake of description we will take a trip into the left ear.

The external ear or concha is of little importance so we will enter the little canal. For a short distance it passes through cartilage and then narrows and tunnels through bone. It is about an inch long, two-thirds through bone and not exactly straight. Altered sweat glands secrete a bitter yellow wax which is a protection against bugs and water. At the bottom we come to a wall like a sheet of thin rubber or the web of a frog's foot. This is the ear drum and separates the external from the middle ear. Assuming the power we will enter the middle ear. The external ear is lined with skin while in here the walls are moist and we find a mucous membrane like the lining of the nose and mouth. After getting a good footing and becoming accustomed to the light we look around. There isn't much room. A quarter of an inch to the inner wall and about the same in width. The walls narrow a little at a level with the top of the drum and then widen out into a little space above which we will call the attic. We will make an inspection down-stairs first.



### The Bones of the Ear.

Three little, odd shaped bones; the hammer, anvil, and stirrup, are connected together across the room. They swing by little ligaments, one from the roof and two from the right hand wall. The hammer is fastened to the drum, the anvil between the others, and the foot of the stirrup is attached to a drum which closes a small hole in the inner wall. When the ear-drum vibrates, these bones carry the vibration to this smaller drum. Below the smaller drum is a third and still smaller drum closing a round hole. Looking through this little round window we see that the space beyond is filled with a water-like fluid. It is the internal ear where the nerve of hearing ends. The vibration of the drum at the base of the stirrup makes the water vibrate and the nerve-ends in the water pick out the different sounds from their rate of vibration.

### How the Ear is Ventilated.

Resuming our position by the big drum we notice to the left near the floor an opening like the end of a collapsed rubber tube. This is the Eustachian tube which leads down to the throat. It equalizes the air pressure in the middle ear and if a person holds his nose and blows he can feel the air bulge out the ear-drums. Above the opening of the Eustachian tube a slender muscle runs toward us and is fastened to the middle of the hammer handle; the end of which is attached to the center of the ear-drum. This little muscle regulates the tension of the drum so we can "strain our ears" for certain sounds.

### The Surrounding Structures.

The walls of this little chamber in the bone are very thin in places. Close under the floor to the left we can hear the blood rushing through the internal carotid artery to the brain. To the right of this runs the internal jugular vein, and winding around to the right and down past the middle ear is the facial nerve. Above the roof lies the brain.

Now climb into the attic. Back to the right the chamber stretches half an inch or more and is connected to a large number of little irregular caves, the mastoid air-cells. These lighten the weight of the mastoid process, the bump back of the ear.

### An Experiment—Normal Reaction.

Let us try a few experiments, now we have explored every part. First, we will take a few pus microbes from this bottle and put them on the healthy mucous membrane. There is a slight reaction and the germs are overcome by the tissues. Scratch the membrane. It soon

swells a little and gets red. That is congestion, the blood-vessels have dilated. Scratch some more. It gets worse. Sensory nerve fibres carry the irritation down to nerve cells in the spine of the neck and between the shoulders. These nerve cells respond with impulses over other fibres which dilate the blood-vessels.

### Devitalized Tissue—Pus Formation.

After a while we get up a very strong congestion with secretion of watery mucous. Try some germs again. They grow now. Tissues weakened by congestion cannot overcome them. Pretty soon pus begins to form and it is time for us to vacate. We have started a "gathering" in the head.

### A Mastoid Abscess in the Forming.

If the healthy mucous membrane around the congested area cannot overcome the germs, the pus will continue to form until it fills the middle ear and breaks through the drum. It might get back in the mastoid air-cells and cause mastoid abscess or it might work through the wall to the brain or to some blood-vessel or nerve. It depends on those nerves from the spine controlling the blood-vessels. If nothing interferes with them, or with blood-vessels directly, there is little danger. But may be this man has wrenched his neck sometime and a displaced bone is pressing on these nerves. Or muscles contracted from exposure to cold are interfering with nerves and blood-vessels. But if there had been this osteopathic lesion in the neck, we would likely have found the ear less resistant to the germs the first time. Possibly there would be catarrh which had come up the Eustachian tube from the throat. Catarrh is very much like the bad congestion we started by scratching. It fills the ear more or less with mucous, there is chronic congestion, and tissues become stiff so that vibrations are not carried in to the nerve of hearing. This makes catarrhal deafness.

### Lesson Learned From Our Trip.

Catarrhal deafness and gathering in the ear are the most common troubles in this region. They are caused always by some interference with nerve or blood supply to the ear; coupled often with exposure to cold, or injury, or faulty hygiene. Osteopathic treatment is very successful in these cases.



## CARDIAC NEUROSES.

LESLIE S. KEYES, D. O., MINNEAPOLIS, MINN.

(Extracts from paper read before Minnesota Association.)

NOTE—Heart trouble may be of the organ itself—"organic," or of the nervous mechanism controlling it—"functional". A large majority of all heart cases are of the latter kind, and those while difficult to a medical practitioner, yield to osteopathic adjustments. The following article is of general interest, dealing as it does, with the different kinds of a malady so widespread and so little understood.—Ed.)

In the consideration of the subject of cardiac neuroses, often called functional heart disturbances, we are dealing with a part of pathological physiology; a phenomenon which manifests itself as a result of nervous reflexes; a disorder of the rhythmical impulses which pass over the nerves supplying the heart. Thoroughly to explain a rational mode of treatment, I shall review in brief the anatomy and physiology of this nerve supply.

### The Nervous System Reviewed.

The central nervous system is found to be represented by two distinct sets of nerve fibres. The great pneumogastric nerve sends branches to the net-work of cardiac nerves. Fibres from the cervical and upper thoracic ganglia further add to the cardiac plexuses which are a mesh work of nerves behind the aortic arch. The third source of nerve supply is the nerve cells in the heart muscle, which are automatic. These are considered by some to be in close association with the external plexus and granting this to be true, yet they possess an independent action when severed from all external nerve stimulæ.

This brings us to a consideration of the question as to what causes the heart to beat. The most plausible theory seems to be that the inflow of blood into the auricles stimulates the cardiac ganglia, producing a contraction of the muscle walls at certain intervals. The frequency and strength of this contraction is greatly dependent upon the quantity of the blood flowing in; a certain amount seeming to be necessary to bring about the beat. The rate of successive contractions is caused by the resultant of the opposing action of the sympathetic accelerator and the pneumogastric inhibitor nerves.

### How Bony Maladjustment is a Cause.

The bony lesions which predispose to or are the cause of cardiac neuroses, may later cause organic disease. They may include one or more of the upper five ribs, rotated downward, bringing the inferior margin almost in contact with the superior margin of the rib next below. This explains tenderness of the intercostal nerves and contracted muscles.

Vertebral lesions of the upper five dorsal and even higher to the cervicals are sometimes present. It is generally the rule that a slight lesion of the rib corresponding to the vertebrae at fault is found. Lateral curvatures of the upper dorsal, tend to oppress the free movement of the heart. We look carefully for the lesions. A common physical sign is tenderness at the angle of the fifth rib on the left side, and also over the spines of the fourth and fifth vertebrae on the same side.

The reflexes which may be the cause of cardiac neuroses may result from exophthalmic goitre, anemia, acute infectious diseases, dyspepsia, overwork, abuse of stimulants, disturbances of ovaries and other pelvic organs, sexual excesses and influence of the mind.

### Symptoms and Definitions.

Like organic diseases, the symptoms of cardiac neuroses are named from the irregularity observed, and are grouped under five headings; namely:

**PALPITATION** or irritable heart, in which the patient is conscious of oppression, with increased action and forceful throbbing. The attacks usually last only a short time, but may be from a few moments to a day.

**TACHYCARDIA** or paroxysmal rapid heart without the sensations of palpitation. The regulating mechanism is disturbed by either an over stimulation of the sympathetic or an inhibition of the pneumogastric. This may be a symptom of chronic inflammation of the heart muscle.

**BRADYCARDIA** or slowness of the heart action which is most frequently found in convalescence from infectious diseases. A weak pulse varying from forty and below per minute is a characteristic symptom. Other results of slow cardiac action are in evidence. The onset may be sudden or follow premonitory symptoms.

**ARRHYTHMIA** or irregularity expressed in either the rhythm or force of beats. A periodic omission of a beat is frequent and often expressed as "a skipping pulse."

**ANGINA PECTORIS** or neuralgia of the heart which, in some cases, may be classed with cardiac neuroses, in others is more strictly a symptom of organic disease. Pseudo-angina comes more within the text of this discussion and is found in neurasthenic men and women. True angina occurs usually in men over forty years of age, and is often fatal. Associated with nervous symptoms we often find a co-existing dyspepsia.

**VASO-MOTOR ANGINA** consists of primary coldness, numbness, or stiffness of the extremities, and pallor of the face, followed by severe pain over the heart. Over-indulgence in tea, coffee and tobacco is thought to produce like symptoms.



### Heart Colic.

Dr. Byron Robinson states that heart colic is caused by abnormally vigorous action of the heart's automatic ganglia. That the desperate pain is due to "the excessive or abnormally vigorous, irregular rhythm of the automatic ganglia situated, at the base of the heart." Granting this to be true I think we have a more remote cause due to faulty supply of nutrition and blood to the heart substance as a result of lesions at the fourth thoracic spinal segment. Such would predispose to disease of the coronary arteries and irritate the ganglia. The pain comes on suddenly, often at night and is accompanied by a feeling of distension. The face is pallid and there is a feeling of impending death. Some grasp the left breast in an attempt to gain relief from the agonizing pain. The paroxysm lasts longer than in true angina, with agitation and activity. Following the attack the patient is very weak and resists any attempt at being moved, a fear seeming to be present that a recurrence may result. "Especially in women is it difficult to determine between a true and false angina." says Dr. Butler; and experience verifies this.

A few conditions are sometimes present which will lead a patient to believe that he has heart trouble. Many times the heart's action is embarrassed but only as a result of enlarged or distended stomach, from food or gas. The popular term "heart burn" is in fact acid eructations, (belchings). As soon as the irritation is removed the heart will cease to be troublesome. Again at the menopause, heart and vaso-motor centers are unbalanced by irritation and cause great anxiety.

### Treatment.

The aim of the treatment is to regulate the amount of work the heart is called upon to do. To preserve a normal intensity of the beat by quieting an excited heart, stimulating nutrition, and removing causes of valvular weakness. The first requisite is rest in proportion to the severity of the disorder and a confidence in the treatment and the physician. The mind plays a very prominent part and it must be strongly stated, that the patient must keep the mind diverted to other channels. The thoughts are strong enough in some to bring on an attack at any time. One should avoid all external influences which predispose to an attack. Lead a quiet life, free from excitability and over exertion. Further directions as to the patient's mode of life are supplemented according to the requirements of the case in hand. Reducing the amount of liquid food is sometimes necessary. When the neurosis is a result of a reflex condition, the heart treatment is palliative but it is very effective.

In nervous disorders we aim to make the treatment as brief as is consistent with what we wish to accomplish at that treatment. We make every movement count and so do not excite or tire the patient. Sometimes a very little work properly applied, accomplishes more than even the physician himself would think possible. Better a thousand times treat too little, than once too much. Adjustment of the left fifth rib, and corresponding vertebra produce an effect which is continued in proportion to the gravity of the symptoms. It is first determined that no murmurs are present as a result of organic disease as stimulation in such cases is criminal. The heart is already laboring under a load heavier than it can carry and needs assistance through peripheral dilatation and rest. Quiet deep breathing will aid in building up such debilitated conditions.

As "the last shall come first, and the first shall come last" I leave the bony lesion until this time. Those enumerated in the paragraph on Etiology are carefully examined for and corrected. Especially the left fourth and fifth ribs. Separating the ribs and raising them, gives very grateful relief. This treatment alone will cure some cases. Following a treatment the heart will have a rhythm approaching normal.

### Osteopathic Methods are Very Satisfactory.

Acute attacks offer a very severe test as to one's skill and ability. Quick action is necessary. Our methods are the most satisfactory, safe and encouraging. Raising the ribs is one of the greatest aids, by relieving compression. It will awaken many a patient from coma. Raising the clavicle will many times give additional relief. In conclusion, let me say that osteopathy has proved its merits, in no more flattering class of cases, than in those of cardiac neuroses.

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## WHY DO YOU KNOW NOTHING OF YOURSELF?

WARD LOOFBOURROW, SEWICKLEY, PA.

The medical men say, "keep the patient in the dark," but why should the patient wish to be in the dark concerning the condition existing within his body? When you are not well, why keep it a secret? The man who will keep his patient in the dark, deserves the same treatment as one who puts his light under a bushel—he should have his head put under that same bushel and the patient stand upon it.

It is the hardest matter in the world to explain a condition existing in his body to one who apparently knows nothing and cares less what the matter might be. You do not know, when you have headache, whether the cause comes from your stomach, liver, heart, lungs, intestines,



spleen, pancreas, or other organ contained within your complicated structure. You perhaps have gone to an M. D., telling him you have a pain, and he has given you a drug which you have taken, thinking it just the thing because for the time being, it has removed the pain, or at least so deadened your sensibilities that you did not longer notice it. When again your trouble came, again you went to the M. D., and again you took the drug until now you must perforce carry with you a quart or more of his "hocus-pocus" water, to keep you, as you say, "in good condition."

Suppose that headache comes from a slight twist of one of the bones in the neck, would a drug remove that condition? You know little of Nature's work in the body. We, as osteopaths, pay strict attention to the structures of the body and try to locate and remove all displacements, whether you were aware of their existence or not, and whether or not you even believed it possible. We remove the cause of your trouble and Nature removes the effect. Some cases are stubborn and are like sponges soaked with medicine—they can not be benefitted until the "dope" is squeezed out, until its effects have left.

People are getting wiser, they are now refusing to take every juice from every poison root, just because some say it is "good for that ailment." They have tried them all and wish something new. They now wish something which will be really efficient, which will not be merely a temporary relief.

We as osteopaths do not go out and rope in patients, we do not make a great display of advertising. All that is unnecessary, as we depend on the results obtained by our science. Osteopathy is pure and simple and is governed by the laws of Nature. It is the Rational Method of Healing.

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## CONCERNING OSTEOPATHIC PHYSICIANS.

W. LA PLOUNT, D. O., PORTAGE, WIS.

### Osteopathic Physicians Do Not Rub.

Nearly every day we are asked how rubbing could cure disease.

For the benefit of those who have been misled by some physicians of older schools, I wish to state it would be time poorly spent to go several years to an osteopathic college to become nothing but a masseur.

### Requirements of an Osteopathic Physician.

It requires three years of nine months each to qualify and in many states before practicing we are required to pass a written state examination along with doctors of the older schools.

To those who want massage, rubbing, swedish movement, etc., go to physicians of other schools, or to a masseur, magnetic healer, etc. Some M. D's. prescribe those adjuncts.

We have no use for any method of healing unless it has a foundation of common sense.

### Osteopathy is Adjustment.

Osteopathy is adjustment of the human machine, by an expert human mechanic. When this class of M. D. tells you that osteopathy is rubbing or any other thing, just laugh him out of court and ask us what it is.

Osteopathy has been opposed by the medical profession but never by the public at large, the reason I leave to the reader.

### Osteopathy a Complete System.

Osteopathy is no longer in its infancy. It is a complete and well-rounded system of healing, adequate for every emergency. Nearly all of the states (forty of them) have officially recognized the science by legislative enactment—either creating separate boards of osteopathic examiners or providing for osteopathic representation on state medical boards. Nor is this surprising; for our system represents such a distinct advance in therapeutics that it was destined from the outset to outlive all opposition and take foremost place by right.

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## ANSWERS TO A FEW QUESTIONS.

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

### Pneumonia.

"The other day an M. D. friend said to me that Osteopathy might be all right for such things as chronic rheumatism, stiffened joints and so forth, but that for us to claim that we could handle a case of pneumonia was nonsense. That pneumonia could be treated successfully only with medicines."

The simplest answer to give to any M. D. who makes such an assertion as that quoted above is to ask him "what medicine would you give in a case of pneumonia," and he is forced at once to acknowledge that there is no specific for the condition, that it is simply a case of treating symptoms as they arise, guarding against conditions which are liable to occur, and assisting or guiding the processes of Nature. The disease which we know as pneumonia occurs as the result of the multiplication in the blood of a special micro-organism, that organism cannot exist in the normal blood stream, but if from any cause the blood-flow becomes stagnated the resistant power of the corpuscles is lost, multiplication



can and does occur and the disease becomes established. This very multiplication still further interferes with the blood flow so that we have extension of the condition from the one small area in which it began to the surrounding parts. Such initial disturbances of the circulation we meet with most commonly as the result of an interference with the vaso-constrictor mechanism in the lung tissue, this leading to a congestion of the area from the dilatation of the vessels and the consequent slowing of the blood in its passage through the part. The heart at the same time keeping up its normal rate is shortly accelerated in its action reflexly, in the effort on the part of Nature to overcome this congestion, with the result that still further congestion is produced; a pathological condition now exists of two-fold origin, first that due to the lessened vaso-constrictor action; second, that due to the perverted physiological action in the effort at correction. Micro-organisms are at all times in the atmosphere which we breathe, into this congested area enters the bacillus pneumoniae, it finds the soil in which to grow. If in this early stage, the stage of simple congestion, that congestion can be removed the pneumonia will not occur, it will not be cured or aborted, it will be prevented not having as yet existed. The best that the M. D. can do is to relieve that congestion, he can remove that due to the first cause very often by means of counter-irritation, a poultice, a mustard plaster or by the administration of such a drug as the tincture of aconite in minute doses every hour, since aconite has a depressant action upon the heart.

#### Wherein is "Medicine" better?

But in how far is that superior to the osteopathic method? The osteopath can produce his action on the vaso-constrictors far more rapidly and with greater precision by direct stimulation of the area in relation with the second to the sixth dorsal vertebrae whence issue the nerves in connection with the sympathetic ganglia responsible for such vaso-constrictor control. At the same time he can produce dilatation of other areas and so aid materially his constriction of the vessels in the congested area by diminishing the local blood pressure. In many cases he is thus enabled to relieve the condition entirely without resorting to any means to slow the heart's action, as soon as the abnormal stimuli to the heart cease owing to the relief of the congestion the physiological condition of the heart is restored, Nature ceases her efforts. But should the tumultuous action of the heart continue, simple pressure upon the region of the neck whence issue the nerves which pass to the three cervical ganglia will tend to inhibit the accelerator cardiac sympathetic nerves and allow the inhibitory action of the vagus on the heart to have

full sway. And it will be noted that this very inhibition of the cervical ganglia will tend to produce dilatation of all the cranial vessels and those in the upper limbs, thus to some degree to lessen the blood pressure in the lung.

#### Resources of Any Physician.

Suppose that the bacillus pneumoniae has got the power to multiply, in what way is the M. D. going to check its advance? He can do not one thing more than can the osteopath. He can guard the patient from dangers which he knows are apt to arise. Both can do all in their power to prevent the congestion going further, hence prevent further areas of the lung tissue becoming invaded by the bacillus and so less toxin be formed in the system, less strain thrown upon the heart in propelling blood through an engorged area. As I say both can do that; both must remember that two very special dangers exist, that the amount of toxin generated may so thoroughly poison the nervous system as to kill, and that the heart now working at its highest tension may meet suddenly with the "last straw" which causes it to cease action. Both can protect the patient by prescribing the most absolutely complete rest to the body so that the heart may be guarded from any chance of that "last straw" being laid upon it, remembering that pneumonia patients have died as the result of turning over in bed, even raising the head

#### Functional Disorder Precedes Organic.

But these precautions can be taken as well by the osteopath as the M. D., Osteopathy is just as capable, and infinitely more so, to control the action of the heart, the condition of the blood-vessels or any other of the vital processes of the body by the direct stimulation or inhibition of the vaso-motor mechanism by manual means as is any practitioner of medicine by the chemical stimulation or inhibition by means of drugs. And what is true in the initial congestion of pneumonia is true in any other preliminary congestion; there is congestion before there is suppuration in typhlitis, the rule in such cases has been completely changed in the last half dozen years, whereas the sufferer from a simple typhlitis or perityphlitis in the stage of simple congestion was immediately placed upon the operating table and had his appendix removed, to-day the surgeon realizes that the appendix in the great majority of cases is not the starting point of the condition, that measures directed to the relief of the congestion will in nine cases out of ten prevent all requirement of operative interference. To put it very briefly, no organic condition can arise without a preliminary functional derangement, the successful practitioner is the man who by relieving the func-



tional disturbance prevents the occurrence of organic mischief. Such should be the aim of the "regular" physician no less than the osteopath, but unfortunately the premonitory symptoms of a congestion are too often overlooked, the physician of no school is called in until the congestion has passed into a true inflammation of one type or another. As a Scotchman, one of a race stated commonly to answer one question by asking another, let me suggest that you just ask your medical friend what is his CURE for pneumonia.

#### A Question of Immunity.

"The other day an M. D. put to me this problem. A child at school acquires scarlet fever, attends school for a day or two while in the infective stage. There are in the school three hundred children, from one child to another the infection spreads; at last over two hundred of the children have been attacked, they are attended by nurses and doctors none of whom take the disease. You say that all disease is consequent upon a lesion, what lesion did these children have that the nurses and doctors did not have?"

#### Lesion, of Immaturity.

The children had the lesion of immaturity. When an infant is born into the world it is not structurally perfect, it possesses organs which it will not have in a few years, it has not organs which it will have. The thymus gland is functionally active while in half a dozen years it will merely be a remnant; the thyroid gland is not called upon to exercise its peculiar function until degeneration of the thymus begins. In the intestine glandular areas are active which at fourteen years will begin to atrophy so as later on to be known only as Peyers Patches. The bones are soft and osseous formation very far from complete, and the great bulk of the nutrition taken into the body of that infant goes not to maintain existent structure but to build up tissue. So it is that the small body of a boy of fourteen requires as much nourishment as the large body of the adult laborer. The body of the child being in its formative stage is non-resistant to disease organisms, hence it is that we find children particularly prone to certain infections; scarlet fever, measles, diphtheria may all occur in the adult but are far more common in the young owing to the immaturity of the organism requiring that the great bulk of the nutritional elements goes to upbuilding of new tissue, not the maintaining of that which is anatomically perfect. The wise physician will not go to a case of the more infective fevers, such as typhus, while suffering from the lesion of fatigue, a physiological lesion, or of malnutrition. That was one of the earliest lessons taught me, taught by

old Dr. George Keith when I was a lad, he told in my hearing that he never "went to a case of infectious disease on an empty stomach."

#### Conditions of Body Resistance.

There the entire body would be in a condition below par, would be non-resistant. At the Court of the Old Bailey in London, many years ago, a prisoner was brought into the crowded court room from Newgate suffering from gaol fever, typhus. The atmosphere was foul and heavy, a long session of court had wearied judge, jury and lawyers, all were in a condition of non-resistance. At this moment I forget the exact figures but many deaths resulted. To quote Gould in this connection, "It (typhus fever) has long been known under the names of hospital-fever, spotted-fever, jail-fever, camp-fever and ship-fever, and has been the regular associate of such social disturbances as over-crowding, excesses, famine and war." All conditions producing the predisposing physiological lesion. Scurvy now has no terrors for the Arctic explorer or for the merchant seaman on long-voyaging sailing vessels since its occurrence is known to depend upon the absence from the diet of certain articles of food which the law now compels the ship-owners to furnish. Their absence produced an altered anatomical condition, histological or chemical whichever you please, upon which depended the occurrence of the condition. Just so in the case of the undeveloped child falling a prey to the organism causing the fever which had not the power to attack his robust, anatomically mature physician.

(Questions propounded to osteopaths by medical men tending to belittle our practice or confound the practitioner are invited. My endeavor will be to answer such, at the same time giving any practical points which occur to me.)

\* \* \*

## STAMMERING.

### RESEARCH ARTICLE.

WALTER LEWIS BEITEL, D. O., PHILADELPHIA.

In presenting this paper for your consideration it was not my intention to present merely a rehash of any material that could readily be found in text books—although many were consulted and are quoted—but to give the profession the results of some earnest and careful experiments made along osteopathic lines; the idea and purpose being to locate and define if possible, the osteopathic lesion responsible for this affliction.

In order to understand the subject thoroughly we must consider every phase of the question involved; the anatomy, the physiological



function, the pathological defect and the treatment; hence a brief review of some of the authorities along this line becomes necessary. Let us first consider the

#### Phonetics.

This very extensive subject may be divided into the following three parts: (1) ANATOMICAL; (2) PHYSIOLOGICAL; (3) ACOUSTIC.

This part of the subject, which is far from having been fully investigated at present, has two main sub-divisions, (a) musical, regarding the nature and properties of musical sound, and especially song, with their varieties due to force, pitch, and quality; (b) rhetorical.

#### Voice and Speech.

Let us now consider the difference between voice and speech. "Voice" is produced by the vibrations of the vocal cords, two ligaments of fibrous elastic tissue situated in the larynx. It is to be distinguished from "speech" which is the production of sounds intended to express ideas. There may be speech without voice as in whispering, whilst in singing a scale of musical tones we have voice without speech. Speech sounds result from shocks given to the air by the organs of speech, received by the tympanic membrane of the ear, and transmitted to the auditory nerves in the cochlea.

There are three ways in which speech-sounds may be produced; (1) By the air in the mouth, without additional breathing by smacks and clicks; (2) By drawing in air as orally in chirps, whistles, sobs, gasps, and nasally in snuffles and snores; (3) By expelling air as in the greater number of speech-sounds.

#### Stammering.

Stammering or stuttering designates a spasmodic affection of the organs of speech in which the articulation of words is suddenly checked and a pause ensues, often followed by a repetition in rapid sequence of the particular sound at which the stoppage occurred. Of this painful affection there are many grades, from a slight inability to pronounce with ease certain letters or syllables, or a tendency to hesitate and to interject unmeaning sounds in a broken sentence, to the more severe condition in which there is a paroxysm of the muscles, not only of the tongue, throat and face, but even of those of respiration and of the body generally. Thus it will be seen that the physiological mechanism is very

complicated, requiring a series of nervous and muscular actions, all of which must be executed with precision and in accordance.

It is necessary that the respiratory movements, more especially those of expiration, occur regularly and with nice adjustment to the kind of articulate expression required; that the vocal cords be approximated and tightened by the muscles of the larynx acting with delicate precision, so as to produce the sound of the pitch desired; that the rima glottidis be opened so as to produce prolonged sounds, or suddenly closed so as to cut off the current of air; that the movement of the muscles of the tongue, of the palate, of the jaws, of the cheeks, and of the lips, occur precisely at the right time and to the requisite extent and finally that all of these muscular adjustments take place with rapidity and smoothness, gliding into each other without effort and without loss of time. Exquisite co-ordination of muscular movement is therefore necessary, involving also complicated nervous actions.

Hence it is that speech is acquired by long and laborious effort. A child possesses voice from the beginning; it is born with the capacity for speech; but articulate expression is the result of education. In infancy, not only is knowledge acquired of external objects, and signs attached in the form of words to the ideas thus awakened, but the nervous and muscular mechanisms by which these signs or words receive vocal expression are trained by long practice to work harmoniously.

It is not surprising therefore, that in certain cases, owing to some obscure congenital defect, the co-ordination is not effected with sufficient precision and that stammering is the result.

Medical literature repeatedly asserts that even in severe cases no appreciable lesions can be detected either in the nervous or muscular mechanisms, and the condition is similar to what may affect all varieties of finely co-ordinated movements. Thus the co-ordinated movements necessary in writing are disturbed in scrivener's palsy. The mechanism does not work smoothly but the medical pathologist is unable to show any organic defect.

Stammering is occasionally hereditary. It rarely shows itself before the age of four or five years, and as a rule it is developed between this age and puberty. Men stammer in a much larger proportion than women. It may occur during the course of nervous affections, such as hysteria, epilepsy, or tabes dorsalis; sometimes it follows febrile disorders; often it develops in a child in a feeble state of health, without any especial disease. In some cases a child may imitate a stammer and thus acquire the habit. Any general enfeeblement of the health, and especially nervous excitement, aggravates the condition of the confirmed stammer.



### An Analysis of the Difficulties.

Stammerers as a rule find the explosive consonants, b, p, d, t, k, and hard g the most difficult to articulate, but many also are unable easily to deal with the more continuous consonants, such as v, f, th, s, z, sh, m, n, y, and in severe cases even the vowels may cause a certain amount of spasm. Usually the defect is not observed in whispering or singing, but I have found exceptions to this statement. In pronouncing the explosive sounds the part of the oral apparatus that ought suddenly to close or open, remains spasmodically closed, and the stammerer remains for a moment voiceless or strives pitifully to overcome the obstruction, uttering a few successive puffs or sounds like the beginning of the sound he wishes to utter. The lips thus remain closed at the attempted utterance of b and p; the tip of the tongue is pressed against the hard palate or the back of the upper front teeth in d and t; and the back of the tongue presses against the posterior part of the palate in pronouncing g hard and k.

In attempting the continuous consonants, in which naturally the passage is not completely obstructed, the stammerer does not close the passage spasmodically, but the parts become fixed in the half-opened condition, or there are intermittent attempts to open or close them, causing either a drawling sound or coming to a full stop. In severe cases where even vowels cannot be freely uttered, the spasm appears to be at the rima-glottidis. Again, in some cases, the spasm may affect the respiratory muscles, giving rise to a curious barking articulation, in consequence of a spasm of the expiratory muscles, and in such cases the patient utters the first part of the sentence slowly, gradually accelerates the speed, and makes a rush toward the close. In the great majority of cases the spasm affects the muscles of articulation proper, that is, those of the pharynx, tongue, cheeks, and lips. In the most aggravated cases the condition of the patient is pitiable.

### Structure and Function.

In order to understand the phenomena presented, it will be necessary to review briefly the structure and physiology of that part of the motor speech centre which serves for the production of articulate sounds. The motor impulse travels from the motor speech centre in the left frontal convolution downward through the knee of the internal capsule, and reaches the medulla. The nerves carrying it here communicate with the articulo-respiratory centre. These nuclei lie close together, and constitute practically one collection of cells bound together by fibres running in every direction. Here, and possibly also in the cere-

bellum, is effected the exact degree of innervation of all the muscles of articulation so as together to produce the vowel and consonant sounds and at the same time to approximate the vocal cords, and so to regulate the respiration, as to cause exactly the necessary amount of air to pass through the glottis. This exceedingly complex action is entirely apart from the conscious act of, and is known to, the sensorium only through the intervention of the sensory nerves supplying the mucous membranes and deeper parts of the lips, tongue and palate. The amount of innervation of each muscle is determined by lines of least resistance in the connecting fibres, which are formed as a result of repeated transmission of motor impulses. This whole system is probably under the influence of one or more controlling centres, which serve to check over-action, or the undue diffusion of nerve force.

Stuttering is a disturbance of this co-ordinating mechanism. It may be due to abnormal excitability of the primary system, or to weakness of the inhibiting centre. The result is an over-action of the muscles innervated, and transmission of the impulse to other muscles more or less distant, sometimes even to those of the arms and trunk; the attempts of the patient to overcome the spasm only serve to intensify it, until the controlling centre resumes its function or the patient ceases the effort to speak.

### Origin and Cause.

Several facts tend to show that the trouble is adynamic in origin, e. g., the fact that patients usually stutter worse when tired; that persons sometimes stutter when exhausted, or during sickness, who do not otherwise; that stutterers are often, though not always, of weak or scrofulous condition.

This disturbance of equilibrium between the centres is often the result of inherited tendency. It may follow severe illness, fright or any shock to the nervous system. In such cases the trouble may pass off when the depressing influence ceased, or may persist for a long time, or through life. In any case the intensity of the disturbance depends much on the treatment and surroundings of the patient, anything like ridicule or punishment aggravating it ten-fold.

Its primary cause may also exist in the peripheral organs but it is more often of cerebral origin. So complicated are the nervous processes of speech that the only wonder is that the disorder is not more common. The motor processes of normal speech are for the most part automatic, and a slight weakening, for any reason whatever, of a single muscle or nerve, even for an instant, may completely destroy for the time being the



automatic action. This leads to a confusion of the mind more or less pronounced, which in turn makes extremely possible a speedy repetition of the faulty action, the consciousness of the utter lack of power to control the mechanisms of speech soon follows and thus the stammering habit becomes fixed.

#### The Osteopathic Lesion.

Very nearly one hundred cases were examined: in all of these muscular, ligamentous, and bony lesions, all the way from the occiput to the coccyx, were found. Without one exception some cervical, dorsal, or rib lesion, affecting either the throat or diaphragm, or organs of respiration were found, thus giving added proof to the osteopathic theory that disturbed physiological functions are due to deranged anatomical structure of the parts affected. Nor must we forget the great reflex nervous system, for scarcely a case presents itself in which this system is not in some way involved.

In spite of my efforts in behalf of this subject, I am unable to announce any lesion, or set of lesions, as primarily responsible for the condition under consideration that I could christen "The lesion of Stammering." And why? Because not a single case presented itself that that was afflicted purely with stammering and nothing else. Every case, without a single exception, had some other organic or nervous affection to complicate the diagnosis. Some were tongue-tied; several were hard of hearing—(slightly deaf)—some had cleft palates; some were neurasthenics, or complained of head or other aches; many had stomach or intestinal troubles; some had weak lungs; some had pelvic disorders, and none were without an accompanying nervous affection of some sort to which these lesions might also apply with equal force.

#### The Treatment.

No two cases of stammering are exactly alike and therefore the scientific treatment of this affliction should include a knowledge of the various methods for ascertaining the abnormal mental and physical conditions giving rise to the affection. In other words, as in faulty machinery of any kind, the weak points should be found and the remedy applied directly to them.

The normal automatic actions of the organs must be restored, and this can be accomplished only by slow stages through the intermediation of voluntary action. The patient must first learn to recognize, through the auditory and perceptive centres of the brain, the nature of normal speech, and then he must learn to recognize the sensations attendant upon the motor processes of speech.

Encourage him to read and speak slowly and deliberately, carefully pronouncing each syllable, and when he feels the tendency to stammer advise him to pause a short time, and by a strong voluntary effort to attempt to pronounce the word.

He should also be taught how to regulate respiration so as not to fail for want of breath. In some cases aid may be obtained by raising the voice toward the close of a sentence.

Sounds, or combinations of sounds, that present special difficulties should be made the subject of careful study, and the defect may be largely overcome by a series of graduated exercises in reading. It takes patience and determination to overcome the defect. All measures tending to improve the general health, the removal of any affections of the mouth or gums that may aggravate habitual stammering, the avoidance of emotional excitement, a steady determination to overcome the defect by voluntary control, and a system of education such as I have sketched, combined with intelligent osteopathic treatment, will do wonders in the great majority of cases to remedy stammering.

#### Conclusion.

On account of the extreme sensibility of these patients to their affliction it has been very hard to approach them upon this subject, and though many allowed me to examine them, they refused to give me their names or to undergo treatment. But those that I did treat were productive of excellent results.

In private practice much of this sort of Research Work is impracticable; it is work for the hospital or post graduate, where a department of experimental research work could be undertaken, results checked, and patients kept in touch with for some time after treatment ceases, to note whether there is any relapse or whether the cure remains permanent.

My work is finished as far as I have the power to carry it out; I regret that it cannot be checked so as to give it the stamp of authenticity, but the members of the profession can verify in their individual practice, by following my method, the exactness or falsity of my argument.

In my own cases the results have been very gratifying and I firmly believe that intelligent osteopathic treatment, combined with regular, conscientious study on the part of the patient, will materially benefit, if not altogether cure, the greater number of this class of cases.



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#### FIELD EDITORS

KIRKSVILLE, MO., AUGUST, 1908.

#### EDITORIALS.

**The Convention**—By the time this reaches you, many will have their trunks packed preparatory to the Kirksville pilgrimage. To those of you who have not yet decided, let us say "Come, and enjoy yourselves at osteopathy's fountain head for a week. We will do our best to make the event a memorable one." As to the weather, it now promises to be a delightfully cool and pleasant week. During the convention at Norfolk last year, we who stayed in Kirksville, wore overcoats. Your who went to Norfolk perhaps remember the lovely torrid breezes and sizzling sun.

**On Knocking**—We have frequent letters from the field asking why this spirit of "knocking" which seems to pervade the profession. Why is it that with the enormous field before us, we so often lay ourselves open to this accusation? Would it not be much better to devote that time and thought to the extending of our knowledge and the improving of our own technique? There is published in this issue an article on stammering which shows much careful and painstaking investigation, much of it done without hope of pecuniary recompense. How many of us would go to that trouble just for "Science Sake?" The man who has time to "knock" is not very busy with real work, nor is he much interested in his own business.

**Allo's and Homeo's Again at it**—Dean King of the New York Homeo College is very much hurt and declares that Dr. Osler called him a quack because the latter says:

"I do not think that we have a common ground at present so long as your school clings to the law of similia, which from the modern scientific point of view is as antiquated and unreasonable as is the so-called allopathic system from which we modern physicians have departed."

According to the letter then, the allopaths are just as much quacks. Where are the REAL doctors, can it really be that Dr. Osler refers to the only really rational school—the osteopathic? The N. Y. Sun devotes considerable space to the arguments.

**Sentence Suspended**—Judgment No. 3, under the Pure Food Act has been published through notices sent out by the Agricultural department. One Birkett Mills of Penn Yan, N. Y., sold a commodity labelled as "Pure Gluten Flour" although the starch had not been extracted, thereby endangering the person who should buy it for dyspepsia; there was 12.80% moisture instead of not more than 10% as defined by law and only 1.53% nitrogen instead of not less than 5.6% the legal amount. This case was terminated by the defendant company pleading guilty and the court "IN ITS DISCRETION, SUSPENDED SENTENCE!"

**Kisses for Charity**—Various papers have made much sport of the action of lady physicians of the homeo school who at the convention at Kansas City recently paid \$100 each to have John D's private administerer of attenuations kiss the BACK OF THE HAND. One woman who contributed the \$100 for the charity and then refused the osculation, even though compelled to run the length of the aisle to get away from the ardent osculatory triturations, was warmly commended by the papers one of which says editorially:

"The proper thing for Dr. Biggar would have been to give \$100 to the cause for every kiss he could get at the price. The other male pill-boxes should have followed suit and have been too glad to pay out every bill in their wallets for one touch of the lips of the lady members of the profession. The presumption is that these ladies were as well worth kissing as many we know, and that it was not to be a back-handed affair. Dr. Anna Cline declined the osculatory attentions of Dr. Biggar. She showed excellent taste in refusing to take kisses she had to pay for, and all the more when the kisser demonstrated his ignorance as to where kisses should be placed."

**Long Distance Work**—The Editor has gotten out this issue of The Journal by mail, while away on his vacation. If there is anything in it that does not suit you, tell it to him. If there is that suits you, tell it to your neighboring practitioner.

**A Boy's Wish Granted**—In the current issue is an article by Dr. Earle S. Willard on the story of a struggle which describes some of his early experiences in Kirksville. Dr. Willard entered the A. S. O., when a mere boy, graduating from there two years later and at once engaged in pioneer work, going to North Carolina when there was not another osteopath in North Carolina, South Carolina or Virginia. He was one of three who prevented the passage of a law in Virginia making it a crime to practice osteopathy. The Editor is informed that as a boy, Dr. Willard often said that when he grew up, he was going to be a doctor like Dr. Still, and in play gave treatments to some of the household pets, in imitation of treatments he had received from the father of osteopathy, before the American school was even founded. A successful practitioner, and a member of the faculty of the Philadelphia College, though still a young man, he has attained an eminence which many never will.

\* \* \*

**Dr. Smith's Lectures.**—From the osteopaths at every point visited by Dr. Smith last month reports come of the good work done. Much attention was given to his work by the press and in every instance it was mentioned that his talk was eminently fair, not attacking other practitioners or extolling any special osteopathic school, and not calculated to do other than convince all that osteopathy was quite within its rights in demanding equal recognition with other schools. Seed has been sown at many points which will bear fruit at an early date.



## ASSOCIATIONS.

**Kansas-Missouri Association**—Dr. Trabue of Pittsburg, Kansas, had the S. W. Mo. and S. E. Kansas O. A. meet with her June 27. After the business had been disposed of we had our new member Perry Davis of Ft. Scott, enroll. This makes our membership eighteen, B. J. Mavity of Nevada having signed the roster at our last meeting.

Rose Thomas of Columbus, Kansas, read a paper on "Emergency Cases" which gave us some very helpful and instructive points from her hospital experience at Des Moines. Adele Doan cited a number of interesting cases in a paper on Menstrual Disorders.

Dr. Willis, to the regret of all present, was compelled to be absent with an obstetric case, but his wife in his behalf, assisted Dr. Trabue in serving ice cream and cake, a surprise which was enjoyed and appreciated by every one. Social chat was indulged in to an early hour when we parted to meet again August 29 with Drs. Wolf at Carthage, Mo.—Yours truly, Florence Magers Geeslin, D. O., Sec'y.

**Maine**—During the past month the Portland osteopaths have been greatly favored by having Dr. Charlie Still as a summer guest. Dr. Still and family were with us four weeks and during that time the osteopaths of Portland received much assistance and good osteopathic advice from Dr. Charlie.

The Maine Osteopathic Association held two meetings, Dr. Still conducting an afternoon and evening clinic which were of great benefit to those present. At the first meeting a fine banquet was served at the home of Geo. H. Tuttle, the guests of honor being Dr. and Mrs. Charlie Still, Gladys Still and Francis Cave of Boston.

The annual meeting was held June 27th with Dr. Rosebrook. The following officers were elected:

President, Sophronia Rosebrook; vice-president, Mary Warren Day; secretary, Viola Howe; treasurer, Geo. H. Tuttle. Trustees: Lillian P. Wentworth, Mayme Tuttle, Florence A. Covey. Legislative Committee: Lillian P. Wentworth, Geo. H. Tuttle, Sophronia Rosebrook, Viola Howe, Florence A. Covey.—Mary Warren Day, Sec'y.

**Massachusetts—Boston**—At the annual business meeting of the Boston Osteopathic Society at the Hotel Westminister the following officers were elected: President, Clinton E. Achorn; vice-president, Edith S. Cave; secretary-treasurer, Arthur M. Lane.

The guest of the evening was Charles E. Still. Dr. Still told some interesting reminiscences of the early attempts of his father and of the founding of the school at Kirksville in 1892. He traced the growth of osteopathy from that time when the first class graduating numbered eleven to the present when there are over 4000 practitioners in all parts of the country.

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## "DOC BING."

Last year the Woman's Home Companion inaugurated a humorous contest about Joe Bing, a certain chap who did marvelous stunts "In Luscomb's grocery store." Nothing was too arduous, nothing too gigantic, nothing was beyond the skill, strength and endurance of this paragon, who did all of his work "In Luscomb's grocery store." At the risk of being accused of attempted plagiarism, we open a contest on Doc Bing, who can do all sorts of stunts sitting in his office chair! It is up to you to figure out the biggest and best stunts he can do, put them in verse, and send them in to "Doc

Bing," c-o The Journal of Osteopathy. Just to make it interesting, we will offer a prize of a five years subscription for the best verse, one of three for the next and three of one each for the next three. Anybody can enter the contest, osteopath or not, subscriber or not. As a starter we give four stunts as described by the one suggesting this contest.

\* \* \*

## AS A COLLEGE PRESIDENT.

Doc Bing he run a college once  
I swan an' taught it too  
An' in twelve hours by the clock  
He'd got 100 D. O's thru  
He could, I guess, before he slept  
Taught twice as many without a care  
He told 'em all he knew, then some—  
Just shows Doc's wisdom from his office chair.

## HE WOULD AN EDITOR BE.

Doc Bing got out a journal just on time  
From rise 'till set of sun  
He wrote it and he read it too  
Yes, sir, that's what he done  
To get out forty thousand prints  
Is surely not a small affair  
His articles an' arguments just settled what's sure—  
Just shows Doc's wisdom from his office chair.

## SUCCESSFUL IN PRACTICE, TOO.

Doc Bing, he made four thousand dollars once  
By simply treating cases.  
He done it all in jes a day  
With time to 'tend the races.  
He could as well 'a' kept it up  
A dozen days without a care  
Where was it done? The same old place,—  
Spouting wisdom from his office chair.  
(Feet on the desk)

## NEED HIM IN PENNSYLVANIA AND NEW JERSEY.

Doc Bing in politics passed forty bills  
He planned 'em good and neat  
An' before the sun had near gone down  
His jobs were laws complete,  
The bosses never turned a hair  
Wa'n't tired, nor showed their fear  
He passed 'em all in one short day  
Spouting wisdom from his office chair.



## STATE BOARDS AND LEGISLATIVE.

**Illinois**—The chiropractors have been boasting that the Illinois law enabled them to take the examination. This is correct as there are absolutely no requirements as to preliminary or professional education for those who "treat diseases by manual methods." One "Dr." Schwartz of Monmouth decided that he wouldn't go even to this formality, but defied the state to arrest him. They did and he was fined \$100.00 in spite of the seductive oratory of F. H. Hartwell of La Crosse, Wis. He has appealed. Two years ago the Editor tried to call the attention of the profession to this fake on osteopathy and was laughed at. Dr. Giltner of Monmouth has the following to say:

These fakirs of osteopathy are following in our wake with a practice simulating our own so closely that one half of the D. Os. now in the field cannot give a clear-cut, concise differentiaiton between the two practices. The medical trust have been met face to face in many battles and suffered defeat. But that gentry trailing (the chiro) threaten to shoot osteopathy in the back within a few years, robbing us of complete victory and much glory.

B. J. Palmer, the head of the main Diploma Mill of this branch of mechanical healers said to the Editor after the La Crosse trial (in which a certain "osteopath" testified that he had never felt a subluxation of the spine; had never been taught about one; had never been taught spinal-adjustment; did not know there was any such thing; thought that rubbing, stretching, etc., was all there was to osteopathy, and yet he was a graduate from a school recognized by the A. O. A.), "I am going to keep after you folks (the osteopathic profession) until you admit that osteopathy is rubbing, or else you refuse officially to recognize schools like this which teach rubbing and call it osteopathy, and refuse to recognize graduates like this who rub and call themselves osteopaths." Chiropractic is a rank fake on osteopathy but it is vertebral adjustment, although of a very crude, dangerous and uninformed sort. The chiropractors, "course" is very brief, unscientific and totally insufficient to fit them as physicians. If you are an osteopath who, like I am sorry to say some of our practitioners do, rub, pull, punch and massage, and use vibrators, patent antiseptics, adjuncts, etc., a good chiropractor will run you out of business in a short time. But if you are one of the A. T. Still kind, a bony lesion osteopath, who give specific treatments, set bones, fight shy of adjuncts, and then confine yourself to strict osteopathy as the Founder gave it to us, with your superior education, superior technic, and scientific application, you will get the work and the imitation will meet the fate imitations meet when they come in competition with the genuine. Perhaps the chiropractor is a good thing, as by natural selection, he will heave out a lot of our rotten timber. I am not directing this talk against the graduates of any one particular school, as I have personal friends, graduates of all the different schools, whom I know to be adjusters. But it is against the mere manipulator and muscle treater.

### Summary of Louisiana Law, Enacted 1908.—

No preliminary education required.

Osteopathic: Prior to June 30, 1909, none: there after, three years of nine months each.

Examination in anatomy, physiology, symptomatology, physiological chemistry and toxicology, osteopathic pathology, diagnosis, hygiene, obstetrics and gynecology, minosurgery and principles and practice of osteopathy.

Osteopathic board. Right to practice osteopathy and also specified to certify births and deaths. Osteopathy is by inference not the practice of medicine.

Reciprocity at discretion of board. Nothing said about temporary permits. Board meets on call of President in October and other times.

Fee \$15.00. No legislative arrangement for return of fee or for re-examination. County registration required, fee \$1.00. Penalty, \$20 to \$100. Members not yet appointed.

**Louisiana**.—The osteopathic bill passed the house 81—27, the Senate 33—3 and July sixth was signed by the Governor. It becomes at once operative. The principal features of interest aside from those in the summary are, no definition of osteopathy, examination shall be "satisfactory" with no mention of grades required, provision for a European school of osteopathy, no legislative provision for any fee whatever unless a license shall be issued, provision for reciprocity with other countries than U. S., reciprocity may be on basis of REGISTRATION, OR examination by such other board, after June 30, 1909, no certificate may be issued except to one who is a graduate of a three year of nine months each course. Otherwise the bill much resembles other osteopathic laws. Dr. Murray Graves sent in the following account which was crowded out of the July issue:

Our bill for separate board etc., received an unfavorable report from House Committee on public health which was packed against us. Only six M. Ds. on the committee. The vote was eight to two against us. Our friend Mr. F. Claiborne, Representative who fathered the osteopathic bill is a fine attorney and through his untiring effort he was able to get a minority report and a vote of the House the results were as I wired you, 81 to 27 our favor. At that time we got recognition in the medical bill, for twelve osteopaths and were asked by M. D. to pull our bill down which we refused to do. Please give Mr. F. Claiborne and Dr. C. G. Hewes due credit. Claiborne has done some very effective work. He's there with the goods. His scrap with Dr. Dousson on the floor of the House in which he proved that Dr. Dousson voted for our bill two years ago, and that Dr. Dousson was practicing on a temporary permit having failed on examination. He is fieriest you ever saw. No compromise to him. Drs. Conover, McKeehan, Tete have rendered good work. Drs. Geddes and McCracken of Shreveport were strong and stood solid and did some good work. Dr. Hyde of Crowley was over for a day, he was O.K. All have put up their assessment we issued. The La. O. A. is composed as follows: Murray Graves, Pres., W. A. McKeehan, vice-pres.; C. G. Hewes, secy. treas.; R. W. Conner; H. W. Mackie; Dephim Mayronne; Henry Tete, Leg. Com.; Paul W. Geddes; Earl McCracken; Wendel Hyde; C. W. Hamilton. I believe we have the best bunch of workers on any state and challenge any one to show better results with as small amount money as we had. Now we could have accepted the ammendment as final and spared expense and had a monopoly on the practice of osteopathy in Louisiana. Here is the proposed ammendment in senate. Medical bill No. 69 (quite a coincidence our bill is number 69, too) in House. "Provided that members of the Louisiana O. A. shall be licensed without examition provided they apply to the boards within sixty days after the promulgation of the act." Now we did not feel that we wanted to be Medical Physicians and this license made us such. Same provided for examination but am certain no osteopath could ever have qualified for the examination. This was trust tactics; they thought it best to absorb ten people and stop the growth that way if they succeeded in killing our bill and we killed their bill we would be arrested for practicing medicine, as they have a late decision of Judge King in New Orleans. They told us they would have every one of us arrested if this legislation failed. Dr. Martin of New Orleans Sanitarium elaborated on the point of making physicians of us saying "with the mere troke of the pen we make you osteopathic physicians in the widest sense of the word.



I asked him if he meant that we could give drugs and practice major surgical operations he said "in the widest sense you will be physicians according to law." I then asked if he would give us one member on the board. He said "Wouldn't be qualified. We'd let the governor see to that." With best wishes, I am,

MURRAY GRAVES, D. O.

**New York**—After we had gone to press last month, we received the news that Dr. R. H. Williams had been re-appointed to the state board, this time for three years. This is good news to the osteopaths on the outside of the state as it is as yet by no means certain that the ranks of the New York society will be swelled by any who did not have the forethought to secure registration prior to the passage of the late law, and with Dr. Williams there on the spot, they are assured of fair play.

**Oregon**—The board is getting after fakes, one J. A. Larsen, for the third time being arrested in Portland on the charge of practicing osteopathy without a license. According to the Oregonian, which publishes the note, he was twice before arrested on a similar charge, but dismissed in the police court.

**Virginia**—A study of the bill introduced which aimed to have a chiro board of examiners, is somewhat amusing. Section one defines chiro as "the science of adjusting by hand any or all luxations of the three hundred articular joints of the human body, more especially the fifty-two articulations of the spinal column for the purpose of freeing any or all impinged nerves which cause deranged functions."

While section 11 says: "The science of adjusting luxations by hand and chiropractic for the cure of diseases, is hereby declared not to be the practice of medicine, surgery or osteopathy, within the meaning of the medical laws of this State." Had this bill passed, every osteopath who wished to come into the state would be compelled to pass an examination before this board, in such portion of "anatomy, dissection, physiology, pathology, nerve tracing, diagnostics, chiropractic orthopedy, the principals of chiropractic and adjusting as taught by chiropractic schools, as the board shall think essential to the practice of chiropractic," "and also would be compelled" to have shown a diploma from a chiropractic school. How is that for a case of rare impudence, as if osteopathy does not include "adjusting by hand, especially the fifty-two articulations of the spinal column, for the purpose of freeing any or all impinged nerves which cause deranged functions," then what does it?

\* \* \*

**Washington**—Dr. H. F. Morse, of Coulee City, writes:

"In proposing an amendment to the constitution of the M. W. A., one of your correspondents stated that he understood that the W. O. W. appointed osteopaths as examiners. This is so only when there is no physician of any other school in the camp.

A year ago, I was approached by members of a W. O. W. camp who said that their camp was large and, having but one examiner, needed another. I joined and when the lodge requested the Sovereign Physician to appoint me as examiner he replied that he did not appoint osteopaths. I wrote him regarding the circumstances under which I joined the order and he replied that he would investigate and would appoint me if circumstances warranted. I was duly installed by the camp but did not receive a commission from the Sovereign Physician. This was near the end of the term and on being re-elected the next term, the Sovereign Physician informed the camp that it was not the policy of the order to appoint osteopaths when there were physicians of other schools and refused to issue me a commission.

Dr. Jas. Decker of Stafford, Kans., is an examiner for this order but I presume owes his election to being the only physician belonging to the camp.

## BOOK REVIEWS.

**A new volume of Die Deutsche Klinik.**—Another text in Appleton's series on modern clinical medicine by recognized specialists of the world, is the one on diseases of the nervous system, being the authorized translation under the supervision of Julius Salinger. While the earlier volumes were of uniform excellence, this is easily the crowning one of the series. The book is one of 1205 pages and is probably the most complete text that has to date appeared. It takes up the etiology, pathology, diagnosis and therapy of all known diseases of the nervous system. As for the etiology it is well for the osteopath to have an idea of what the medical practitioner regards as the causative factors. As to the pathology and symptomatology, these are common alike to all systems, irrespective of "pathy" or "ism". The book is an exhaustive treatise on its subject,—Diseases of Nervous System, edited by Archibald Church, M. D., Authorized translation from the Die Deutsche Klinik under the supervision of Julius Salinger, M. D., with 195 illustrations and five colored plates. Price Cloth \$7.00 net. D. Appleton & Co., New York and London.

**Text of Physiology Revised.**—A revision of Brubaker's text on human physiology has appeared, being the third edition. There have been a number of additions to the text, bringing the book up to date. In addition, the entire text has been worked over and non-essentials omitted while the essentials are elaborated.—A Text Book of Human Physiology. Albert P. Brubaker, A. M., M. D., A third edition revised and enlarged with colored plates and 383 illustrations. P. Blakistons' Son & Co., Philadelphia. Price, Cloth, \$3.00 net.

**A Good Text on Minor Surgery.**—While some of the profession look askance at the osteopath performing a major surgical operation, few there are who object to minor work and a very good book on this subject is the one by Foote. This takes up the body according to the regions, successively treating as to etiology, symptomatology, pathology and therapeutics, as effective in the region. Dr. Geo. Still has chosen this as the recommended text at the American School. A Text Book of Minor Surgery by Edward Milton Foote, A. M., M. D., with 407 engravings from original drawings and photographs. D. Appleton & Co., New York and London. Price, Cloth \$5.00.

**Scientific Dairying as a Preventative of Infectious Diseases.**—More and more the physician is given the task of supervising the food supply and intelligently to do it, he must be informed concerning its source. Milk is one of the commonest media for infection. A full description of the proper handling, including a description of the tests for adulterants is contained in this text of 207 pages.—The Production and Handling of Clean Milk by Kenelm Winslow, M. D., M. D. V., B. A. S., Wm. R. Jenkins Co. New York. Price in Cloth, \$2.50.

**A Book on Gonorrhoea.**—One of the few small texts on this disease, with the diagnosis and treatment of which every physician should be familiar, is a new one by Appleton. There are 206 pages in the book which while small is well written and concise,—Gonorrhoea and its Diagnosis & Treatment by Frederick Baumann Ph. D., M. D., fifty-two illustrations. D. Appleton & Co., New York and London. Price, Cloth \$1.50.

**Compend of Surgery.**—A Compend is not a text nor does it claim to be, but is often good for quick review. A new one by Orville Horwitz of Jefferson College is a good one of 334 pages.—Compend of Surgery, for Students and Physicians, including minor surgery and complete section on bandaging, by Orville Horwitz, B. S., M. D. P. Blakiston Sons Co., Philadelphia. Price, Cloth \$1.00



**Fasting as a Cure.**—Mark Twain as a joke advises fasting as a cure for boils. Turner and his disciple, Eales, advocate it as a recognized therapeutic agency. Dr. Eales has an M. D., and a D. O., degree from the Chicago College where he was formerly professor of Physiological Alimentation. The text is of interest to all osteopaths. *Healthology & Healthopathy* by Irving James Eales, M. D., D. O., Belleville, Ill., 210 pages with numerous photographic illustrations. Published by the Author. Price, cloth \$1.50.

**A Table Book of Interest.**—There are a number of compositions founded upon the famous soliloquy of Omar, but one of the best is that by A. A. B. Cavaness, the early friend of Dr. Still. To read it will be as good as a treatment.—*Rubaiyat of Hope*, A. A. B. Cavaness, Baldwin, Kans. Reg. Edition \$1.00, De Luxe \$2.25. Published by the Author.

**The Body of Jesus from a Physical Standpoint.**—Salvarona attempts to discuss Jesus from physical side in a little pamphlet of ninety-nine pages which is along a somewhat different line from that taught in our Sunday School and which among other things attempts to disprove Eddyism.—*The Nervous System of Jesus* by Salvarona, Henry G. Walters, Langhorne, Bucks Co., Pa. Cloth fifty cents.

**The Bible Teaching Applied to Practical Living.**—The newest book on our table is one by Dr. Nannie R. Ball-Baughman, which takes a series of Bible verses and with them as themes, preaches a practical sermon on right living, and shows the physical rewards to be gained therefrom. The book is dedicated to the women of every land, "with the hope that they may make one united effort to elevate humanity above the plane of the physical side of nature." It is well worth reading.—*The True Way of Life* by Dr. Nanny Randolph Ball-Baughman, Burlington, Iowa. Published by the author. Cloth, 108 pages. Price—.

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## LETTERS TO THE EDITOR.

(This Journal does not hold itself responsible for statements contained in this department, nor does it of necessity endorse the attitude taken by the writers. This department is open to any osteopathic physician in regular practice, but all articles must be of general interest, to the point, and must be signed.—Ed.)

### OSTEOPATHS AND OBSTETRICAL CASES

Doctor, through your journal I wish you could jar up the osteopaths everywhere, on building up their self-respect (I will call it).

There seems a lack of confidence among so many of them.

I lost an obstetrical case to the Medics because an osteopath where she visited in another town told her osteopaths did not handle those cases, that they were not qualified and because if they had trouble with their cases they could not get the support of a medical man.

This lost me the case. If those osteopaths can not handle them, why do they knock osteopathy and the osteopaths who are qualified and do handle obstetrica cases. Will others respect us as a school unless we respect ourselves.

O. W. LA PLOUNT, Portage, Wis.

### MEDICS ARE LEARNING.

JAMES E. BURT, M. D., D. O., ASHBURY PARK, NEW YORK.

The following item from the Philadelphia Ledger of July 17, 1908, will be a rather amusing bit of information to Journal readers who for the past fifteen years

have been curing "Nervous Exhaustion," (neuresthenia and nervous prostration), as well as numerous other ailments, by this newly discovered method of treatment. The International Medical Congress is to be congratulated that it has at last "caught on."

\* \* \*

### New Dissases of Nerves.

"That he has discovered a new disease of the nerves, which he terms "oxaluria," is stated by Dr. Gustav Baar, of Portland, Ore., who arrived to-day on the Kaiser Wilhelm II. The physician was one of the representatives sent from this country to attend the International Medical Congress in Vienna.

"I have determined that in many cases the breaking down of the nerves is often caused by the presence of large quantities of oxalic acid in the system," said Doctor Baar.

"I believe the so-called 'rest cure' will soon be a thing of the past as a treatment for nervous exhaustion. A STIMULATION OF THE MUSCULAR ENERGIES IS NEEDED AND THE PATIENT WILL BE MORE IMMEDIATELY BENEFITED AND ULTIMATELY CURED."

\* \* \*

### LIFE INSURANCE CERTIFICATES ACCEPTED.

O. O. BASHLINE, D. O., GROVE CITY, PA.

In response to an inquiry in the Journal will say that I have signed and made out claim certificates for sick benefits in three organizations, viz., K. O. T. M., Brotherhood Accident Co. of Boston, Mass., and "The Peoples Mutual Life Insurance Association and League" of Syracuse, N. Y.

There was a Representative of "The Reliance Life Insurance Co. of Pgh." in my office wanting to write a policy and I told him "That if his company recognizes us and will accept our examinations or claim certificates that I would take a policy and that he would have to let me have a statement from company to that effect which statement I could put on file." Since then have not seen him.

I expect to treat each and every agent in same way. I want more insurance but not in companies who do not recognize us.

## Osteopathic Journal, Volume V. No. 3.

Osteopathic Control of Circulation Through Nerves.

What is Osteopathy?

Exploring the Ear

Cardiac Neuroses.

Why Do You Know Nothing of Yourself?

Concerning Osteopathic Physicians.

Selections from Dr. Smith's Question Department.

Ready August 21. Get your orders in early.



## A LETTER TO DR. KIRK ON INSURANCE.

DES MOINES, IA., MAY 11, 1908.

M. G. KIRK, Moberly, Mo.

DEAR DOCTOR:—Several months ago, I was at Kirksville, Mo., and state manager Willet very kindly showed me through the College of Osteopathy located there. He also submitted to me a letter which you sent to him about that time.

I want to say that I was very much impressed with my visit at the college, and it is a revelation to me—the fairness which the various subjects are taken up with there.

At the present time, our by-laws provide that local examiners must be graduates of the regular school of medicine. This would, of course, preclude any examinations by osteopaths.

However, being interested in the Society and its welfare, I deem it my duty to make investigation of this matter, especially as you have presented an argument to me, which is reasonable, and if adopted, no doubt would bring additional prestige to the society in the way of securing the support of these osteopathic physicians located throughout the country.

You state in your letter that five fraternal societies and four old line companies have already recognized the osteopathic profession and are accepting examinations from you folks. Will you please give me the names of these societies and companies, in order that I might make further investigation?

You also mention the fact that in your National Convention in August this matter will be thoroughly discussed. After the adjournment of this convention, I would appreciate the favor, if you would send to me any printed papers or discussion which might be held at the Convention.

Yours fraternally,

(Signed) WILLIAM KOCH,  
Grand Foreman.

\* \* \*

## CANCER CURES COME AS OTHERS GO.

From London comes the news that the exhaustive tests of the much-vaunted trypsin and amylopsin cancer cures, conducted at the Middlesex Hospital, have resulted in the demonstration that the cures, whether considered as treatment for a disease or a morbid process are valueless. So disappears another medical chimera. But as long as we learn that "any lump in a woman's breast is cancer," or while the Bye treatment with its "soothing balmy oils" continues to extract dollars in Kansas City or Indianapolis, or while the dozens of other "Cancer Cures" so thoroughly ventilated within the last few months by Collier's Weekly continue still their advertising, the disappearance of the trypsin treatment counts for little. Before it had expired another was ready to take its place, with records of cures, (all without names and with no description of the methods employed.) As a matter of fact it may briefly be stated as regards ALL "Cures for Cancer"—there is NO KNOWN CURE FOR CARCINOMA, removal by surgical means is not a cure any more than amputation of a leg is a cure for corns. Burning out a carcinoma by means of the chlorides or by "soothing balmy oils," or its digestion with trypsin is only a cumbrous and inexact piece of butchery, and we can go back to the days of good, old-fashioned John Wesley, (a preacher, who loved to dabble in medicine) and find in his writings that "a sheet of lead laid on a cancer doth often cure," just as he tells us "for the consumption take up a turf of grass and lie down with the mouth over the hole in the ground and breathe deeply. This hath cured many." To-day no more and no fewer cases of

cancer are being "cured" by these promised "cures" than were a hundred and fifty years ago, although physiologic and pathologic knowledge are much advanced. We are prepared to take all this back when proper evidence is produced that a "cure" is a CURE, but simple unverified case reports tell nothing, and in Missouri our heads are thick, our mental processes slow, it aids us wonderfully in understanding things if we are shown.

W. S.

## THE SIGHTLESS OSTEOPATH IN CHARGE OF AN OBSTETRICAL CASE.

EDITOR JOURNAL:—

DEAR DOCTOR:—When your request was first made known to me my first impulse was to say that I conducted this case just as any other good osteopath should have conducted such a case, but after reviewing the matter in my own mind I believe that my experience will be of some interest to my fellow laborers in the obstetrical field.

At about half past two on the morning of April twenty-third I was dreaming of a very pleasant boat ride on Puget Sound when the ringing of a gong reached my ears, half waking me. Immediately I heard it again, and rolling out of bed I scudded under bare poles to the reception room where the phone bell was clattering away as if the whole town were on fire.

I took down the receiver and "Are you the Doctor?" came before I could say hello. To my affirmative the voice continued, Can you come to ——— street at once?" "Yes, soon as I get dressed." "Well, come soon as possible. It's my wife and she's awful sick. It's a labor case," and he hung up and was gone before I had time to expostulate, and I knew not whom to call up nor to swear at, even if I felt inclined to do such a thing, which no physician would think of doing when called up at such an hour, and for such a job.

My wife consented to go with me. At 3:15 we found the patient, a bright pretty girl of nineteen, lying in a three-quarter iron bed, in a room six by ten feet, in a fourth rate boarding house for laboring men. The room had one window, (it was fastened tight), and an open doorway with curtains opening into the foul smelling kitchen. The patient's mother was there to take care of her and proved to be absolutely useless as a helper, and the landlady who had been cared for at the "horspital" when her baby was born, completed the picture. Imagine more unfavorable surroundings for a primiparous case if you can.

I entered the room with perfect confidence in myself and the science I represented, and determined to maintain self control and to master every condition that might arise. Labor had been in progress for about an hour and dilatation of the cervix well under way. "Has the bed been prepared?" "Oh, no, I couldn't think of touching her myself for anything," replied the mother, and "we didn't have to prepare a bed for me at the horspital," said the landlady. It was up to Mrs. Beslin and myself to turn the bed so we could get round it, and prepare it with such materials as the house afforded. The enema was given with good results.

I positively will not use bi-chlorid on account of its tendency to mercurial poison, but made stringent anti-septic preparations with less harmful materials and went to work. I dilated the outlet to the full size of my big right fist, and then the cervix until large enough to free the head. Meanwhile contractions were slow and weak, the patient resisted them, tumbled about the bed, declared she could not live through the ordeal, and asked for chloroform. Realizing that this would never do I told her in my firmest tones that such conduct must cease, and that I must have all the help she could give me. From that moment she pulled and pushed like an old timer while



to relieve the gravity of the situation, I related a few good stories about similar occasions. "My, I never saw anyone work as you do," simpered the mother, and "they didn't do that way nor tell such yarns at the horspital," added the landlady.

At about 6:30, a little more than three hours after my arrival, I handed a fine eight pound baby boy to my wife who, as pulsation ceased, tied and severed the cord, then all three women left the room. In ten minutes I had the placenta in my hands, but there was nothing in sight in which to deposit it. Then I called, and it took several good calls to bring the mother, now grandma, who held the bed pan toward me until I most thankfully felt it touch my arm. Then Mrs. Beslin came, and in half an hour we had the bed changed, the patient all washed up clean and comfortable, so that in ten minutes more she fell into a restful sleep. There was no laceration whatever, no hemorrhage, while the loss of blood was about equal to that of an ordinary menstruation.

My movements had all been so natural that up to this time, none of them had discovered or even suspected that the Doctor was totally blind. But as my wife guided me to the sink to wash up and then handed me a towel, the new grandma curiously remarked, "Doctor, you don't seem to see very well. Are your eyes seriously affected?" "No, madam, I have none. I haven't seen daylight for twenty-seven years." "You don't mean to say, Doctor, that you are blind? Well, of all things." And from the landlady, "Goodness, gracious me! Why, they never had a blind Doctor at the horspital, never!"

I went home alone. The new grandma could not think of washing and dressing the baby, so Mrs. Beslin remained to do it, a job which they insisted upon her doing every morning for some time. The case rather appealed to us. The party had been in Aberdeen only a few days. They were en route from Wisconsin, to the western part of this State where they will make their future home. Some things had miscarried, and they were entirely out of money among strangers. The young husband had gone to work temporarily in the freight depot, and this was the only place he had been able to find to get into. But as we called day after day and noted the poisonous atmosphere of the little room, the fumes and heat from the kitchen, to say nothing of the squalling and the filth deposited about the place by the landlady's own neglected boy of nine months, I felt uneasy for my patient, and proposed to move her to my own home. This provoked a storm in the new grandma. "No, sir, I won't listen to such a thing. I won't consent to it for one moment. Why, if any thing was to happen to her my husband would kill me," she cried.

I had found the poor girl crying a couple of times, and learned that although hungry, she could not eat the food prepared by the landlady, while the noise and other conditions were irritating her beyond endurance. My wife had prepared and carried to her a few dainties, and had been scolded for it by the grandma, who said that her daughter was "finniky" and too particular. I decided that if I could not see I could scheme, so I put up a job on the old lady. I explained the situation to the husband, and suggested that his mother-in-law ought to be getting the new home ready for their reception. He tumbled, two mornings later she boarded the west bound train, and the same afternoon Mrs. Beslin transferred the patient to our own house, and since there progress toward recovery has been very satisfactory. The last words from the landlady were, "Well; they never moved any one from the horspital that soon, and I know it."

I feel very sure with the ordinary attention this would have been an ergot case with instrumental delivery, because the head was very large, hard and well developed, the patient small and compact, while contractions were short and feeble. But I

have attended enough of these cases, and treated the pelvic structures in enough living subjects thoroughly to convince me that if a baby's head can be forced through into the world with forceps, then with good osteopathic preliminary work, and careful but firm help as labor progresses, the bones of the pelvis may be moved, and the outlet enlarged enough to permit the same head to be born with comparative ease. At least I have done all of my work along these lines and have not stumbled yet, and do not intend to. But I have heard a few women say most fervently, "God bless the man who invented osteopathy."—FRANK P. BESLIN, D. O.

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#### THE STORY OF A STRUGGLE.

EARLE S. WILLARD, D. O., PHILADELPHIA.

(By one who has had a life long acquaintance with osteopathy.)

It was my good fortune as a boy and as a young man to know the first osteopathist. Kirksville, the birthplace of osteopathy, was also my birthplace. Even more vivid than my early recollections of the Missouri mud and the Western winds is my memory of the marvellous cures Dr. Still made years ago without the use of drugs.

Dr. Still frequently visited my father's home, and I have many pleasant memories of summer afternoons spent under the shade trees on our lawn with this great philosopher, whose teachings have had such a wonderful influence on the American people. It was then I first learned that disease could be cured without drugs. It was there I resolved, while listening to the theories of the man who afterward founded the first school of drugless therapeutics, that I would know more of this new discovery which could do such wonderful things.

Osteopathy was unknown to the world when I first became acquainted with it. At that early day Dr. Still had few friends and supporters, for he was looked upon as either a fanatic or a fraud. His theories and methods encountered bitter opposition and jealousy from the outset. Many, after seeing him impart health to hopeless sufferer and agility, vigor and symmetry to decrepit and distorted bodies, looked upon him with great fear and awe. Ministers of the gospel said, "Still works miracles by means of some malevolent power of Satan." Drug doctors said, "Still hypnotizes people into believing they are cured." But a few said, "Still is a great scientist and philosopher and his works and teachings will revolutionize the therapeutic world." This last prediction was prophecy. And an eminent physician in a recent issue of a well known medical journal said, "Osteopathy has come as a surprise and bewilderment to the medical profession."

Thousands of afflicted mortals who went to Kirksville were restored to health and returned to their homes singing the praises of Dr. Still and osteopathy. It was no unusual sight to see patients, who had been cripples for years, leave the office of Dr. Still waving their crutches and shouting in their joy at complete recovery. "Crutches for sale!" was the cry in Kirksville, and on every hand one met happy people who were eager to tell how, after years of suffering, Dr. Still had cured them. Some had been given up to die by their family doctor; so is it any wonder that an enthusiasm over osteopathy, inspired by conviction, took hold of Kirksville? An enthusiasm, which, after fifteen years, has not abated, but which is stronger, purer and nobler than it was in the early days of wild excitement, rumor and curiosity. And is it any wonder that all this incited envy, jealousy and hatred in the hearts of the men who through drug dosing had failed to cure these same patients?

Soon the fame of this wonderful man began to spread. Newspapers and magazines sent representatives to Kirksville to investigate these supposed miracles, and



many sensational articles were written about them. Among the first press reports of osteopathy was one in which a St. Louis paper called Kirksville, "The Missouri Mecca." It told of the wonderful cures of osteopathy and stated that some day Dr. Still would establish a school and teach his methods. "Then," it added facetiously, "medical men will have to go out of business."

In 1892 the first school of osteopathy was founded, and medical men must have feared the statement of the St. Louis paper, for every conceivable method was tried by the medical profession to check the growth of osteopathy; but the growth of osteopathy could not be checked. With the opening of an osteopathic college, the plan and purpose of medical opposition became apparent, and it greatly handicapped the struggling science. Osteopathic physicians were arrested for curing patients who had been ineffectually dosed for years by old school physicians; medical men attempted to pass laws making it a crime to treat disease without drugs; and false reports were circulated for the purpose of creating an unfavorable impression concerning osteopathy.

At first medical doctors denounced osteopaths as fakirs, charlatans and quacks. I heard a prominent professor in a Richmond medical college make the vilest imputations against osteopathy when pleading for the passage of a bill introduced into the legislature for the purpose of driving osteopathy out of Virginia. But osteopathy continued to grow in spite of these scathing attacks. So, after a few years, medical men claimed that osteopathy was nothing new and that they had practiced it for years. But this attitude, when taken in conjunction with their statement that osteopathy was a "fake," complicated matters for the doctors, instead of detracting from the popularity of osteopathy. The prosperity of the osteopathic physicians became more pronounced, and the latest official decision handed down from the supreme court of medical disapproval is that osteopathy is scientific massage and that the reason of its superiority over the ordinary kind of massage is that the average masseur in America is unskilled and unscientific. But inquiry from the leading osteopathic physicians of Philadelphia did not disclose a single instance where a medical doctor had sent patients to an osteopathist for scientific massage. Yet it is hard to understand how men who attempt to pass laws to protect the public from unskilled imposters can conscientiously continue to recommend unskilled masseurs to their patients when they know where they can secure scientific ones.

It is readily seen that medical opinion concerning osteopathy is changing. This evolutionary tendency may mean progress or it may mean something else. However, there are hopeful signs, for medical men who are really honest in their desire to know what osteopathy is, instead of passing a resolution defining it or accepting some other medical man's opinion as final and decisive, have taken what would seem to any rational individual the surest way of finding out what osteopathy is. They have entered reputable osteopathic schools. And every class in every osteopathic college has a liberal sprinkling of medical graduates, who, if questioned, will reply that osteopathy is not the practice of medicine, that it is not massage and that it is a distinct and complete school of therapeutics.

Osteopathy's struggle for recognition has been a unique one. The overwhelming odds against it in every legislative fight elicited the public sympathy. And because of the merit of osteopathy, and because of the determination of purpose of the osteopathists, fighting for their rights, the legislatures of forty states have passed laws recognizing and protecting regular graduates of reputable osteopathic colleges. In summarizing osteopathy's struggle for existence, one fact deserves passing mention, osteopathy has been opposed by the medical profession, and not by the public at

large. The medical opposition is by no means over, yet, to-day, osteopathy is a power which is steadily increasing in spite of the combined opposition of the older schools of medicine. And it would seem that this fact should teach the lesson that the public wants a doctor to fight disease, not other methods.

When I think that only sixteen years ago there was only one osteopathist in the world, and when I realize that to-day there are eight osteopathic colleges in the United States, giving a three year's course extending over twenty-seven months sedool work, each college averaging twenty competent instructors, I can hardly realize that so much has been accomplished in so short a time. When I look over the past decade and sum up the good I have done through my devotion to Dr. Still's principles, I feel repaid for my struggles against prejudice and intolerance, and when I see the good, thousands of other osteopathists are doing I am glad indeed, that destiny has so directed the best years of my life, which has been spent as a pioneer in a cause which has done so much for humanity.

\* \* \*

#### SOME OF OUR LIABILITIES.

DELLA B. CALDWELL, D. O., DES MOINES, IA.

One of the most important of those within our ranks, is our lack of technical knowledge and our crying need is study. Study first, last and all the time.

The all important thing in every profession is that those in that profession be well informed, not only in their particular line but in others. Realizing this our leaders all cry for more knowledge. Knowledge that will broaden and develop our characters and make us a power for good in whatever community we live. Professional knowledge however must have our first consideration. We can not afford to follow in the footsteps of the osteopath who said "I have not studied one bit since I graduated." Such a course will dig our professional graves so deep and cover us over so securely that nothing short of dynamite will dislodge us.

Dr. Still did a wonderful thing when he gave to the world this system of therapy. True we have advanced more rapidly than all the other therapies, but there is yet an enormous volume of work before us. One year or even one month without study and what we learned in college has become a rubbish pile covered with cobwebs and dust. Instead of such a course every day should find us stronger and more able to give a reason for the faith within us. Every day should see an addition to our working capital.

We have fallen heir to our anatomy, pathology, physiology, etc., but, our etiology and treatment are ours by right of discovery. Therein lies our distinctive feature as a system of therapeutics. Therein is the important field for our investigations. To these two things can be attributed the success which has come to us in the few years of our existence. They are the foundation of our system, and experience has shown that this foundation does not rest on the sand, but on the everlasting rock or truth.

These things must constitute our basis for a distinctive literature and it is in these two lines that we must become proficient before we can have a sane osteopathic literature. Literature that is not a joke and some of it even a poor joke.

To accomplish this each practitioner must do his or her part, and no expenditure of time or money should be considered extravagant if done to discover fresh truth. It can not be done by seeing how many treatments can be given in a day, by reading medical books, or by staying away from associations, or if attending them, sitting back, and taking no part in their deliberations. But rather by a close study of each case and how to apply our therapeutic principles to it. By consulting with



physicians of our own kind, and by not only attending associations but making ourselves a part of their working force.

Study, investigate, work. These must be our watchwords, for it is knowledge we lack, knowledge we need, knowledge some desire and all must have before we can command the respect of intelligent people and take our proper place among the professions.

Let us not, however, be so absorbed in our personal work that we forget our relationship to our colleges, for they are either a help or a detriment to us, depending on how they are run.

It is for our personal good as well as that of the profession that the instruction given be of the highest order, and that the instructors measure up to the stature of men and women in every particular.

The policy of the schools as regards the requirements of matriculation educationally and morally, the kind of literature they distribute, the inducements offered to secure students, whether they are ethical in their advertising as well as all matters pertaining to student and professional life, are all of vital interest to the practitioner.

Is it the weaknesses of our colleges that cause those of our graduates to feel the necessity of a medical course? If this is a true portrayal of conditions, either our colleges have poor instructors and are giving poor instruction, or it is only the lame, the halt and the blind who turn to medicine. In either case it is a subject to be looked into. We should know the cause and see that conditions are remedied and that the students leaving an osteopathic college are as well, if not better, equipped than those who leave a medical college.

If the philosophy of osteopathy, the absolute correctness of our etiology and treatment are given them, will they confess their inability to comprehend or lack the energy to apply our system and turn to drug therapy? Is it any wonder we are looked upon by some as a mongrel breed of grafters in the practice for the money and running at the first sight of danger to the other fellow for help? If we expect to develop a drugless system of therapy we must first become good osteopaths, for the better osteopaths we are the less use we have for drugs.

Again. The over confident and the charlatan are with us and do us more harm than our weak brother. We are in a position where we do not need to boast, yet some go around so puffed up, if they were pricked with a pin they would whistle for a month. They claim to cure everything, promise anything, even go so far as to admit having had any disease a prospective patient has, and to have been cured by osteopathy. Some make shotgun diagnoses, grandstand examinations, and pretend to be that which they have neither diplomas nor length of life to substantiate. When a man in our profession, who never spent a month in a medical college as a student, claims to be an expert surgeon of twenty years experience as well as being well versed in in medical therapy it is about time to get busy and put a quietus on such practices.

If he confined himself to legitimate drugs it would be bad enough, but when he descends to the depths of giving "liquizone" for a sore throat, he has about reached the limit of quackery. An official of state who had always been friendly to osteopathy, had occasion to call a physician for a condition of the throat brought on by the stress of public speaking. Not wanting to take medicine he called an osteopath and was unfortunate enough to select one who has so little faith in osteopathy that he has said "I never expect to get any results on a sore throat with an osteopathic treatment." So liquizone being in the height of its glory, it was prescribed. The im-

mediate result you can imagine. The remote result was that when the honest people of this profession were trying to put a better law on our statute books, this state official said to a legislator "I don't know what to think of these osteopaths. They claim not to give medicine, and yet when I sent for one the first thing he did was to give me some quack stuff." The whole profession was given a black eye by the quack practice of this one man, and that at a critical time. A man who has faked the practice to fill his pockets. A man capable of doing good work but who makes use of quack methods to advertise himself.

Perhaps he is not lonesome in such methods, but what can we hope to be, what can we hope to accomplish if we tolerate such things? Where is our code of ethics? Where does the responsibility rest for keeping such things covered up? Let us be straight forward in our practice. False claims injure our professional system as well as drugs our physical system.

We have seen that many of our liabilities are within ourselves. There is another however of vast importance, which can not be classed as within the profession, in its entirety. I speak of legislation.

The time has passed for asking the question "Why do we need legislation? Everybody knows it is needed. The question to solve is "What kind of legislation is the most desirable for our future, and at the same time afford protection to the public?" A law that will provide for only competent persons securing certificates and the refusal to grant certificates to incompetents, as well as cancelling certificates of those who abuse the rights already granted, seems to be desired by the whole profession.

The problem is, what constitutes competency and who shall judge of that competency. A fair conclusion on the first proposition would be, I think, that a competent osteopath is one having a working "knowledge of all subjects essential to the rational practice of osteopathy." On the second proposition to be a competent judge one must be thoroughly conversant with and have a knowledge of all subjects to be judged.

As a basis for this rational practice we must have all the accumulated scientific knowledge of the past and in addition the ability to apply this knowledge according to the principles of osteopathy both as to etiology and treatment. Our etiology demands that we must know normal anatomical structure and relations, before we can know abnormal anatomical structure and relations. This knowledge of normal and abnormal anatomy is the measure of our ability to discover causes for pathological conditions. Our system of treatment calls for the removal of the cause and not the treatment of an effect.

The medical profession does not recognize our etiology, much less our treatment. Pray tell how they can be competent judges in either case. We will find the same condition in all branches vital to our practice. The judges of our competency are not of our sect and can not be competent to guard the interests of the public or ourselves.

I believe the examinations in the past have been fair, viewed from the standpoint of the medical man. But have they touched the points that are vital to this rational practice of osteopathy? In the very nature of things they could not.

We are a distinctive system and always will be, and a special act defining the practice and establishing a competent examining board is absolutely necessary. Let us have a board competent to examine us not only in our scientific knowledge, but in our knowledge of etiology and treatment as laid down in the principles of osteopathy. We do not always want to be the tail of the other fellows kite. Rather let us be a kite.

Sam Patch says "Some things can be done as well as some others." We have



done some things in the way of legislation. There are some others to be done. There are difficulties in the way, but we must be active and on the alert in order to surmount them.

The opinion is somewhat prevalent that we do not need to watch the medical profession, but I tell you they are very much alive as shown by the campaign they are making to put physicians in every state legislature. If we fail to take them into account we will find ourselves in the position of the little boy whose mother told him never to fight till he had taken time to count one hundred. One day he came home with a black eye and otherwise disfigured. His mother said, "Why Johnnie, I told you never to fight till you had counted one hundred." Johnnie's reply was "That's what I did and just see what Bill done to me while I was counting."

We should watch the medical profession and study their organization, to benefit ourselves in forming our own, that the loyalty of their members to their organization may be an example to us, and also that we may better protect ourselves against their attacks. Their strongest weapon against us has been their legislative influence. They are a unit in opposing us. We must be a unit in meeting them.

We must organize, but organization is not sufficient, we must pull together—a long pull and a strong pull before we accomplish definite results. Too often in the past, when we each could not have our own way, we have acted like spoiled children and grabbed up our doll rags and gone home, or perhaps some of us to play in the back yard of the medical profession. Some have at least suggested pulling out of our association and applying for membership in medical societies.

Why are we not represented on the present board as the law says we may be, and as the Governor was willing we should be? Simply because there were two applicants, neither of which would sacrifice his personal ambitions that the profession might secure the recognition so much desired by presenting a man on whom all had united. The homeopaths did this and secured the appointment, while we are still on the outside.

We are now approaching a critical place. The fight of our lives is before us, united action all along the line is necessary. The port of our professional independence is ahead, but to reach it takes time and courage. To keep head to the wind no matter what its direction is the only way to make a safe landing. When the wind shifts there is sure to be a flapping of sails, a shrieking of shrouds and a shattering of planks. As Kipling says, "The ship is finding herself." Don't be in a hurry to jump overboard, or turn and go with the wind. Take time to get adjusted, then face the gale and make it serve our purpose.

A regiment of troops shouted to a color sergeant, who had carried the stars and stripes to the very ramparts of the enemy, "Bring down the flag," but the sergeant was not made of that kind of stuff and shouted back "Bring up the troops." In a short time our color sergeants will be calling to us "Bring up the troops." What will our answer be? Where will the members of this association be found when the time for action comes? Will there be one who will call for our colors to be brought down, and thereby lend their aid to the forces that are working for our absorption by the medical profession? If we want representation on the different boards, the surest way and the quickest way is to have a separate board, increased course in our colleges and a little glue to hold us together.

The legislature wants to be shown, and to know what we can do, as well as who we are. When we get busy and do something unanimously the recognition on the health board and so on will come much easier.

## NEWS NOTES AND COMMENTS.

Dr. R. J. Dunbar is attending a patient at Hotel Appledore at Oceanic Isles of Shoals, N. H., for a couple of months, and also enjoying a much needed rest. He reports it as a fine place to recuperate.

Dr. Lucy Jean Moses regrets very much that she will not be able to attend the convention, as she expects to start westward soon, and will sail September 15th, for Honolulu, where she expects to spend the winter.

Dr. G. W. Van Halteren of El Reno, Okla., has been appointed examining physician for the Fraternal Union of America, a new life insurance, patterned after the Modern Woodmen.

Dr. H. H. Walpole, who for the past seven years has practiced in Reading, Pa., has given up his practice there to locate at a New Jersey seaside resort.

Dr. E. J. Carson of Morristown, Tenn., is suffering from typhoid fever.

Dr. G. P. Long has been succeeded by his brother in Jamaica, L. I., and he has located in Pasadena, Calif., where he went to recuperate from overwork.

Dr. Ethel Travers and Dr. Rebecca Nicholas of New York City had the extreme pleasure the past week of entertaining their dear class-mate, Dr. Leon Dolton, of Racine, Wisconsin. Dr. Dalton's visit brought back many pleasant memories enjoyed at our dear old A. S. O., also every face of June class, 1906, each one presenting some pleasant thought, including our patient and endearing professors, and the dearest of all our noble founder, Dr. A. T. Still, whose memory is dear to us all. God bless his eighty years.

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**Des Moines Wants It**—Dr. S. S. Still states that the Polk County Association is after the next convention of the A. O. A.

**Will Endeavor to Secure Convention**—The Los Angeles Chamber of Commerce has announced its intention of bidding for the next A. O. A. convention.

**Successful Lecture**—Dr. J. S. Baughman, of Burlington, reports that Dr. William Smith's lecture at Aledo, Dr. Baughman's branch office, was very well attended and received.

**Publishes His Portrait**—Dr. F. B. Teter, of Davenport, Washington, publishes in the Tribune an article headed by his photograph and the words "Is Osteopathy a Fake?" The article is pithy and to the point.

**Cured of Paralysis**—Dr. Quintal hands us a clipping telling of a certain Geo. Painter of Youngstown, Ohio, who had been paralyzed for several years from a fall, who fell from a hammock recently and so wrenched his spine that since he has steadily improved and is now almost completely recovered.

**Time New Jersey Acted**—Under the above head a Plainfield paper has the following to say: "The action of the Appellate Division of the Supreme Court, in Brooklyn, sustaining the judgment of Justice Dickey, that the osteopaths are qualified physicians, indicates the trend of legislation regarding osteopathy. Since the legislation of last year, recognizing osteopaths, the tendency has been for those unable to come up to the requirements to flock into New Jersey, and it is therefore evident that action most be taken by the State to regulate the practice of osteopathy."



**Pamphlet on Vaccination**—Dr. Stanley Hunter is the author of a pamphlet on this subject which has been widely circulated by the various anti-vaccination societies. He has authorized us to print it, which we will do in an early issue of the Journal.

**Form Partnership**—Dr. E. J. Kampf has entered into a partnership with Dr. R. H. Williams of Kansas City of "6000 cases of skin disease" fame and will practice with him at his offices in the New Ridge Building. Dr. Kampf was formerly located in Ft. Wayne, Ind.

**Sells Property**—Dr. Edward Mattocks has sold his practice in Riverside, Calif., as predicted by The Journal, to Dr. T. L. Lorbeer, of Hemet. The Enterprise says the Doctor sells on account of Mrs. Mattocks' health, but hopes eventually again to be in practice in Riverside.

**Is Conducting Practice, Not Clinics**—Dr. Johanna Young writes that she is practicing in Jersey City and not merely conducting clinics. She says the editor of the paper publishing the item from which we gained our information must have been grossly misinformed. Incidentally she says that Kirksville weather is ideal compared with Jersey City.

**Has Graduated From Medical School**—Dr. C. M. Graham writes from Visalia, Calif., that he graduated recently from the Medical Department of the University of Southern California at Los Angeles. He says: "The fact that I have taken a medical degree does not lessen my admiration for osteopathy and I intend to follow it just the same as before."

**"It's 'Dr.' Davis Now"**—Under the above heading the Athena, Oregon Press says:

"R. L. Davis returned Sunday from Kirksville, Mo., where he recently graduated from Dr. Still's College of Osteopathy. "Bob" is a full-fledged doctor now, and will hang out his professional shingle at Kalispell, Mont., a lively town he is greatly taken up with."

**Sheriff to Sell Fixtures**—Elmira, N. Y., papers announce that the office effects of Dr. Everett H. Jones were to be sold at auction to satisfy a judgment by the owners of the building for rent. There were found a pile of mail unopened, and the effects in regular order, when the sheriff made his levy. The paper stated that it was thought that Dr. Jones had moved to Hancock.

**Will Deliver Chautauqua Lecture**—Dr. Ambrose B. Floyd of Buffalo is booked to deliver a lecture before the Silver Lake Assembly on "A Trip to Jamaica." He spent the month of March on the island and from his photo will illustrate with stereopticon about 100 of these picturesque tropical scenes, many of which have been beautifully colored.

**A Varied Diet**—Dr. A. U. Jorris, of LaCrosse, Wis., invites the Editor to share with him his banquets prepared in bachelor style in the absence of wife and children. The menu offered is: Breakfast; eggs, toast and milk. Dinner; toast, eggs and milk. Supper; milk, eggs and toast.

Pressing business was all that prevented an immediate acceptance.

**Dr. Fiedler Objects to Sawing Off Patients Ears**—Dr. Fiedler has the following to say on prevailing osteopathic fashions:

"The white duck coats, proposed by some, look too much like barber suits, and suggest massage. Wear a soft negligé shirt, (silk preferred) with a soft collar, and never with stiff cuffs that saw the patients ears raw."

**Is a Friend of Osteopathy and a Master of Harmony**—There have been received many inquiries concerning the identity of the Mr. Price, who writes the music to the songs written by our osteopathic board, Dr. C. L. Fagan, of Stuttgart, Ark. On

interrogating Dr. Fagan, he says that Mr. Price "lives at Newport, N. Y., and is a composer, well known in certain music circles. Mr. Price states that he is a friend to osteopathy and a warm admirer of Dr. Still."

**Issues Pamphlet for Patient**—Dr. R. D. Emery, of Los Angeles, has issued a circular for his patients containing some good osteopathic advice. He calls attention to the foolishness of expecting an osteopathic physician to cure in three or four treatments a case of many years standing, and the unfairness of the patient after for so long employing a medical practitioner expecting the osteopathic one to heal in such a short time.

**Dents Attack Osteopaths**—The Virginia State Association in its meeting July 15 at Richmond, listened to an attack on osteopathy by the president, who said that although the osteopaths are quacks and but little better than fakirs, they are recognized by the State while the dents are still considered as mere artisans. It might perhaps jar the gentleman to know that the learned dents with all their training can secure no credit from it, when they essay to enter the A. S. O.

**One of Twenty-five**—The Monrovia, California, News makes much of Dr. J. S. Allison taking the degree "Doctor of the Science of Osteopathy" from the Pacific College and makes that statement that he is one of twenty-five out of five thousand who have taken this degree. It omits to mention that this is only a way of announcing a third year course taken by two year graduates and that there are many times that many who have taken it.

**Massachusetts**—One of the biggest surprises ever sprung on the medical profession was that by the Governor of Massachusetts when on July 15, he appointed Dr. Matthew T. Mayes, as a member of the State Board of Medical Examiners. While Dr. Mayes is an M. D. as well as a D. O., it was as a D. O. that he was appointed, and as a D. O., there was great opposition to his confirmation. The rules were suspended though, and he was confirmed. The Boston papers give much prominence to the appointment.

**Discourages Mail "Instruction" In Osteopathy**—The Los Angeles Times, in its health department decries correspondence schools who essay to teach osteopathy. It says:

"Some things may be taught by correspondence, others may not. Among the latter is osteopathy. You may learn, by mail, how to practice on a human being, but not how to heal him—or rather, how to aid nature to heal him. That requires practice—years of practice."

**St. Louis Osteopaths Publish Pictures**—The St. Louis Republic, of July 12, published pictures of a number of osteopaths, devoting a page to the grouped photos. Those in the page were: Drs. Louise Lewis, J. H. Crenshaw, Orion S. Miller, Arlowynne Orr, C. C. Wageley, Genoa D. Stephens, W. F. Chappell, H. E. Bailey, H. L. Connor, Mayme Williams, A. D. Nicholls, Julia B. Matsler, Stella Dameron, Elmore Chappell, Nannie J. Chappell, J. R. Shackelford, Mary S. McKay, Ellen E. Moore, W. F. Englehardt, Frances Dameron, J. O. Hatten.

**Divorce Tangle**—The San Francisco Examiner of July 8th is responsible for the details of a story from California. A Mr. Starkweather, who is a cripple in a Masonic Home, was married to a young and beautiful wife, who prior to his being stricken with paralysis was very devoted. Later she met one Dr. F. J. Lynch, who was attending the Los Angeles College of Osteopathy and a mutual infatuation was the result although Mrs. Lynch was supporting the Doctor while engaged in his studies. The sequel is that each one of the four parties is suing for an independent decree.



**Osteopath Victim of Assault**—Dr. Mary A. Gabler was attacked by a man the evening of June 25, when near her home in Los Angeles, Calif., Dr. Gabler was attacked from behind and thrown down. Desperately resisting, she was searched for valuables, but by some well directed kicks and screaming, which brought help from the neighborhood, she drove the man away. The attack is described a very vicious one, and she was reported as being severely bruised. Within a few minutes the same party attacked another woman near by and succeeded in taking from her a purse containing \$7.00.

**Humorous View of "Mr. Dorris"**—Dr. Asa Willard writes:

"Mr. Dorris reminds me of the ancient unmarried lady who comes to your office every week with a friend to tell you that she is too modest to be treated by an unmarried man. I suppose he hibernates in the winter in order to avoid having his nervous system shocked by his beholding the bare limbs of the trees. If a bull dog secured a grip on his calf he could not of course be induced to say leg go! Probably say limb go! Will be at Kirksville to help haul the Old Doctor.

**Easily Wins First Prize**—Dr. C. T. Samuels of Baker City, Ore., was successful in winning first prize in the auto parade July third. The parade was one of the opening events of the Jubilee which is an annual event in that thriving western city.

Among the other of the fourteen contestants were a Pope-Toledo, which won second, (a kit of tools) and a Reo touring car winning third, (an auto watch). The first prize, won by Dr. Samuels Reo roadster, was a large searchlight. Dr. Samuels says that over nineteen hundred yellow chrysanthemums were used in there decoration of his car.

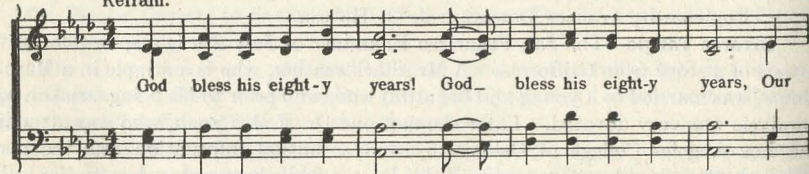
**To Study Osteopathy**—A Reading, Pa., paper thus announces the departure of a young lady of that city who has gone to Wernerville to the sanitarium. It states that she will "take a course in osteopathy and manicuring," which is to extend over a year. On interrogating Dr. Vastine, who is located in that city, we learn that it is probably an attempt to belittle osteopathy on the part of the physician by whom her mother is employed as housekeeper, and who is a very bitter opponent of his most successful rival. Dr. Vastine states that massage is there taught, but not osteopathy; that the young lady in question, although described by the paper as very accomplished, is uneducated.

**Exalts the Healing Profession**—Dr. Chas. J. Lopez, of New Orleans, apparently a homeopath, after summarizing the doctrines of the various schools of healing closes his half column article in a recent issue of the Times-Democrat, with:

"Let us be sure that whoever assumes the responsibility of guiding and helping nature to save a human existence is capable, skillful and competent. I wish it were possible to test the candidates on honesty and common sense besides examining them

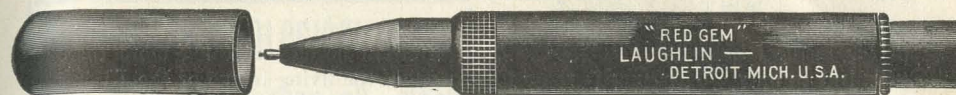
### ALL ABOARD FOR KIRKVILLE! EVERYBODY SING

Refrain.



25c silver. C. L. Fagan, D. O., Stuttgart, Arkansas

Still National Osteopathic Museum, Kirksville, MO



This cut illustrates our famous Red Gem Writing Pencil. A complete leak proof triumph, may be carried in any position in pocket or shopping bag, writes at any angle at first touch, Platinum (Spring) feed, Iridium point, polished vulcanized rubber case, terra cotta finish.

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in the medical branches, because the true physician needs something more than technical training. If nature is the mirror of God, the living image of the Divine Thought, the embodiment of the Divine Will, then to be her conscious collaborator in the work of healing is more than a trade—it is a high sacerdoce."

**Osteopathic Physician, Osteopath or Osteopathist—Which?**—The early graduates called themselves osteopathists until, I believe it was Dr. Bunting started the fashion of calling them osteopathic physicians, which it seems to me is much the most dignified way. Others prefer the simple word osteopath. Many mistakes have arisen from this variation in the name chosen. One of the most recent as well as amusing is reported by Dr. Harry Phillips of Salt Lake City. He and Dr. Ramer office together, that is, have a common reception room. Dr. Phillips calls himself osteopath, while Dr. Ramer called himself osteopathist. A stranger called recently asking for the osteopathist, and Dr. Phillips telling her he was "It," she "nearly fainted." She had thought that an osteopathist was a woman! Dr. Phillips, among other things, says:

"Imagine our embarrassment, she looking for a woman Dr. and bumped into an old Batch. Wouldn't that jar your popliteal space? However I examined her and gave her a treatment. She said she would be back. I'm from Missouri. Doctor: Have this business settled quick. I'm in splendid health now, but I can't stand every thing."

**Answers by the "Learned" (?) M. D's.**—Dr. Arthur Taylor of Northfield, Minn., sends in the following clipped from the Odd Fellows' Review, with the comment, "we would advise that the Woodmen of the World as well as some other lodges that we know of get a goodly number of D. O's. as their examiners."

"The Sovereign Visitor has been gathering from the records of the Woodmen of the World some funny answers to medical questions on the examination papers. It vouches for the authenticity of the following:

Mother died in infancy.

An uncle died of cancer on his mother's side.

Father went to bed feeling well, and the next morning he woke up dead.

Grandfather died suddenly at the age of 103. Up to this time he bid fair to reach a ripe old age.

Applicant does not know anything about maternal posterity, except that they died at an advanced age.

Applicant does not know cause of mother's death, but states that she fully recovered from her last illness.

Applicant has never been fatally sick.

Father died suddenly; nothing serious.

Applicant's brother, who was an infant, died when he was a mere child.

Grandfather died from a gunshot wound caused by an arrow shot by an Indian.

Applicant's fraternal parents died when he was a child.

Mother's last illness was caused from chronic rheumatism, but she was cured before death."

\* \* \*

#### RESOLUTIONS OF KANSAS OSTEOPATHIC ASSOCIATION.

Whereas, the members of the Kansas Osteopathic Association in convention assembled realize that by the death of Dr. T. J. Floyd, of Winfield, Kansas, they have lost one highly esteemed and prominent in the profession.

Resolved; Therefore, that the Kansas Osteopathic Association hereby express

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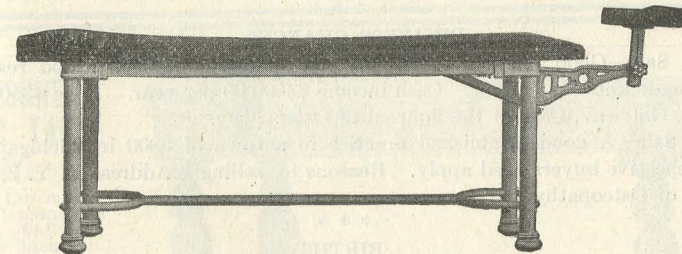
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its grief and sincere sympathy with Mrs. Floyd, her family and friends in this, their time of sorrow.

Resolved further; that a copy of these resolutions be sent to the bereaved family, and that they be spread upon the minutes of the Kansas Osteopathic Association.

Dr. J. L. McCLANAHAN,  
Dr. ANNA STANLEY.

\* \* \*

Committee.

## FIELD NOTES FROM SOUTH DAKOTA.

Dr. W. V. Goodfellow has resigned as member of the State Board of Examiners and will enter the L. A. C. O. to take up post-graduate work and act as assistant surgeon. He will be greatly missed from the science circles of South Dakota as he was one of the most active workers in the interest of the profession. It is hoped that he will not tarry long on the Pacific slope but soon return better equipped to help boost osteopathy in his motive state of sunshine. Dr. Thomas G. Burt of Lorunce, Ia., will take the practice of Dr. Goodfellow at Groton.

Dr. Elmer E. Giltner of Redfield has been appointed by Gov. Crawford to fill out the unexpired term of Dr. Goodfellow. Dr. Giltner is a member of the State Osteopathic Association and took an active part in securing the passage of the law under which he has been appointed.

The Science Circle work is keeping right up to a high standard of interest and is spreading to other states. Southern Minnesota has recently organized a circle under the leadership of Dr. Arthur Taylor of Northfield which promises to be one of the best. It is composed of the following: Drs. J. W. Hawkins of Luverne; D. B. Callin of Mankato; J. S. Schweiger of Stillwater; J. Y. Ernst of Fairbault; N. A. Rehfield of Fairmount and Arthur Taylor of Northfield.

Sioux Falls, S. D., July 15th.

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\* \* \*

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\* \* \*

## BIRTHS.

Born—Grove City, Pa., June 22nd, 1908, to Dr. and Mrs. O. O. Bashline, a daughter, Belle Irene.

Born—Lancaster, Pa., July 6th, 1908, to Dr. and Mrs. E. Clair Jones, a son.

Born—Caruthersville, Mo., July 18, 1908, to Dr. and Mrs. V. D. Hunter, a son, Robert Dyer.

\* \* \*

## DIED.

Died—June 23, 1908, Oelwein, Ia., Dr. Frances M. Eller. Dr. Eller graduated from the American School in the class of '02. She practiced in Oelwein until two years ago, when she was taken ill, and being in an overworked condition, she did not fully recover. Interment was at her former home at Manchester, Ia.

Died—Mr. Franklin Hall, aged 80 years, of cerebral hemorrhage. Mr. Hall was the father-in-law of Dr. A. N. Jorris, of Portage, Wis.

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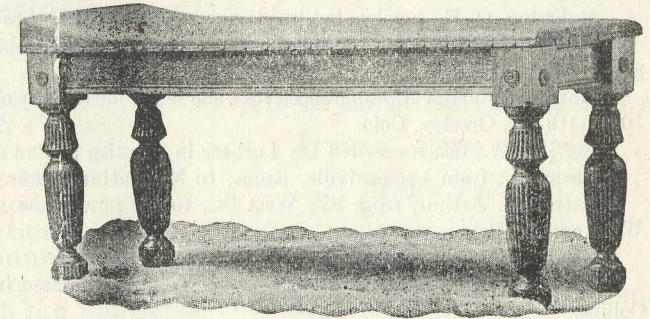
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## MARRIAGES.

Married—Dr. Geo. H. Cromie of Philadelphia and Miss Norma Schaeffer, of Atlantic City, were married June 15th, '08. Dr. Cromie and wife sailed for Europe, Friday, July 10th, to be away about two months visiting Holland, Belgium, Switzerland, Germany, France and England.

Married—Dr. O. C. Robertson of Cynthiana and Miss Golda Whitaker of Owensboro, Ky., were married June 30th. At home in Cynthiana, Ky.

\* \* \*

## LOCATIONS AND REMOVALS.

Barbee, J. F., from Erie, to Kibler Block, Girard, Pa.

Barnes, Finis E., from Philadelphia, Pa., to 821 S. 10th St., Charleston, Ill.

Carlow, Frank George and Eva I., temporary address at Jonesville, Mich.

Clapp, Carl D., 156 Genesee St., Utica, N. Y., announces the opening of his office at Tousand Island Park, N. Y. during July and August.

Dawson, J. G., has located at 101½ So. Market St., Jackson, Tenn.

Dobson, W. D. and W. N., have located at 454-55 Century Bldg., St. Louis, Mo.

Doolittle, Daniel, has given up his practice in Pomona and taken one of the prominent offices in Auditorium Bldg. in Los Angeles, Calif.

Dove, C. E., has located at Glendive, Mont.

Farnum, C. Edward has located at 106 Church St., Newport, R. I.

Ganoung, F. J., from Olean, N. Y., to Valley City, N. D.

Harper, Leona A., has located at 1314 W. 28th St., Minneapolis, Minn.

Hyde, Leslye, 814 Mesa Ave., El Paso, Tex.

Kerr, G. A., from 1023 25th St., to 1216 Capitol Ave., Des Moines, Ia.

Keyte, Mary E., has located in Sierra Madre, Calif.

Lathrop, G. F. and E. M., from Bismarck, N. D., to McFaddon Sanitorium, Battle Creek, Mich.

Long, G. P., from Jamaica, Long Island, N. Y., to 587 North Fair Oaks Ave., Pasadena, Calif.

McFadon, O. E., has located in his new offices at 23 E. State St., Columbus, O.

Merrill, E. S., from 434 Bradbury Bldg., to 303 O. T. Johnson Bldg., Los Angeles, Calif.

Morrison, Martha A., announces that she has removed her office to her residence 1021 11th St., Greeley, Colo.

Neff, G. W., has succeeded Dr. Lorbeer in practice at San Jacinto, Calif.

Olson, A., from Leonardville, Kans., to Manhattan, Kans.

Patterson, Arthur, from 828 West St., to his new home at 923 Jefferson St., Wilmington, Del.

Reed, Ralph has located at Arlington, S. D., Box 115.

Rogers, Robert, has located in El Paso, Tex., and is associated with Dr. Ira T. Collins.

Smith, Estella, from Los Angeles, to Norwalk, Calif.

Smith, F. C., has located for the present at New Philadelphia, O., Tusc. Ave.

Swope, C. D., from Lancaster, O., to Robinson, Ill.

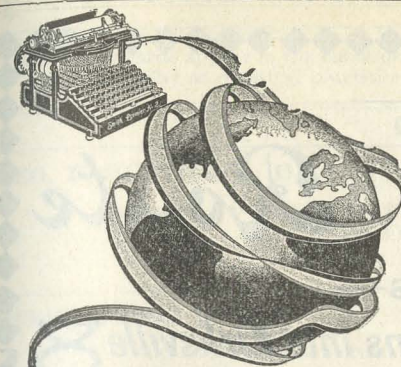
Tupper, G. W., from Pittsburg, Pa., to Brownsville, Pa.

Turner, A. R. and L. E., from Los Angeles, Calif., to 107 4th St., South, St. Petersburg, Fla.

Walker, J. Jay, from Middleport, to 320 Main St., Medina, N. Y.

Willis, C. E., from Syndicate Bldg., to Suite 321 Commerce Bldg., Pittsburg, Kas.

Young, Johanna, has located at 337 Pacific Ave., Jersey City, N. J.



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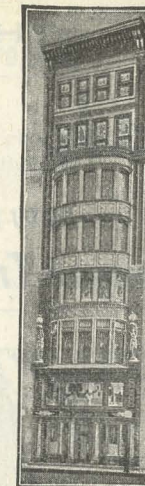
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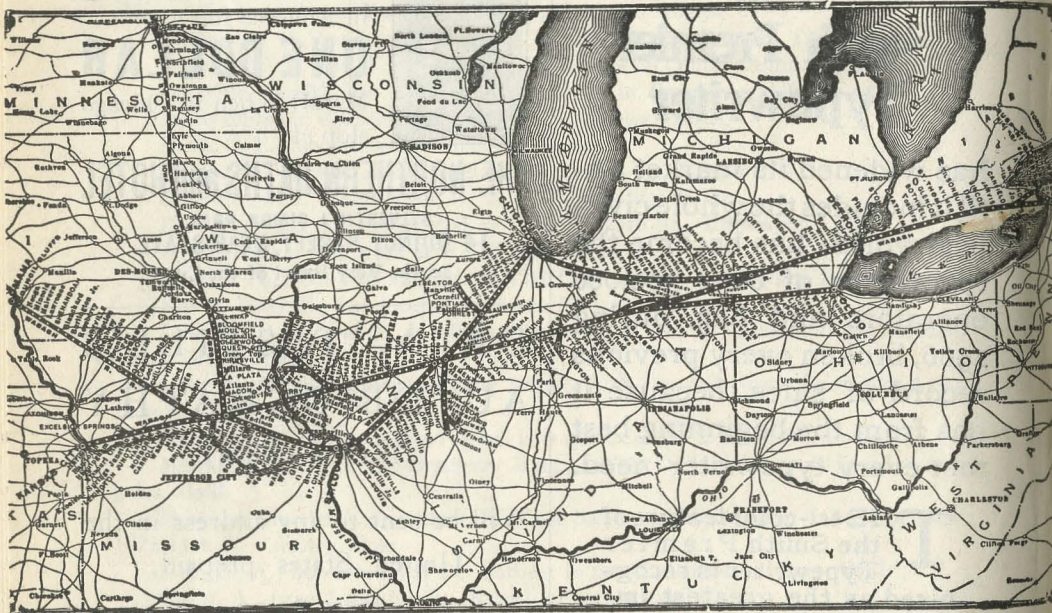


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Fissure. Mr. A. Nemia with marvelous presence of mind, threw down to me a lumbo-sacral cord, and then, reinforcing this with a lateral chain, he succeeded in drawing me up. My head was badly bruised, but Mr. Nemia skillfully placed around it a moderator band and then, as I was very weak and there was no osteopath in the benighted place, he took me to a Veterinary, by the name of Jacobson, who prescribed for me a Bowman's Capsule every two hours. I told Mr. Nemia that I liked Jacobson's nerve. Believe me, the place is not safe."

This was convincing. All agreed that they would not go there.

"Let us decide on the Islands of Langerhans," said Miss Amy Tosis. "We have a choice of two routes, either Hunter's Canal or Nelaton's Line. The boats are perfectly safe since they have been fitted out with new semi-lunar valves and there is



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always delightful music by the Ilio-Tibial Band or on Scarpa's triangle, and when we get there we can visit the Malpighian Pyramids."

"Well," said Miss Pickel, "I am willing if it pleases the rest of the crowd and we get a stop-over at that delightfully cool spot, the Popliteal Space, where Bella Donna goes every summer. She loves shady places and such quantities of Iris grow there in the Peyer's Patches."

"Delightful!" exclaimed Miss Amy, springing up, "come on, all of you, we have been sitting still long enough; let's go out on the golf links. We can have lunch out there and Mama will let us have her pretty new cribriform and pterygoid plates to serve it on."

"Is there any danger of that dreadful Hippocampal Gyrus getting loose and chasing us?" asked Amy Boyd.

"No, indeed," responded Mike, "I saw him this morning with an internal abdominal ring in his nose and a vocal cord around his neck, and Billy Rubin, the hired man, was leading him off to pasture in the Circle of Willis. Come on, it is perfectly safe; we shall not even have a phlebitis."

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