

The Journal of Osteopathy

March 1908

Vol. 15, No. 3

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

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

THE Journal of Osteopathy

VOL. XV.

KIRKSVILLE, MISSOURI, MARCH, 1908.

NO. 3

IS OSTEOPATHIC TREATMENT EXPENSIVE?— ARE RESULTS ONLY TEMPORARY?

JOSEPH H. SULLIVAN, D. O., CHICAGO, ILL.

An occasional comment heard from those who have but a superficial idea of osteopathic procedure, is the remark that the treatment is so expensive. To those even fairly well grounded in the faith this idea irritates almost to the extent which does the other occasional comment—"to-wit"—the relief will be only temporary. These statements are certainly not warranted from facts; they have their origin in the imaginations of that class of folks prone to deviate from the advice of the sage: "Give many thy ear and few thy tongue."

Medical Treatment Expensive and Insufficient.

How much money has the average case expended before presenting himself to the osteopath? Assuredly we may strike an average by assuming that he or she has suffered say five years of chronic disorder. Five years medical attention means; at perhaps too low an estimate, four visits a month to the doctor, eight dollars; in five years four hundred and eighty dollars, we will be charitable and not figure the cost of drugs. What result? Nothing, or may be worse results; a ruined general system—is this not a common type?

A Cure Invaluable.

Who in this case is competent to judge as to the worth in money of good effect of any treatment which brings about health?

Any osteopathic physician worthy of the name, presuming that the case responds to our work of adjusting the structure will assuredly show good effect of our work in approximately three months. As a rule the expense of the treatment then would be one hundred dollars or less against almost five hundred dollars expended on treatment which we might repeat was worse than useless.

Our great country contains thousands of cases bearing out the truth as above outlined.

Osteopath and Surgeon.

It would seem just as rational to ask one afflicted with a gunshot wound to avoid having it operated on because of the expense, as to complain of the reasonable fee due the osteopath for his work. In the case of the surgeon it is the only means left to prolong life. In the case of the osteopath no other system gave the relief he gives. The laborer is worthy of his hire and in many instances this laborer would not have been called had any other avenue been open; that is in part the history of osteopathy—indeed a very large part.

How many recall having been bandied about from pillar to post, this specialist for your eye, another for your stomach and another for your throat, each charging you perhaps for a preliminary examination more than the osteopath would have charged you for a whole month's treatment, which might have accomplished a cure in your case.

The Osteopath is the True Specialist.

The osteopath tries to specialize in everything pertaining to bodily ills (pardon the seeming inconsistency). A thorough jeweler is called on to fix your watch. As a rule you care little to have him go into details as to which wheel fails to jibe with its neighbor, you hand him the watch and ask him when you should call for it. It would strike one as queer indeed to observe a sign calling attention to a specialist in the adjustment of mainspring, in watches, or balance wheels, etc.

The osteopath to-day and of the future cannot divorce himself from one branch of the human machine to take up another if he is honest, because from the very nature of his proposal to try and cure you, he must harmonize the whole structure else health cannot exist. The nerve control of the body is so closely interwoven, so absolutely dependent one part on another that he has no option, he must locate the mechanical pressure in one or several regions of the pathways; correction of these we expect to so allow the control of the body by the brain to be what it should be, and disorders or disease, which is disorder vanishes.

As to the results of our treatment being but temporary, the reverse is the truth as is daily shown from our hearing of cases relieved years ago, continuing in health, blessing osteopathy for it.

THE NATIONAL CONVENTION OF ERYTHROCYTES.

LOUISA BURNS, M. S., D. O., PACIFIC COLLEGE.

Half-dreaming, half-musing, I attended a convention of a certain peculiar people. They called themselves missionaries of nutrition, but they looked more like red blood corpuscles. They were all dressed in suits of red of shades slightly differing from one another, and they were nearly all of the same size, though there were a few which were rather thin, a few which were rather plump, and a few which were very much deformed. I noticed that those which differed from their fellows in form wore suits of a paler color than the others.

The business of the convention was over before my arrival, and they were gathered in groups, talking over their varied experiences. I went from one group to another, listening and asking questions. They were really a very conscientious group of people. They were altogether free from family affiliations. Since they have no nuclei they can leave no descendants, and for the same reason they can use very little, if any, food. Their only aim in life is to carry a certain gas, called oxygen, to the places where oxygen is needed. They complained only if they were prevented from performing this duty, though every burden which they bore shortened their lives.

Locked Out of Home.

In the first group which I joined there were a number of very healthy looking individuals. Their coats were of a deep and glowing red, and they looked the very personification of all that is wholesome. Yet were they not satisfied. The first one said:

"I have been locked out from one of the most fertile districts in my home country. The passages have been contracted by some telegraphic messages from headquarters, and I am not able to travel with any speed whatever through that part of the country. In some areas the conditions are so bad that we are unable to force a passage at all, even when the pressure from the central engine has been increased for that purpose. The affected district is very needy, and the wails of the inhabitants are affecting the commerce of the whole country. It is a most pitiable condition."

("Raynaud's disease, lookout for gangrene," whispered I to myself.")

Smothered from Lack of Oxygen.

A second member of this group then gave an account of his troubles.

"I am not kept out of any of the territory in my country, but I also suffer from a serious condition. The passages into the country are

all free and open, but the avenues of exit are not free. The banks of some of the streams and the walls of some of the tunnels have been pressed upon by external structures until it is almost impossible to make one's way through in any proper time. More than half our lives are wasted in these irritating delays, and the inhabitants of the country are much incensed because of the constant presence of such great and useless numbers of idle fellows. We are, of course, unable to perform any good work when we are kept under restraint so far from our oxygen supply."

("Passive congestion," said I to myself.)

Haste Makes Waste.

"I have not your troubles," said a third. "In my own land the passage ways are freely open everywhere. But in one territory the canals are too widely opened. My mates, the white guards, are pressed against the walls by the wild rushing of the torrent, and sometimes even we, ourselves, are pushed closely to the walls. Sometimes, even, we are pushed through the interstices in the tiling into the wild spaces outside canals and tunnels. The white guards can force their way back into the passages, but we, being defenseless, must usually die in the wilds, and be eaten by the inhabitants of the country. Being forced through the vessels at such tremendous speed, we are not able to perform our duties in any very satisfactory manner."

("Active congestion," said I.)

Lack of Energy.

Leaving this group, I joined another, whose coats were rather less ruddy than the ones I first met.

"In my country," said one of these, "The real trouble seems to lie in the engines propelling the current. We are not able to pass at all rapidly from one place to another, and there is not enough pressure in the current to make us able to carry nearly our full burden of oxygen. Our lives are wasted in the bearing of absurdly small portions of oxygen."

("Weak heart," said I, sub rosa.)

Requisites for Health and Strength.

So I went from one group to another, listening to their complaints. And I was more and more persuaded that these unselfish and generous missionaries were engaged in preserving the health and strength of the inhabitants of their various countries, and that only free and open passage ways, and only strong and powerful currents through these passage ways, were needed to keep the whole country in order, and to bring back a quiet and peaceful condition of affairs if any harm should befall its citizens.

The clang of a bell awoke me, but I still think my dream was almost true.

A TALK ON BACK-BONES.

F. P. BESLIN, D. O., ABERDEEN, S. D.

In looking over some case records of my practice I have found there a number of anatomical facts that should be of considerable interest, especially to those who may be suffering from old chronic troubles from which they have failed to secure relief from any other source. It must be remembered that the osteopathic diagnosis and treatment of diseased conditions is through the spinal column, where deviations of the vertebra and their attachments constitute a reliable osteopathic index to physical disorders.

One Hundred and Sixty-Seven Cases Analyzed.

I will take the last 167 cases which I have osteopathically examined and treated; men, women, and children. Ninety-seven of these presented a double twisted, or a double lateral curvature of the spinal column. The vertebræ most seriously deranged by this condition occur in the mid dorsal region where they impinge or press upon the nerves that make up the great splanchnic, impair their function, and thus become the primary and real cause of chronic digestive disorders, including dyspepsia, chronic constipation, headache, and a long train of nervous complications that too often mask the real disease. The twisted spine is practically the same in effect as the lateral curvature, the main difference being in that the twisted spine can not be detected on the surface by ocular inspection, but requires the most careful palpation and fine sense of feeling to discover. The construction of the spinal column is such that a twist must occur before a lateral curvature can be established.

The Straight Spine is Neurotic.

Thirty-four of these cases presented straight spines, a condition in which the antero-posterior or normal curvatures of the spine had been obliterated. This is a neurotic condition, and predisposes to nervous prostration, sick headache or migraine, stomach and intestinal troubles, pelvic weaknesses, and many other nervous disorders.

Thirteen others presented conditions in which the normal antero-posterior curvatures of the spine were reversed, the lumbar region being posterior and the upper dorsal anterior, a condition very prolific in causing pelvic weaknesses and nervous disorders.

Obesity and Spinal Mal-adjustment.

A very peculiar condition observed in several persons afflicted with obesity and suffering from fatty infiltration of the heart muscle and

cardiac insufficiency, was a posterior first dorsal vertebra with a large roll or pad of fat superimposed, while immediately below and between the third and fourth there occurred a tilt forward between the shoulder blades and involving adjacent vertebra.

Asthma Relieved.

Five persons suffering from asthma presented specific vertebral and rib displacements in the upper dorsal region, which when corrected gave absolute relief from this distressing malady.

Stiff Spines.

Two persons presented giant posterior curvatures of the entire spinal column from occiput to coccyx and ankylosed in that position. Every ligament, muscle, and other tissue in relation, except the nerves, were fibrosed and markedly indurated. The rest of the spines examined presented miscellaneous deviations that need not be mentioned here.

In addition to this general classification, seventy of the hundred and sixty-seven presented deviations of the sacro-iliac articulation, or rotated innominate. This condition is a specific cause for sciatica, pelvic weaknesses, and appendicitis. A large majority also presented lesions of the neck which caused facial neuralgia, tonsillitis, and a long train of eye, ear, nose and throat disorders, and nervous troubles.

Adjustment Essential to Cure.

In every case a few treatments have given relief, and in every case where the patient remained long enough to secure mechanical re-adjustment of these structural abnormalities a complete cure was established. This leads me to reaffirm what the founder of osteopathy has so often said, that diseases as such are mere effects of a more deeply seated cause, and that with the integrity of the nervous system maintained by a correctly adjusted human machine, the body fluids will flow normally and health will prevail.

An Interesting Case Described.

I am treating one spine that should be of special interest to every physician who reads. A slender, delicate girl, thirteen years of age. The first and second dorsal vertebrae are in normal position. The tenth and all below it are also in position, but the third to the ninth inclusive have broken away from the rest of the spinal column and sunk out of sight between the shoulder blades. December twelve when the case first came to me these vertebra were resting in the mediastinum where they pressed the heart out of place and interfered with its action. Indeed

at that time the bodies of those vertebra must have been in close relation with the sternum. The girl is improving satisfactorily under treatment, and although I have moved the vertebra some the case is still one of great scientific interest, as such a spine seldom comes to the notice of a physician in ordinary practice.

Only One Spine Normal and the Result.

Of the one hundred and sixty-seven examined I have found but one spinal column that is normal in shape. This belongs to a well preserved gentleman seventy-two years of age. He has always been very temperate and regular in his habits, and has never had a serious spell of sickness in his life. This man is still active in business and social circles, and with osteopathic attention now and then might easily enjoy thirty years more of healthy existence.

Cause of Spinal Curvature.

What is the cause of spinal curvatures? many have asked. They are usually acquired during the school period. Faulty positions, lounging in seats and at desks, long tasks at writing or desk work, habitually standing on one foot, drooping one shoulder and so on. Children in school should be given a straightening and relaxing march around the room for at least five minutes every half hour; clerks in stores should be allowed to sit down when not actually waiting on customers, and at times each day.

* * *

FACTS RELATING TO SPINAL JOINTS.

J. E. DOWNING, D. O., BAY CITY, MICH.

Man has never learned to convert iron into gold, nor lead into silver, nor to take any substance and make of it a substance entirely different. Nature alone holds this secret for within the human body a number of glands and organs, all of which when in perfect connection with the brain, hold this wonderful secret of converting one substance into another. One set of these glands takes the substance of bread and water and converts it into hair, another makes teeth of it, another makes finger nails, another makes eyeballs, and another set makes into nerves or bones, etc., all the body requires is food. Give it this and it has the machinery at hand to make every drug and antitoxin known to the pharmacopea. The body cannot use drugs except those of its own making—if iron is needed food is taken and made into iron. It cannot use iron swallowed to cure anaemia any more than it can use hair swallowed to cure baldness.

New facts have been discovered by the osteopaths with reference to the cause of different diseases and these facts are rapidly revolutionizing the old practice of drug medication.

You are as Old as Your Spine.

Did you ever stop and consider your spine? You are just as old as your spine. When the spinal joints begin to tighten and grow stiff, no matter how young you are, you begin to grow old. As long as your spine remains flexible and supple and in perfect adjustment you remain young if you are ninety years old. There are old spines on young people and young spines on old people. A tight, close, immovable, imperfect spinal joint is an old spinal joint. The different spinal joints in each individual are often of vastly different ages, some remaining open, free, movable and young while others have become close, tight, immovable and old.

How One is Affected.

Like the teeth, spinal joints do not grow old uniformly. An old tooth makes itself felt directly, but a person may have many old spinal joints and not be aware of the fact until the manipulative surgeon, the osteopath, gets hold of him and points out the tender sore joints. The reason is that the old spinal joint makes itself felt indirectly, it may be by pain in some distant part, a general weakness, weakness of some special organ, or may be indicated by a general or special disease. If a certain spinal joint grows old, tight, stiff or turned, the stomach becomes first weak, then diseased. If a certain other joint, the liver may give us all the symptoms of those distressing liver troubles and finally become diseased. Likewise special joints affect the heart, the lungs, the bowels, the pelvic organs and the different glands of the body or a dry parched skin may be the effect from one of these old spinal joints. The delicate soft wires or nerves running from your brain to all the various parts of the body, pass between the bones of your spine. A spinal joint cannot become old, tight or imperfect without pinching the soft nerves which go through it, which means obstruction to the electric or nerve current, passing from the brain to that particular wire.

It is alone the osteopath's work and duty to diagnose these old spinal joints and by his manipulative skill, which no other physicians have, correct structurally the joint, allowing free passage of nerve electricity to the delicate wires and thereby producing health or a normal body which is perfect health.

A SYMPOSIUM ON OSTEOPATHIC SUBJECTS.

BY THE OSTEOPATHIC PRACTITIONERS OF GRAND JUNCTION, COLO.

GYNECOLOGY.

"Let me ask the surgeon of our gynecological department not to be too hasty in the use of the knife. Remember that life is sacred and the responsibility is great."—A. T. STILL, M. D., Discoverer of Osteopathy.

Perhaps in no direction has osteopathy made so great an advance as in the treatment of all ailments peculiar to woman. This system of treatment is unique in that it is based upon an entirely new idea of the cause and treatment of disease.

All organs in the body are dependent upon the blood and lymph currents to carry them nourishment. These same currents must also remove the waste products, which, if not rapidly eliminated, will cause irritation and disease.

Osteopaths do not Stimulate.

The osteopath knows, a poorly nourished waste laden organ, cannot functionate properly; therefore, he does not believe in stimulating (whipping) treatment to compel a part to work under unfavorable conditions. The osteopathic idea is to bring about perfect adjustment of all parts, by simple and efficient mechanical manipulations, applied mainly to the spine. Perfect adjustment brings about unobstructed circulation, and nerve action and health is the result.

The application of electricity, vibrators and drugs has no place whatever in the osteopathic treatment of these ailments—or any other for that matter.

Osteopathic methods are scoring many successes in the cure of woman's ills, beside eliminating much that has made other forms of treatment distasteful to the patient.—RILEY D. MOORE, D. O.

NEURALGIAS.

Did you ever stop to think what the word means? It is taken from the Greek words which signify "nerve pain." All pain is nerve pain.

It is defined by one medical authority as "paroxysmal pain along the course of a nerve, and not associated with demonstrable structural changes in the nerve."

In other words, neuralgia, is a term which may be applied to a pain in any part of the body, when the diagnostician is unable to determine the cause. The word explains nothing to the patient and means nothing to the physician, who dismisses him with that diagnosis.

Portions Affected.

The face, the arm, the side, the ovary, the stomach, the liver; and, in fact, almost any part of the body has its own specially named "algia, or dynia" (pain); and yet, when you seek knowledge of the cause of the pain, there is not a ray of light to be found in all medical literature. There is a cause for these pains, or they would not exist; and it remains for the osteopath, and him alone, to find and remove that cause.

Neuralgia is the Cry for Help.

Neuralgia is the cry of a pinched nerve for relief, and it matters not whether the pain be in a facial, intercostal, or a stomach nerve. Which is preferable; to stifle the cry with the dangerous hypodermic of morphine, or, to remove the pressure from the nerve, so that it need no longer call for relief? Everyone has experienced the pain in the little finger, and side of the hand when the "crazy bone" was struck, or pinched at the elbow. That pain is neuralgia. Would you think of taking a dose of quinine, arsenic or phenacetin to cure that pain? Or, again, would you paint the fingers with iodine, or apply electricity? You say, "of course not. How absurd—I'd remove the pressure at the elbow."

Well, then do the same thing with pinched nerves in any other part of your body. The principle is one and the same, though not so apparent to any but the skilled anatomist.

Other Remedies vs. Osteopathy.

One author advises the ever present and easily obtainable (?) sea baths for the treatment of neuralgias. Sides are blistered with counter irritants, sciaticas are sometimes treated by severe nerve stretchings, and nerves frequently cut for the temporary relief of facial neuralgia, while morphine is served up to sufferers from any of these. What is really necessary in any, or all of these cases is no more or less than the proper adjustment of a rib, a hip bone, or a vertebra, that the pressure caused by the slight deviation from the normal position may be removed.

While some neuralgias are stubborn the majority are readily cured by osteopathy when properly applied.

—NORA E. HAVILAND MOORE, D. O.

APPENDICITIS.

Does the appendix have a function, or is it a mere remnant without function? The osteopath believes that it has a function, for the reason that it has glands and motion the same as the adjoining portion of the intestines.

The healthy appendix is able to empty itself and carry on its work of secreting a digestive juice; but as soon as its circulation is interfered with it becomes impacted, or obstructed, with fecal matter, which re-

sults in acute inflammation, sometimes followed by the formation of pus. This is appendicitis.

Primary Cause.

The primary cause of appendicitis is an abnormality of that portion of the spine from which the nerves emerge which supply the appendix and the adjoining portion of the intestine. As a result the bowels frequently become impacted in the region of the appendix, which prevents this organ from performing its work properly and inflammation sets in.

Call the Osteopath Early.

If an osteopath physician is called during the acute attack, before pus has formed, he can usually prevent this by correcting any abnormalities of the spine, and bettering the circulation by removing any pressure which interferes with the normal blood supply. If there is an impaction, it is usually necessary to give enemata of olive oil for immediate relief, followed by careful osteopathic treatment, removing the cause and equalizing the circulation, allowing the affected parts to do their work properly. In the early stage of this disease careful abdominal treatment over the appendix, and manipulation of the bowels, raising them out of iliac fossa, frees the congestion and is very beneficial.

The success of the different osteopaths in treating this disease has been gratifying.

—IRA E. TAYLOR, D. O.

TYPHOID FEVER.

The most important predisposing causes of typhoid fever are spinal lesions in the splanchnic and lumbar regions of the cord, impairing the vaso motor, sympathetic, and lymphatic supply to Peyer's patches and the mesenteric glands, which are involved in this disease. These lesions lower the resistive power of the intestines, allowing the dreaded germs to take root, grow and multiply.

Predisposing Causes.

There are also other predisposing causes, such as overwork, improper food, unhygienic environment, and unsanitary surroundings. The typhoid bacillus, that is so much dreaded, is held by the osteopathic profession as a secondary cause only. We know, according to scientific investigation, that bacteria cannot exist and propagate in healthy tissue; consequently the principal cause is traced to the weakened condition of the body, making it possible for these germs to exist here.

How About the Bacilli?

True, the bacillus of Eberth is found in all cases of typhoid fever; but only as the fowls of the air are found feasting off the lifeless dumb beast.

The extent and location of the lesion has to do materially with the severity of the attack of this disease.

As a rule the diagnosis is comparatively easy, though it should be carefully made; definitely outlining the direct cause in each individual case, with particular stress laid upon the anatomy and physiology of the parts. Successful practitioners agree, I believe, that a correct diagnosis completes one-half of the cure. Of all acute infectious diseases, typhoid fever is one in which osteopathic treatment is eminently successful.

Medical Quotations.

Dr. Osler, author of *Osler's Practice of Medicine*, says: "All schools of healing agree that drug therapeutics avails but little in this disease." The treatment consisting of prophylaxis, good nursing, diet, hygiene and hydrotherapy is all helpful; but, until the disease is dealt with through the direct cause, we can never hope to abort the attack in the least.

The first and most important treatment is to correct the spinal irregularity, equalizing intestinal circulation, freeing congestion, and consequently, checking the fever—this osteopathy does in its treatment.

—CHARLES E. TAYLOR, D. O.

SCARLET FEVER.

"Scarlet fever is an acute, specific, contagious, and infectious febrile disease, characterized by its sudden onset, which is commonly ushered in by headache, sore throat, and vomiting, together with a very rapid pulse, a sharp rise of temperature, and by the appearance of an erythematous rash, seen usually by the second day upon the upper thorax and neck, which then spreads rapidly over the greater part, of the entire surface of the body, and is followed after its disappearance by desquamation. It is almost constantly associated with a more or less intense inflammation of the pharynx and with enlargement of the neighboring lymphatic glands, and is further marked by a grave tendency to certain complications. One attack usually confers immunity."

This is the definition of scarlet fever as given by one of the standard medical authorities. Under the chapter heading of "Medical Treatment," I quote again from the same author

"As there is unfortunately no specific treatment for scarletina, all endeavors to control the disease, must rest, as heretofore, upon a purely symptomatic basis."—Corlett.

In this definition of scarlet fever, and classifying the symptoms, they have done well, and the osteopaths study the medical works on symptomatology, physiology, anatomy.

As quoted above under the caption of Medical Treatment, the

author makes a rank confession that there is no specific in medicine (drugs) for the cure of scarlet fever. Continuing, he says, the treatment is symptomatic: meaning, that the symptoms as they arise. In scarlet fever we have all the symptoms mentioned in the first paragraph of this article; but remember symptoms are merely effects, they are secondary. They are the results of some cause, or causes.

Osteopathic Ideas.

The osteopathic school does not have much use for symptoms and effects any more than as a means of diagnosis and quarantine in the interests of public health. What the osteopath is more concerned about is the locating and removing of the cause of all these symptoms. The osteopathic physician goes to the foundation, which in human subjects happens to be the framework, the osseous structure; in other words, the bones, as the chief cause, commonly called, the predisposing cause. What does he find? He finds first of all muscles contracted, ligaments contracted, fascia on a strain, co-existent with these, or, as a result of these he finds bones (vertebræ and ribs) slightly drawn out of place. A rib may be drawn out of place and press upon a nerve, sufficient to cause serious harm to the excretory organs, liver, bowels and kidneys.

Causes Other Than Infection.

In scarlet fever, as in most other diseases, the osteopathic physician is more concerned about the causes, than the effects that these causes have produced. It is true that in the great majority of cases the contracted muscles and ligaments, strained fascia and mis-adjusted bones existed several days or, may be, several weeks before the patient was aware of even a slight rise in temperature, or a sore throat, or a rapid pulse. Not only so—these barriers to the circulation of the blood and lymph, as well as the nerve force, which are nature's own remedies, and the system's only source of vitality and growth; the only elements with which the system wards off, or combats with disease and other enemies of our bodies; or reconstruct herself from bruises, shocks or lacerations, must of necessity have existed previous to the appearances of these symptoms, or toxic matter, germs, or infection or contagion could not have gained a foothold, or a suitable soil for their development.

The Treatment.

Having ascertained the real cause of the symptoms, which collectively are called scarlet fever, the osteopathic physician establishes his course. Of course, it is at the spinal column and he sees to it that muscles and ligaments are relaxed, and that the bones are gently slipped into place. A careful readjustment is made. Coincident with his work the vaso-motor nerves are taking up control of the blood and lymph,

the heart finds less irritation and runs slower, the congested throat is relieved of its soreness, and the patient is conscious of great relief. Complications seldom arise under osteopathic treatment.

—N. S. JOHNSON, D. O.

DIPHTHERIA.

Diphtheria is of so great practical interest on account of its rapidly increasing prevalence, its great fatality and extremely infectious character that it will not be out of place, at this time, to explain to those persons, who have inquired especially, and to the public in general the osteopathic theory and method of handling this dread malady.

Medical authorities devote pages to the disease but it is not the purpose of this little article to give a detailed description of diphtheria and its attendant complications and sequelae but to proceed at once to the theory.

The Basic Principle.

Beginning with the basic principle of osteopathy—"Man is a machine," but like any other machine, its mechanism is perfect until environment and abuse exceeds the limit of normal adaptation. This done and we have perverted structure and perverted structure interferes with the normal circulation to a part and weakened tissue is the result, and thus the foundation for disease has been made.

Note that in an epidemic of diphtheria, as in any other contagious disease, all exposed persons do not come down with it. Why? Simply because individuals are immune so long as they are in a healthy condition. In connection with this statement note that persons suffering from chronic inflammation, or catarrh of the pharynx, as well as nasal catarrh are extremely liable to the disease.

Bacillus is Exciting Cause.

The primary cause already exists and the exciting cause, Klebs-Loeffler bacillus, is all that is necessary to bring on a case of diphtheria which is either mild or malignant according to the condition of vitiated tissue. "Vitiated tissue is an absolute prerequisite before the bacterium can excite the specific disorder." Now this weakened tissue is due to a lesion or abuse and the lesion should be corrected, but this is not done by massage as many would have you believe. It is just as absurd to suppose that a dislocation of the knee could be rubbed into place as to say osteopathy cures disease by simply rubbing or massaging.

When the osteopath is called into an ordinary sore throat or supposed case of diphtheria, he makes his diagnosis the same as any physician, according to the clinical symptoms and microscopic examination of the exudate. Should the case prove to be diphtheria he conforms to

the laws in regard to isolation, quarantine and disinfection that others may not be exposed. Hygienic measures are adopted and osteopathic therapeutics instituted.

Blood is Best Germicide.

The osteopath knows that the blood is the best germicide known. He knows also that there exists an obstructed flow of arterial and venous blood to the region of the neck, throat, and upper part of chest. He proceeds at once to find the cause of the obstruction and to readjust the same. To do this it requires one well versed in the knowledge of anatomy and physiology. When the normal circulation is re-established the disease is dispelled by the antitoxic, germicidal properties of pure blood.

The prognosis is good and if treatment is begun early in laryngeal cases they will progress favorably.

—DAISY ETHEL MORELOCK, D. O.

* * *

The Status of Osteopathy in Illinois—At present in certain sections of Illinois a determined effort is being made by medical men to restrict in a most extraordinary manner the operations of osteopaths. It only just to the medical profession to say that it is not the big, broad-minded men who are so acting, it is not the men in the cities—it is in the little towns by the little men the effort is being made. There is talk of prosecuting one osteopath for removing a splinter from a foot by pulling it out with a pair of forceps on the ground that he "practiced surgery;" in a similar manner telling a patient to put a limb in hot water is "practicing medicine" as is spreading some antiphlogistine on a threatening abscess. Surely this is all the very acme of absurdity; it is straining the law to the very breaking point. The osteopaths feel that publicity is what they require, that the sooner the public is educated to the knowledge of what osteopathy is, what it can do and what it is not, and does not do, the sooner will the people come to their support and put men in power as legislators who will protect the rights of the citizen as against the protection for themselves demanded by these medics. The osteopath is made to take certain examinations in certain subjects to see if he is fit to practice them, when found so fit a certificate is issued to him which does not allow him so to practice. In other words, he pays money to be told that he is fit to do that which he is not to attempt. Surely if there is any justice in this world this is not a specimen of it. A few weeks ago Governor Hanley of Indiana told the students of the American School that if a State did not have good laws for the governance of osteopathy steps should be taken to see that good laws were obtained. The Illinois osteopaths wish to work for this end, they wish to see a law in force in that State which will compel them to be as well educated as the allopaths and homeopaths and allowed to practice as they are allowed their own, particular method of healing; with equal rights, equal representation and held amenable to just the same laws. This they will achieve only in one way, by the education of the people as to what osteopathy is and what its practitioners want in the way of legislation. The osteopathic shoe is pinching the allopathic foot, and the allopath does not like it.

"THE MORPHINE HABIT; OSTEOPATHIC TREATMENT IN."

ASA WILLARD, D. O., MISSOULA, MONT.

I will not attempt consideration of the symptoms and diagnostic procedures by which the morphine habit can be detected; how it is formed and the temperaments and physiques most susceptible. But I should like to observe that, largely due to the general physique breaking, nerve racking scramble for wealth, and the wearing social routine of late hours bridge, etc., morphinism has, for a number of years, been on the increase, and as we as osteopaths are more and more recognized as complete physicians we will come in contact with these cases and must be. I will consider the breaking of the habit, the cardinal features of care and treatment while such effort is being made, especially as regards osteopathy, and a few points as to prognosis.

METHODS OF DISCONTINUANCE.

In discontinuing the morphine there are three general methods advocated, each of which has strong adherents.

1. Abrupt withdrawal—Entirely stopping, at a given time, the taking of the drug.
2. Rapid reduction—Reducing the doses gradually until entirely stopped within two or three days.
3. Gradual reduction—Extending the reduction over a period of two or three weeks, or more.

Either of these methods is employed both with and without the substitution of other narcotics, such as the bromids, codein, laudanum, sulphonal, chloral. Drug tonics for nerves, heart, and general conditions, are universally used by medical men no matter which method is followed. To me, the gradual reduction method appears to be, in the vast majority of cases, much the most rational and satisfactory.

Abrupt withdrawal in a patient, who has been using regularly a large amount of morphine, is followed by a train of symptoms of an alarming severity sometimes culminating in collapse and death. There is vomiting, often times of a very violent nature, tremors, cold and hot flushes up and down the spine, diarrhea profuse perspiration which feels as cold water to the patient, peculiar, unbearable pains in the joints as though they were being pulled apart, pains and cramps in the abd men and limbs, especially the calves of the legs, delirium, convulsions, rapid and weak heart action and what seems the most unbearable of all to the patient, an indescribable nervousness.

In **rapid withdrawal**, in which there is less danger of collapse the symptoms are almost as severe as in the abrupt. It should always be kept in mind that stopping the morphine is only the beginning of the battle, and anything that will lessen the patient's power to resist temptation and a renewal of the drug should be avoided. The severe strain and shock, brought about by abrupt or sudden withdrawal, to an already deranged physique and disorganized nervous system is certainly calculated to lessen the subject's resisting ability to temptation.

With the **gradual reduction** the greater number of the symptoms of abrupt or rapid withdrawal will be much ameliorated and some eliminated, for the nervous system will have opportunity of adjusting itself to the changed conditions.

A SPECIMEN CASE.

In presenting this subject I will report in detail a case of interest, consider the features brought out by that and advance reasons for methods employed.

History. Female, aet forty, married twice, weight 150; at thirteen years of age had an experience which was a great shock to her nerves and less than a year after that, when left alone one night at the home of a family for whom she was working, a man entered and attacked her. She fought desperately but after having her hand and other parts of her body severely cut with a knife, she was finally knocked senseless by a blow on the head with a gun barrel. She was left for dead and remained unconscious for hours. Before she was fourteen she was married. Her husband proved to be a brute and they lived together but a short time. Her life until a few years ago was one of struggle and adversity. She made her own living by doing washing. In 1896 she was taken to a hospital and operated upon for ovarian trouble. Here it was that she contracted the morphine habit. For every pain she was given

morphine, until when she was discharged, she found that she could not get along without the drug. She had another operation performed later and the left ovary removed. When she menstruated after this operation, she flowed profusely for two weeks. Four months of osteopathic treatment corrected this condition. Since 1896 she has constantly taken morphine. Upon examination, Oct. 19, 1905, it was found she had been for some years taking four grains a day. At six different times she had been under the care of different medical men for the cure of the habit. Three times at institutions, three times under private physicians; rapid withdrawal with substitution and gradual withdrawal both with and without substitution were tried. Once in a reputable institution for the cure of morphinism and alcoholism, when the drug had been completely taken away, after having been decreased gradually with substitution, she lay for eighteen hours in a condition of collapse and unconsciousness which finally compelled the re-administration of the drug to arouse her. In other attempts at cure convulsions had followed the withdrawal of the morphine whether substitution was used or not. In no instance was she aware when the drug was absolutely stopped or to what extent it was being decreased.

Symptoms. At times she has melancholic periods when she says she wants to be alone and at such times she will speak in a curt, sullen manner to her friends. At other times between the hours of mid-night and morning, in her dreams she will live over the experiences of the night when she was struck senseless with the gun barrel. That point on her head will become sore and the old scars of the knife wounds on her hands and body will pain her. She will struggle and seem to sink away, not being able to move. Her body at such times is in a cataleptic state, but she is easily aroused by some outside agency, some unusual sound or something touching her. This condition has reappeared from time to time ever since the incident. Sometimes she has been free from it for months and then it would occur every night or two, at more frequent intervals and upon a greater number of successive nights. This was doubtless due to the general weakened resistance of the nervous system, resulting from the use of the drug.

Drug Withdrawn. All attempts to rid herself of the habit had been made with the idea of ridding herself of something that was a detriment to her physically. In October, 1905, she became impressed with the idea that it was a moral wrong for her to use the morphine and immediately upon reaching this conclusion she abruptly quit taking it, throwing what she had into the river. In the middle of the night about forty-eight hours after this, I was called. She was tossing about in the bed and moaning. She had had several convulsions. In her lucid moments she said she would fly to pieces. She had tried, when an attendant had stepped out of the room, to get a revolver to shoot herself. Treatment quieted her nerves and relieved the headache and tight feeling in the back of the neck, but in an hour the symptoms returned and she became delirious imagining that she was sinking in water and struggling to reach a rock. In her saner moments she reproached God with having deserted her. Later she tried to burn herself by putting her clothes in the fire. A second treatment was given and then her husband was advised that nothing would do her further good but to return to the morphine; that if she wished to stop the habit it must be done gradually. The next morning when the convulsions set in again, she was given $\frac{1}{4}$ grain of morphine which soon quieted her. It was explained to the patient that she had been so long habituated to the taking of large quantities of the drug that it would be impossible for her to quit abruptly; she must decrease gradually. She objected, saying that she had been through the ordeal six times before when she was stronger to start with, and that she would rather die at once than undergo such suffering again, which would be useless any way; but over-persuaded, she received during that day enough morphine to keep her comfortable, being allowed to gauge the amount herself, although not being permitted to get the morphine herself. She took 1 5-8 grain. Taking that as a starting point the morphine was diminished as follows, $\frac{1}{2}$ and 1-8 grain tablets being taken.

Methods and Results of Withdrawal. Friday, Oct. 19, 1 5-8 gr.; Oct. 20, 7-8 gr.; Oct. 21-23, 6-8 gr.; Oct. 24-26, 5-8 gr.; Oct. 27-29, 4-8 gr.; Oct. 30, 3-8 gr.; Nov. 2, $\frac{1}{4}$ gr.

From Nov. 2d to Nov. 15th inclusive she took $\frac{1}{4}$ gr. per day, 1-8 about six in the morning, the other about four in the afternoon. The craving for the drug was fought against during all this time of decrease and the patient suffered from cold sweats,

tremors and griping of the muscles and to control the griping of the bowels she was compelled almost to refrain completely from taking food, eating barely sufficient to keep her alive. Even any but a small quantity of hot water would start the griping.

The untoward complication was the nightly experiences. As she became weaker from the strain every night between twelve and four a. m., she had the unfortunate dreams mentioned above. Her horror of them was so great that she finally sat up all night, or until about 3 a. m. in an effort to avoid them. She had two such attacks upon falling to sleep in the day time. She had never had them before during the day. Nov. 14 and 15 she felt some stronger and then said that she would like to quit the morphine entirely and be over the struggle and on the 15th she took the last morphine. For a couple of days the griping and nervousness had to be controlled but after that there was a gradual improvement and she slept more. By the end of a week she slept all night without any of the experiences mentioned. Her principal source of nourishment was rare steak which she chewed until dry and then spit out the fiber. Toast was next given her and her diet increased as her bowels became less sensitive.

Treatment. From Oct. 19, to Nov. 28, she was treated every evening with a view to quieting the nerves and the griping of the intestines. The neck received the most attention consisting of a quiet, firm inhibition and relaxation. At times the contracture of the muscles on the left side at the base of the skull would be so great as to deviate the atlas and axis back and slightly to the left. After inhibition and relaxation this could be easily corrected. Her heart, which was weak, was aided by raising strongly the ribs on the left side. Several times during the days of decrease she had spells of collapse. These seemed to be initiated by stomach distress. Gas would form and then the heart would become involved. Strong pressure over the solar plexus would give the most immediate relief. A lateral lesion at the fourth and fifth dorsal was augmented by the reflected impulses from the stomach. This was appropriately treated for its reduction, every few days. It was not completely reduced until she was discharged. After Nov. 28, she was treated for six weeks three times per week, then twice per week for two weeks.

She rapidly gained strength after she could take more nourishment which was gradually increased from one week after she quit the morphine. In nature she was completely changed, going about her work with cheerfulness, and happy over her victory.

From Dec. 6 to 9 inclusive the patient menstruated. At that time she became extremely nervous and the former morphinism manifested itself in a desire for the drug, an irregular cold sweating with hot burning flushes over the body and a general aching. The muscular contractions would start, but she stopped them by immediately getting up and moving about. At the next two menstruations she was likewise affected but with progressively less severity.

Results. At this time, almost two years later, she is the picture of health and cheerfulness and works hard each day. She has no craving whatever for the drug. She demonstrated her complete cure about four months after her discharge by meeting what is the supreme test in most cases, namely the ability to stand continued severe pain without resort to morphine. This was done during an attack of intestinal obstruction, due to the passing of a loop of intestine behind a cicatricial band which had resulted from the ovarian operation.

GENERAL OBSERVATIONS.

In this case you will note that the morphine was decreased for twenty-eight days, the last dose being 1-8 of a grain. It is sometimes best to decrease to as low as 1-160 of a grain before discontinuance and in some instances students of these conditions report cases with which doses as small as 1-240 of a grain were allowed. Until the day the narcotic was abandoned I had intended to take the reduction in this case to smaller doses than it was carried. A general rule is not to discontinue the morphine while the amount being given is felt by the patient.

Nearly all morphine users are taking amounts larger than are being used by the system. This is demonstrated by the fact that it can be detected in the urine and that a large amount can be abruptly cut off without greatly distressing the patient. Hence the first fact to ascertain is the smallest amount which will make the patient comfortable. Then, taking that as a starting point, gradually reduce. In reducing no mathematically timed scale of reduction should be attempted. Sometimes a

decrease can be made each day, sometimes not for a week. Let the decrease be indicated by the patient's general condition, hypersensitiveness and ability to bear pain.

In all cases in which the hypodermic needle is used, if it can be done, it should be abandoned as soon as possible and the drug taken by mouth. In some cases there seems to be an associated fascination for the needle itself and it is a good plan in some of those cases in which the needle is used to the end to have it filled with pure water for a time after the morphine has been completely withdrawn and allow the patient to think that it contains still a little morphine. In a few of the worst cases chills and high fever will be found resulting from abscesses caused by the needle. Freely opening these abscesses is then indicated.

CARE.

For carefully watching the patient the special hospitals for alcohol and drug inebriates have an advantage, and in private practice it is wise in the majority of cases while withdrawal is being effected, to have the patient confined to one room in the charge of an attendant who is preferably a stranger. While little dependence can be placed upon the majority of those once thoroughly addicted to the habit and they will, if allowed sufficient latitude, secure the narcotic at every opportunity, it is perhaps best to allow as much liberty as possible. It will tend to help the patient when he is discharged and must depend upon himself to withstand the temptation. It will give him more confidence in himself. If he can be sufficiently depended upon, and his physical condition will allow, short strolls in the fresh air will be a benefit. The measure of restraint to be exercised cannot be clearly told at first but must be judged by careful study and observation.

While the patient's mind should be diverted as much as possible he should have little company, do no business, and be allowed to attend to no affairs entailing worry.

The bowels should be evacuated thoroughly every day and until control of them through treatment can be had a hot saline flush should be used every evening.

Hot baths before retiring will tend to quiet the restlessness and produce sleep. The nurse can frequently temporarily relieve to quite an extent the cramps in the muscles by massage and hot applications. The patient should drink as much hot water as possible to keep the excretories flushed.

FOOD.

As the stomach is always quite sensitive and, as in the case reported, cramps are some times precipitated by the taking of food, it is best to allow small quantities of light food at short intervals rather than full meals farther apart. Hot milk or cocoa, if agreeable, can be taken. Fruit juices and grain products are good non-irritating nutrients as are whites of eggs and mutton broth. The food should be increased as rapidly as the patient's digestive apparatus can care for it, but I do not believe, as is advocated by some, that the feeding should ever be crowded.

OSTEOPATHIC TREATMENT.

The treatment indicated is to meet and control the untoward manifestations arising from the drug's discontinuance and to build up the patient.

Drug administration to secure these results can, I believe, with advantage be supplanted by osteopathic treatment. Often times the substitution of some other drug for the morphine simply results in the changing of one addiction for another. A great majority of medical authorities discountenance stimulants both during and after withdrawal. Drug tonics are certainly stimulants. Hence it would seem that, if the osteopath can quiet the patient's nerves and control the various bodily disturbances and build up the patient by his methods, as is the object of drug medication, he has not only an equal opportunity, but an advantage, in that the remedy cannot possibly augment the disease or supplant it with another as bad. The spinal tissues a strong inhibitory treatment relaxes these and is very grateful to the patient. will be found tensed and contracted just as they are in other nervous conditions. Especially is the relaxation of tissues about the base of brain grateful. Any lesion affecting the stomach or bowels will be found surrounded by an area particularly tender because of the reflected impulses from those irritable organs.

In the case reported, treatment over the bowels did not relieve the griping at all, but spinal inhibition in the lower dorsal and upper lumbar would relieve. To as much of an extent as possible the bony lesions should be corrected. Many cases are recorded where sudden attacks of insomnia and nervousness developed which were

relieved by morphine and the habit thus started. Writers often attribute these attacks to long ago accidents or experiences which kept the individual on a tension and nervous strain. Active army life is given as a marked instance of such. While accepting the probable accuracy of such reasoning we would, in a case with such a history, examine osteopathically for those mal-alignments of structure, particularly spinal, possibly acquired under the same stress of circumstances, which may have also existed for years acting as irritating, nerve depleting factors. Of course the morphine itself produces a nerve depletion and degeneration but the removal of these osteopathic lesions will relieve the weakened nervous system and make the body structurally more normal. Being thus the system will be better fitted to fight its battles; nature's inherent forces of restoration be better enabled to act in throwing off the morphine habit. In such cases the lesion correction before the habit's formation may have prevented it. The habit formed, their correction will strengthen the body to overcome.

The irritation and exhaustion of some physical malady often drives to morphine taking. In such habitues the osteopath may find lesions accounting for these original physical conditions. Their correction will help build up and restore nervous equilibrium and make it easier to abandon the drug.

In a number of cases it would perhaps be well to give the patient a course of treatments before beginning to decrease the morphine at all. The liver especially should be treated, as morphine when regularly taken has a tendency to accumulate in that organ, especially when large amounts are being used. Opium or any of its alkaloids acts to bind up the secretions hence all the excretories should be stimulated to activity both to throw off toxins of body production and to eliminate morphine lying in the tissues. The patient should be kept under surveillance and treatment for possibly several months or longer after the last morphine has been taken. The withdrawal of the drug sometimes unmasks physical conditions which must be treated in themselves.

At best the subject's nerve cells are profoundly exhausted and must be built up. Those lesions which were not completely corrected while the morphine was being withdrawn should be corrected.

It is most essential to increase the vigor and strength of the patient in every way to prevent his yielding to the temptation to go back to the drug. As stated before, the withdrawal of the morphine is but the beginning. The tendency to relapse must be guarded against by every possible force that can be had.

AFTER WITHDRAWAL.

As to their general manner of living each patient must be studied and probably no two should receive exactly the same advice. What is good for one may be for bad another. In almost every case a change for a time from the former avocation and environment will help. A brain worker should do muscle work for a time but not exhausting work. A sensitive high strung person should avoid work involving nerve strain. All will be benefitted by being much in the open air and sunshine. The cold morning sponge bath with brisk rub down is a good nerve tonic and invigorates the circulation and vital forces. Alcohol, tobacco, coffee and all stimulants have a tendency to precipitate the return to the drug and should be avoided. In the case reported a bottle of patent medicine kindly presented by a friend a few months after withdrawal caused symptoms of morphinism to appear, I think due to the alcohol and other stimulants in the preparation, as there were no narcotics. The fewer drugs taken by the ex-morphine habitue the less his opportunity for the old craving being engendered. His food should be nourishing and ample but not rich.

As in the case given the craving and untoward symptoms are very liable to appear with the menstrual periods for a few months after the cessation of the drug. This is especially true if there is any disorder of the sexual organs causing irritation and pain. It is a good plan for the first few periods after withdrawal to give a general quieting treatment each day until the period is over.

PROGNOSIS.

The prognosis involves many considerations. A large percentage of cases relapse after treatment, yet some of the worst cases when carefully and properly treated are turned from physical and moral wrecks to useful and upright citizens. It is not possible to determine absolutely just which will or will not be successful. Cases are on record where, after repeated discouraging relapses, efforts to discontinue were

successful' so it is always worth while to encourage repeated efforts in spite of repeated failures. Every resource should be exhausted before you abandon hope in one of these cases, just as you would in handling a case of typhoid fever, pneumonia or any other disease.

From the time the regular taking of the drug is established few morphine victims live longer than fifteen years. The majority die within ten years. The longer has been the addiction the less the hope of recovery.

In elderly persons long of the habit the prognosis is unfavorable, though it is not hopeless.

In a person who has some incurable chronic condition such as advanced locomotor ataxia it will be difficult and perhaps impossible to break him.

Where the use of alcohol, cocaine, etc., is combined with that of the morphine the possibility of success is made less. In some natures morphine acts as a pleasing sedative from the first; in others it causes unpleasant effects acting when first taken as an irritant and stimulant producing excitement followed by depression and stupor and later by severe headache. The former indicates a peculiarity of constitution or abnormal condition favoring the drug's action and such cases will be more difficult to handle.

When all ambition has been lost through repeated failures the result will be most doubtful. Those who have defective, neurotic organizations through heredity, if once thoroughly addicted, are generally classed as hopeless. They will relapse as soon as they quit. Osteopathically this class points out a field. The removal of all irritating nerve depleting lesions may give the organization enough vigor to make success possible.

An ancestry of tuberculosis, alcoholism or syphilis gives an organization predisposed to the habit and such are more difficult to cure. Where the patient's parents have been habitues his struggle will be a most difficult one. In some there is such susceptibility and inherent instability of the nervous system that they cannot resist and are hopeless.

Each case is a study and with it every possibility should be exhausted for there is no habit more terrible. I believe that our opportunities for success along these lines are at least as good as those of our medical friends and, as pointed out in several places, it appears to me as though we had some marked advantages.

* * *

No Osteopathic Reciprocity Between Texas and Missouri—Dr. J. F. Bailey, osteopathic member of the Texas State Board, writes: In answer to your note of Feb. 17th, I will say that the Board of Medical Examiners of Texas, decline the proffer of reciprocity with the State Osteopathic examination and registration Board of Missouri. There were reasons for which they based their refusal to reciprocate, and one especially that the Board of Examiners has professors of an institution on same. Our law prohibits such an appointment. However, we are in reciprocity with Indiana, Kentucky, Illinois, Iowa and almost all states which have a multiple board. I am very sorry to have to inform you that conditions are thus.

Some More St. Louis "Cattle"—Some couple years ago, Dr. Emery Lanphear of St. Louis in talking of osteopaths said, "and to think that cattle are allowed to practice." Dr. C. M. Case of St. Louis sends us in a clipping from St. Louis Republic concerning an M. D. and remarks, "I am sorry to say there are people in our own profession who are opposed to any legislation that will keep such cattle as the doctor referred to, from practicing osteopathy." The doctor thinks, and rightly to, that if the M. D.'s desire to have an ignoramus practice, let them do so, but that the osteopaths should have only the best of representatives, and says, "what objection ought there to be to any law that tends to keep the standard of the osteopathic profession up where it will command and demand respect." The St. Louis M. D. referred to in the clipping sent a letter to a police judge as follows:

"St. Louis, Mo., Feb. 18, 1908—This is to satisfy that Mr. Ebrum Stenberg, 624 Carr St. is Cyck Under mie car Uneble to wock."

The Journal of Osteopathy

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

Subscription, \$1.00 per year in advance.
 Canada \$1.10, Foreign \$1.25.

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

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

LOCAL EDITORS.

FIELD EDITORS.

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

KIRKSVILLE, MO., MARCH, 1908.

EDITORIALS.

Changes at C. C. O.—Dr. A. L. McKenzie has sold his stock in the C. C. O. to Dr. J. W. Hofsess, the latter becoming the new president and financial manager of the school. Dr. McKenzie still retains his chair.

New Coast Association—The Pierce County Osteopathic association was organized at Tacoma recently with the following officers: President, W. T. Thomas; vice-president, R. H. Slayden; secretary, M. L. Briscoe; treasurer, A. L. Goff.

Indorses School—Dr V. H. Greenwood, president of the Missouri State Board has just completed a two weeks' inspection of the A. S. O. and its work. In a talk before the students, he stated that it took him several days to recover from his surprise at the immense advancement made in recent years.

Missouri Board Re-Examines—A few weeks ago, some 200 students and practitioners passed the examination before a special examiner, C. E. Boxx at Kirksville. On opinion of an attorney, Dr. Boxx allowed undergraduates to be examined on the subjects they had had, they to complete the examination when they had completed the entire list of subjects, and then to receive their certificate if merited. The attorney-general decided that the examination was illegal, so the board has agreed to re-examine the various students on completion of their college course.

M. D's. Idea of Liberality—The retiring president of the Greater N. Y. Medical association, Feb. 17th said in his speech, "I would ask you to remember, however, that the bill requiring state examinations as a preliminary to practice in this state was passed only by the help of the homeopaths and eclectic. In the union of reputable licensed practitioners there is strength, rather than weakness. And I verily believe that if the representatives of our state and local societies had taken all of our licensed medical brethren into their confidence last year, the osteopath bill would never have been enacted in its present objectionable form. Past illiberality has excluded many of these men from our ranks, future liberality may bring them back."

That Post Graduate College—At Put-in-Bay, the editor listened to the talk about a post-graduate college, and gained this idea of the plan:

Research work to be properly done, must be assigned to one who is both a deep student and a successful practitioner. Of these, there are but few in the profession, and they are otherwise employed. The college professor must earn his salary, the busy practitioner must take care of his practice. In order to provide adequate recompense for these, both of which would require a large amount of money to balance the loss of income, it was agreed that the A. O. A. should take up the financial part of the work. The A. O. A., then, was to raise a fund, the interest from which was to be used to defray the expense of the practitioner selected and also to provide an adequate recompense for his time, as such research would of necessity cause his retirement from active practice.

With this idea he talked to different practitioners in favor of the plan, helped to secure subscriptions, and himself subscribed, and later wrote to different publications, advocating the idea. Now behold, the idea has suddenly changed from that of providing the support of practitioner who was to work with the laboratories already in existence at the various schools and give his results to the profession, to the purchasing an entirely new plant of laboratories at large expense, and the maintaining them at still further expense are in order that some few of the practitioners may do the work they already can do as well, and perhaps better, in the colleges already existing. Where the plan changed, does not seem apparent, but to one practitioner in particular it looks like the only possible result would be to tie up money in useless extra equipment and to

The Best Patient Getter Yet

How many copies do you wish, Doctor

READY MARCH 21

OSTEOPATHIC JOURNAL, VOL. IV, NO. 4.

Is Osteopathic Treatment Expensive.....	Jos. H. Sullivan, D. O.
The National Convention of Erythrocytes.....	Louisa Burns, M. S., D. O.
A Talk on Back-Bones.....	F. P. Beslin, D. O.
Facts Relating to Spinal Joints.....	J. E. Downing, D. O.
A Symposium on Osteopathic Subjects, By Osteopathic Practitioners	
Gynecology.....	Riley D. Moore, D. O.
Neuralgias.....	Nora E. Haviland Moore, D. O.
Appendicitis.....	Ira E. Taylor, D. O.
Typhoid Fever.....	Charles E. Taylor, D. O.
Scarlet Fever.....	N. S. Johnson, D. O.
Diphtheria.....	Daisy Ethel Morelock, D. O.

cripple the colleges which have made the profession what it is, and which have had at best, a none too roseate existence.

V. H. Greenwood, Osteopath—Dr. V. H. Greenwood who was appointed to take the place of Dr. Traugher on the Missouri Board, and who last month, was elected president, is the son of an educator of renown. Prof. J. M. Greenwood, his father was a member of the first faculty of the K.S.N., and since 1874 has been superintendent of the public schools of Kansas City. Dr. Greenwood inherited the studious tendencies of his father and attended the Kirksville public school, the Kansas City high school and the Kirksville Normal. He acted as representative of a Historical Publishing Co., was connected with E. H. Butler and D. Appleton and Co., School Book Publishers. In 1898 he entered the A. S. O., graduating in 1900. He practiced at Leavenworth, Kans., and later at Kansas City, where he held the chair of Nervous and Mental diseases at the C. C. O. during the sessions of 1903-4 and 1904-5. During this time also, he attended the Medico Chirurgical College, graduating in 1905. During his attendance, the school was made a part of the University of Kansas. Desiring to be close to nature, he located at Wishart, Mo., practicing also at the county seat, Boliver. He is now contemplating removing to Buffalo, which is in a locality he describes as "God's own country, and near a beautiful mountain stream." Dr. Greenwood has been successful in his practice and states that his medical degree was obtained at a time when the osteopathic schools could not provide the facilities for surgery; that had he been doing it now, he would have taken his surgery at some osteopathic college. He received flattering offers from Kansas City osteopaths to do their surgical work, but preferred to live in the country. The governor has made no mistake in appointing him to the osteopathic board.

Osteopathic Self-Centered Self-Sufficiency—The editor took a little trip around through several towns a week or so ago, "to see what he could see." He had been told that there are many osteopaths in the field who are osteopaths only in name, and who care not a bit for the profession which has made them prosperous. He started out to prove or disprove Dr. Heine's ringing message in the February Journal, and this is what he found in one particular town:

Here there were three osteopaths. One said as follows: "No, I do not subscribe for the O. P. or the Journal nor am I a member of the A. O. A. I USED TO GIVE OUT THE O. P. AND THE JOURNAL TO PATIENTS, BUT AM SO BUSY I DON'T NEED THEM NOW." (Imagine using the O. P. for field literature!) I said "But they are not for the patients. Do you not care for any professional news?" The reply was, "No, I don't care what these other fellows are doing, sometimes I want to find out something about a case, but if I look through a Journal, I find the others know no more about it, than I do. No, I am not going to Kirksville next summer, I have never seen the Old Doctor and don't know that I ever will. No, I do not belong to the district or the state association." I asked "Do you not know that the osteopathic profession is in more danger now of being annihilated than it ever was before?" "Why we are perfectly safe, nothing can stop us now." I asked for a treatment. The first thing done was to jab the transverse processes of the atlas, thinking that because that one was larger than the other, that there was a lesion there. The next was to jab the transverse processes of the middle cervical vertebrae "because everything seems to be over to one side." The "treatment" was concluded with the statement, "Well that's loosened up things a little bit anyway," and yet this osteopath has a good practice, and is regarded as representative of the profession.

Another case—Here I asked "do you take the O. P., the Journal, or are you a

member of the A. O. A.?" "No, I can't afford to take those papers, I never would have time to read them anyway, and I see no reason in subscribing for them. No I do not belong to the state association, I joined the district association, but it was about a year ago, and I attended only one meeting. O, yes, I am doing very well, I took in \$400 in ——— and \$325 in ——— and I seldom fall below \$250." "And yet you cannot afford a \$1.00 a year for the O. P. or the Journal?" "O, but I am paying for 250 acres of land in Iowa and I need every cent." "I suppose you will be in Kirksville for the convention next summer?" "No, I will go north if I go anywhere, I hardly care to see that convention, think it will hardly be worth while." And yet this osteopath takes trips costing from \$75 to \$200 every year boasts of graduating at the A. S. O. and is regarded locally as a representative of the profession. I did not ask for a treatment because I knew I would receive a little "work" up on side of the spine and down the other. The other osteopath in this city is a subscriber for Journal and is a member of and attends both district and state associations, but does not belong to the A. O. A. I asked for a treatment and received as effective one as I have been given by any practitioner outside of the Old Doctor, and lasting probably three or four minutes.

This city was only one of a number that I visited on my trip. Dr. Heine is right. The osteopaths are too prosperous, and in their prosperity, are letting the M. D's. dig their trenches, lay their saps, with which to overwhelm us. I don't want to be a Jeremiah, but outside of the larger cities, and to some extent in the larger cities, there is a spirit of lethargy which can mean but one thing, annihilation. How can the profession arouse these, and break through their crust of self sufficient complacency. The way the medical trust did to their sluggards was send paid organizers. The osteopathic profession is not well enough organized to furnish the money for this purpose. Cannot each one who reads this, appoint himself a committee of one to wake up his own locality. This is a matter of immediate and vital importance, not only to one, but to all.

No Medicine is Better Than Medicine—Dr. Heine calls attention to the article in the January Journal of the medical sciences on treatment of pneumonia, especially by outdoor air. 128 cases were treated by this method, and of those that recovered, 47 received no medicine.

NO FINANCIAL STRINGENCY WITH OSTEOPATHS.

One of our graduates now practicing in California has just sent in his final payment upon tuition note given by him, and makes the characteristic statement regarding it:

"If you are as glad to receive this as I am to pay it off, we both have cause for rejoicing, as I feel that the money spent at the old school is money well spent and I have no fear for the future of the school or of my chance to get on in the world in a financial way." Such news, coming at a time when on every hand we hear the plea that the "financial flurry" has had such an unfavorable effect upon all lines of business, makes us think surely the osteopath who writes us such a letter must be delivering the goods.

J. A. QUINTAL

MEDICAL INCONSISTENCY.

One of the traits of American character is the belief in majority—a good trait in itself but one liable to become vicious when it goes to the extent of allowing the minority no rights at all. To this extent it apparently has gone in the case of "Our Friends, the Enemy," the medical profession. In a series of editorials on the "Personal Page" of the March Home Journal, Mr. Bok takes occasion to explain to his

readers the difference between an editorial and a contributed article, and point out that a magazine does not of necessity, indorse every signed article in its pages. He makes the statement that "No single magazine of general circulation has perhaps given over so much space to articles voicing the principles of the 'regular medical profession' or has had so many doctors of the allopathic school among its contributors. Not a word of protest has ever issued from the thousands of our readers who believe in the medical principles of the osteopathic school of treatment. But two months ago we deemed it wise to allow Doctor Still, the founder of the School of Osteopathy, to tell how he discovered his treatment of the sick. And, presto! Immediately there issued forth a shower of abusive letters roundly condemning us because we "advocated" osteopathy. This time, again, the editor had turned; now he was an osteopath! Although there happened to be in that same issue of The Journal no fewer than six articles by physicians of the allopathic school of medicine, those were completely overlooked, and we were 'osteopaths'; we were 'indorsing quackery!'"

These articles and letters concerning Mr. Bok were of the most vituperative character, calling him softy, quack, aider of charlatans, and other equally complimentary terms. Editor Bok had in mind the wishes of his subscribers when he requested Dr. Still to write his article, but such is medical inconsistency, prejudice and narrow mindedness that apparently those of his subscribers who believe in osteopathy should have no rights. Mr. Bok certainly is to be congratulated upon the stand he has taken.

* * *

NEWS NOTES AND COMMENTS.

Dr. C. E. Boxx Injured—Mar. 9, Dr. Boxx fell from his buggy injuring his lame leg. He is resting easily and his early recovery is expected.

Loses Office by Fire—Dr. J. J. Drummond lost his office and furniture by fire the night of March 10th. There was no insurance.

The Reason Shown—The reason why health department refused to accept an M. D.'s certificate in case of Dr. Bandel's patient, who died in February, is now known to be this, HE WAS ASSOCIATED WITH AN OSTEOPATH.

Students Organize Coast Association—The many students at the A. S. O. from the Pacific coast are organizing a local association.

Writes on Color Effects—Dr. Lillian Bentley of Philadelphia has an interesting article on the above subject in the March Ladies' Home Journal.

Successful Lecture Tour—Indications are that Dr. Smith will not have enough open dates to fill the demand for lectures this summer.

Life Insurance Matters—Only a part of the parties having had life insurance dealings, have reported. Please attend to this NOW that the proper tabulation may be made for the A. O. A. record. Send information to the Journal of Osteopathy, Kirksville, Mo.

MEDICAL VS. OSTEOPATHIC DIAGNOSIS.

Two Interesting Cases, Showing the Superiority of Medical Over Osteopathic Diagnosis.

The two clippings reproduced from a local paper of March second and third, respectively, illustrate to an alarming degree the value of accepting a diagnosis merely because "the M. D. said so." But we shudder to think what a roar would have gone up from medical and even the lay press if such mistakes had been made by poor ignorant (?) osteopaths.

The articles are to all practical purposes correct.

MARCH 2, 1908.

Interesting Case at A. S. O. Hospital.

Mr. Hansen, private secretary to Congressman Sterling of Bloomington, Ill., was taken suddenly ill about a month ago in Washington, D. C., following a fall at a skating rink and was immediately placed under the care of four eminent physicians at the capital city. They all declared it was a case of rupture and diagnosed it specifically as femoral hernia; advising a radical operation at once. Mr. Hansen refused to be operated on, and was sent home in a private car, where a Bloomington osteopath forwarded the case to Kirksville for examination and treatment. On examination Dr. George Still declared the diagnosis of the specialists to be incorrect and an operation for hernia would undoubtedly result in the man's death as the condition was not a rupture but an abscess of the lymphatic glands in the groin brought on by an infection from an injury to his foot. The abscess was opened Friday, and this morning Mr. Hansen left the hospital a well man.

MARCH 3, 1908.

Six Operations at the A. S. O. Hospital Yesterday Morning.

But the most interesting case of all was a patient brought to the hospital by Dr. Elizabeth Jackson Geyer of Goshen, Ind., who sustained a double dislocation of the elbow joint about two months ago. The arm was put in splints and left that way until about a week ago, when the splints were removed and it was found that the dislocations had not been corrected at all. At this point the patient consulted Dr. Geyer, who immediately advised her to come to Kirksville for surgical attention. On examination it was found the joint was ankylosed and a piece of cartilage had been torn off the joint surface, making reduction at this time impossible without an open operation. Dr. George Still and two assistants exerted their full strength to set the dislocation without cutting in spite of the ankylosis, but it was impossible, and an incision had to be made. A half hand full of adhesions, fragments and organized clots were removed from the swollen joint and the the reduction was easy. Dr. John B. Murphy's technique of inserting a piece of tendon into the joint to prevent stiffness was used.

Has Appealed Case—Dr. J. O. Hatten, who is mentioned in the February Journal as losing a suit to recover a fee, has appealed the case. Dr. Hatten states that the defendant had been very much benefited by the treatment and the stretcher and blankets were hired for the occasion; that the defendant attorney had hard work keeping her quiet, and from spoiling the suit by getting up. He states that the family is well to do, owning a factory and a number of good flats, and are abundantly able pay the amount of charges which he made.

Dissolve Partnership—Drs. McNicol and Woodard, formerly practicing as Joliet Osteopathic Institute, Joliet, Ill., have dissolved partnership, Dr. Woodard going to Harvard, Ill., where he has offices in the Harvard Bank Bldg. Dr. McNicol remains in Joliet.

Locates in Omaha—Dr. Kathryn Nickolas of the recent P. G. class of the A. S. O. has located at 2507 South Boulevard, Omaha, Nebr., after spending a few weeks at her old home at Fremont, Nebr.

Brooklyn M. D.'s Still Recalcitrant—Ever since the passage of the unity law in New York, the M. D.'s. have striven to escape its provisions. In some cities there has been a short discussion followed by the admission of the osteopaths rights, but in others, they have steadfastly refused to admit that the osteopaths are physicians. This was shown in the case of Dr. Bandel last month, when he was refused the per-

mission to sign a death certificate. One of Dr. Bandel's patients, John Visscher, died of nephritis, as was certified to by Dr. Bandel. Dr. Byrne, assistant registrar of records, refused the certificate. It was then signed by another physician, not an osteopath, and again refused. Dr. Hartung, coroner's physician, then examined the body of the patient, and reported that Dr. Bandel was correct in his report. The New York City osteopathic society, then brought suit against the city for mandamus to compel the acceptance of Dr. Bandel's certificate, Dr. Martin W. Littleton appearing as attorney for society. The Buffalo News commented thus, "A law was passed at Albany last year recognizing osteopaths and providing for their registration as physicians, but it appears that Dr. Sylvester J. Byrne of Brooklyn retains some of the old prejudice against the new school of treatment and has sufficient ministerial authority to block the operation of the law and made a 'coroner's case' of a person who died under osteopathic treatment. A test of the law will be useful and it will undoubtedly will be thorough."

The same policy is being pursued by some of the hospital authorities who have taken their cue from the action of Dr. Byrne. Dr. Margaret H. Allen of 70, 7th Ave., a graduate of Atlantic College, '04, is the latest victim. Dr. Allen was retained by Mrs. Clara Wooster, 525 Barbee St., as her obstetrician. Dr. Allen after inquiry at the Prospect Heights and Brooklyn Maternity Hospital, took her patient there, informing the superintendent that she was an osteopath, and in answer to the superintendent's inquiry said that she would assume entire responsibility of the case. As her assistant, Dr. Allen named Dr. F. C. Kattenhorn, A-01, of 23 Jefferson St., Brooklyn, and both doctors were assured that the patient would have every possible attention. The first intimation to the contrary was received on Feb. 15th, when doctor Sanders, the house physician, called her on the phone and reminded her of the responsibility, and in response to her query, stated that somebody on the board had complained of an osteopath treating in the house. The woman's husband, on being notified that the osteopath could not have the case, would have moved her, but by that time she was in no condition for it, so he called an M. D. Drs. Allen and Kattenhorn called to see the patient and after treating her she was called out of the room; shortly afterwards, the bed was also removed and after half an hour, they asked Mr. Wooster if they were discharged, but although he said they were not, the hospital authorities refused to allow them to see the patient. On the next morning, just after the delivery had been performed, Dr. Allen called at the hospital, but instead of being told the truth of the matter, she was merely told that the physician in charge refused to allow an osteopath to see the case. After trying in vain to place the responsibility, Dr. Allen consulted her attorneys, who have brought suit for \$25,000 damages. The New York papers have very thoroughly aired the matter, and seem unanimous in their sentiment with favor of the osteopaths. In this respect, the Brooklyn Eagle is especially eminent.

Osteopaths Purchase Medical Sanitarium—Drs. Geo. F. and Lillie E. Wagoner, of Creston, Ia., have been sufficiently successful in practice that they have found it necessary to enlarge their offices, and have bought the property shown in the cut herewith. This was erected by an M. D. as a home and private sanitarium. The property contains seventeen rooms, besides the basement, in which latter are the kitchen, dining room and store-room.

Locates in Berkeley—Dr. H. F. Miles, of Sacramento, where he has been located for eight years, has secured an office on the third floor of the First National Bank Bldg., of Berkeley.

Osteopathic Examination in West Virginia—The state board will hold their examination for applicants to practice medicine and osteopathy, April 14-15 and 16.

Buys a Shocking Machine—The S. C. O. is extensively advertising an X-ray machine they have bought.

Moves to Better Offices—Dr. F. B. DeGroot has removed his offices to room 505 Safety Building, Rock Island, Ill.

Tilts Enliven Court—A Miss Robinson of Salt Lake is suing the Utah Light and Railway Company for \$30,000 damages for personal injury received by her May 11th, '07, through negligence of the Company. Spinal trouble is the result of the injury, and Dr. Grace Stratton being the physician, was on the stand as expert. The Desert Evening News, says, "Attorney George Smith, counsel for the defense, tried repeatedly to confuse the witness with a series of technical questions. At his elbow sat Dr. Landenberger, who prompted many of the interrogations and acted as coach, generally. Mrs. Stratton proved to be a match for the lawyer and the other doctor. She showed herself to be thoroughly conversant with the technicalities of the profession, and adroitly avoided being led into any nets or entanglements."

Sanitarium at Huntington, Ind.—Dr. Kent L. Seaman, formerly of Denver, Colo., contemplates opening a sanitarium at Huntington, Ind. He has a clever way of advertising the fact in a local which starts, "It has just been learned that Dr. Seaman has leased the property," etc., but he neglected to tell the editor to omit the advertising tag, which accordingly was placed at the end of the reader—"It"! To anyone who has been in newspaper work this means "paid local to run once." On the first floor there will be two operating rooms and a suite of living rooms, the second floor will be equipped with various kinds of baths.

Rest in the West Indies—Dr. and Mrs. Ambrose Floyd of Buffalo are on a tour embracing Clifton Springs, N. Y., Philadelphia, Pa., and the West Indies, during which the doctor will endeavor to rest up from his arduous duties. Dr. A. C. Paul will be in charge, during his absence.

No Legislation in Ontario—Our Ontario correspondent outlines the legislative situation as follows:

It has been decided definitely that there will be nothing doing in respect to getting legislation for osteopathy in Ontario this session of the legislature.

Here is the situation: A year ago the medical council of Ontario promised to introduce at the present session of the legislature an amendment to the medical act of Ontario which amendment was to give recognition to osteopathic physicians. The proposed amendment has been spoken of as an osteopathic bill and to all intents it was such and had it become a law osteopaths in Ontario would have had a law as good as obtains in almost any state of the union.

But this year the medical council has gone back on us. They will not introduce the promised amendment nor in any way assist us. It looks as though they are trying to make us take the initiative, and we on the other hand would much prefer

March Magazine Bargains	}	EVERYBODY'S MAGAZINE	}	For \$3.30
		Twelve numbers at 15 cents each - \$1.80		
		THE DELINEATOR		
		Twelve numbers at 15 cents each - 1 80		
		THE WORLD'S WORK		
		Twelve numbers at 25 cents each - 3.00		
		Total - - \$6.60		
May go to different addresses. Address at once				
RINEHART'S NEWS AGENCY, KIRKSVILLE, MISSOURI				

taking a defensive than an aggressive stand. Our legal counsel advised that we allow the matter to stand for another year and we have decided to do so. In the meantime our cause will gain prestige.

We have to be mighty careful what we do for we have but little protection. There is just one kind of osteopath that I would advise to come to Ontario under present conditions: First, the osteopath who knows his business and can make a favorable impression as a practitioner and as a citizen; second, the osteopath who is willing to be "under dog" for an indefinite period but who will put forward a legitimate effort to get on top and who is not afraid of pioneer work; third, the osteopath who is prepared to deal with a conservative people, for the people of Ontario are conservative, and in addition like the Missourians, "They have got to be shown."

Any osteopath who is not of the kind described above might better stay away from Ontario for he will not be able to make it "go" here.

Directory as a Mumps Cure—Dr. Asa Willard of Missoula, Mont., writes that he is recovering from an attack of mumps, and has been keeping his mind occupied by inspecting the new A. O. A. Directory. He says, "As far as I have examined as to addresses, it seems by far the nearest to absolute accuracy that we have yet had. The idea of putting A. O. A. members in large type is an improvement over designating them with an asterisk. The directory that you have furnished us is a directory that is a directory and one which of necessity required much painstaking work for its production. You deserve much credit and the thanks of the profession."

Elected Honorary Member—Dear Doctor Still:—The osteopaths of Florida, Georgia, Alabama, Mississippi and Louisiana met in Montgomery, Ala., a few days ago and organized 'The Gulf States Osteopathic Society.' At this meeting you were elected honorary member of the society and in the name of the officers and members I send greetings and best wishes to the beloved founder of osteopathy. Yours for health and happiness.

FRANK FOWLER JONES, Sec'y G. S. O. S."

Gets Tired of Loafing—Dr. W. R. German, A. S. O., '02 of Higgins, Texas, says: "I am taking osteopathic treatment in Wichita, Kan., for inflammation of the liver. I am getting tired of loafing."

Dr. Ray Appointed—Governor Patterson has appointed Dr. E. C. Ray of Nashville, in place of Dr. Shackelford, who resigned his position as member of the Tennessee State Board. The election of officers will take place at the next meeting.

Populations in the Directory—One or two practitioners have complained that we didn't give the correct population in the directory. With the exception of Oklahoma, where we gave the new numbers taken in accordance with provision of statehood, we gave the figures obtained in 1900. Should the business of making the directory devolve upon us again, we will endeavor to secure an estimate of its population from some practitioner in each town.

* * *

LETTERS TO THE EDITOR.

THAT SUMMER P. G. COURSE.

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

The announcement of the summer post-graduate course after the convention comes as one of the most valuable opportunities offered for the busy practitioner to avail himself of a grand intellectual treat. The subjects as outlined are just those we all most need.

I have always affirmed with people on the therapeutic fence that it is always

more osteopathy and not a medical course to make an osteopath a better physician. I hope the management will grant a certificate. It would be a great source of satisfaction to graduates of schools absorbed by the A. S. O. to have some mark for work at our parent institution.

* * *

ABOUT THE DIRECTORY.

DR. FRANKLIN FISKE,

Care A. S. O., Kirksville, Mo.

DEAR DOCTOR:—

Accept my compliments upon the very fine year book you have gotten out. The amount of interesting matter which it contains, in addition to the correct information given regarding osteopaths, makes it, in my opinion the best year book yet issued.

Fraternally yours,

CHARLES HAZARD.

* * *

AN M. D. BUT—

P. M. AGEE, D. O., M. D., INDEPENDENCE, MO.

There has of late been considerable discussion in the Journal relative to the eligibility of osteopaths as medical examiners for life insurance.

I wish to take enough of your valuable space to relate my experience with the Modern Woodmen of America.

I was elected by the local camp No. 4003 of this city as one of their examiners; was furnished a blank application for commission from the head physician for the district of Missouri, Dr. Boyd of Springfield. As is probably known by some of the profession, I am a graduate M. D. and entitled to a commission on that ground, but in filling out the application I stated that I was a graduate of the American School of Osteopathy.

Now there is where I delivered my own solar-plexus blow. The good doctor held up the appointment and wrote the local camp clerk that it would be impossible for him to appoint me so long as I practiced osteopathy. He admitted that I was otherwise qualified to fill the position but—and thereby hangs the tale. He asked that I send affidavit declaring that I would not practice osteopathy in future, on receipt of which he would issue commission. It is needless for me to say that he received no such affidavit. It seems to me this is a good example for the gross prejudice existing against us in the ranks of the medical men.

* * *

WHO IS DR. THAYER.

J. H. SULLIVAN, D. O., CHICAGO, ILL.

We read with much pleasure the article in February Journal of Osteopathy, quoting Dr. Thayer of John Hopkins Medical School as stating in the Hopkins Bulletin:

"What is the secret of the success of that gentry who use their hands so much better than they use their heads, the so-called osteopaths?"

It is pleasing to answer the gentleman, by asking him a question, or several of them.

In heaven's name, granting that we do not use our heads, what would happen if we should use them.

If the osteopath is able to cure gall stones with his hands unaided by his head, it seems likely, that should he call into play his head he might perchance call the dead back to life.

Again, if his hands are productive of such startling effects unaided by his head, we may hope in the near future by calling into play the head to check a runaway horse through thought transference, as our Christian Science friends essay to do. Of course in the above experiment the writer refuses to occupy the vehicle attached to said horse.

Right here it may be well to suggest without malice that perhaps the good Doctor Thayer might himself be enrolled among those who are given to using their hands so much better than their heads, especially from a literary standpoint.

The Doctor certainly has knowledge of what happens when one meddles with the homely buzz saw.

Osteopathy has a foundation of truth, a foundation as firm as Gibraltar. The fact that the regular school did not give it birth detracts not from it, on the contrary it adds to its brightness in the eyes of the progressive; take for example such tremendous publications as the Ladies' Home Journal and others.

* * *

THE 1908 DIRECTORY AND THE A. O. A.

J. T. PENROSE, D. O., MCKINNEY, TEXAS.

The Directory is received and much appreciated. From a fraternal standpoint I feel grateful to you personally for the pains you have taken to make it as complete as possible, and words cannot express my disappointment at the "independent" feelings indicated by the "knocker" on page 81, February Journal, as well as the omission of such graduates who have not considered the Directory of sufficient importance to respond to your endeavors to make it complete and correct.

With the necessity of organization of our little band of less than 5000, to uphold the purity of our great science against the subtle intrigues of the great medical profession so strong and powerful in numbers, it is odd that all do not realize the first important step is to be known to one another, not only for protection in giving our public workers the material wherewith to mobilize our forces against the enemy, but also to eliminate the pseudo osteopaths who are springing up here and there with claims that should be substantiated only by a central bureau such as the Directory you have just issued. Subsidiary to these necessities to all who are loyal to their profession are the professional advantages of knowing whom to send patients to who may move to other towns, and least of all, but well worth many times the price of the Directory, is to have the addresses of our friends in the profession.

I am delighted to see you bring out the A. O. A. members in bold type, not in order to distinguish them in greater degree, but to reveal to ourselves the great woe of having so large a majority of our army outside of the central organization. When this "independent" prodigal son sees fit to return to the fold, let us receive him with forgiveness providing he has kept the science pure, for such independence is the first step towards dissension which means to become 'adjuncts' to the "regulars," but our small band with Truth on our side can win out if we hold together.

I hope nothing may prevent your continuing in charge of the directory and if you will pardon me for the suggestion, don't you think it might expedite the work for another year if a running notice be kept in all the regular osteopathic publications asking for changes and omissions to be sent you as rapidly as discovered so that your correction sheets may be as complete as possible. It is unfortunate that people are so neglectful, but I like to look upon their neglect as indicative that their time is too full to remember their duties to the profession. Yet for the sake of our science and its upbuilding we all will I hope come to make these little sacrifices, and I look

forward to the time when nothing but bold type may appear, indicating a full membership in the National organization.

* * *

"COME OVER IN"—ARKANSAS.

DEAR EDITOR:—

We would like to call the attention of osteopaths seeking locations, to the state of Arkansas. We want Good osteopaths.

The resources of the state are more varied, and its development is probably more rapid than any spot of like area in America. The Arkansas City Journal, speaking of our state, says:

"Arkansas has been awarded first prize for the finest cotton in the world; she produces the finest and most valuable pearls; she never fails to take the prize for the finest fruit; the hay from her broad alfalfa fields has never been excelled; her marble is attracting attention throughout the entire country; she produces as fine rice as ever tickled the palate of man; her mineral deposits are among the richest of any state in the union; her coal fields will rival those of any state in the South; her vast timber resources place her right up in the front rank among the lumber producing states of the union, and to cap the climax, she startles the world by producing some of the finest diamonds ever brought from the bosom of mother earth in any part of the world."

According to the last census report Arkansas is the most healthful state in the union; but, in spite of that fact, there is plenty of work for osteopaths to do.

Taking the last census as a basis, there are fifty towns and cities in Arkansas of over 1000 population in which there are no osteopaths. Since the census, all these towns have increased materially in population, and some of them have more than doubled. About thirty of these towns range from 1000 to 2000, and the rest from that to 5000 and more.

We have a state board of five members, which meets at Little Rock for conducting examinations the first Tuesday in February and July of each year. The applicant must be a graduate of a recognized school, and the examinations are elemental and practical. The fee is \$10.00. By presenting or mailing satisfactory credentials and the fee to any member of the board, a temporary permit will be granted for practice, until the meeting of the board.

The osteopaths now located in the state, probably without exception, are doing well, and there is no reason why fifty or more osteopaths, locating at various points, should not build up good practices. Any one interested or desiring information, may write,

DR. C. L. FAGAN, Stuttgart, Ark., Member State Board.

DR. A. A. KAISER, Flemming Bldg., Little Rock, Ark., Sec'y. of State Board.

* * *

WHEN DOCTOR EGAN "GOT OFF."

Letter from the Attorney General to Him, a copy of which is furnished by Dr. Pauline Mantle, Springfield, Illinois.

HON. J. A. EGAN, Secretary, State Board of Health, Springfield, Ill.

DEAR SIR:—I am in receipt of your letter of the 31st ult., in which you say:

"October 18th, 1901, the Honorable H. J. Hamlin, Attorney General, gave this Board an opinion to the effect that persons practicing any system or science of treating human ailments who did not use medicine internally or externally, and who did not practice operative surgery' (so-called osteopathy, etc.) under the provisions of

section three (3) of the Act to Regulate the Practice of Medicine in the State of Illinois, approved April 24, 1899, have no right to style themselves or advertise themselves as Doctors."

You request an opinion as to what penalty can be imposed upon such persons if they do advertise or style themselves as such, and whether such violation of the law would be deemed "unprofessional conduct" within the meaning of section 6 of the act aforesaid, and also whether in case such person should style himself "doctor" in this manner: "Dr. John C. Smith, Osteopath," the qualification of the title of doctor will relieve him from any penalty for advertising himself as a doctor.

It is provided in section 3 of the Act of 1899, "that only those who are authorized to practice medicine and surgery in all their branches shall call themselves or advertise themselves as physicians or doctors," but there is no penalty imposed upon those who violate this prohibition unless such violation may be held to constitute "unprofessional or dishonorable conduct" within the meaning of those terms as used in section 6 of the Act.

By the use of the words "unprofessional and dishonorable conduct" as they appear in section 6 of the Act of 1899; I do not think the Legislature contemplated matters of mere professional ethics, but that the term "unprofessional" was used convertibly with "dishonorable." The meaning intended might be expressed by using the adjunctive "and" in place of the disjunctive "or."

State v. State Medical Examining Board, 32 Minn. 385.

Weston v. Clutter, 37 Ohio St., 347, 350.

The conduct condemned by this statute, and for which a license might be withheld or revoked, means disreputable or dishonorable acts, such, for instance, as the betrayal of a professional secret to the detriment of the patient; causing the publication and circulation of extravagant advertisements which operate as a fraud upon the patient; or the obtaining of fees on the assurance that a manifestly incurable disease may be permanently cured, and the like.

I am of the opinion, therefore, that persons who are licensed to practice some system or science of treating human ailments without the use of medicines internally or externally, but who do not practice medicine and surgery in all their branches, are not guilty of "unprofessional or dishonorable conduct" under this statute in styling themselves "doctors."

Very respectfully,

(Signed) W. H. STEAD, Attorney General.

* * *

WORK AT THE PIONEER OSTEOPATHIC HOSPITAL.

A Student Tells a few of His Experiences in Practical Hospital and Emergency Work, Showing the Immense Advance Strides.

(Article Contributed Voluntarily.)

In view of the fact that a very large percentage of the four thousand, or more, osteopathic graduates, now practicing in all parts of the United States, do not at all understand and appreciate the changes that have taken place in the management of the American School of Osteopathy, in the matter of the greatly improved facilities for acquiring practical knowledge of the care of the sick, embracing osteopathic and surgical treatment as well as professional nursing, I, as a senior student of the first three year class, beg to refer briefly to some of the work we have had since entering our senior year, last September.

In the first place, I might suggest that the practical work may be said to be

offered first during our junior year, as, in that year, we are permitted to visit some of the work in orthopedics; and here, both classes have, during the past year, witnessed perfect reductions of hip and other congenital dislocations by the same method as that introduced and made famous by the celebrated Dr. Lorenz, of Australia; and will add, that, one of this character was very successfully performed by Dr. George Laughlin, on a girl of thirteen years, while the customary age limit is nine.

During our present senior year we have witnessed, and at the same time have been instructed in the technique of, almost every kind of abdominal operation and several brain, besides less important, both major and minor operations, too numerous to mention. And not only do we have this general work in human surgery, but have, under the direction of Dr. George A. Still, chief surgeon, a department that provides us with actual experience in surgical operations on the lower animals—chiefly dogs. Here, our class is divided up into sections of six members each, comprising chief surgeon and assistants, and each student must perform, on his own responsibility, the different operations as well as duties of the usual surgical assistants, such as anesthetist, nurses, etc.

Our work in obstetrics deserves special mention. This department is under the direction of Dr. Wm. Smith, with Dr. Franklin Fiske as assistant. We have already had three public cases, before the classes, during the past month, with others now in waiting. This does not, however, include the great number of individual cases handled by the different students, under faculty supervision, which are always witnessed by several other students. The writer having already had six of such cases up to this time.

Another practical department of inestimable value to the students of the senior class, as well as to the post-graduates, who, I should have said, are admitted to all class work, is the charity ward, which has been established since January first, '08, and which is located on the first, or ground floor, of the A. S. O. Hospital. To this ward, all clinic subjects, whether surgical, obstetrical, acute or chronic, who are unable to pay or otherwise obtain treatment, are admitted and are treated and nursed by the students. A detail of students is constantly in attendance, two members for night and one during day hours being present at all times. Here, we do the routine nursing under the direction of one of the regular hospital trained nurses, as well as surgical and osteopathic treatment under faculty supervision.

During the first month of the management of this ward, we had for treatment and care, three obstetrical cases, two cases of lobar pneumonia, (both having other complications), one surgical brain operation, as well as a number of other acute and chronic cases of interest; and in time almost all varieties should be here presented.

And now in conclusion I should like to ask what better facilities for acquiring practical experience in the treatment and care of the sick and afflicted can be provided by any school—Medical or Osteopathic? Do you know of any so good elsewhere?

A SENIOR STUDENT.

* * *

THE NATURE OF POST-GRADUATE WORK.

L. VAN H. GERDINE, A. M., M. D., D. O., KIRKSVILLE, MO.

Since the introduction of a three year course the question arises what should constitute the work for an extra fourth year for post-graduates. The three years of required work give the essentials necessary for general practice and three years is sufficient for such general work. We have the example of the medical school of Harvard University in this respect, namely that three years only is required in the gen-

eral preparation and the fourth year is in the nature of special work selected by the student according to his wants and tastes—in short the fourth year is properly post-graduate work.

Our future post-graduate students will want one or more of three things. First some will want to review a part of the regular work of the three year course, especially those subjects which are most important or in which they feel a deficiency. Second, there will be those desiring to advance themselves along some special line as surgery or diagnosis or neurology or pathology, etc. Such students should work under the guidance of the instructor in charge of the department in which he is interested. For example, suppose an applicant should request special work in pathology. He should be examined first concerning his present knowledge in that subject. The result of such an examination will demonstrate his degree of fitness for advanced work. He should then be advised as to the best course to pursue in order to bring himself up to the standard required for graduation from The American School. He should also be instructed concerning his private reading and his progress noted from time to time. By devoting most of his attention to this line he will rapidly make up all deficiencies. At the same time, he will be admitted to the private laboratory of the department and instructed in the technique after which he will be allowed to assist. He will thus be brought in close contact with the head of the department and can get advice and aid as needed. In this manner the student will learn all things of practical value as examination of blood, sputum, urine, stomach contents and he will assist at post-mortem examinations and get an accurate knowledge of gross and microscopic pathology. After this he will be ready for experimenting on the laboratory animals, e. g., guinea pigs, rabbits and dogs. The student thus works largely by himself under guidance of the instructor and has a free hand to develop his individuality along the desired specialty.

Those wishing chiefly to better their knowledge of diagnosis should be shown as great a variety of cases by the instructors as the material affords.

Thirdly, one wishing to do especially research work along osteopathic lines should at first by examination in physiology, pathology and anatomy, demonstrate his fitness, for research work is impossible to anyone deficient of the above sciences. If he shows lack in the examination he should first make up such deficiencies by attending the appropriate classes and by private study under guidance of the instructor and later, having properly equipped himself he will be ready to begin special work on the laboratory animals. Here he will have a free hand to develop any ideas of his own at the same time in reach of advice from the instructor. I wish to emphasize that research is impossible unless one is equipped with the proper knowledge of the fundamental sciences, namely, pathology, physiology, anatomy and surgery. Most students are deficient in some of these, and hence the grave criticism that can be made against much of the "research" done by various practitioners whereby their results are largely vitiated. Indeed, I have had articles frequently sent to me for criticism before publication in which there was such gross lack of knowledge of fundamentals that I have returned the manuscript with the one remark, "Defer investigation and writing along such lines until you have grasped the essential facts of the science."

Just here I wish also to remark that short courses of six weeks or thereabouts are quite inadequate for students seriously desiring to do research and therefore unless such students have more time to give they should defer until a more convenient time.

From this sketch one can understand that post-graduate study properly refers to work beyond that of the regular classes, in which the student strikes out for him-

self and, though under the direction of his instructors, yet he still learns to work independently. He has access to the laboratories and to the clinical material available and to aid whenever needed. For such work he should be well up in the requirements of the preceding three years. It is in such a manner only that post-graduate work will really mean something and benefit the student.

* * *

THE OPERATION OF THE STUDENTS' WARD AT THE A. S. O. HOSPITAL

GEORGE A. STILL, CHIEF SURGEON.

The readers of the Journal have already learned how the students aided by a lecture delivered at the opera house, by Dr. Wm. Smith, raised enough money to equip two wards at the hospital, containing together twenty beds.

Including the new baths and everything, about \$1400.00 was raised and spent on the wards and they were at the end of one month, in smooth running order, in charge of a committee of three from the Senior and Senior-Junior classes, three from the hospital staff and three citizens, and have already repaid the students for the trouble of selling tickets and organizing them.

The rules by which the wards are run so that the student can learn the most from them cannot but be of interest to the alumnus or prospective student.

First at a meeting with the students' committee, consisting of the presidents of the upper classes and an elected member from the Senior class, we decided to allow only those who were within a year of graduation to serve as internes in the wards but that these should be taken alphabetically and each one allowed to serve as interne and have charge of the wards with the assistance of a trained nurse for short periods, and to so arrange it that each student would put in a period, about every three weeks. Admittedly this continual change of internes seems bunglesome and it would be, but for the fact that either before the whole class or in groups, each student has already been taught the use of every sick room and hospital appliance before hand and the patients are always under the charge of one of the staff, solely until the case has been demonstrated before the class, in the pit, at the hospital, and after the patient is taken out into the ward again, the management of the case is discussed fully including every possible complication and how to treat it, if it should arise.

I will illustrate with a single case: A senior student, "B. F.," was called to see a sick girl, Saturday, January 25th, and found her suffering from what he believed to be the earlier stages of pneumonia and in surroundings, that were unhygienic. He immediately called me by telephone and I went to the house and examined the case. The father didn't have enough money to pay for a single paid call of a physician, much less to pay for a room in the hospital, but with this ward and the small fee we charge for the board (when they are able to pay at all) he knew he would be able to pay us in a short time without trouble and without feeling that he was a beggar or real charity patient.

The case started for the hospital with a temperature of 105 and a respiration of 46, the transfer being of course made in such a way as to preclude further cold or shock. A bath under the direction of a trained nurse, two osteopathic treatments, hygienic surroundings and our patient has an evening temperature of only 103 1-5.

Monday morning the case was demonstrated to the class and each student shown how the case could be treated, without the patient moving or even being turned in bed. Full details were not so necessary as another acute pneumonia had been shown with the week. Of course the subject had been gone over in the class-room in practice and again in applied anatomy and most of the class had treated cases, out of the

hospital, but clinics like this bring out points that never would be brought out, otherwise. Thursday the case had a pseudo crisis and was demonstrated again and the class listened to a fine tricuspid murmur, due to a slight relative insufficiency from the dilation of the right heart.

To-day the patient is well, the heart is recovering its normal size, the murmur is gone; there are not bad sequelæ. This is merely one of many cases.

The periods of intense service are arranged as follows: First the entire class was gone over and such students as former trained nurses, etc., left off the list, then the others are notified in turn, a week in advance, when they will serve, and each morning at 7:30 one student goes on duty and is relieved at 12:30, and this one is relieved by two more at 6:30, these two staying until 7:30 the next morning. One trained nurse is always present and one of the staff, besides the surgeon pays the regular visit, morning and evening.

Up to date everything has run as smooth as clockwork and we have had some very severe cases, including two broken spines, one fracture of the skull in which case I had to remove a chip of bone from the brain substance, a very severe case of burns, etc. Now it isn't at all a matter of merely seeing such cases or even of having them demonstrated as clinics that makes the course so valuable; it is the fact of having the responsibility of the cases, of actually treating them and of following that treatment through; for the history sheets are kept diligently and each student signs up at the end of his six or twelve hours' work as to what he has done and what has occurred for each case, separately. This is later discussed and criticised by the class. In my opinion, this will, in time be one of the most, if not the most, valuable courses in the entire curriculum.

In the future if any student leaves the school as a graduate and doesn't know from experience the use of the stomach tube, the different irrigators, catheters, fumigators, splints, and every kind of sick room and accident apparatus, it will be his own fault, and if he allows any country doctor who has bought himself a six weeks' course in a third rate hospital "in the city," to bluff him on a fracture or an acute disease it will again be his own fault.

* * *

THE DOCTOR AND HIS FEE. HAVE THE OSTEOPATHS A UNIFORMITY?

HOMER BAILEY, D. O., ST. LOUIS, MO.

Life failures are too often caused by a lack of appreciation of values. Egoism in worth, I fear is not highly cultivated by our fellow D. Os. There is too much uniformity of charge among practitioners regardless of value received at their hands and too little of care taken and skill exhibited where confronted by life or death issues. We find a proneness among all, to charge \$2.00 per, or \$1.00 per, but seldom over \$2.00 per or \$3.00 per. In other words, we are more apt to charge down the scale of flexibility than to go up and a \$50.00 or \$500.00 osteopathic fee is so rare that it would take a John Rockefeller process server to get a clue to one. Every year some of us do a \$500.00 or \$1000 fee work, but where is the check for it. Lack of appreciation of our own value, and of impressing our values upon the public, is a serious lesion among the osteopaths of St. Louis and probably the same may be said of other localities.

The card system so much in vogue in the earlier days of osteopathy is fast vanishing and rightly so. It taught the public to expect a like value for all ills and made them think of us too much as so much per rub. It was to punch a hole just as big for a headache as for all the skill and brain power you could exercise to abort a pneu-

monia; to treat a bellyache with as much gravity as the detecting of incipient consumption. A life and death struggle in the one case, under your advice and guardianship, while the other, a mere routine and formal treatment that could be handled as readily by a senior and yet you of many years experience and reputation as a wise and skillful physician to charge alike for both? Is it business or common sense?

I know we have been busy and thoughtless about these matters but is it right? Are we doing justice to ourselves and families to have a uniformity of fees even among our own patients. I, for one, try to educate my people to values and let them expect to pay for the skill they obtain and I trust others are doing or will be doing likewise. Those of the community who have had experiences with surgeons and specialists rather expect it and will have a low value of appreciation of you, unless you do likewise within reason. We should minimize our work if we are able to differentiate between diseases of a self-limited temporary distress wherein a minimum rate is fair, from those of obscure symptoms being difficult and complicated to diagnose or demanding extraordinary skill and judgment in handling them; a much higher or a maximum fee is surely worthy. For instance a case of commencing Bright's disease, as determined by the microscope showing the hyaline casts thrown down and backed up by other unmistakable signs, although three or four or more doctors have treated the case for indigestion, thereby catching only some of the symptoms. Think now of the case with the diet completely changed, in fact his whole manner of living changed, all upon your advice, and owing to your skill, the case is slowly but surely making a recovery, his life at least prolonged or saved outright. Of course he owes that life to you and if the case is able to, should pay you accordingly.

Having skillfully and successfully guided some rich man's only child through a tempestuous voyage of typhoid fever, although called in, after several former doctors had made some serious blunders, yet through your skill and knowledge, gained through experience, you had saved a life, it is right and legitimate that you should be paid handsomely for this service rendered. Suppose it was a case in the advanced stages of some incurable malady like the last stages of consumption or an inoperable case of cancer where the service rendered is only that of ministering comfort and cheer and demands only a nominal or even lesser fee than a regular house visit.

The doctor of small fees is one who has placed a small value upon his own worth, and his patients have oft times done likewise. He is a man of much work and little thought, for his constant manual labor keeps him from deep and serious thought. He is either too busy or too tired to think and a complicated case or one of obscure origin had best and will steer clear of such an one for he is lacking in preparation for critical periods.

Now sometimes a patient lacks so much appreciation of you, because of shortness of acquaintance, or knowing you too well (when a patient is plenty able to pay proper fees) asks you to be relieved by paying a smaller fee than you ask. You can probably arrange with such an one by telling him you will render half so much service, for that price or that some other doctor may be willing to — at the reduced rate, but they must pay you in proportion to the service and skill rendered and that you are the best judge of your own services. Say, "It is business and must be so considered. In a commercial way some stores carry different grades of goods, so that you may be accommodated in your purchase by getting a lower grade than the best, but as for you I advise you to handle only staple and high grade goods" and the community will soon learn to appreciate your value.

Please remember I mean no reflection upon recent graduates or beginners of practice in the locality where they have a reputation to make, but lack the opportunity to establish themselves; yet having ability must market it. Many good patients taking the risk go to these new graduates get competent service at a less rate, while the new practitioner gets his reward in a widened field of labor, together with establishing a reputation.

Do not forget that the greater portion of this preachment is meant for the older fellows who have an established reputation.

Uniformity of fees is a draw back and a disgrace and a stigma upon our knowledge and skill as a diagnosticians and prognosticators; also as specialists in diseases and their danger signs; in that it makes us seem not to know the numerous variations in the values of medical advice, both according to the nature of the ailment, and as to the value of experience and judgment of the adviser, the doctor.

For illustration last week I knew of a surgeon of prominence in this city, who operated upon a case of appendicitis on a rich man's daughter, demanded a fee of \$3,500.00 and will get it. The assistant who handed him the instruments during the operation sent in a bill for \$1,150 on the same case. There is no doubt but what these fees will have to be paid, because the courts in valuing life would place at least this much value upon a rich man's daughter, and the doctors in general will back up the fee by swearing it was worth it.

Now please hold up your hands all D. Os., who have gotten a fee so large within the past year and how many of you have had cases of appendicitis and cured them, not only saving life but saving the body mutilation; and please sir what is your fee? How many of you have during the past year been awarded a \$25.00 fee for one treatment, or operation. I venture to say that such physicians are not numerous. There is a screw loose somewhere. This is not as it should be. Here we are, doing all the work, curing up the incurables, relieving the afflicted on every hand and the compensation being so low that it is really belittling to our profession. Not liking to be personal, however, to illustrate the point, I during the year, have been paid \$25.00 for a treatment on several occasions and as much as \$25.00 for a diagnosis without treatment, on which diagnosis rested a lawsuit of a thousand dollars, and which fee I considered even low. These fees too were paid without a question. For care advice, and treatment I have received as high as \$250 per day during the past year from a single case. Of course in fee charging you have to take into consideration that you have a case whose life is valuable and one that other doctors have made failures upon and if you are successful the results obtained is the strong card in your favor for a good round fee, the legitimacy of which would be accorded you by the courts and the profession, as well as enhancing the estimation of you in the community and lifting the fair name of Osteopathy onto a pedestal of a height commensurate with its dignity and worth.

The charitable side of fee charging you all know about and are doing your duty; also the small fee for those known to be worthy but poor, needs no comment upon, and is so self evident that further mention was deemed not necessary. Grafting is abhorrent and should not be countenanced. Learn your own worth and also be master of your cases dictating their time of treatment and not at their pleasure, then you will be able to charge and be paid for the skill you display.

I give you these rambling thoughts for just what they are worth. The part you do not accord with or take exceptions to is open for discussion and it will be my pleasure gladly to read all arguments pro and con in every phase of this subject.

ASSOCIATIONS.

Central Illinois—Feb. 29th the Central Illinois osteopaths met at the Illinois Hotel at Bloomington. A banquet was served, after which, Dr. C. P. McConnell, gave the address of the evening, detailing his theories and experiments along the line of osteopathic pathology, afterwards conducting a clinic. Twenty were present.

Central Kentucky—The Central Kentucky Osteopathic Society met at the offices of Virginia Amos in Georgetown, Feb. 11, and had one of the best meetings they have ever held. The subject under discussion was the "Liver," and the liveliest interest was manifested throughout the meeting. The papers were interesting and instructive, but not more so than the free general discussion they called forth.

The next meeting will be held in Frankfort, March 24, and a full attendance is expected. The subject to be discussed will be the "Stomach."

MARTHA PETREE.

Central New York—The annual meeting of the Central New York Osteopathic Society was held at the office of F. D. Cady, No. 414 S. Warren St., Syracuse, N. Y., Feb. 14th, 1908.

The following officers were elected for the ensuing year: President, C. D. Clapp of Utica; vice-president, R. M. Farley of Syracuse; secretary and treasurer, E. W. Tiffany of Syracuse. Directors: M. E. Lawrence, D. F. Cady and H. L. Chiles.

The program for the evening consisted of: First, Demonstration on Lesions of the Dorsal spine, cause, effect, and reduction by H. L. Chiles of Auburn, N. Y. Demonstrations on Lesions of the Pelvic Articulations, causes, effect and reduction, by R. M. Farley of Syracuse.
E. W. TIFFANY, Sec'y.

Colorado State Association—Are announcing their meeting at the Brown Palace Hotel, at Denver, Thursday and Friday, March 19th and 20th, by means of a blotter impressed with their seal. Dr. F. P. Young will address the convention both days.

Denver City—The Denver Osteopathic Association met at the Brown Palace Hotel, Saturday evening, Feb. 1st. The subjects of the evening were: "Scarlet Fever" and "Diphtheria." There were a number of interesting discussions on each.
FANNIE LAYBOURN, Sec'y.

Detroit City—At the annual meeting of Detroit Osteopathic Society (12th), the following officers were elected: President, A. B. Hobson; vice-president, E. O. Millay, secretary and treasurer, Carrie B. Taylor-Stewart. Board of Directors: Chas. L. Severy, J. M. Church, Helen D. Valens.

Gulf States Osteopathic—This latest district association was organized largely by Dr. F. F. Jones, of Macon, Ga., who issued the call to practitioners in Florida, Georgia, Alabama, Mississippi and Louisiana, to meet at the commercial club rooms at Montgomery, Ala., Feb. 15th. Officers elected were: President, Percy H. Woodall, Alabama; vice-president, A. E. Berry, Florida; treasurer, Grace Bullas, Mississippi; secretary, F. F. Jones, Georgia. Florida will have the next meeting. The program was:

"Congenital Hip Joint," P. H. Woodall; "Straight Spine," Minerva Baird; "Importance of Organization," Earle McCracken; "Osteopathy a Fact," Ruth K. Haley; "Diseases of the Spinal Cord," E. M. Sasvil.

Concerning the project, secretary Jones says: There are ninety-six practitioners in these five states and we hope to form a strong organization for the advancement of osteopathy in the south and, as far as we are able, to promote the cause everywhere. We are going to make a special effort to have all our members join the

A. O. A. and expect to have a good representation at the meeting in Kirksville next August. More than one-third of our members already belong to the National Association. In our organization the constitution and by-laws of the A. O. A. were followed as closely as our local conditions would permit.

Iowa, Seventh District—At the meeting at the S. C. O., Des Moines, Feb. 14th, the district was re-organized so as to have two meetings each year. D. E. McAlpin of Boone, was elected president; Floyd St. Clair, of Toledo, secretary, and Jessie L. Catlow of Boone, treasurer.

Los Angeles City and County—The Los Angeles City and County Osteopathic Association held its regular meeting on Feb. 20th. The following officers were elected for the coming year: President, J. S. Allison of Monrovia; vice-president, E. S. Merrill of Los Angeles; treasurer, E. A. Plant of Los Angeles; secretary, C. H. Phinney of Tropic.

After the completion of the business, the evening was devoted to a discussion of the best methods of dealing with diphtheria and other contagious diseases. A number of case reports were quoted.

Very truly,

LOUISA BURNS.

The secretary, Dr. Phinney, said of the meeting: "Several applications for membership were received.

C. A. Whiting spoke on the theory of and the use of antitoxins. The subject was also discussed by Drs. Goodell, Emery, Thorne, Merrill and Hemstreet. The association awaits with interest the coming of a lecture on this subject to be given the Biological Section of the Academy of Sciences, the meetings of which are held at the Pacific College of Osteopathy.

Louisiana—The osteopaths of Louisiana met in New Orleans, Feb. 29th, and organized the L. O. A., those present being Drs. R. W. Conner, W. H. Mackie, C. G. Hewes, Delphine Mayronne, W. A. McKeehan, and Henry Tete of New Orleans, Earl McCracken of Shreveport, and Murray Graves, of Monroe. Officers elected were: President, Murray Graves; vice-president, W. A. McKeehan; secretary-treasurer, C. G. Hewes. Dr. Graves appointed as legislative committee, W. A. McKeehan, R. W. Conner and Henry Tete. The code of the A. O. A. was adopted and all present made application for membership to the A. O. A. Plans were set on foot whereby it is expected that osteopathy will be given its proper position in Louisiana. A hard fight is expected in May and the osteopaths think they will not be disappointed in their expectation and the osteopaths are preparing to give the best account of themselves.

Maine—The Maine Osteopathic Association held its quarterly meeting, Feb. 1st, at the rooms of Mary Warren Day, Somerset, Portland, Maine.

S. C. Matthews of New York, one of the foremost practitioners of the country, and a past president of the American Osteopathic Association was present as the guest of honor and conducted clinics, both at the afternoon and evening sessions. Some very interesting cases were demonstrated, among them Spinal curvature, pseudo-appendicitis, where the M. D's. had advised operation, deafness with a typical atlas lesion, intercostal neuralgia, simulating angina pectoris, tubercular spine, obesity with suppressed menses and one very interesting case where the cervical region was so deranged that the head lay on the shoulder having to be held in place by a brace.

Dr. Matthews gave a very interesting talk on Osteopathy as a Preventive Power of Disease.

The banquet was held at the Columbia the following being in attendance: S. C.

Still National Osteopathic Museum, Kirksville, MO

Will You attend the
**National Association
 of Osteopaths**

**KIRKSVILLE, MISSOURI
 AUGUST 3 to 8, 1908**

IF you do go, use the Santa Fe if possible. You'll be assured a maximum of comfort and speed—the finest equipment and the smoothest track in the west—Fred Harvey meals and the careful attention of the Santa Fe men. Four splendid trains from the east and four from the west stop at LaPlata where connection is made for Kirksville. Write me for further particulars.



**W. J. BLACK, P. T. M., A. T. S. F. RY.
 1117-18 RAILWAY EXCHANGE
 CHICAGO**

Please mention the Journal when writing to advertisers.

Matthews, New York City; Lillian P. Wentworth, Augusta; Florence A. Covey, Sophronia Rosebrook, Alice E. Howe, George H. Tuttle, Mary Warren Day of Portland.

After the evening session an informal discussion was held by Dr. Matthews and members of the association.

MARY WARREN DAY, Sec'y.

New England O. A.—This has been our most practical meeting, and the attendance was good. This society is a great power in advancing osteopathy in N. E.

The open parliament afforded an opportunity for exchange of practical experiences which was very helpful.

Ellen B. Ligon rendered the after dinner address in her usual gracious manner and never were words more inspiring. Margaret M. Poole presided and called upon Chas. Hazzard who responded with a pleasing impromptu. Dr. Hazzard feels that conventions are worth more to a D. O. than the time and money spent.

The officers for the ensuing year are as follows: President, Francis A. Cave, Boston, Mass.; secretary, Florence A. Covey, Portland, Me.; treasurer, J. Edward Strater, Providence, R. I.; first vice-president, J. K. Dozier, New Haven, Conn.; second vice-president, Margaret M. Poole, Fall River, Mass.; third vice-president, J. M. Gove, Concord, N. H.

FLORENCE A. COVEY, Sec'y N. E. O. A.

Oregon State—In my report of the proceedings of the late Oregon meeting, I neglected to state that it was voted to contribute ten dollars of association funds toward the Dr. A. T. Still Portrait fund; and, also, that twenty members pledged five dollars each toward the Post-Graduate College fund, merely as a starter and evidence of interest and co-operation.

MABEL AKIN, Sec'y.

Philadelphia City—The regular monthly meeting of the Philadelphia County Osteopathic Society was held March 3rd at Grand Fraternity Hall.

After a short business session the meeting was turned over to J. Ivan Dufur, registrar at the Philadelphia College of Osteopathy. Dr. Dufur delivered one of the most instructive lectures the Philadelphia Society ever listened to. His subject was "The Reflex Nervous Mechanism" and his able handling of this complex matter showed that he thoroughly understood his subject. Dr. Dufur enlisted the aid of a stereopticon to show the course of the various nerve paths, thus making his lecture the more practical.

The meeting was largely attended and a vote of thanks was extended to Dr. Dufur for his effort.

WALTER LEWIS BEITEL,
Secretary Pro Tem.

Utah—The Utah State Osteopathic association held its monthly meeting Feb. Dr. E. E. Keeler presented a paper on "Spastic Paraplegia."

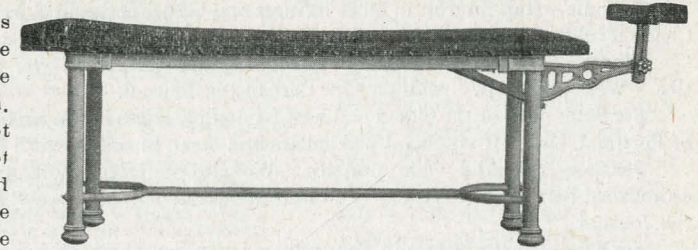
Wisconsin—When Wisconsin has a meeting the osteopaths attend, and the convention this year at Milwaukee, Feb. 21st and 22nd, was no exception. The program consisted of talks by H. H. Fryette, and J. M. Littlejohn of Chicago, and Louise P. Crow of Milwaukee, with clinics and discussions. The banquet Friday was one of the features. Officers elected were: President, F. N. Oium of Oshkosh; vice-president, H. R. Bell of Fort Atkinson; secretary, L. H. Noordhoff of Oshkosh; treasurer, Eliza M. Culbertson of Milwaukee. A. U. Jorris of La Crosse, was elected a member of the legislative committee.

The association decided to locate the post-graduate college in Milwaukee.

Eau Claire was selected as the place for holding the next meeting of the association.

Root's Common Sense Treating Table

Save your backs D. O's., while treating the lumbar region. You need not lift the legs of that 200 pound patient off the end of the table and swing his feet in the air at a cost of your own strength. Write for descriptive circulars and prices.



McConnell & Teal's Practice \$5.00-\$6.00	Hulett's Principles.....\$3.00-\$3.50
Clark's Applied Anatomy...\$6.25-\$6.75	Tasker's Principles.....\$5.00
Clark's Diseases of Women, 2nd ed. \$5.00	Crossen's Gynecology.....\$6.00-\$7.50

We have a full stock of Osteopathic and Medical Books
We carry a full line of Surgical Instruments.

H. T. Root, A. S. O. Supply Store

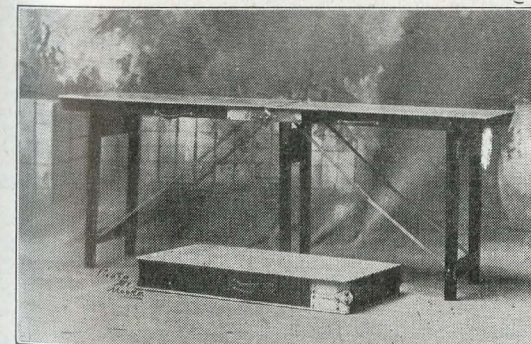
Kirksville, Missouri

A Few Kind Words For McConnell & Teal's Practice of Osteopathy

"I have looked the book through with considerable care, and I congratulate you upon the splendid work for osteopathy which you have done. You have given us a Practice which is credit to yourselves and to the profession at large."—C. A. WHITING.

"I will read it with much pleasure, and I am sure I will feel much satisfaction with its contents. I am glad that we are getting into a position to place such scientific data before the medical profession, and the public."—J. MARTIN LITTLEJOHN.

Illustrated with 16 cuts, 781 pages, complete index. Half Morocco \$6; Cloth \$5



Dress Suit Case \$8 and \$12

Send for Circular.

Cooper's Treating Swing \$5

All F. O. B Kirksville.

All the Osteopathic Books.

A. S. O. Book Co. "COOPER."

Kirksville, Missouri.

Please mention the Journal when writing to advertisers.

BUSINESS CHANCES.

For Sale—Half interest in office fixtures and best practice in Northern Oklahoma. Cheap if taken at once. Address "L. O." Care of the Journal of Osteopathy.

Wanted—Position as assistant by lady graduate A. S. O., over four years practice. West preferred. Address 49. Care of the Journal.

For Sale—One of the oldest and best paying practices in the rapidly growing city of Portland, Ore. If you want particulars and mean business, write No. 2078

For Sale—Splendid Ohio practice. Woman preferred. Osteopathy has been established here for nine years. Full information given. Address "F. N." Care of the Journal.

For Sale—Good practice in Pennsylvania city for sale or exchange for one in the west of a higher altitude. Price, cost of furniture, etc., office established several years, which is very valuable to one coming east. If exchanged the one with smallest amount of goods to pay the difference. My health is why I sell. Address Penn. Practice, Care of the Journal.

For Sale—Immediately, \$150 cash. Price of office furniture, buys nice practice in Illinois town of 3,000; good location, cash income January \$190. Reason for sacrificing practice, am needed in New Mexico. immediately to care for sick relative. Prospective buyers with means and who at liberty to take a practice at once, will find this an excellent opportunity. Guaranteed as represented. Address "Illinois 199." Care of the Journal.

Wanted—A good practice in a small town. Prefer Missouri. Would prefer to buy, though would lease for a time. Address "B" care of Journal of Osteopathy.

Wanted—By Kirksville graduate, (male), position as assistant, will work on commission, or would buy practice on monthly payments. Address "433". Care of the Journal.

Denver Practice—For sale or exchange for eastern practice. Office has been opened about two years. Good reasons for selling to interested parties. Address 415 Commonwealth Bldg.

For Sale—Practice in Oklahoma—Have a good practice and one which is increasing, but am far from my old home and am homesick. Do you wish to take my place? Address "Homesick," care of the Journal.

Michigan—Parties desiring to locate in Michigan can obtain information from Dr. R. E. Jameson, Manistee, Mich.

Oregon Location—Mrs. E. E. Pursel, Union, Ore., wants an osteopath. Full data as to location, size of town and prospects, etc., will be furnished on application to Mrs. Pursel.

* * *

VISITORS.

Among those who visited the A. S. O. during the past month are: Drs. Edw. E. Holbert, Sedalia, Mo.; A. F. Blanchard, Manhattan, Kans.; Carrie M. Mabis, Atlanta, Mo.; J. E. Downing, Bay City, Mich.; J. A. Linnell, Chicago, Ill.; R. F. Graham, Batavia, N. Y.; Annie Adam, St. Louis, Mo.; B. H. Cubbage, Beatrice, Nebr.; E. M. Cameron, Richmond, Mo.; Mary E. Harwood, Kansas City, Mo.; L. A. Coleman, Ottawa, Kans.; J. A. West, Corona, Calif.; V. H. Greenwood, Wishart, Mo.

* * *

A Boquet for the Journal Management—Dr. T. E. Purdom of Kansas City says, "Accept congratulations for the improvement you have wrought in the Journal since it has passed under your charge."

Taber's Encyclopedic Medical Dictionary

CLARENCE W. TABER, Editor.
NICHOLAS SENN, M. D., Ph. D., LL. D., C. M.,
Associate Editor.

The only combined Encyclopedia and Dictionary Published

WORDS. Includes all medical words in active use, phonetically pronounced; Derivatives given. Definitions encyclopedically defined, in many cases several pages in length, special subjects treated in separate vocabularies

SUBJECTS. Anatomy and physiology in a nut shell. Full descriptions of all organs and parts, **function, secretions, nerve and blood supply and all diseases** affecting same. Under Diseases, all Varieties given with **description, symptoms, prognosis, incubation, temperature and treatment with clinical charts.**

OPERATIONS. 500 operations defined. Includes **preparation** to be made by nurse, **position of patient and every instrument** to be used. Needles, Sutures, Ligatures, Dressings, etc. Full instructions for anesthesia, Disinfection, After treatment, Preparation of Operating Room in private houses, etc. Nothing like it ever published.

INSTRUMENTS. 1,000 instruments described and uses explained. Sizes, Calibers, Bandages, etc. Care of instruments, etc. Not a catalogue.

POISONS AND ACCIDENTS. 150 poisons, full symptoms, Antidotes and Treatment of Dislocations, fractures, sprains and wounds. Diagnosis of same. **First aid and medical treatment.**

DIAGNOSIS. Special department. Signs of Diseases and what they indicate. Gait Jerks, Murmurs, Rales, Rashers, Skin, Tongue, Pain, Secretions, etc.

EXAMINATIONS. How to examine all parts and organs, Secretions, etc. Auscultation, Palpation, Percussion, Mensuration and Differential Diagnosis.

ELECTRICAL TERMS. Special vocabulary of all electro-medical words and terms.

MESSAGE. Terms used in Massage and Swedish Movements defined, and described.

TABLES. Baths, Disinfection, Headache table, Development and Feeding of Infants, Prescriptions, Pulse, Temperature, Respiration, Thermometer Scale, Weight and Height, Metric System, Analysis of foods, Medical abbreviations, Medical Latins, Nerve Plexuses and all **muscles of Body, with action, origin and insertion.**

CROSS INDEXES. New system. Find any word at once whether known or not.

DESCRIPTION. Beautifully bound in flexible leatherette, with polished green edges. 4x6½ in. 416 Pgs., postpaid, \$1.50

Eales' and Taber's Osteopathic Chart. Price \$5.00 reduced to \$3.00.

Suggestion, The Secret of Sex, Taber, \$1.00.
Manikins \$35.00, \$15.00, \$5.00.
Send for Catalogue.

C. W. TABER, Publisher
Evanston, Ill.

The American Osteopathic College of Optics

Authorized and Incorporated
Osteopaths can increase their practices very materially by learning one of the most profitable branches of the profession. Optics as a specialty for the Osteopathic Physician, can not be surpassed.

The new and simplified method of refraction is taught which enables the student to become proficient much sooner than by the old methods. A corps of able instructors give their personal attention to the instruction of the students. Complete course may be taken by correspondence. The degree, "Doctor of Optics" (Op. D.) is conferred upon those who complete the course.

For catalog or any other information, address:

American Osteopathic College of Optics
ELLSWORTH, KANSAS

These trade-mark cross lines on every package

Cresto Grits and BARLEY CRYSTALS,

Perfect Breakfast and Desert Health Cereals.

PANSY FLOUR for Pastry, Cake and Biscuit.

Unlike all other goods. Ask grocers.

For Book or Sample, write

FARWELL & RHINES, WATER TOWN, N. Y., U. S. A.

A Manual of Osteopathic Gynecology

By PERCY H. WOODALL, M. D., D. O.
Second edition Price \$3.50.

Recommended as Text Book by A. S. O.
For sale by author,

BIRMINGHAM, - - - ALABAMA

STUDIES IN THE OSTEOPATHIC SCIENCES

By LOUISA BURNS, M. S., D. O., Sc. O.,
Professor of Physiology, the Pacific College of Osteopathy. Vol. 1., Basic Principles, contains an account of the experimental demonstrations of osteopathic centers. Price of the first volume \$4.50, postpaid. Address, MISS M. T. BURNS, The Pacific College of Osteopathy, Los Angeles, California.

BIRTHS.

Born—In New York City, Feb. 11th, to Dr. and Mrs. Edward Everett Beeman, a son.

Born—Feb. 18th, to Drs. Glenn B. and Jennie Y. Wheeler, Wahpeton, N. D., a son, Glen Allen Wheeler.
* * *

MARRIED.

Married—At Albion, Wash., Feb. 12th, 1908, Miss Sarah Violetta, daughter of Mr. and Mrs. M. C. Smith to Dr. Chas. E. Abegglen of Ritzville, Wash. At home at Ritzville, Wash.
* * *

DEATHS.

Died—At his home in Princeville, Ill., Jan. 19th, Mr. James Prater, father of Dr. Lenna K. Prater, of Springville, N. Y.

Died—At her home in Fresno, Calif., Jan. 16th, 1908, Miss Sue Pugh, sister of

Died—Feb. 15th, Dr. Cora Higgins Glasgow, of Kirksville, Mo. She had not been in practice for sometime on account of ill health.

Died—At Jacksonville, Ill., Jan. 19th, infant daughter of Dr. and Mrs. E. Burton Waters, of Virginia, Ill.

Dr. Sarah F. Pugh. Deceased had been in frail health for some months, and was convalescent. On Dec. 28th, became almost asphyxiated by gas, the effects of which finally proved fatal.

Died—Feb. 15th, Dr. Wilmer D. Greene of Jackson, Mich. Deceased had been in good health for ten years, but died suddenly from apoplexy brought on by strain of vomiting, during an attack of indigestion.

Died—At Temple, Texas, Feb. 13th, Dr. J. W. Parcells. Deceased was graduate of A. S. O. Had been in failing health for some time.
* * *

LOCATIONS AND REMOVALS.

(Omitted from February Journal.)

Amsden, C. Wolfe, from 25 Charles St., Toronto, Ont. Canada, to Still College of Osteopathy, Des Moines, Ia.

Beatty, I. M., at Lewistown, Mont., Bank of Fergus Co. Bldg.

Bowen, Margaret, from Pounding Mill to Tazwell, Va.

Burgess, Addie, at Hennion Bldg., Albia, Ia.

Burdick, Ralph H., from Napa, Calif., to 365 Crockett St., Seattle, Wash.

Broderick, Katherine, from 291 N. Main St., Waterbury, to 62 South Main St., Torrington, Conn.

Dutton, B. B., 71-73 Bloor St., W., Branch Office 853 Lansdown Ave., Toronto, Ont. Canada.

Day, A. E., from 5 Hannah Blk., Sharon, Pa., to Akron, Ind.

Hamilton, L. W., at Carrollton, Ill.

Harrison, Ella G., from 414 Jackson Bldg., to 612 Willcox Bldg., Nashville, Tenn.

Harwood, Mary E., from 1703 E. 8th St., to The Naomi, 1423 E. 8th St., Kansas City, Mo.

Hook, Matthias, from Whiteside Blk., to 16 1st Ave., East, Hutchinson, Kans.

Ives, Drs. Cora G. & Gorden, from Santa Rosa, to Orloff, Calif.

Kaiser, Chas. A., at 506 East Main St., Little Falls, N. Y.

Kaiser, Clara H., at Court House Blk., Vancouver, B. C.

Knapp, Lester I., from 49 W. 33rd St., to 63 W. 36th St., New York, N. Y.

Krohn, G. W., from 55 W. Louthier St., to 209 N. Hanover St., Carlisle, Pa.

Lane, C. A., from Montrose, Colo., to Albany, Mo.

Love, S. R., from Erie, Pa., to DeLand, Fla.

Still National Osteopathic Museum, Kirksville, MO

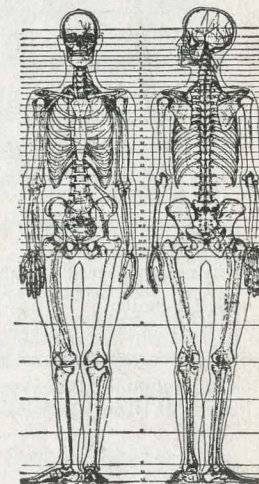
Ready at Last---Craig's Sectional Anatomy

Advance subscription price will apply to all mail orders post marked January 10 or before.

\$6.00 before, \$7.50 after
\$7.50 for Book and Chart before; \$9.00 after

Plates are compared with Deaver and other large anatomies and are much more to the point. Every line a life sized tri-color section. Craig's All-Osteopathic Purpose Card System is growing steadily in favor. INVESTIGATE!

DR. ARTHUR STILL CRAIG,
Maryville, Missouri



A Hospital at Home
Bathing is one of the most effective of Hospital therapeutic methods and by means of the Allen Fountain Brush, one can get the good effects of the shower. The brush is also good for a shampoo. See November Journal for description.

WHAT A PROMINENT OSTEOPATH SAYS,—

TOLEDO, OHIO, Nov. 25, 1907.

We have tried the "Allen Fountain Brush" and find that the friction of a good brush on the flesh at the same time of taking a cold bath, is a great improvement as it leaves the circulation quickened immediately to the part that has been bathed.

It is also well known that if the liver or kidneys are affected the skin becomes clogged making it feel harder and smoother. A brush with water running thru it is even an improvement over an ordinary brush as it keeps the brush constantly rinsed also applying the hot or cold water directly to the part that is being bathed without the extra effort and time of stooping to dip the brush in water.

The water constantly running thru the brush also makes the bristles or fiber seem softer and more pliable to the skin.

Patients to whom I recommend the brush are agreeably surprised and physicians will find it a friend maker if they place them with their patients.

If you are not quite sure that it is a remarkably good thing try one yourself before placing any of them with patients.

Yours truly,

F. E. KERR, D. O.

ESPECIALLY IMPORTANT TO OSTEOPATHS.

These outfits must be purchased direct or through agents. You can make a very acceptable commission by supplying them to your patients. Write to-day.

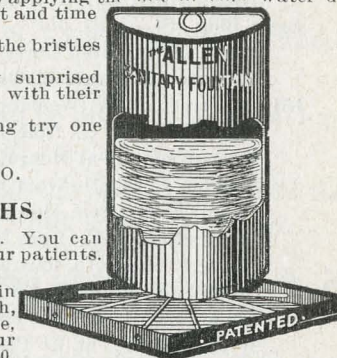
Portable Outfit:—For quick shower or cleansing bath in your own room, at home or while traveling. Fountain Brush, 1 gal. Sanitary Metallic Fountain or Rubber Water Bottle, Hose, Syringe, Points, Water Regulator and safety Floor mat. Four styles: Gem \$3.75, Niagara \$4.75, Superb \$6, Improved Superb \$6.50.

Bathroom Outfit:—Adds 100 per cent to enjoyment and efficiency of bath. Fountain Brush, Hose and Faucet Attachment. (Give diameter of faucet.) Four styles, Gem \$2.25, Niagara \$2.75, Superb \$3.50, Improved Superb \$4.25. Any outfit shipped on receipt of Price.

Remember the Allen Fountain Brush is guaranteed as to utility, efficiency and durability.

ALLEN MFC CO. 1535 Adams St., Toledo, Ohio.

Please mention the Journal when writing to advertisers



McCoach, W. H., from Indianapolis, Ind., to 6-7-8-9 Wood Blk., St. Petersburg, Fla.
 McKinney, Lulu, from Garden City, Mo., to Porter Blk., Caney, Kans.
 Millay, E. O., from The Ferguson Bldg., to The Henry Bldg., Cor. Woodward Ave. & Grand Blvd., Detroit, Mich.
 Mutschler, O. C., from Lancaster, Pa., to 430 Shaw Ave., McKeesport, Pa.
 O'Neill, Addison, from Ridgewood, N. J., to Daytona, Fla., until May 1st.
 Patterson, Arthur, from 828 West St., to 923 Jefferson St., Wilmington, Del.
 Pigott, Adalyn K., from 152 Bloor St. E., to Dominion Bank Bldg., Toronto, Ont. Canada.
 Sieburg, C. G., from Menominee, Mich., to Los Angeles, Calif., during the winter months.
 Smith, E. C., from Savannah, Mo., to Carrollton, Mo., forming partnership with J. M. Smith.
 Van Dyne, Oliver, from 24 Gardner Bldg., to 52-53-54 Gardner Bldg., Utica, N. Y.
 Warner, Sumner E., from 410 Board of Trade Bldg., to 215 Board of Trade Bldg., Indianapolis, Ind.
 Webster, G. V., at Carthage, N. Y., after a few months rest from practice.

* * *

NEW.

Allison, A. A., from Dallas, Texas, to Colorado City, Colo.
 Barker, Flora N., located at Alhambra, Calif.
 Bartley, M. B., from Enid, to Ada, Okla.
 Beckwith, Annette, at Raton, N. M.
 Chappell, Will F., from 510 Missouri Trust Bldg., to 348-9 Century Bldg., St. Louis, Mo.
 Hassell, Drs. J. S. & Nellie, from Riverside Bldg., to 336 Moore Bldg., San Antonio, Tex.
 Houf, H. W., from 1509 Anthony St., to General Delivery, Columbia, Mo.
 Howell, J. Corwin, from 15th & Chestnut Sts., to 348 Mint Arcade Bldg., Philadelphia, Pa.
 Hull, Jesse L., from Avoca, Nebr., to Calloway, Nebr.
 Hull, Marion Turney and L. L., from Calloway, Nebr., to Redding, Calif.
 King, Alfred Byron, from 309 Mermod-Jaccard Bldg., to 1008 Third National Bank Bldg., St. Louis, Mo.
 Morse, H. F., from Corry, Pa., to Waterville, Wash.
 Patterson Institute of Osteopathy, from Washington Loan & Trust Bldg., to 1510 H. Street, N. W. Washington, D. C.
 Phillips, G. Mc E., from Danville, Ky., to 172 Capitol Ave., Atlanta, Ga.
 Price, Kenneth, at Monrovia, Calif.
 Saddon, Elizabeth, from Bristow, Ia., to Eagle Grove, Ia.
 Sasvil, E. M., from Huntsville, to 316 N. Court St., Florence, Ala.
 Shackelford, J. R., from Nashville, Tenn., to 1003 Century Bldg., St. Louis, Mo.
 Shupert, Elizabeth, located in Third Nat'l. Bank Bldg., Davenport, Ia.
 Studley, H. L., located at 518 Willamette St., Eugene, Ore.
 Thompson, Mary S., at 203-4 Mason Bldg., Los Angeles, Calif.
 Wright, H. F., at El Paso, Texas.
 Waller, Olive C., from Alliance, Nebr., to Over Merchants Bank, Eugene, Ore.
 Wagoner & Wagoner, from Maple St., to York Ave., Creston, Ia.

Still National Osteopathic Museum, Kirksville, MO

BOVININE

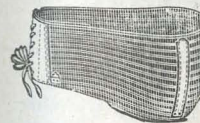


SEND FOR SAMPLE

Assures Normal Opsonic Index, Full Elimination of Waste. Rich Red Blood. Cell Stimulation and Complete Nutrition.

- BOVININE.** Internally it establishes a normal balance between elimination and nutrition, result being health.
- BOVININE.** Contains every element in a full and proper proportion necessary to completely feed every tissue of the human body.
- BOVININE.** Has no competition, as all other prepared and liquid foods feed only in part, hence their field of usefulness is limited and nature must accomplish the rest, and this she can seldom do.
- BOVININE.** Is not antagonistic to any medication, but greatly aids the therapeutic action of drugs. It is indicated at all ages and in all conditions.
- BOVININE.** Locally as a dressing in all forms of ulceration or any peripheral starvation is ideal.
- BOVININE.** Is ready for immediate assimilation, does not disturb, but gives the gastro-intestinal tract full and complete rest.
- BOVININE.** Is rich in assimilable organic iron and is *sterile*.

THE BOVININE COMPANY
 75 West Houston St., New York City



Made like an elastic stocking and fits like a glove.

The Butler Porous Elastic
Abdominal Supporter

For Corpulency, Pregnancy or after Operation. An excellent article for the price

To patients, 8-inch wide, \$3.00
 To Physicians 2.00

To patients, 10-inch wide, 3.50
 To Physicians 2.50

Elastic Stockings, Osteopathic Appliances, Trusses, Electric Vibratory Massage Apparatus, Batteries. Many Departments, Write for catalogue and state in what interested.

THE MAX WOCHER & SON CO.,
 Surgical and Hospital Supplies
 19 to 23 W. Sixth Street, Cincinnati

Please Mention the Journal when writing to advertisers.

BURRUS' GYNECOLOGICAL SLING

Has More Merit than all other Slings or Swings combined

It sells where others do and where others do not.

It can be applied as others are, as others can not.

I need the money, you need the sling. Buy and be convinced.

Price now reduced to \$12 F. O. B. NEW FRANKLIN, MO.

Descriptive matter with cuts sent to any address on application.
 Write to-day.

HAZZARD'S

'Practice of Osteopathy'

(Just out, third edition, revised and enlarged.)

A standard text-book of the science, in use in all the schools.

Part I, Details of the technique of examination and treatment of all parts of the body. Lesions, diagnosis, treatment. Part II. Diseases and their treatment from a strictly osteopathic viewpoint. A compact work devoted to osteopathic considerations.

A. S. O. BOOK CO., General Agents, Kirksville, Mo. Cloth, \$3; half Morocco, \$3.50; pages 442. Sample pages sent.

"Principles of Osteopathy" (3rd edition) cloth, \$3.00.

**The Journal of
the Profession**

The Journal of Osteopathy

**The Best
Patient Getter
The Osteopathic Journal**

Write for rates to Dept. 4
Journal of Osteopathy Pub. Co.
Kirksville, Mo.

**JUST OUT! The New Text Book
Osteopathic Diagnosis and Technique**

By MYRON H. BIGSBY, D. O.

Chapters on Osteopathic Landmarks and Diagnosis, illustrated.

Price, \$2.50; by Registered Mail, Prepaid, \$2.85

NOTE:—Sold only to graduates of recognized Osteopathic Colleges.

Address **MYRON H. BIGSBY, D. O.**

321 Weightman Building, Philadelphia, Pa

(Or for rush orders to) Corner Fifth and Main Sts., Millville, N. J.

**Principles of
Osteopathy**By G. D. Hulett, B. S., D. O.
Fourth Edition.

This work is a recognized authority on this, the key-stone subject of the osteopathic system. It is a logical presentation of the biological, chemical, and physical mechanisms of the body, interpreted in the terms of anatomy, physiology, and pathology, as applied in osteopathic practice, with a happy discrimination in the exclusion of non essentials. The style is simple, clear, direct, and singularly free from obscurity.

"The one osteopathic work that should be in every osteopathist's office and a real working basis of his professional thinking from day to day."

For sale by all Osteopathic Book Dealers.

375 pages, 35 etchings.

Uniform Binding, Linen Cloth, \$3.50

**C. M. TURNER HULETT,
CLEVELAND OHIO.****DR. A. T. STILL'S
AUTOBIOGRAPHY**

(Revised Edition)

Will be sent to any address in the
United States prepaid,
Price \$3.00.

Dr. A. T. Still's Abdominal Belt,
postage prepaid, price \$1.50

Address

Blanche Still Laughlin,
KIRKSVILLE, MO.

**THE LAND OF
LOVELY DREAMS**

THE TAMPA BAY HOTEL
TAMPA, FLA.

WHERE THE KNOTTED
NORTHERN NERVES
MAY RELAX AND REST

WHY should one go to Tampa rather than the resorts on the other coast of Florida? Because the climate of the west coast is far more equable, less enervating, more beneficial to nerves and mind than any other. The climate of Tampa is dry and its tropical warmth is tempered agreeably by westerly breezes from the Gulf of Mexico. While the glorious sunshine in the day time reminds one of the close proximity of the tropical Everglades, night brings with it refreshing coolness and fragrant dews, and with them comes, without fail, "Nature's sweet restorer, balmy sleep."

Apply to agents of The Seaboard Air Line Railway, The Atlantic Coast Railway, Southern Railway, and their connecting lines. Booklet and Tariff sent on application.

DAVID LAUBER, Manager, Tampa, Florida

Please mention the Journal when writing to advertisers.

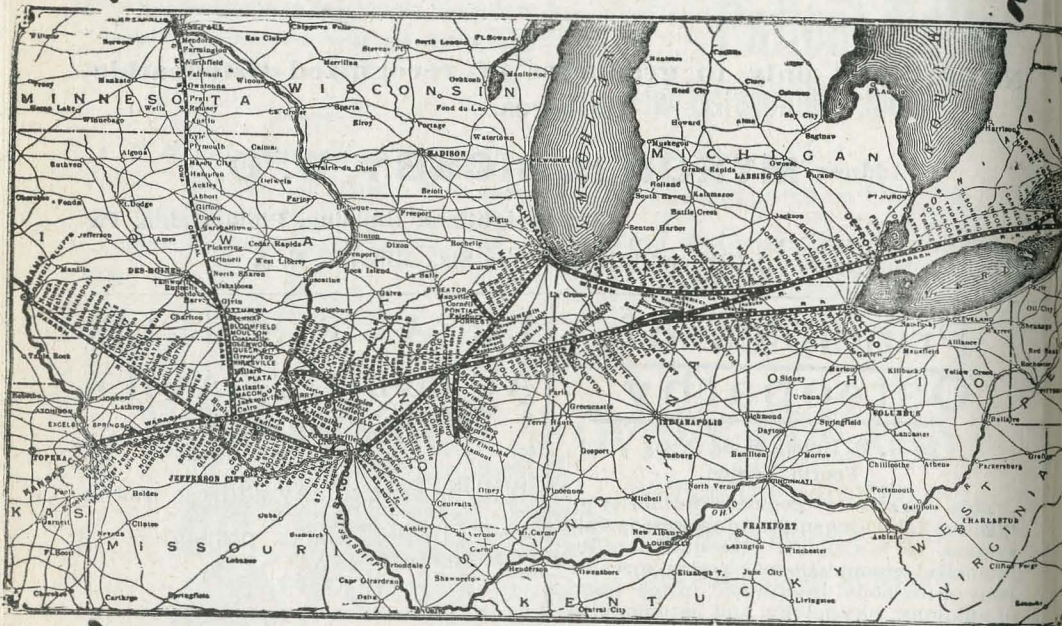
Please mention the Journal when writing to advertisers

—THE—

Wabash : Route

—RUNS—

8 Daily Passenger Trains into Kirksville 8

**Making Close Connections with all Lines,****and giving to the Public Excellent Service**

*Through Sleepers between Kirksville and
St. Louis Kansas City, Des Moines &
St. Paul. But one change of Cars be-
tween Kirksville & Buffalo, Boston &
New York.*

Address: **M. T. WARDEN**, Agent, Kirksville, Mo.**O. S. CRANE**, General Passenger Agent, St. Louis, Mo.

Please mention the Journal when writing to advertisers.

Professional Cards of Regular Osteopaths

Those whose cards appear in the columns of this Journal are endorsed by the American School of Osteopathy as qualified practitioners. All are graduates of recognized schools.

CALIFORNIA.

GEO. F. BURTON, D. O.

Graduates American School of Osteopathy.
508 Frost Building

LOS ANGELES, CALIFORNIA.**J. C. BURTON, D. O.****EFFIE SISSON, D. O.**

Graduates of the American School of Osteopathy, Kirksville, Mo.
85-86-87-88 Delger Bldg.,
473 Fourteenth St.

OAKLAND, CALIFORNIA.**ERNEST SISSON, D. O.**

2238 Vallejo St.,
Near Filmore.

SAN FRANCISCO, CALIFORNIA.**DR. A. C. McDANIEL, Osteopathic Physician.**

Graduate of the A. T. Still School of Osteopathy, Kirksville, Mo.
Office, 521 12th Street. Phone Brown 497.
Office Hours: 9 a. m. to 5 p. m.

OAKLAND, CALIFORNIA.**DR. A. C. MOORE, The pioneer Osteopath of the West.**

Graduate of the American School of Osteopathy, Kirksville Missouri.
Telephone Main 100, Res. West 2071.

SAN FRANCISCO, CALIFORNIA.**J. W. HENDERSON, D. O., M. D.****WILLIAM HORACE IVIE, B. S. D., D. O.**

Graduates and Post-graduates and formerly members of the A. S. O. Faculty.
Office hours 8 a. m.-6 p. m. Telephone Berkley 1183. Lady attendant.
501-510 1st National Bank Bldg.

BERKELEY, CALIF.**SUSAN BALFE, D. O.**

505-507 Mason Bldg., Corner 4th and Broadway.

LOS ANGELES.**DR. STANLEY M. HUNTER**

PIONEER OSTEOPATHIC OCULIST AND NEUROLOGIST.
Vice President and Professor of Ophthalmology, Pacific College of Osteopathy
Author "The Eye in Relation to Health"
Eastern patients accommodated at the Hunter Osteopathic Home.

204 Mason Building, **LOS ANGELES, CALIF.**

COLORADO.

CHAS. C. REID, D. O., M. D.

307 and 308 Temple Court, Corner California and Fifteenth Streets. Hours:
10 to 12, 2 to 4; by appointment after hours.
Telephone Main 3769.

DENVER, COLORADO.

Please mention the Journal when writing to advertisers.

Still National Osteopathic Museum, Kirksville, MO

DR. G. W. PAULY, B. S., D. O. **DR. LEONA E. PAULY, B. S., D. O.**

Graduates of the American School of Osteopathy Kirksville, Missouri.
Office 201-202-203 DeGroff Building, 118 N. Tejon St.,

Residence 1211 N. Weber,
Both Phones.

COLORADO SPRINGS, COLORADO.

GEORGE W. PERRIN, D. O.,

Graduate A. S. O.

424-5 Empire Building,

Phone Main 4540.

DENVER, COLORADO

DISTRICT OF COLUMBIA.

WILBER L. SMITH, D. O.

PATTERSON INSTITUTE OF OSTEOPATHY,

1510 H. Street N. W.

WASHINGTON, D. C

ILLINOIS.

E. L. DENNISTON, Osteopath.

Graduate of the Still School of Osteopathy, Kirksville, Mo.

506-7 Peoples National Bank Bldg.

ROCK ISLAND, ILLINOIS

CHICAGO.

ALBERT FISHER, Sr., D. O.

Graduate American School of Osteopathy.

ENGLEWOOD INFIRMARY.

6340 Stewart Avenue,

Phone Wentworth 2528.

CHICAGO, ILLINOIS.

Please mention the Journal when writing to advertisers.

NEWS NOTES.

Talked of Blood Serum—The biological section of the Southern California Academy of Sciences met at the Pacific College of Osteopathy. Dr. P. E. Leonard lectured on "Some Phases of the Protective Action of the Blood Serum."

Organize Branch Fraternity—March 14th, at Des Moines, a degree team from the Home Chapter (A. S. O.) of the I. T. S. Fraternity organized a branch chapter at the S. C. O. The Kirksville team: Messrs. Beeman, Burton and Waldo were assisted by Drs. Thompson, Young and Roberts of the S. C. O. faculty and Dr. Pickler of Des Moines.

JOSEPH H. SULLIVAN, D. O.

Fifth Floor, Trude Building, Wabash Avenue and Randolph St
Office established 1894. Nine years in Masonic Temple; two years in Champlain building.
Telephone, Central 788

CHICAGO, ILLINOIS.

DR. C. R. SWITZER,

GRADUATES OF AMERICAN SCHOOL OF OSTEOPATHY.

Chicago Office:
Suite 500-4, 57 Washington St.,
Methodist Book Concern Bldg.,

CHICAGO.

DR. CARL P. McCONNELL.

Formerly of Faculty American School of Osteopathy
and Staff A. T. Still Infirmary, Kirksville, Missouri.

Evanston Office:
3, 4 and 5 Rood Bldg.,
EVANSTON.

ALMEDA J. GOODSPEED, D. O.

Graduate American School of Osteopathy.

Suite 901, 126 State St., Telephone Private Exchange 9.

CHICAGO, ILLINOIS.

INDIANA

DR. M. E. CLARK,

Formerly of A. S. O. Faculty. Author of Diseases
of Women and Applied Anatomy. Specialist in
Diseases of Women and Children.

409-410 Board of Trade Bldg.

INDIANAPOLIS, IND.

MASSACHUSETTS.

S. A. ELLIS,

OSTEOPATHIC PHYSICIANS.

687 The Kensington, Boylston St

Hours: 9 to 12; 2 to 5. - - - - -Telephone 882 Back Bay.

BOSTON, MASSACHUSETTS.

CLINTON E. ACHORN, D. O.

MRS. ADA A. ACHORN, D. O

KENDALL ACHORN, D. O.

(Registered Physician). Graduate of A. S. O.

Ninth year in Boston. Founders of Boston Institute of Osteopathy.
THE ILKLEY, 178 Huntington Ave. Telephone Back Bay 420.

BOSTON, MASSACHUSETTS

DR. GILMAN A. WHEELER, Registered Physician.

Graduate of the American School of Osteopathy
(For nearly five years at 405 Marlborough St).

THE MARLBOROUGH.

416 Marlborough St.

BOSTON, MASSACHUSETTS.

Please mention the Journal when writing to advertisers.

Have Hospital in Montpelier, Vermont—There is a hospital projected at Montpelier and there is considerable discussion as to the method of managing it. As the conditions of a certain gift apparently preclude the appointment of regular hospital staff. The M. D's. are much averse to the provisions which would allow any physician of any school to take cases to the hospital. But the management think that the disagreement between the osteopaths and the old schools can be sufficiently adjusted. At a special meeting of the city soon to be held, it is thought that this will be arranged. Since Dr. Brock, one of the most influential osteopaths in the New England states, is at Montpelier, it practically is certain that nothing will be done to the disadvantage of the osteopaths.

BROOKLYN.

AURELIA S. HENRY, D. O.

Graduate of the American School of Osteopathy, Kirksville, Mo.
205 SANFORD AVE.

FLUSHING, LONG ISLAND.

NEW YORK CITY.

GUY WENDELL BURNS, M. D., D. O.

Phone 6120-38.

THE ALPINE.

55 West 33rd St.,

NEW YORK CITY.

DR. GREENWOOD LIGON,

Graduates of American School of Osteopathy, Kirksville, Missouri
Hours: 9 to 5; Saturdays, 9 to 12.
Cambridge Building, Fifth Avenue (Cor. 33rd St.)

DR. ELLEN BARRET LIGON.

Phone 4419 Madison Square

NEW YORK CITY.

DR. S. C. MATTHEWS,**DR. R. H. BEEMAN****DR. E. E. BEEMAN,**

500 Fifth Ave., N. Y., Cor. 42d St.
Telephone 629 Bryant.

NEW YORK CITY.

JEAN M. TYNDALL, D. O.

Monday, Tuesday, 8:30-12:00 Thursday, Friday, 2:00-4:00
Wednesday, Saturday, 9:00-12:00 105 East 15th Street.

NEW YORK CITY.

MRS. CORNELIA A. WALKER,**MISS ANNA K. STRYKER, Assistant**

Graduates of the American School of Osteopathy, Kirksville, Mo., under the discoverer of Osteopathy, Dr. A. T. Still.
Suite 56, The Martinique, 56 West 33rd Street.
Office Hours: 9 a. m. to 2 p. m. Phone, 3000 Madison.

NEW YORK CITY.

CHARLES H. WHITCOMB

43 Exchange Place

NEW YORK CITY

Please mention the Journal when writing to advertisers.

ing, advises us that this was a tentative meeting only, and that nothing is intended to antagonize the existing osteopathic colleges.

Dr. Carl O'Mel, on Osteopathy—A correspondent of the Los Angeles Times furnished that paper recently the following skit:

"No," said Dr. Carl O'Mel, the old-fashioned country doctor, as he wiped the tobacco juice from his long gray beard. "Them osteopaths is all right for some things, but they ain't got the science that us regular has. Thirty years ago I graduated from the medical college, after ten months of good hard study, an' I learned everythin' thet's wuth knowin' about medicine, you bet! Now, when I give a man this

EVELYN K. UNDERWOOD, D. O.

24 West 59th Street.

NEW YORK CITY, NEW YORK.

DR. CHARLES HAZZARD.

Astor Court Bldg., 18 West 34th Street.

Late of the Faculty, American School of Osteopathy, and of the Staff, Still Infirmary,
Kirksville, Missouri.

NEW YORK CITY

OHIO.

DR. MARY A. CONNER,

Graduate of American School of Osteopathy.

Telephone, Bell, Main 3112.

Telephone, Bell, 210 R.

OSTEOPATHY IN CINCINNATI, OHIO.

206 Neave Bldg.,

Suite 20 Frechtling Bldg.,

CINCINNATI, OHIO.

HAMILTON, OHIO.

DR. M. F. HULETT

Residence Bell Telephone N. 1233

DR. ADA M. NICHOLS

Residence Bell Telephone N. 86,

Osteopathic Physicians

Telephones: Bell, Main 3460; Automatic 6353 Capitol Trust Building, 8 E. Broad St
COLUMBUS, OHIO.

DR. JOHN F. BUMPUS,**DR. ELIZABETH V. WILSON****DR. GLYDE W. BUMPUS**

Graduates of American School of Osteopathy, Kirksville, Mo.
406 Market Street,
Saratt Bldg.,

118 Sixth Street,
Oyster Bldg.

STEUBENVILLE, OHIO.

EAST LIVERPOOL, OHIO

PENNSYLVANIA.

HARRY M. VASTINE, D. O.

Bell Telephone 7152-x.

109 LOCUST STREET.

HARRISBURG, PENNSYLVANIA.

Please mention the Journal when writing to advertisers.

here pill"—fishing in his pocket and holding up a large brown pill, between a very moist and dirty thumb and first finger—"When I give him this, I know it's agoin' t' do somethin'. It's agoin' t' either make him better er wuss. Ef it makes him wuss, ther's plenty o' other things I kin try.

"I git catalogues, every month er so, from all th' big chemical works an' slaughter houses, a-tellin' all about the newest remedies, an' just what they're good fer. That's th' way I keeps up with th' latest discoveries in medicine. O' course it makes a feller's bag pretty heavy to pack around so many bottles, but it's a lot easier than usin' yer brain an' hands so much

"Han' me down that jar o' morphine up there, will yer? No, no; not that little un! the two-quart. That's it. Thanks."

MYRON H. BIGSBY, D. O.,

1524 Chestnut Street. (Suites 321-323 Weightman Bldg.)

Milville, New Jersey

PHILADELPHIA, PENNSYLVANIA.

Mon., Wed. and Fri.

DR. HERBERT J. VASTINE, Osteopathic Physician.

523 Franklin Street

READING, PENNSYLVANIA.**TEXAS.****THOS. L. RAY, D. O.,**

Graduate American School, Kirksville, Missouri.

FORT WORTH NATIONAL BANK BLDG.

Office Hours: 9 to 12 a. m., 2 to 4 p. m.

FORT WORTH, TEXAS.**WISCONSIN.****DR. CHARLES S. FISHER, Osteopathic Physician.**

Telephones: Office, Grand, 3114; Residence, Badger 81.1.

Office Hours: 9 to 12 a. m., 1 to 4 p. m., except Sundays. Other hours by appointment

Suite 608-609 Merrill Building.

MILWAUKEE, WISCONSIN.**SCOTLAND.****L. WILLARD WALKER, D. O.****WILFRED A. STREETER, D. O.**

OSTEOPATHISTS

Consultation by appointment only

Telephone National, 62 Douglas. 255 Bath St.,

GLASGOW, SCOTLAND.**ONTARIO.****F. P. MILLARD, D. O.**

4 Richmond, E.

Graduate of American School of Osteopathy, Kirksville, Mo.

TORONTO**DR. ASA G. WALMSLEY**

Graduate and Post Graduate under the founder of Osteopathy.

PETERBOROUGH, ONTARIO, CANADA.**Dr. William Smith** is one of the most brilliant writers in the profession.His scientific articles now appear **only** in The Journal of Osteopathy.

Please mention the Journal when writing to advertisers.

Still National Osteopathic Museum, Kirksville, MO