

The Journal of Osteopathy

January 1903

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THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., JANUARY, 1903.

Dr. A. T. Still's Department.

WE must remember that when we write or talk, we have asked the reader or listener to stop all pursuits and read or listen to our story. We must be kind enough to give him something in exchange for his precious time. We must remember that time to an American is too valuable to be given for hours to a long story that does not benefit him. We care but little for what queens, kings, and professors have said; it is what you know that we want. Man's life is too short and useful to be spent reading any undigested literature that amounts to nothing. Suppose that a farmer should write on stock or grain-raising, and his book informed the student just how Professor So-and-so planted, bred, and failed, and gave no lesson that did not close with a "however," or "I would remark, as stated before" and so on. Of what use would it be to the young agriculturist who read it, and if he had no other instruction, what would he amount to as a farmer? You know he would be a total failure in the profession until he learned to be governed by known truths. His success depends on what he knows, and not on being able to recite what someone had failed to accomplish.

Osteopathy.

What is osteopathy? It is a scientific knowledge of anatomy and physiology in the hands of a person of intelligence and skill, who can apply that knowledge to the use of man when sick or wounded by strains, shocks, falls, or mechanical derangement or injury of any kind to the body. An up-to-date osteopath must have a masterful knowledge of anatomy and physiology. He must have brains in osteopathic surgery, osteopathic obstetrics and osteopathic practice, curing diseases by skillful re-adjustment of the parts of the body that have been deranged by strains, falls, or other cause that may have removed even a minute nerve from the normal, although not more than the thousandth of an inch. He sees cause in a slight anatomical deviation for the beginning of disease. Osteopathy means a knowledge of the anatomy of the head, face, neck, thorax, abdomen, pelvis, and limbs, and a knowledge why health prevails in all cases of perfect normality of all parts of the body. Osteopathy means a studious application of the best mental talents at the command of the

man or woman that would hold a place in the profession. Osteopathy has no time to throw away in beer-drinking, nor has it time to wear out shoe-leather carrying a cue around the pool or billiard-table. It belongs to men of sober brains, men who never tire of anatomy and physiology or of hunting the cause of disease. An osteopath answers questions by his learning. He proves what he says by what he does. An osteopath knows that to the day of the coming in of osteopathy the whole medical world was almost a total blank in knowledge of the machinery and functions of the abdomen of the human body. The medical man to-day, if we judge his knowledge by what he does, is perfectly at sea as soon as he enters the abdomen. He combats bowel disease by methods handed down to him by symptomatology. Beginning with chronic constipations, he reasons not on the causes. His one idea is to fall onto a successful purgative drug, which never should be used excepting with great caution. When the most active purgatives fail, with the aid of injections, to effect a movement (the bowels filling up and packing the abdominal cavity so full and tight that no organ below the diaphragm can act and all motion is lost, even to the blockage of arterial and venous circulation of the blood; with the stomach crowded with food, then on to vomiting of fecal matter and the vitality low all over the body) what is left for the medical doctor but surgical interference. And he proceeds with his instrumental skill with hope and doubt. The osteopath gets his success with such diseases through adjustment of the abdominal viscera, with the view of relieving the bowels of bulks of fecal matter, either hard or soft, that are laboring to pass away from the body through the natural channels, but meet mechanical obstructions that are caused by kinks, folds, twists, and knots of the bowels, the result of heavy strains, lifts, and falls that have forced the bowels to abnormal positions in the abdomen, deranging the mesentery at various points. The osteopath feels that he is not justified in administering either purgatives or injections into the bowels until he has straightened out the viscera so that no resisting obstruction is liable to block the passing fecal matter. He proceeds as a mechanic.

Question of Intelligence.

Osteopathy is not so much a question of books as it is of intelligence. A successful osteopath is in all cases, or should be, a person of individuality with a mechanical eye behind all motions or efforts to re-adjust any part of the body to its original normality, because unguided force is dangerous, often doing harm and failing in giving the relief that should be the reward of well-directed skill. A knowledge of anatomy is only a dead weight if we do not know how to apply that knowledge with successful skill. That is all there is to the question why our knowledge of anatomy should be more perfect than it is with any other school of the healing art. The osteopath should be thoroughly educated by books and by drill, and in my reference to books I mean those that are essential to a complete knowledge of anatomy.

DISEASES OSTEOPATHICALLY DESCRIBED.

By Carl P. McGonnell, D. O., Chicago.

PAPER I.

It is the intention with the following series of articles to deal briefly with a number of the common diseases met with in private practice in a manner that the lay reader may readily understand the real character of the disease described. I also trust that the scientific investigator may find, especially in the cases reported, something of value, at least in corroboration of the permanency of osteopathic cures.

I have thought it wise to supplement the descriptive work with a few case reports, which I hope will be of particular interest to the osteopathic patient. A number of the cases reported were treated five or six years ago and have been under the observation of the writer since; no cases are reported less than of a year's duration from treatment.

The articles are necessarily brief and many points that would be of interest to the physician alone are left out. However, it has been the intent to bring out the salient features and to treat them popularly than otherwise.

St. Vitus Dance or Chorea.

St. Vitus dance is termed a functional nervous disorder, which means there are no organic changes. It is a disease usually affecting children, and the characteristic feature is irregular involuntary muscular contractions, occurring only during consciousness, and generally accompanied by slight physical disturbance.

The muscular contraction, which is the most common symptom and occasionally the only one noticed, is an irregular jerky movement; it is generally confined to a group of muscles or to the arms or legs. A favorite area of disturbance is the muscles to the face and neck, although the entire body in severe cases may be so involved that the patient is unable to walk or get about. The jerkings cease during sleep which may be a point helpful in making a diagnosis.

Preceding the muscular twitchings the child may complain of pains in the legs and headache. The onset of the disease is generally insidious. There is usually a condition of restlessness and irritableness, and in some cases the rest may be disturbed at night. Loss of appetite and constipation are common symptoms. The general health is often fairly good.

The osteopath seldom has but little difficulty in handling these cases. In nearly every instance the cause of the trouble is readily located, for in chorea as in many other diseases there will be found mechanical disturbances to the nerves themselves or to the blood supply of the affected nerves. The osteopathic physician rarely if ever finds the trouble due to anything but a local disturbed nerve activity, i. e., he finds corresponding to the muscles involved anatomical derangements affecting the nervous system; and, which adjusted

readily results in a cure. Medical writers lay considerable stress upon over-study, fright, mental excitement and worry, etc., as causes of chorea. These factors should be considered but they are not primary causes. Neither are reflex irritations as worms, genital disturbances, etc., true causes of the disease, but in some instances such factors will have to be removed before a cure can be accomplished. It should, also, be remembered that the psychical influence is an important one and all worrying, "nagging," etc., of the child must receive due consideration.

As has been stated, osteopathically the disease is due to anatomical displacements resulting in congestion, and consequent irritation, of the nervous tissues involved; these irritations cause instability of the spinal centers and nerves, thus producing the characteristic symptoms. This statement is borne out by the fact that the disease is cured in the large majority of cases by correcting the displaced anatomy. Of course, at the same time attention should be given to hereditary influences, environment, and the general health of the patient.

The physician will generally find lesions in the cervical vertebræ or the upper ribs. A direct clue is given by the group of muscles involved, for the nerves or nerve ganglia corresponding to the affected tissues will be found upon close examination to be impinged or irritated. Specific work is invariably indicated, and the services of a skilled and experienced osteopathist is demanded. Other cases may present spinal curvatures, that are weakening the entire system, or some systemic disease also debilitating the general health. Still others, as therefore hinted, may present in addition to the anatomical lesions reflex irritations, as eye strain, intestinal parasites, etc.

Good general care of the patient is always demanded, and in many cases much tact on the part of both physician and parents will be required. Light gymnastics, plenty of fresh air and the best of plain food, particularly cream and butter, are always indicated. The best hygienic surroundings should be obtained, and in nearly every case the child should be taken out of school.

CASE I. Master S., Wisconsin, age 8. Choreia involving muscles of both hands considerably, muscles of right side of face slightly. The case was one of nine months' standing, and medical treatment had been continuously employed with no apparent results.

Environment had always been of the best, the only change made was removal of child from school for six months. He was highly nervous and very easily excited. Examination revealed a medium sized right lateral curvature of dorsal area, vertebral end of third and fourth ribs on the right side were displaced upward. Atlas and axis and third cervical vertebra rotated to the left. It might be added that the right leg at times seemed to be weak but no jerkings were distinguishable.

The anatomical displacements were corrected as rapidly as possible, and from the first treatment there was a gradual lessening of symptoms. In six weeks all symptoms had abated, although the boy was treated another four

weeks in order to have all tissues thoroughly adjusted. For a month treatments were three times per week, the remaining six weeks twice per week.

CASE II. Miss T., Illinois, age 11. Muscles of rotation of head and of left corner of mouth involved. Two years standing. Somewhat intermittent; although jerkings were noticeable every week. The lesions presented were a marked anterior condition of the upper five cervical vertebræ. The girl was quite sensitive and at times a little morbid. General health splendid. Four months' treatment was given covering a period of six months. No perceptible change the first month; at the end of the second month all symptoms of St. Vitus dance had nearly disappeared. Treatment was then dropped for two months during which the child was in fair condition. Then treatment was resumed for two months continuously and a complete cure resulted. Treatments were given twice a week.

CASE III. Mr. C., Illinois, age 16. Muscles affected were of angle of mouth, both sides, and of neck and of right arm. Five years' standing. Double lateral curve, dorsal and lumbar regions to the right and the cervical vertebræ to the left, with displacement of first and second ribs on both sides. The general health was impaired. Marked constipation. Treatment continued twice weekly for eight months. At the end of five months, general health in first-class condition. At the end of eight months, chorea not absolutely cured, slight symptoms noticeable to patient when fatigued or greatly excited. I might state in this young man the nervous temperament was strongly inherited. Eighteen months after treatments ceased he was enjoying good health.

CASE IV. Miss B., Illinois, age 6. Choreia of muscles of both arms. Also, slightly of eyelids. Eight months' standing. Lesions presented were a twist between third and fourth dorsal vertebræ and disturbance of corresponding ribs. Atlas anterior. Child very irritable and peevish. Treated three weeks and all symptoms disappeared. But after a period of two weeks the symptoms appeared slightly. Treatments continued again two weeks resulting in permanent cure. Three treatments per week given.

CASE V. Miss L., Illinois, age 7. Muscles involved were of right eye and to some extent of right hand. Six weeks' standing. Lesions found; third and fourth cervicals to right, first rib displaced upward. The little girl's liver was congested, and she was suffering from constipation. Besides she had symptoms of intestinal parasites. She was dieted and treated for worms osteopathically and in three days lumbricoides were passed. This gave some relief to the nervous symptoms. Eight treatments were given in two weeks and a complete cure resulted.

Neuralgia.

Nearly every one during some period of his life becomes more or less familiar with the subjective symptoms of neuralgia. The term neuralgia means literally a nerve pain; and the pain may be described in various ways as shooting, throbbing, boring, etc. There are no gross organic changes in

this disorder, although frequently following severe neuralgia the nerve may become inflamed whence it is termed neuritis.

This nerve affection is generally found in the adult and the female is more prone than the male. In those cases where a hereditary tendency is pronounced the patient usually presents a peculiar nervous temperament. One of the primal predisposing causes of neuralgia is anemia or any condition of the general system causing a poor quality of blood. Poisonous states of the blood from various causes and diseases is also a fruitful source of the disorder. But the exciting cause, or that which determines the production of the nerve pain in any particular locality, as the face, side, etc., is some special weakness of the nerves or nerve centers involved. Any sensory nerve that from any reason is not able to fulfill its full function would be particularly liable to neuralgia as a purely local affection, and much more so if the general health is impaired.

It should always be kept in mind that the naming of a disease is largely arbitrary. And that disease in every instance is only a condition of the system involving a part or the whole. Thus diseases are named and grouped in accordance with the common symptoms presented or with the character of the diseased tissues discovered. Hence the nomenclature of diseases in reality should be according to what is the true causative factor.

Consequently we are thus able to see why the term neuralgia can cover a "multitude of sins," for the sensory system anywhere may be disturbed from one of a score of troubles and still be called neuralgia. However, the point that should be emphasized is what do we as osteopaths usually find as the immediate cause of the disorder. Leaving aside the many sources that might be discussed as productive of anemia, impaired health, toxic states of the blood, etc.,—all to be considered by the physician in treating neuralgia—we find that the local and immediate cause is broadly speaking one of two things. First, a disturbance of the local blood supply to the nerve or nerve centre; second, direct mechanical irritation to the same nerve tissues. Hence, our work in seeking the direct cause of neuralgia is to first find the local misplaced tissue that is productive of the trouble; and I desire to especially add that invariably anatomical misplacements are found resulting in the physiological perversion.

Other symptoms may be noted besides pain, as muscular spasms, skin eruptions, grayness of the hair in certain cases, and in a few redness and puffiness of the skin, but this usually indicates a bordering on inflammation of the nerve. In neuralgia the pain generally radiates and always follows the course of the nerves, whereas in rheumatism, with which it may be confounded, the pain seems to spread over the surface of the muscle. The pain may last from a few seconds to several hours.

As has been stated, neuralgia may attack any part of the body. The most common points however, are the face, the back of the neck and head, the shoulder and arm, between the ribs, the leg and foot, and along the spine. The various internal organs may be attacked by neuralgia but description of it

will not be considered here for it demands a thorough knowledge of diagnosis on the part of the physician.

NEURALGIA OF THE FACE.

This is by far the most common variety. The pain in many cases is extreme, and in rare instances the hair has turned gray. The face may be affected in part, or nearly as a whole, such as the cheek, about the eye and temple, the eyeball, the ear, the teeth.

The common immediate cause is displacements of the atlas and axis (usually to the side affected), although the vertebral displacement may be lower or subdislocations of the lower jaw bone may occur. In a few cases the eyes should be examined by an oculist for a possible cause, and in others a dentist should carefully eliminate decayed teeth as a causative factor.

NEURALGIA OF BACK OF THE NECK AND HEAD.

In this variety the pain may vary from a very sharp stabbing one to a heavy dull and monotonous pain. The suffering is confined to the back of the neck and head radiating in some cases to the top and sides of the head. The true cause of this disorder will be found in the upper four or five neck vertebrae, of the character of subluxations, and of severely contracted deep seated muscles. In many instances a draught of cold air or a cramped position will start an attack. In others extreme physical tiredness and nervous exhaustion will be first manifested in this area.

NEURALGIA OF SHOULDER AND ARM.

Here in many cases the direct cause of the disturbance will be found in the lower cervical vertebrae or upper four or five dorsal vertebrae and corresponding ribs. In others there may be found some malposition of the tissues forming the shoulder joints.

INTERCOSTAL NEURALGIA.

Care must be taken in eliminating and differentiating diseases of the heart, lungs and pleura, especially certain serious heart troubles and tuberculosis invading the pleura. The pain may be either unilateral or bilateral. There may be some difficulty in breathing, and in a few instances there may be found an eruption along the course of the affected nerve. In most cases the competent osteopath will experience comparatively little difficulty in locating the causative factor. The corresponding rib or ribs and vertebrae will be found strained or dislocated and causing the trouble.

NEURALGIA OF THE SPINE.

Neuralgia of the spine or rather along the spine is quite common. The osteopathic physician has little trouble in locating this variety of neuralgia and even less in correcting it. Contracted muscles and displaced vertebrae and ribs are invariably found. Care has to be taken in eliminating reflex pains due to diseases of the internal organs.

The lower tip end of the spine is a favorite seat of an exceedingly severe

form of neuralgia. In every case the physician will rarely have any difficulty locating the irritating factor, unless it should be on account of excessive tenderness of the parts. A dislocated coccyx in any of several directions is the usual cause. A common remedy surgically is to remove the coccyx. On surgical grounds alone why not then decapitate for neuralgia of the face?

NEURALGIA OF THE THIGH AND LEG.

Sciatica is often of a neuralgic character, in other instances a neuritis. Sciatica is not a rheumatic affection, although it may be associated with rheumatism. The student must often times wonder what many physicians would do if they could not call every vague pain or lameness either neuralgia or rheumatism—these terms are indeed much abused scapegoats. The exciting causes of neuralgic pains of thigh, leg and foot, can be traced to the corresponding vertebræ, the pelvic tissues or possibly disturbed abdominal or pelvic organs, the hip joint, or to the bones of the ankle and foot.

TREATMENT OF NEURALGIA.

As was hinted at the beginning, great care should be exercised in the general examination of the patient for some possible systemic disease. Obeying the laws of hygiene are essential—such as care of the body, fresh air, pure food, bathing, regular habits, etc. All reflex possibilities should be noted as eye strain, stomach trouble, etc.

It is impossible in some cases to give immediate relief. The physician performs his best corrective and curative work during the intervals of attack then his energy can be utilized in obtaining permanent results and not spent entirely in palliative work. Outside of the general considerations of the health his skill is demanded in correcting the local lesions as outlined under the several varieties given.

During the attack one can often give immediate relief but not always. The best relief is given by being able to readjust the misplaced tissues; if this can be done complete relief is usually prompt. In others, on account of tenderness or other causes, only temporary inhibition can be employed which will be more or less effectual. Absolute rest and the application of heat are helpful.

CASE I. Miss L., Pennsylvania, age 28. Neuralgia of right side of the face. Six years' standing. The general health was perfect. This was an extreme case of facial neuralgia, severe attacks occurring about every five or six weeks and lasting forty eight hours. The hair had turned gray. No probably hereditary tendency. The treatment was given to the cervical region entirely. The atlas and axis were badly twisted to the right. There was also a right rotary twist between the fourth and fifth. Treatment three times a week for three months, resulted in a perfect and permanent cure; this was four years ago. Little could be done outside of absolute rest during an attack.

CASE II. Mr. P., Iowa, age 45. Neuralgia of left side of face. Five years' standing. History of severe fall upon neck and shoulders. This was a very agonizing case, for during the five years he suffered severely daily. Surgeons had cut the nerve but it gave only temporary relief.

Treatment was given several times a week for six months. The cervical vertebræ were markedly anterior and hard to correct. Finally the greatest apparent relief was given when the left inferior maxillary articulation was reduced from a subluxated state. This case was not absolutely relieved but life was made bearable; and one year afterward he was quite comfortable and able to attend to his business continually. Probably the severed nerve interfered with obtaining complete relief.

CASE III. Miss S., Ohio, age 22. Neuralgia of right side of face. One year's standing. Atlas displaced to right. During an attack slipping the atlas in place gave instant relief. Six treatments completely cured her. Six years after treatments there has been no return of the pain.

CASE IV. Mr. B., Illinois, age 50. Neuralgia of back of the head and neck. Ten years' standing. Some congestion of the liver, and a slight catarrhal state of the stomach. The stomach and liver trouble had undoubtedly considerable to do in inducing an attack. Attacks lasting four or five hours occurred every two or three weeks. The lesions presented were third and fourth cervicals posterior. Stomach and liver affected from slight right lateral curvature in mid-dorsal area.

Eight treatments were given, averaging two a week, and regulation of diet and habits advised. He was then free from neuralgia for two months, when he became lax as to dieting; and during the meantime a severe cold had been contracted, the muscles drawing the vertebræ posteriorly again. The attacks, however, were not as severe as before. Three more treatments corrected the lesions and for the past eighteen months he has been fairly free from the neuralgia; in fact, the suffering has been so slight he has not felt it necessary to take any more treatments.

CASE V. Mr. O., Illinois, age 35. Intercostal neuralgia underneath shoulder blade between the third and fourth ribs of left side. Could trace the cause of the pain to a wrestling bout four months previous. Various plasters and applications had been resorted to. The fourth rib was found dislocated upward at the vertebral end. Two treatments gave permanent freedom from the pain.

CASE VI. Mrs. C., Illinois, age 32. Neuralgia of the coccyx. History of fall on end of spine two years before. Physicians finally advised removal of coccyx. Coccyx was found bent far forward. The parts were so tender that the first two weeks was devoted to carefully lessening the tenderness. Then a month's time was necessary with treatments twice a week before the spine could be entirely straightened.

CASE VII. Mr. S., Missouri, age 25. Sciatica. Nine months' standing. History of some rheumatism. The bowels were quite sluggish. Posterior curve of dorsal region. Left lateral displacements of third, fourth and fifth lumbar vertebræ. It required two months of very hard work to correct the lesions. This treatment was coupled with careful dieting, bathing and exercising. Splendid results were obtained so that he felt better than he had for three years previous.

NOTE.—The outline of cases given in this series of articles are selected as average cases in every way.

OSTEOPATHY IN STOMACH TROUBLES.

By Dr. S. T. Lyne, Leavenworth Nat'l. Bk. Bldg., Leavenworth, Kan.

THAT there are as many different phases of stomach trouble as there are individuals affected precludes the necessity of confining our considerations to any particular class of gastric derangement. Furthermore, osteopathic treatment of such conditions is peculiar to the individual rather than to the variety of the complaint, being applied to the correction of the cause instead of palliation of the effect or symptoms.

The many thousand chronic dyspeptics, to whom life is a painful reality, are living monuments to the failures and limitations of drugs. To the vast majority of such osteopathy offers the facility of permanent relief, being remarkably successful in both acute and chronic stomach affections.

To intelligently apply any method of treatment it is essential to know whether a stomach derangement is primary or secondary. The subjective symptoms of each are often very similar, and he who depends upon them for the selection of a remedy is indulging in an experiment that usually terminates in failure.

With medicine the symptoms indicate the name of the disease, and the *name* suggests the remedy regardless of the cause and of the fact that many very distressing stomach troubles are purely reflex or secondary.

Not so with osteopathy. The cause instead of the name determines the treatment, and the osteopath confirms his diagnosis by a physical examination. If he does not find the cause—a structural abnormality—in a region that would directly involve the nerve or blood supply of the stomach, he knows that the stomach disturbance is secondary and looks elsewhere for the primary trouble. His specific treatment is to remove the cause of the primary condition, and not unfrequently permanently relieves very intractable stomach complaints without directing any treatment whatever to that organ.

Stomach digestion being dependent upon certain properties of due proportion in the gastric juice, and upon the peristaltic action of the organ which turns the food over and over, it is apparent that interference with any of the nerves controlling the action of the secreting glands or the rhythmical movements of the stomach, as well as interference with the blood-supply from which the cells select and prepare the necessary elements for the gastric juice, will cause indigestion—a common characteristic of all stomach troubles. While substituting pepsin, acids, phosphates, etc., for the deficiency of these elements in the gastric juice may give temporary relief, it is evident that substitution does not remove the cause of the deficiency. Hence the absolute failure of drugs to permanently relieve the condition, and the consequent chronic or repeated attacks of indigestion.

A few of the cases treated by the writer may serve to illustrate the points in question:

A boy sixteen years of age had suffered with attacks of indigestion since

receiving a severe blow on the back about the level of the lower angle of the shoulder blades some two years previous. Medical treatment temporarily relieved the attacks but they persisted in becoming more frequent and severe. They were characterized by loss of appetite, intense headache, nausea, vomiting, and either diarrhea or constipation. Examination revealed much tenderness in the region referred to, and the spine was markedly curved to the right from the fourth to the tenth dorsal vertebræ, clearly involving the splanchnic nerves and consequently impairing the function of the stomach. Three months' treatment corrected the spinal condition and all stomach disturbance disappeared.

Mrs. M., age twenty four, had stomach trouble since the birth of her one year old child. Had paroxysms of griping pain in the stomach, nausea, and occasional vomiting, cold extremities, etc. Had taken medical treatment for "gastralgia," but with only temporary relief. Examination failed to reveal any lesion involving the splanchnic or pneumogastric nerves, but the left ilium was slipped up and back, and there was a marked separation between the fourth and fifth lumbar vertebræ, which clearly indicated uterine trouble. Further examination found the uterus displaced to the left, doubtless dating from confinement, and at least predisposed by the bony lesions referred to. The uterine trouble was evidently the primary condition and caused abnormal nerve impulses to pass through the sympathetic system to the solar plexus, thence to the stomach, disturbing that organ reflexly. Treatment was applied to correcting the bony lesions affecting the uterus, and in two months the uterine condition was normal and the "gastralgia" had ceased to occur. Does any one think that treatment of the stomach would have cured this case?

Mr. S., age thirty, came to try osteopathy. His application for life insurance had been rejected some six months previous, since which time he had been under medical treatment for supposed heart trouble and "neurasthenia." The principal remedy used was a strychnine compound, and he was gradually growing weaker. There was indigestion, loss of appetite, nausea, constipation, sallow complexion, emaciation, dizziness, difficult breathing, heart weak, fast, and at times palpitated. The eighth, ninth and tenth ribs on the left side were down anteriorly, the ninth was decidedly subluxated at its spinal articulation and very painful to pressure at that point. These lesions involved the splanchnic nerves directly and through the intercostals, affecting the stomach primarily—doubtless chronic gastritis aggravated by the continued use of poisonous potions. The heart symptoms were evidently secondary to the stomach trouble (which often occurs) as there was no apparent lesion directly involving the nerve-supply of the heart. Had patient stop all medicine, and applied the treatment to correction of the ribs interfering with the nerve-supply of the stomach, with the result that improvement was marked after the first week, and at the end of two months discharged the patient as cured. A few months later he successfully passed examination for life insurance.

The turning of the stomach into a "melting pot" for the various crude

and obnoxious materials used in the name of "materia medica" is a very fruitful source of stomach derangement. Indeed it is the efficient cause of the great majority of chronic stomach troubles where the organ was already predisposed to weakness by a structural defect.

Many a fatal termination of disease has doubtless been the result of promiscuous internal medication which so impaired digestion and consequent nutrition that the system was thereby robbed of the only means by which Nature could restore health.

Digestion is the basis of nutrition and therefore a prime factor in restoring as well as maintaining health, and to burden the stomach with drastic foreign materials that not only impair digestion, but otherwise deplete the vitality of the system, is a violation of natural law subject to a penalty that is no respecter of persons and not in the least mitigated by a plea of ignorance.

SIMPLE PROOFS OF THE REALITY OF OSTEOPATHIC STIMULATION AND INHIBITION.

By G. M. Gase, M. D., D. O., St. Louis, Mo.

OLD school doctors, and sometimes the laity too, say of osteopathy, "It would be all right if the premises were not false. You can not prove your initial point about stimulating internal organs by external treatment nor can you restrain over-active organs in the same way by your so-called "inhibition," so your science is not a science at all. It is a pseudo science. It will not do." Some of them say "It is an absurdity pure and simple and when it acts at all it acts by suggestion; it is hypnotism in disguise." The more than important principle on which a good part of our science rests, i. e., that any variation from anatomical order in the bodily machinery is all but certain to be associated with a greater or less degree of deviation from physiological order, i. e., disease, is so plain and clear that I suppose no person capable of thinking fairly attempts to deny it.

In order to make the other points clear and to show a simple way of demonstrating them I offer the following:

From time to time the following little article comes out in the *Youth's Companion*, or some daily paper or a periodical of one kind or another and no one seems to deny the truth of its claims. Many have tested it and know that it is true and will work out "according to schedule" almost every time. I quote it as I saw it not long ago.

"Most of us have, no doubt, experienced the discomfort of being seized with a fit of coughing or sneezing at the most inconvenient times and places and it is not usually supposed that any exercise of the will-power can be made efficient in checking either a cough or a sneeze.

"Dr. Brown-Sequard, however, said in one of his lectures that coughing can be stopped by pressing on the nerves of the lip in the neighborhood of the

nose. Sneezing may be stopped by the same means. Pressing in the neighborhood of the ear may stop coughing."

While all this is true it is clumsy and vague. Put it this way instead: If you feel that you are about to sneeze and want to "inhibit" or prevent the sneeze, put your thumb in your mouth, press on the roof of the mouth with the thumb and at the same time on the terminals of the fifth nerve on either side of the median line of the upper lip with the tips of the first and second fingers of the same hand. In ninety-nine cases in a hundred the disposition to sneeze will pass away immediately. It seems to me that a man who could not see that this is a clear case of inhibiting internal processes by external treatment must be what my little nephews would call "a regular lobster."

This simple experiment establishes the fact, I take it, that there is such a thing as osteopathic inhibition and that it can be used in one part of the body. Why so many doctors deny that the same principles may be utilized in other parts of the body, is a mystery to me.

Osteopathic stimulation is simply a minor degree of mechanical irritation. Every body who knows what English words mean, knows that irritation and stimulation differ only in degree. A mild irritation is stimulation whether you get it by drug irritants or mechanically. So does an over-stimulation of either kind become irritation. If any one denies it get him to let you put your finger in his eye and work it around till he changes his mind.

If you have a case of oozing nose-bleed to deal with you need only get the patient to throw the weight of his head on your hand placed at the back of his neck with your thumb on one and your first or second finger on the other of his superior cervical sympathetic ganglia. Then you stimulate both ganglia by a rotary movement of the thumb and finger using the palmar part of the end of the thumb and finger, of course. It is a sort of a gentle digging movement.

I have stopped cases of this kind in one quarter to one half minute by this treatment but I suppose it sometimes takes longer. Probably there are cases in which one must not stop the hemorrhage as it may be an effort of nature to "unload," vicarious menstruation or something that ought to be let alone. Decide that question as each case comes up.

When it occurs as it so often does, in debilitated people and is sapping strength that they so badly need, stop it.

It seems to me that these two experiments establish beyond all doubt or cavil that there are such things as osteopathic stimulation and inhibition and our right to use the terms as we do. We do by external treatment get results on internal structures and processes. In the first instance it is inhibition and in the second stimulation. Any one may demonstrate these things for himself. He need take no man's word about it.

So much for the facts. The explanations are more complex and ought to be in a separate article. I am telling of these two little experiments for the people, not for the doctors or students.

OSTEOPATHY, A NEW SYSTEM OF DIAGNOSIS.

By T. L. Ray, D. O., Ft. Worth, Texas.

THIS great and new *science* which has been named osteopathy is not so much a new system of treatment as it is a new system of diagnosis. To diagnose a case is, as we all know, to gain knowledge enough from conditions and symptoms that exist, to tell in what way and in what part the mechanism of the body is abnormal.

Disease has been diagnosed for many years by symptoms. A system of diagnosis which is not at all scientific, since there are so many diseases that have symptoms so much alike that it makes it impossible at times to diagnose a case by this method. When a case has been diagnosed from symptoms, the diagnostician is in very little better position than at first, since he has not found the abnormality in nature that produced the disease.

This finding of the cause of the various diseases has been the difficult problem of the ages. It has been so difficult that the medical profession had almost abandoned the idea of ever finding causes; in fact, many of the leading medical men still acknowledge that they are ignorant of the causes of disease.

Dr. B., a prominent physician of St. Louis, on being asked, by a lady who has since been a patient of mine, what the cause of her trouble was, said, "my dear madam, we don't know what the cause of any thing is"

He had been her family physician for thirty years. She is the mother of a number of children, and Dr. B. was in attendance when all were born, yet when he made such a confession of ignorance of the causes of disease, she turned to osteopathy.

We owe a great deal to the medical profession on the lines of anatomical and physiological research, and it is the greatest wonder in the world that osteopathy, the new system of diagnosis, was not discovered many years ago.

The only reason that I can think of, for it not having been discovered, is that the old school fell into a rut and each member of that profession told his successor to meet the symptoms as they arose. If the symptoms came too fast to be met, and the patient died, they consoled themselves by saying, it was the good God's will that he or she should die at that time and of course they could not change his will.

All of us know the history of one who was more brave, even brave enough to be an independent thinker on these lines.

This one, Dr. Andrew Taylor Still, leaped, as it were, from the awful rut of ignorance, saying, "I have found the truth, even though I have been in the rut."

What is this truth that Dr. Still found? The word comes—osteopathy. What is osteopathy? Answer. A scientific system of diagnosis.

It is true of course, that the removing of the causes, after they are found, is a very important part of osteopathy, but the discovery that Dr. Still made was, that man is a delicately constructed machine and that he needs a thoroughly

informed machinist to tell what is out of order, when the machine fails to run correctly. When the cause of this irregular running, or disease, is found, it is only a matter of time, till the obstructions are removed and nature has a chance to restore the diseased parts to their normal condition.

I have come to the belief, that we should never ask a single question in diagnosing chronic cases, until we have made a thorough search for anatomical lesions.

After the lesion or lesions, as the case may be, are found, it is our duty to reason out from cause to effect.

When the examination is terminated, we should make known to the patient the result, telling the character of the anatomical irregularities that exist, also the ways in which they are likely to affect the organism.

We may occasionally fail to name the disease that has caused a patient to consult us, yet I have never found a case, after I had informed the patient as to nature of lesions and ways in which he would be affected by such lesions, but that I have been able to trace out direct connection between the irregularities I had found and the disease.

If we fail occasionally in diagnosing a case without assistance from the one being examined, it is no loss to us, particularly if we have told him in the beginning, that we are not able to diagnose every case without asking some questions.

There are no osteopaths of the genuine stamp who will claim that osteopathy had its origin through any thing else than the finding of the causes of disease, such causes not having been known prior to the discovery of osteopathy.

This new system makes profound impressions and they are deep enough to be lasting. For instance, several years ago a young man came to me and stated, that he was the possessor of an ailment, that physicians had failed to diagnose and he had come to tell me all about it, to see if I could determine what it was. I told him, if there had been conflicting opinions, as to the character of his disease, I preferred to examine him without being told any thing about it.

To make a long story short, my diagnosis was so satisfactory to him, that he wrote to his father and told him all about the new system of therapeutics and how I had diagnosed his case, also asked him to send money that he might try the new treatment. The father replied in this way, "Son go to Kirksville, Missouri, and investigate that osteopathy; if it is what it seems to be, from your description and the literature you sent, it is just the thing for you to study as you say you intend to be a physician. He didn't come back to see me, but went to Kirksville and commenced studying osteopathy and taking treatment.

Two years later I was in Kirksville attending the American Osteopathic association. A man came to me and gave me a hearty hand shake, saying, "How are you Dr. Ray?" I didn't remember him. He said, "Don't you remem-

ber the fellow from San Antonio who was examined by you and who sent home for money to commence treatment?" I then remembered him. He told me all about my diagnosis being the cause of his choosing osteopathy as his life work.

Men, women and children are dying around use very day, simply because physicians are incompetent diagnosticians.

We, as exponents of this great and new system, must make ourselves proficient at any cost. We must not consider money when obtaining knowledge that will make us better osteopaths.

The responsibility of a physician is indeed great and I sometimes think that we are a little slow in comprehending, that we are life savers.

I have at nearly every meeting of osteopaths that I have attended, heard some one speaking of osteopathy, as being "in its infancy," "in its swaddling clothes," etc. This to me is nonsense and a slander to the noble founder of this mighty and perfect system of diagnosis and anatomical adjustment. Infants in their swaddling clothes are manifestations of glory and sweetness, but if they remain as infants at twenty-seven years of age, they are most pitiable things.

This system of diagnosis, whose name is osteopathy, is a fully developed adult of twenty-seven years, and so noble, that he has confounded the wisest physicians with his wonderful power in finding and removing the cause of disease.

If we as exponents of this system fail to diagnose a case correctly, and as a result fail to bring about a cure, is it the fault of the system? No. It is because we are not up to the point of proficiency that is attainable.

C. S. Carr, M. D., editor of "Medical Talk" says in an article on "Osteopathy and Anatomy," "The osteopath is the fellow, who, when a patient presents himself, goes to work to find out exactly what the trouble is. He looks upon a man as an anatomical structure consisting of a framework of bones, a network of nerves, a tangle of muscles, a web of lymphatic ducts, a complication of ligaments, blood vessels and viscera. To untangle and locate all the multifarious organs and tissues is his business.

"He goes to work to heal a sick man much the same as an engineer would fix his locomotive. He finds a nerve crossed, or stretched, he finds muscles tense, or strained, he finds bones dislocated or partly dislocated, he finds cartilages misplaced, he finds a thousand things, that the average physician would never discover, never dream of. Hence it is that the osteopathist must necessarily be a good anatomist.

"As a rule these doctors carry the study of anatomy much further than the allopath, the eclectic or the homeopath.

"Even the most experienced surgeon knows nothing of anatomy in comparison with the educated osteopath.

"It may be that much they do in the treatment of a patient is needless or ridiculous, but the fact remains that in the study of anatomy they are close students, and in the diagnosis of disease they exceed all other schools of practice."

When our medical brethren who have investigated our system and who have the courage of their convictions, are calling us, "specialists in anatomy," "experts in diagnosis" and "bone setters," it is time for us to congratulate ourselves, yet we should not be satisfied until we have mastered this new system of diagnosis so thoroughly that the opinion will become universal, that we as diagnosticians exceed all other schools of practice.

Yea, we must convince the world by our untiring efforts and exactness in locating causes of disease that the osteopathic system is the only scientific diagnostic system in existence.

SOMETHING BETTER THAN MEDICINE.

AN AMERICAN, with the rare faculty for seeing things exactly as they are, managed to gain admission to a reception to a large Italian pilgrimage in the Sistine Chapel a few weeks ago. When the Pope was brought in he saw the frail figure and strangely white face he had expected to see; but he was surprised by the animation, the aliveness, of the features and gestures in response to the deafening shouts and cheers of the pilgrims. His astonishment became amazement when the Pope descended from the chair, walked to the rostrum, took off his heavy stole and handed it to an attendant, straightened himself, and in a firm, resonant voice proceeded to deliver a ten-minute oration—a swift flood of eloquent and energetic words, emphasized by gesticulation that was continuous and forceful. And for an hour afterward the Pope sat talking and laughing with the heads of the several delegations into which the pilgrimage was divided.

Away back in 1875, when the Papal election was holding, Leo XIII was chosen as a compromise because the rival candidates, looking at him as he sat among the Cardinals, thought that one so frail and white would not long postpone another attempt to achieve their ambition. That will be a quarter of a century ago on February 20, and within three months Leo will be ninety-three years old. He has never been outside the grounds of the Vatican since he was hailed Pope. The Vatican is on the most unhealthy of the hills of Rome. He was born a physical weakling, has been inclined to sickness all his life. Yet every day he has toiled and toils more hours than tradesmen permit their sturdy adherents to toil; for twenty-five years he has personally directed the policies and acts of his world-embracing church, even to details; he has been harassed by the most vexatious problems that have disturbed Catholic Rome since the days of Luther. And when he became Pope he had been hard at work for fifty years!

Why has he lived? Why has he been able to work and work hard and well at the most exhausting of all labor? How has he withstood that fatal combination—work and worry? Why has he not been compelled to take "long vacations" and "much needed rests"? Why has he never been down with "nervous prostration"?

The answer to all these questions is in two words:

Regularity. Diet.

The human body is nothing but a strong, delicate machine. It must be treated as a machine. It must be run regularly; it must be rested regularly; it must be repaired regularly. True, a priest can be regular with greater ease than many men of business or of the other professions. But it is also true that a man in any walk of life can compel himself to regularity—provided he has a serious definite purpose on earth and sets about it intelligently and not like a child given the range of a confectionary. It is possible for any man to rise and to go to bed at the same hours every day, to arrange his physical life in just as orderly a fashion as he must arrange his mental life if he accomplishes anything at all.

But the great secret of Leo's power and capacity in spite of his feeble body and his ninety-two years is diet. Diet means enough fuel—plenty, but not fuel to choke the furnace.

The Pope eats for the good of his body, not for the amusement of his palate. He lets his mind tell him when to stop, not greedy, blind, selfish appetite. He eats so little that the average man or woman would call it starvation. But he eats enough, and it is of the best quality. At times he overeats—for the appetite for food is the strongest, the most insidious, the most dangerous in the human body. He is promptly punished, his feebleness making him luckier in that respect than are most overeaters. He doesn't then let his palate cajole and fool him into thinking he is ill because he eats too little; he doesn't eat more and send out for a package of pepsin chewing gum or a box of digestive tablets. He apologizes by eating nothing for a while and returns to his routine.

Possibly your doctor may not assent to this—he may like to eat, may have an appetite made morbid by years of over-stimulation; he may like to fancy that disease germs can find lodgment in healthy tissue, that headaches and nerve-aches and fever blisters and and low spirits and "nervous prostration" come from overwork and "our modern neurotic atmosphere" and not from a stomach overloaded by "three square meals." How many of us are willing to lay down our lives or, worse still, to spend them in discomfort and sickness for the sake of "three square meals a day" in defiance of our sedentary habits?

But, whatever your doctor and you may convince yourself of, the truth remains. And Leo XIII, born a physical weakling, now nearly ninety-three, toiling like a beaver and weighted with responsibilities, is an unanswerable witness to that truth—and a splendid example of rational self-control. Overeat if you will. But don't blame germs or the weather or work for the results.—Saturday Evening Post.

BERNARR MACFADDEN ON SUCCESS.

It would be difficult to properly define success. Its definition in the minds of various persons would differ as widely as do human characteristics.

That which means success to one might assume an opposite character to another. But briefly defined success means the attainment of life desires; the accomplishment of one's ambitions. It would mean the satisfaction which comes to those who have reached the goal in life's strenuous race.

To a humanitarian success means the accomplishment of all that which would assist in producing a stonger and a nobler race; to the miser it means the hoarding of gold; to the merchant the building up of an immense business; to the politician it means the power to influence the masses; and so on.

Real, true, success, which thrills the nerves with a satisfaction that can only be felt by a superior nature, carries with it increased health and strength and happiness for yourself and all human kind. Success that grinds down, that benumbs, that destroys; success that is acquired by using the bodies of struggling men and women for steps on which to ascend, does not give any permanent satisfaction, cannot give happiness.

If you desire to be really and truly successful, and wish to feel at times that complete happiness that comes to one who has accomplished important and helpful results in this life, assist in building a monument to your work in the form of strong, beautiful, living, breathing human beings. Such a monument will live and grow after you. It should broaden and strengthen and build upon your own teachings.

Stop this striving for wealth, the empty bauble which will only fill your life with misery and eternal strife. Begin now to struggle for wealth of mind and wealth of body, for then you will secure a capital that is worth more than all the money in the universe. You will then be really and truly successful. You will have something of value to your life and to the lives of others whom you may influence. Mere financial wealth compared to a wealth of this character is like comparing dross to gold, darkness to the radiance of warm sunlight, the ugliness of old age to the beauty and fairness of youth.

If you wish to live a life in harmony with nature and with the laws that govern the building of superb manhood and beautiful womanhood, strive for a success which assists in perfecting your every power, in making yourself a magnificent specimen of human life, and then by your own example you can assist in spreading abroad the knowledge necessary to acquire the most valuable of human possessions.

No sensible man would advise that you belittle or lose sight of the value of money as a power in this mercantile age. It is unquestionably a mighty force, but it is a force that can be used for good or evil, and in your endeavor to reach true success you must use this force to your best possible advantage. It must be used as a stepping stone. Do not make it your one and only object. Do not raise it over your head, until its weight accumulates and becomes so resistless that it crushes all that is good and noble and true in your character. Put it under your feet. Rise higher and become stronger and broader because of it. In your struggles for wealth, for this power that can be used so forcefully at the present day, remember that it should not be acquired at the ex-

pense of human suffering. Every dollar then will be stained with the blood of a human life. Your power to use it will be marred by the thoughts of its source.

But above all if you desire to be successful you must have an object in life. You must convince yourself beyond all possible doubt that this object is your life work. Go on with this conviction growing firmer and stronger day by day and ultimately you will find the field of your labors. Failure can only come through physical inability, through the need of a physical foundation. If you possess the nervous and muscular power which is essential to go on and on in this great struggle for success, there can be no such word as fail. *Start your great work with a strong, firm physical foundation.* If you do not possess this physical foundation begin to develop it now. Don't try to build a house before you have laid the foundation, and if you possess this and start with determination to accomplish your ends, no matter at what cost, success is certain to come to you as day is to follow night.—The Cry For Justice.

CONSUMPTION—ITS CAUSE.

A. L. M'KENZIE, D. O., KANSAS CITY, MO.

Osteopathy has cured many cases diagnosed as consumption; some when actual bacilli were found. We do not claim to cure cases when they have advanced to where cavities have formed in the lungs. All inhaling and exhaling, all expansion and contraction and all muscular action of the lungs are controlled by certain nerves. Any interference to these nerves destroys in part or in whole their function. It is our business to find and remove that interference. It may be the result of a contusion, a fall, or a vertebra slipped in such a way as to bring direct pressure on a nerve. Nerve force may also be cut off by contraction of the chest wall, as a result of exposure to severe cold. The inhaling of dust, smoke, foul gases, the fumes of ammonia or other poisonous drugs may irritate the nerves supplying the lining tissue in such a way as to cause the muscular tissue of one or more of the lobes of the lung to be thrown into continual muscular contraction. When a section of the lung becomes functionally inactive through nerve interference and muscular contraction, its cells become the reservoir for accumulation of impurities both from without and within the body. This accumulation causes a cough—nature's way of trying to clear those cells. The cough will continue until the cause is removed. If the cause is not removed con-

gestion follows. Stagnated, clotted, dead blood fills the cells. Here is suitable soil for the bacilli of consumption. They come scavengers of the body. First attacking the dead blood and later when they accumulate attack the surrounding weakened tissue. It is our business to see that all parts of the lungs are functionally active, to remove interference to nerve force, to remove muscular contraction, to see that the blood is circulating properly in all parts of the lung, to see that the ribs are properly elastic, to see that the heart is not crowded. If you will go to some reputable osteopath, you will see that this treatment will accomplish in less than years of travel to find suitable climate. The cause must be removed before it is too late. This treatment applies especially to those who have had la grippe. Our treatment is the only common sense way of removing the real cause. Nerve force should always be increased and never decreased. Uninterrupted flow of pure blood is the cure for those tending toward consumption. Pure blood is the only germicide for the body. How to find and remove the cause and its effects in bronchitis, pneumonia, asthma, hay fever, etc., as well as in consumption, can be traced out by following along similar lines.

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We are believers in the bony lesion, bone setting variety of osteopaths. All other sorts live upon the reputation that the bone setters have made for the science of osteopathy.

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We are in receipt of a *Case Record* published by Dr. C. O. Goodpasture of Evansville, Ind. Every osteopath should keep a record of his cases and he could do no better in our opinion than to use the record published by Dr. Goodpasture. It is practical.

.

INDICATIONS point to a large February class for the American School of Osteopathy. Without doubt, not less than 150 new students will be matriculated. The school has attained its greatest success during the present session. Universal satisfaction among teachers and students has prevailed; the character of class work is better than ever before; the true osteopathic spirit has been elevated to its rightful exalted position.

PRESIDENT TEALL in the last edition of the official organ of the A. O. A. fired a few hot shots into some of his predecessors in office. The A. O. A. is an organization that every legitimate osteopath should belong to, still like other associations it has its back slidders. Now we would like to see the editor take a brace from Dr. Teall's position and chastise a few who have fallen from grace that have never held office in the association. Take a stand.

.

CLINICAL reports when properly written are of value to the profession from the scientific standpoint. The JOURNAL however can heartily agree with one of the practitioners in the field who has written us the following concerning this subject:

"I am sick reading such stuff as has been printed too often like this: Mrs. Luke McGlue had the stomach ache. First and last she called all the doctors in town to see her, allopath, eclectic, homeopath, physio-medics, etc. The magnetic healer was sent for and the astrologist read her horoscope. Still the pain continued. It was a very chronic case. None of the above mentioned were able to give her any relief. As usual the osteopath was the last called and in one treatment he accomplished what all others had failed to do. It is not necessary to state that she and her family are now thorough converts to the new system, notwithstanding the fact the great uncle of the aforesaid was an M. D."

Make your clinical reports of value and interest to the profession and reading public and get them up in good shape before presenting them for publication.

.

THE business end of the Cincinnati Enquirer is working a little "graft game" this month, with osteopaths as victims and invited parties to the game. It is all right to do legitimate advertising but the JOURNAL looks at this proposition as the worst kind of an imposition. The Enquirer proposes to publish an article commendatory of our system with testimonials of prominent people, etc., and to add to the article a list of prominent osteopaths, at two dollars a head. That's about the price of a fake mail course

in osteopathy. Two dollars is a pretty cheap standard for prominence in a profession, and we wonder how many osteopaths, outside of the "illegitimates" will be parties to the scheme. We will look for the results, hoping we will not be disappointed, but still somewhat fearful, owing simply to the fact that the Enquirer has a splendid reputation behind it that will perhaps catch many a good man off his guard. Save your two dollars for better advertising. This scheme is one of the simplest and worst that ever was handed out to the profession, even if it does come from the Enquirer. The managing editor of that publication ought to cry a halt to the affair and not allow his columns to be filled by such matter.

.

NEW YEAR greetings to one and all. THE JOURNAL OF OSTEOPATHY, in connection with a hearty expression of good wishes to all its readers and all osteopaths, would reflect upon the possibilities for the greater development of osteopathy during the coming year. In the world of therapeutics, the hands of the dial are pointing to osteopathy. Looking over the past year, osteopathy has made a wonderful advance. Opposition, it is true, still exists, but take it outside the medical profession, certain of whose numbers still busy themselves in efforts to tear it down, osteopathy has been day by day making new friends, and there is no telling what the present New Year will witness in its growth and development, and still wider acceptance as the only rational, the true method of treating disease. Thomas A. Edison, than whom there is no greater light in the scientific world reads the osteopathic horoscope. The associated press ushered in the New Year with an interview from the noted scientist that has shaken the already tottering walls of drug therapeutics to their very foundations. It was a remarkable interview given by a remarkable man. He spoke of his new storage battery, of the wireless telegraph, of the probable passing of steam as a motive power for railroad trains, and then, a peculiar closing of the interview, but a forceful one, Edison says, "drugs and drug stores" are to disappear. The year 1903 will see the beginning of the end of these travesties on the intelligence of the age.

Edison does not say the physician of the future will be the osteopath, in so many words, but he might as well have used those words. But the wise scientist and prophet clothed his words in less abrupt language. He was careful in giving that electric shock to the world. But he delivered his thoughts fearlessly and boldly. He says: "Medicine is played out. Every new discovery of bacteria shows us all the more convincing that we have been wrong and that the million tons of stuff that we have taken was a useless.

"The doctor of the future will give medicine, but will instruct his patient in the care of the human frame, in diet and the cause and prevention of disease. Surgery, diet, antiseptics, these three are in the vital things of the future in the preservation of the health of humanity."

Osteopaths now in the field, osteopathic schools, every friend of osteopathy, share in carrying the responsibility, fearful but magnificent in its proportions, of giving the world true osteopathy, straight osteopathy, honest osteopathy. Does the osteopath realize this? Is the race after the dollar greatest in his mind? Does he appreciate what his profession means, not to himself, but to the world? Is he adding knowledge to his mental storehouse, or is he inert? Brush away the cobwebs, doctor, get into the race and see what you can do this year. If you have been passive, arouse your will and mental attainments into activity. Add a mite to new discoveries, new achievements for osteopathy. Do not fight medical theories nor medical practices. We have nothing in common with them and can we afford to let them alone. The people are the judges and will see that justice is done. Our energies should be directed to keeping our own shirts clean. Work for osteopathy right, guarding its truths with jealous care and do not let our system become tainted with any "obsolete" adjuncts that are parcel of the school of medicine. We are not fighting that school. We are fighting for osteopathy and with the New Year our forces rally in one strong united band advancing toward greater, more brilliant, more glorious victories. A happy New Year.

Invitation From Des Moines.

Dr. A. T. Still, during the last month, received a very kind invitation from the Scientific Society of Still College, Des Moines, to give the society an address in that city during the month of January or such time that would suit his convenience. The "Old Doctor" in late years has become a "poor traveler," as he expresses it, and in a letter to the society in which he gratefully acknowledges the receipt of the invitation, he states his regret at his inability to address the society there and extended its members an invitation to come to Kirksville where he would be glad to meet them and to talk to them. The invitation from the Des Moines society was as follows:

Dr. A. T. Still, President of A. S. O., Kirksville, Mo. Dear Sir:—We, members of the Scientific Society of Still College, Des Moines, Ia., wishing that we might have the privilege of your acquaintance and of hearing a lecture from you, the founder of osteopathy, desire to ascertain from you if it will be possible for you to come to Des Moines and lecture to us on or about Jan. 17, 1903, or at such time as might suit your convenience. We shall esteem it a favor if you will write us whether you could come and at what cost and what time would suit you best.

Yours truly,

{ S. E. HIGGINS,
Committee { U. S. PARISH,
 { A. M. BREED,

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Our New Journal.

With the New Year we launch the Special Edition of THE JOURNAL OF OSTEOPATHY, our new enterprise, upon the osteopathic sea and trust that it will meet the approval and growing demands of a growing profession. THE JOURNAL OF OSTEOPATHY is the oldest osteopathic magazine published, having made its first appearance in 1892. It has appeared monthly ever since that time. Today it has a monthly circulation of over 15000 (regular edition). We have provided both the regular and special editions with a new, handsome cover page and the mechanical work throughout both magazines will be of the highest order. The orders for our special edition have already far exceeded our expectations, aggregating over 40000 for

the January issue. We expect to reach the 100,000 mark by spring.

We desire to give the profession, at a reasonable price, a good, straight osteopathic publication that will assist the practitioner in educating the public to know the truths of this great science.

American School of Osteopathy.

The Kirksville Evening Express of October 7th devotes a half page to a cut of the American School of Osteopathy and a list of the members of the freshmen class of that institution. The class consists of one hundred and ninety students, representing twenty-five states, two territories and the Dominion of Canada. This is certainly a splendid showing for the American School.

The total enrollment is about seven hundred. We doubt if any medical college in the United States can show as large a number of students.—Medical Talk.

A Modern Dialogue.

Hygienic Physician:—Dr. B., I understand you claim that all infectious diseases are caused by "microbes," and that the way to eradicate the disease is to kill the microbes also, that the microbes of various diseases are everywhere about us?

Eminent Bacteriologist:—Yes; that is practically our position.

H. P.:—I would like to ask a question: Supposing a community of people, in a generally good state of health, should begin living in an unhygienic manner, exhibited by over-eating, over-drinking, crowded tenements, no ventilation, no bathing, no sanitary precautions, etc., would not the so-called "zymotic" or infectious diseases be liable to become rife in that community?

E. B.:—Yes; but each disease would be represented by its own particular microbe.

H. P.:—And yet those microbes would have remained practically harmless if it had not been for the unhealthy conditions mentioned?

E. B.:—Well, yes; I suppose so.

H. P.:—Well, Dr. B., my question is this: What practical difference is there between the belief that disease is caused by microbes *dangerous only in presence of unhygienic conditions*, and the belief that disease is caused by *unhygienic conditions alone*?

E. B.:—I don't know.—Exchange.

Marriage and Longevity.

Scientific research justifies the rule, "marry and live to ripe, old age." After a long experience with mortality tables, Mr. Frederick L. Hoffman, a writer upon insurance subjects, demonstrates the influence of marriage on longevity. Interesting figures show that the mortality males has been considerably below the mortality of single males at all ages, the difference being most noticeable between the age periods of forty-five and sixty-four years. Between those ages, roughly speaking, three single men die to two married ones.

The record of females gives a result favorable to married women. Although their death rate is greater than that of single women in the period between fifteen and forty-four years, after that period the proportions are reversed in favor of the married women.

In both sexes, below the age of forty, the deaths among married persons, due to certain specific causes, are slightly in excess of deaths among single persons. The causes are cancer, tumor, nervous diseases, circulatory, digestive, and urinary diseases. But deaths from consumption among single persons are preponderatingly greater than those among the married.

Above the age of forty-five the mortality of the married in both sexes, from all causes, is much less than that of single people. Mr. Hoffman unhesitatingly concludes that marriage makes for long life.

Undoubtedly many factors other than the fact of marriage contribute to decide the question of longevity. The questions of regular living and settled habit must be considered as well as that of the human being fulfilling his natural destiny and following natural laws.

What Science Does Not Know.

The prognosis of death is the special expert work of the life insurance examiner. He makes up his estimates from many observations and considerations, and his success is a demonstration of the nearness of the approach of medicine to being a science. There are certain diseases that are so slow in inception and progress that if a policy holder dies within a certain time after he

has been accepted as a risk it shows that the medical examiners have been careless. This, of course, if too often repeated, would naturally end the examiner's connection with the company, so that self-interest alone would prompt the greatest possible accuracy and care. From the report of Dr. Hansoom, the medical examiner in chief of the Royal Arcanum, we learn that in 1901 the organization lost 2,375 members by death, and of this number 95 died within one year after admission. How far is the company's loss due to lack of the best possible provision? That is the question which interests the examiner especially, but scientifically it interests every physician. We find that the causes of death in the 95 cases are as follows:

Casualties.....	10	Strangulation of bowels.....
Suicides.....	4	Inflammatory rheumatism.....
Consumption.....	7	Anaemia.....
Diseases Kidneys	2	Congestion of lungs.....
Heart Disease....	9	Acute indigestion.....
Pneumonia.....	11	Intestinal trouble.....
Typhoid fever....	9	La grippe.....
Meningitis.....	4	Erysipelas.....
Appendicitis....	5	Peritonitis.....
Gastritis.....	3	Quinsy.....
Cerebral apoplexy	3	Leukemia.....
Cancer.....	6	Enterocolitis.....

It is noteworthy that the largest single cause is accidents, an indication of the extent to which machinery, manufacturing, etc., dominate our lives. However impossible may be provision in these and other causes cited, there can be little doubt that twenty-five out of ninety-five cases due to consumption, heart disease, cerebral apoplexy and cancer is to some extent a reproach to practical medicine.—American Medicine

Osteopathy Legalized.

Osteopathy is legalized and its practice regulated by legislative enactments in the following states: Vermont, Missouri, North Dakota, Michigan, Iowa, South Dakota, Illinois, Tennessee, Indiana, California, Kansas, Wisconsin, Texas, Montana, Nebraska, Connecticut and Ohio.

John Mason Good, M. D., F. R. S.: "The science of medicine is a barbarous jargon. My experience with materia medica has proved it the baseless fabric of a dream, its theory pernicious. The effects of medicine are in the highest degree uncertain, except indeed, that they have destroyed more lives than war, pestilence, and famine combined."

PERSONAL MENTION.

Dr. George Skeen is now located at San Bernardino, Calif.

Dr. J. C. Fowler has recently located at Ponoka, Alberta, Canada.

Dr. Florence J. Woodetzky has changed from Charleston, Ill., to Lincoln, Ill.

Dr. Asa D. Cain, formerly of Hannibal, Mo., is now located at Jackson, Mich., with offices in the Dwight block.

Dr. Loa Scott of Cleveland, Ohio, has changed her office location from 29 Euclid Avenue to 105½ Arlington street.

The Old Doctor received New Year's greetings from a number of his friends, including messages from several state associations.

Dr. E. L. Kalbfleisch, formerly associated with Dr. Mayer of Emporia, Kan., recently opened an office at Newton, Kan., where he will practice.

Mrs. F. R. Haile, D. O., formerly of Dallas, Texas, is now located at 3225 Brytania street, New Orleans, La.

Dr. C. T. Smith, formerly of Aberdeen, Wash., has recently opened an office in Olympia in the same state.

Dr. E. C. Chappell, formerly of Somerset, Ky., is now located with his sister, Dr. Minerva Chappell at Fresno, Calif.

Dr. E. L. Longpre has disposed of his practice at Battle Creek, Mich., to Dr. Alice Beebe recently of Chicago. Dr. Longpre has located at Kankakee, Ill.

Dr. Delphine Mayronne, formerly of Chicago, is now located at New Orleans, La., with office at 204 Camp street.

Dr. H. B. Thompson and wife have gone to Walla Walla, Wash., to practice. They were formerly at Great Falls, Mont.

Dr. Forbes and wife of the Still college, Des Moines, were visitors at the A. S. O. during the holidays.

Dr. William Smith of St. Louis, formerly professor of anatomy at the A. S. O., made the school and his old Kirksville friends a visit New Year's day.

Dr. O. Y. Yowell is not located at Dalton, Ga., as formerly announced. He spends his full time now in care of his practice at Chat-

tanooga, Tenn. He formerly had a branch office at Dalton, which is now in charge of Dr. Allie Smith.

Dr. Julia Storm, formerly of Marshall, Mo., is now located at Palmyra, Mo.

The firm of Drs. Martin & Proctor has dissolved partnership. Dr. Martin will succeed to the practice in Mason City and Dr. Proctor will locate elsewhere.

Drs. Collier & Duffield, formerly of Nashville, Tenn., have succeeded Dr. and Mrs. Brown Godwin in the practice at Columbia, Tenn. Dr. and Mrs. Godwin have located at Fulton, Ky.

Edgar Q. Thawley, who had charge of Dr. Sieberg's practice at Menominee, Mich., for a few months, has gone to Peoria, Ill., to practice. He is in the Mayer building.

Dr. A. O. Gates, until recently of Adrian, Mich., is now practicing in Detroit. He will be associated with Dr. C. L. Rider in that city. Their offices are in Ferguson building.

Dr. Virgil Hook, one of the founders of the Atlantic School of Osteopathy at Wilkes Barre, Pa., has retired from the school and has located at Mt. Clemens, Mich., to practice.

Dr. W. A. Crawford, who for some time past has been connected with the Buffalo Institute of Osteopathy, has taken into partnership Dr. A. B. Clark, and they will together continue the practice in Buffalo at the present offices, suites 748-752 Ellicott Square. They retain the services of Dr. A. P. Kidwell, one of Dr. Crawford's former associates in practice, and he, with Dr. Clark, will divide time between Buffalo, Niagara Falls and North Tonawanda. Dr. F. C. Lincoln, formerly a member of the firm, retires.

Dr. Clarence Vincent Kerr of Cleveland, will join a party in New York, January 14th, for a cruise around the Greater Antilles. The steamer, the Kaiserin Maria Theresa has been chartered for the trip. Dr. Kerr will leave the party at Havana and will remain in the Cuban capital for about ten days, returning to Cleveland via Miami, Palm Beach, etc. He will make a study of the sanitary advancement made in Cuba and

will give the Journal readers an article describing the conditions, old and new, in the metropolis of the new republic.

Dr. J. S. Baughman and wife of Burlington, Ia., are spending the winter at St. Augustine, Florida. They will also practice there during the winter season.

The following graduates of the A. S. O. visited us during the past month: Drs. W. E. Beets, St. Joe, Mo.; H. M. Cobb, McFall, Mo.; W. E. Ely, and Anna Ely, Parkersburg, W. Va.; Myrtle Harlan, Cleveland, O.; Ione Hulet, Cleveland, O.; J. S. and D. D. Crawford, Dallas, Texas; Frank Heine, Pittsburg, Pa.; J. H. Bower, Salina, Kan.; Minnie Dawson, Detroit, Mich.; Charles Hartupe, Red Wing, Minn.; Mrs. E. P. Wood, Bristol, Tenn.; J. L. White, Peoria, Ill.; J. M. Kilgore, York, Neb.; Charles W. Tanner, Mt. Sterling, Ky.; A. M. Glasgow, Sioux Falls, S. D.; Claude Smith, Carrollton, Mo.; Mary A. Noonan, San Antonio, Texas; Neva Triplett, Enid, Okla.; Ora Buckmaster, Lexington, Ky.; Henry Landes, Muskegon, Mich.; William Sigler, Salem, O.; J. C. Glasgow, Livingston, Mich.; U. T. Miller, Moberly, Mo.; George Fout, Richmond, Va.; Agnes Landes, Chicago, Ill.; I. A. Keyte, Washington, Kan.; J. A. Root, Erie, Pa.

Get Together.

DR. CHARLES C. TEALL, PRESIDENT A. O. A.,
BROOKLYN, N. Y.

Organization is the greatest need to-day for osteopathic expansion, and disregard of this need is its greatest danger. We have an enemy which never sleeps in the medical trust. Day and night, organized, acute and fearless its trained leaders use its almost limitless resources of influence and money to stamp out anything which may interfere with its despotic rule. In spite of its efforts, however, osteopathy has grown and pushed itself to the front in a most wonderful way but it is a regrettable fact that such growth is due to a few who have put shoulder to the wheel and with a complete disregard to personal affairs, have brought about victory.

The inside history of every legislative fight will show that credit is due the few and not a united harmonious whole.

Financial and other support has not been

forthcoming and many times success was in spite of the osteopaths as a body rather than by means of. There is no hesitation in enjoying the fruits of victory when won however. In a most important state the fight was all but won; the bill had passed the senate by a good majority and sufficient votes pledged for its passage in the house when a man, an osteopath, deliberately killed the bill by circulating a false report. He was actuated by jealousy and his treachery has delayed regulation in that state for years. Few as we are we can meet any outside avowed enemy without fear but the Juda in our midst is beyond us.

Osteopathy has thrived on opposition. In what states do you find a live organization? The ones where trouble is brewing. In the states which enjoy regulation General Apathy is usually in command with few, if any, members of the American Osteopathic association and little regard to state societies.

Emphatically this will not do. Such a difference is a boomerang and more dangerous to the thrower than anyone else. Look at this. From the roster of the A. O. A. Journal ten states, taken at random, having osteopathic laws, show a membership in that association of 44 out of not less than 360 in practice. What the condition of the state societies is, outside of the fact that few of them do not report any organization, can only be imagined. One state, not in the exhibit, has a good law but does not report state organization nor has it a single member in the A. O. A.

In the December Journal, Dr. McConnaughey sounded the key note, and coming from one whose opinions are held in such high estimation, there is much to be hoped for it.

This article is inspired by it and it should be taken to heart by every osteopath. It is not pleasant to air these matters in public but it is the only way to bring it home to those who are neglecting a most sacred duty.

There is not one of us who does not owe osteopathy a debt of gratitude which a lifetime of devotion can only repay. Neglect of this duty can but bring harm to our moral nature.

Viewed from a strictly selfish standpoint the state and national associations are the advance guard as well as the bulwark

osteopathy, and in helping them, one's reward comes back one hundred fold. Many instances are known where the osteopath has neglected his duty in this direction only to find himself in dire need of help and he then feels himself deeply injured that officers of these organizations do not put their entire machinery into operation for his defense. Much as these organizations need help they can get along without the individual far better than he can without them. It is pleasing to report a steady increase in applications for membership in the A. O. A. and the meeting at Cleveland will be a rouser. You will want to be there, but only as a member and one of that grand army of workers.

Greater New York Society.

A meeting was held at the office of Dr. Guy Wendell Burns, 156 5th Ave., N. Y., Dec. 17th, for the purpose of organizing a Greater New York Osteopathic Society. It was very well attended by representative osteopaths, and the idea heartily endorsed. The plan is to hold meetings once a month, at which practical osteopathic work will be demonstrated and discussed. A standing committee was appointed to look out for such a program, after which the new society raised a fund for the Alabama people.

Texas Heard From.

The third annual meeting of the Texas Osteopathic association was held Nov. 28 and 29th in the parlors of the Driskill Hotel at Austin. President T. L. Ray, of Fort Worth, presided. Those present enjoyed the delightful privilege of again attending a most interesting and instructive clinic conducted by Dr. Arthur G. Hildreth, who journeyed the long distance from Kirksville to extend his message of good cheer and inspiration to the osteopaths of the Lone Star State.

President Ray, in his paper on "Osteopathy and Diagnosis" represented the latter as the keystone of success in treatment and insisted that osteopathy has grown beyond the stage of the "babe in swaddling clothes" and is now a well grown youth, full of power and more approximating perfection than any of its predecessors.

Dr. William Clark's paper on "Osteopathic Treatment of Tuberculosis," read by Dr. J. Grogan, of Fort Worth, gave a report of a remarkable cure of a case of pulmonary tuberculosis taken for treatment when well advanced into the second stage of the disease. He gave valuable suggestions for treatment and suggested that favorable climate and conservative osteopathic treatment will give a cure in a majority of cases of pulmonary tuberculosis if taken before the ulcerative stage.

Dr. Paul M. Peck, of San Antonio, read a carefully prepared paper on "Neurasthenia" in which his reports of cases cured under osteopathic treatment made a strong argument for the drugless system in such conditions.

The meeting abounded with rich discussions and varied experiences related by those present. These "experience meetings" are most beneficial and enjoyable and osteopaths should arrange to hold them at frequent intervals wherever two or three can be assembled. Dr. A. T. Still and Dr. A. G. Hildreth were elected honorary members of the association for life.

The president was instructed to appoint a legislative committee but the association resolved to accept the recommendation of Dr. A. T. Still to "let well enough alone and go on curing patients and making friends," and make no effort towards special legislation unless opposition developed.

The association will meet in San Antonio next October—the last Friday and Saturday. There are now about fifty legitimate osteopaths in the state. A printed list of same may be had on application to the secretary.

Officers elected are:

President, Dr. E. C. Link, San Antonio; vice-president, Dr. J. R. Grogan, Fort Worth; secretary, Dr. Mary E. Noonan, San Antonio; treasurer, Dr. P. L. Bathrick, Austin.

MARY E. NOONAN, D. O., Sec'y.

Colorado Osteopaths Will Seek Legislation.

The regular meeting of Colorado Osteopathic association was held at the offices of Dr. M. J. Work, Denver, Saturday, Dec. 6th, with the following members present: Drs. Ida M. Andrew, E. C. Bass, Jno. T.

Bass, N. A. Bolles, Nettie H. Bolles, J. R. Cunningham, E. D. Jones, Hettie M. Ross, M. J. Work, L. C. Work and Miss McChesney. Drs. Jno. T. Cramb and J. F. Foley of Denver, and Dr. S. M. Kellogg of Rocky Ford were admitted to membership.

The legislative committee (Drs. Jones, Bolles, Bass, Ross and Hively) reported that they had drafted and had printed a bill which is to be sent to the osteopaths of the state for criticism.

A new office of corresponding secretary was created and Dr. J. R. Cunningham was elected for the year. A paper on "Hip Cases" was read by Dr. Nettie H. Bolles, in which she spoke of three cases of congenital dislocation she had treated, one completely successful and the other two partially so. The officers of the association are: President, E. D. Jones; vice-president, E. C. Bass; recording secretary, Ida M. Andrew; corresponding secretary, J. R. Cunningham; treasurer, N. A. Bolles.

The trustees are Drs. Martha Barstow, Lela M. Thomas and J. T. Bass.

J. R. CUNNINGHAM, D. O.

Utah Osteopaths Organize. Will Seek Legislation.

Among the interests that will be represented before the next legislature of Utah is the matter of osteopathic legislation. In order to make their work more effective nine osteopaths, eight from Salt Lake and one from Logan, met recently at the office of Dr. A. P. Hibbs and organized the State Osteopathic association. Constitution and by-laws were adopted and the following officers elected: President, Dr. A. P. Hibbs; secretary, Dr. W. F. Hoeffling; treasurer, Dr. W. S. Ramer, all of Salt Lake.

An effort will be made to have the next legislature pass a special bill permitting and regulating the practice of osteopathy. In the three states of California, Montana and Ohio the law provides for special boards of examiners to pass on the qualifications of osteopaths, while in sixteen states of the Union the practice of the profession is recognized by special laws.

At present the status of the osteopaths in Utah is somewhat doubtful. The regular physicians would deny the right of the os-

teopaths to practice without a license, while the latter freely admit that they cannot pass an examination in materia medica because they do not use drugs in their practice. A test case is now pending in the Supreme court.

Annual Meeting of Nebraska Osteopaths.

The annual meeting of the Nebraska Osteopathic association held in Lincoln, Dec. 18, brought together a goodly number of enthusiastic osteopaths. The generous hospitality of the Lincoln members, the discussion and talks on subjects pertaining to the work and welfare of osteopathy in general, and in our own state in particular, made the visitors feel that the day had indeed been well spent.

The following program was carried out:
10:30—Business Session.

12:00—Dinner.

1:30—Address, Dr. Alice Johnson of Omaha.

"Our attitude toward the Medical Profession," Dr. Little of Lincoln.

Paper—Dr. Kilgore of York.

"How to Obtain the Best Results in Osteopathy," Dr. Cramb of Tecumseh.

The officers for the year are: President, Dr. F. A. Millikin, Grand Island; vice-president, Dr. J. M. Moss, Ashland; secretary, Dr. Grace Deegan, Omaha; treasurer, Dr. Emma Hoye, University Place.

The next meeting of the association will be held in September, 1903, at Grand Island.

GRACE DEEGAN, D. O., Secretary.

Oklahoma Osteopaths Elect Officers.

At a business meeting of the Oklahoma Association of Osteopathy, held at Oklahoma City, Nov. 29, the following officers were elected for the ensuing year: President, J. M. Rouse, D. O., Oklahoma City; vice-president, E. M. Bailey, D. O., Norman; secretary, J. A. Ross, Oklahoma City; treasurer, Clara Mahaffay, D. O., Oklahoma City.

Connecticut State Examination.

The Connecticut State Board of Osteopaths will hold their next examination February 4, 1903, at Hartford. Notify students and practitioners accordingly, and oblige.

H. L. RILEY, D. O., Recorder.

Clinical Reports

Two Remarkable Cases.

W. J. CONNER, D. O., NEW YORK LIFE BLDG., KANSAS CITY, MO.

Among the remarkable cases treated by me during the last year, there are two worthy of special mention.

The case of D. C. Leavett, of this city, is particularly interesting. Mr. Leavett had been suffering with violent pain in his head and dizziness since Thanksgiving day, 1901, which had increased until about the first of last April, when he went to a sanitarium. The doctors had pronounced it tumor on the brain, and said it could not be cured. Mr. Leavett was a traveling salesman and while on one of his trips he went to sleep in Parsons, Kansas, and slept for ten days. That was on the 16th day of April. Several of the best physicians were called in but Mr. Leavett continued to sleep. They all said it was tumor on the brain and nothing could be done but to send him to an asylum to finish his days. His wife was discouraged and did not know what to do.

The manager of the house for which Mr. Leavett traveled knew of osteopathy, and knowing what had been accomplished by osteopathic treatment, sent me out to see him. If I thought I could help him any good I was to treat him.

I examined the case on July first. I found a dislocation between the atlas and skull, just as we find in epilepsy and when asked what was the matter with him, I said it was something similar to epilepsy. I treated him just as I would a case of epilepsy, and could see from the first week that the patient was improving, which continued until the 21st of July, when he awakened. He has had no trouble since. Every one of his former troubles have disappeared and he says he never felt better in his life. As soon as he regained a little strength he took his old position on the road and has been selling goods ever since.

Mr. Leavett is a man about 42 years old. Before he went to sleep he weighed 240 pounds, when and finally aroused he weighed 180 pounds, which was the only change pre-

ceptible. He seemed to have suffered no pain.

During his sleep you could shake him and speak sharp and he would wake up but in a minute he was asleep again; he would eat and drink if you asked him to do so but immediately went to sleep again. About once a week he became partially aroused for a day or so and then would go into a deep sleep again.

Case of Vomiting.

Mr. E. L. Barnes, of Kansas City, Kan., was taken with diarrhoea in the fall which lasted for about two weeks, then he began to vomit, this continued for 53 days. Everything that was taken into the stomach was thrown out and as the bile was secreted it was thrown out. The bowel was locked so that during that whole time nothing passed through the small bowel. The old school doctors had been feeding him per rectum.

After this condition had been going on for 50 days a council of physicians was called. Among them were two surgeons and it was decided that something was wrong inside of him and that they must operate at once and find out the nature of the trouble. His brothers, who were managing the case, said "if you have been treating him for seven weeks and are just now finding out what the trouble is, we will try something else," so they called me to see the case.

On examination I found that the old school fellows had been using tooth powder pretty plentifully as his teeth were all loose and his mouth very sore. He was vomiting bile every few minutes. I could see that the bowel was paralyzed. I proceeded to reverse the parastaltic action of the stomach by correcting the fourth dorsal and stimulating the splanchnics. In less than a week the vomiting had stopped and the bowels were moving enormous quantities of fecal matter although I had only allowed him to have a little soup. In three weeks he was discharged cured and he has continued well ever since.

Mr. Barnes is a prominent wholesale grocer of Kansas City, Kansas.

REPORTED BY DR. L. B. OVERFELT, D. O.,
BOULDER, COLO.

Rheumatism.

Lady, single, age 28. Four years' standing. Had been treated by the best M. D.'s in the county. Went to Hot Springs, Ark., remained there three months, receiving no help. When she came under my care in June, the joints were very much enlarged. She was confined to her room, could not move without assistance. Very constipated, skin sallow. At the end of one month, she was able to walk about room. After 6 months' treatment she came to office for treatment, and now can go up and down stairs with ease. The bony lesions were in the cervical and upper dorsal region. Great muscular contractions all along spine.

Typhoid Fever.

Female, age 14. Tried drugs five weeks, gradually growing worse. When I first saw the patient the case had terminated in typhoid-pneumonia, patient much emaciated, had cough, could not retain nourishment. Temperature 102 to 103 degrees. First treatment gave much relief, after three treatments temperature almost normal. After ten treatments case was dismissed as cured.

Nervous Prostration.

Lady, age 70. This case was brought to Boulder in May. I was called upon her arrival and found her very weak, confined to her bed, could not sit up in bed for only a few minutes at a time. Lesions: Atlas slightly luxated also the third and fourth cervicals, muscular contraction all along spine. Treatment was applied to reduce lesions, light treatment morning and evening. After five months' treatment she is greatly improved, being able to be up all the time. This case was most satisfactory as the results were much better than expected.

* * *

REPORTED BY J. R. SHACKLEFORD, D. O.,
NASHVILLE, TENN.

Rheumatism.

Lady, 68 years old, After having a severe attack of la grippe last February, and when first getting up she commenced to suffer great pain in her left leg. Not recovering

strength it was difficult to walk, besides the leg became badly swollen, the swelling extending up above the knee.

On examination I found the muscles in the small of the back, (from which she also suffered great pain) very tense. The affected leg was one inch longer than the other and the foot turned outwards. There was a slight tip of innominate bone. She could go down town shopping half a day at the time after the second treatment and after the fifth treatment pain ceased, swelling almost disappeared and leg reduced to its normal length; back entirely relieved. Patient returned to her home feeling well.

Laryngitis.

Young lady sent to me by a former patient. Throat very much inflamed and had been so for two years, she had a remarkable voice when throat was, anything like well, but in taking vocal lessons or trying to sing her voice would get hoarse and throat pained intensely.

I found, on examination; the first rib on left side displaced downward and forward, pushing the clavicle up one fourth inch; this condition was certainly enough to give one the sore throat. I replaced the rib and collar bone the first treatment and have been treating her now about a month to re-establish a normal condition of the muscles. The neck has resumed its normal condition and his voice is stronger than it has been at any time in the past two years.

Dislocated Rib.

Young man, medical student and a member of one of our best football teams, thought he had injured his shoulder in a general "mix up". After using liniment and other remedies for several days he called at my office. Could not raise his arm at right angle with body, had to remove his shirt with arm down by his side. After treating him he put it back with arms extended above head—like all men take off and put on a shirt. Instead of shoulder being injured he had displaced his first rib pushing the clavical up at sternal end and making it bind at the top of shoulder. Cured him in two treatments. He has played two games of foot ball since and is all right.

Catarrh of Head and Throat.

Gentleman, 54 years of age. Breathing through the nose difficult. Throat sore. Constant clearing of throat. Eyes more or less inflamed. Nervous, and night's rest usually broken about two o'clock every morning by a cough, which would last two or three hours. I treated this patient one month. Have relieved his cough. Throat and head very much improved. Sleeps all night and is delighted with his improvement. Will continue treatment another month. I found trouble in middle and upper cervical vertebrae. Great deal of tenderness of spine as low as fourth dorsal vertebra.

Indigestion and Bad Cough.

Young man, 18 years old, had a very severe attack of la grippe three years ago; since that time has coughed more or less every day. Suffered with severe attack of indigestion every few weeks. Bowels constipated. Treated him two weeks and discharged him cured. This is a case I thought would take two months to cure. Relieved the cough, indigestion and constipation and he has gained eight pounds. On examination found lesion at fourth dorsal and fifth lumbar vertebrae, muscles in right side of spine very hard and contracted.

* * *

REPORTED BY DRs. BATHRICK & BATHRICK,
AUSTIN, TEXAS.

Mr. Paul M., age 30, of this city, came to us Aug. 18th for treatment, upon the advice of his physicians, saying they had exhausted all of their remedies. He was injured March 10, 1902, by being thrown from his buggy and striking on a pile of rock on his left hip. He called one of the leading M. D.'s who I think called it some kind of rheumatic trouble and gave him a liniment to apply. He was in such agony he had to

be kept under the influence of morphine all the time. After about one month's treatment along this line and patient not improving any, the M. D. tried cauterizing the sciatic nerve and its branches two or three times a week, with platinum heated to a white heat. This torturing treatment was followed nearly a month, and was so agonizing that his mother had to leave the house while it was being given. Patient continued to grow worse and changed doctors. Then he began to improve slowly. After being confined to his bed four months, he went to hot springs at Marlin, Texas, where he remained some-time. Could get around with the use of a cane, but suffered a great deal. Upon examination found ilium tipped forward and leg nearly an inch too long. Corrected it and after two weeks treatment he could walk without cane. After one month's treatment he calls himself cured and is happy.

Appendicitis.

Mr. W. C., age 22, came to me October 7th, complaining of pain in right iliac fossa. Was taken sick Aug. 12th, with severe pain in epigastric region, lasting about one week; was then troubled with a bilious attack and indigestion. Called an M. D. September 24th. Was confined to his bed five days. M. D. diagnosed case as threatened appendicitis. Was under his treatment until he came to me. Had lost twenty pounds, and was continually growing weaker. Bowels were badly constipated, had to take cathartic all the time to get an action. Took first treatment October 8th, and after second treatment, pain left that region of the colon, and after three treatments, the bowels moved normally. I advised enemas of hot water in case bowels did not move. Six treatments in were given, and the case was pronounced cured. He has regained his usual flesh.

COMPULSORY VACCINATION A CRIME.

DR. J. W. HODGE, a well known physician of Niagara Falls, N. Y., in a recent number of the Cataract Journal, stated that he has vaccinated more than 3,000 persons and has seen the results, and therefore advises the people to shun vaccination as they would any other disease.

He declares that from personal experience he has learned: 1. That vac-

ination does not protect or mitigate. 2. That it frequently gives a disease more dangerous than smallpox. 3. That it has been the real primary cause of many deaths and much ill health. 4. That when it "takes," it is blood-poisoning. Rarely have we seen stronger and more convincing articles than those of Dr. Hodge. He is the author of numerous pamphlets on Vaccination, among them, "Prophylaxis to be Realized through the Attainment of Health, Not by the Propagation of Disease," "Why Doctors who Vaccinate should Abandon the Practice," "Official Blood-Poisoning," etc.

Vaccination kills more than smallpox.

Smallpox, once the great French scourge, has of late years *almost disappeared in Paris*. Most French medical men, it may be mentioned, *believe rather in isolation than in vaccination*.

Results of vaccination in a few of the many cases which have lately come to our notice :

David Halliday, of Mattapan, Mass., had his daughter, Mary, vaccinated about Christmas, 1901. She now has consumption, which her physician says is incurable. Consumption has not been known before in the family. The patient has gone to Colorado.

Mrs. Upham died at the Cullis Home, Dorchester, Mass., March 19, from blood-poisoning caused by vaccination two weeks before. Had a "bad arm" and suffered much. Her doctors said she "might have lived several years" if it had not been for the vaccination.

Mr. B. F. Dunn, of Dunstable, Mass., writes us that in obedience to a notice "posted on schoolhouse" last December, all of his seven children were vaccinated in the early part of January, 1902. Freddie, the oldest, *died of lock-jaw* on Jan. 23, and, of the remainder, four were ailing all winter, their arms not healing till the latter part of May.

Harry P. Shugg, 728 Walk Hill, Dorchester, Mass., had his two sons vaccinated last November. The elder, perfectly healthy before, became soon after affected with three running sores on his arm, which had not healed as late as May 10; the poison has also affected his eyes. The younger boy "broke out with sores on various parts of his body," and his general health has suffered greatly.

Park W. Masters, 12 years, son of the well-known teacher, Prof. E. W. Masters of Boston, was vaccinated last January. The arm became greatly swollen, convulsions followed, and for a time his life was despaired of. He was sick for nearly a month.

Chas. Wilkins, 2Brooks St., Cambridgeport, Mass., nine years of age, was vaccinated in August, 1901. Up to the middle of May, 1902, the ulcer had not healed, and the boy has developed consumption from which he probably cannot recover. Previous to vaccination he was a healthy child, *but was obliged to be poisoned in order to enter the public schools*.

The little daughter of Victor Jarrett, 35 Hancock St., Boston, was vaccinated in Belmont last winter. The child at the time was healthy and strong. Shortly afterwards she began to show signs of illness in the vaccinated arm, which gradually grew worse and worse. *Lock-jaw* finally set in and she died.

A. W. Worthley, 72 West Rutland Sq., Boston, was vaccinated on the 15th of last January by his family physician, a man of wide experience and caution, with "Army and Navy Vaccine," best quality, and out of a fresh box. "Don't use after Jan. 25" was on the box. The vaccination didn't "take" in the way expected, but an eruption *under the skin* soon appeared all over the face and body of Mr. Worthley, who suffered terribly for several months, losing 30 pounds in weight. The doctor called it "variola in the blood." Before vaccination Mr. Worthley was in perfect health.—The Animal Defender.

DISEASES TREATED.

Osteopathy successfully treats all curable diseases, and many formerly regarded as incurable. In its way it reaches many conditions of hitherto unknown nature, not classed under the ordinary headings of disease.

Diseases of the Digestive System:—Tonsillitis; Pharyngitis; Spasm of the Oesophagus; Catarrh of the Stomach and Intestines; Dyspepsia, gastric or intestinal; Gastric Ulcer; Neuralgia of the Stomach or Intestines; Constipation; Diarrhoea; Dysentery; Colic; Cholera Infantum; Cholera Morbus; Appendicitis; Tape-Worm; Peritonitis; Dropsy of the Abdomen; Jaundice; Gall-Stones; Cirrhosis of the Liver.

Diseases of the Kidneys:—Bright's Disease; Renal Calculus; Floating-Kidney; Pyelitis; Hydronephrosis.

Diseases of the Blood and Ductless Glands:—Leukemia; Anemia; Chlorosis; Exophthalmic Goitre, and other forms of Goitre.

Diseases of the Circulatory System:—Dropsy; Pericarditis; Endocarditis; some cases of Valvular Disease; Hypertrophy or Dilatation of the Heart; Angina Pectoris.

Diseases of the Respiratory System:—Colds; Catarrh; La Grippe, or Influenza; Laryngitis; Croup; Bronchitis; Asthma; Hay Fever; Pneumonia; Consumption; Pleurisy.

Infectious Diseases:—Typhoid, Malarial, Scarlet, and other Fevers; Measles; Chickenpox; Smallpox; Erysipelas; Diphtheria; Whooping Cough; Mumps; Dengue.

Constitutional Diseases:—Rheumatism, of all kinds; Rickets; Diabetes.

Nervous Diseases:—Paralysis; Convulsions. Epilepsy; Neuralgias; Muscular Atrophies; Somnambulism; Catalepsy; some forms of Insanity; Cerebro-Spinal Meningitis; Apoplexy; Locomotor Ataxia; Neuritis; Sciatica; Facial Paralysis; Vertigo; Nervous Prostration; St Vitus Dance; Writer's or Pianist's Paralysis, and the Occupation Neuroses; Thomsen's Disease; Sunstroke.

Drug Habits:—Alcoholism; Cigarette Habit; Opium and Morphine Habit.

Skin Diseases:—Eczema; Shingles; Psoriasis, etc.

Spinal Diseases:—Curvatures; Old Dislocations, and all Deformities; Lumbago.

Diseases of Women:—Irregular, Painful or Suppressed Menstruation; Displacements of the Womb; Leucorrhoea; some forms of Barrenness; Milk Leg; Ovarian Disease.

Diseases of Men:—Spermatorrhoea; Sexual Debility, or Impotence.

Some Forms Of:—Deafness; Blindness; Atrophy of the Optic Nerve; Retinitis; Weak Eyes; Short or Long Sightedness; Astigmatism; some cases of Cataract; Granulations; Discharges from the Ear; Noises in the Ears.

Tumors and Cancers:—Many cases of malignant tumor, such as cancer, and of benign tumor, such as fibroids, fatty tumors, uterine tumors, etc., have been successfully cured without surgery.

Dislocations:—Of the hip, knee, ankle, shoulder, elbow, wrist, etc.

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.

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LOULA BURRUS, D. O.

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STEUBENVILLE, O.

DR. C. M. CASE, OSTEOPATH

Graduate Kirksville and Southern Schools of Osteopathy. Late Professor Principles and Practice,
Southern School of Osteopathy. Ex-Assistant Physician St. Louis City and Female Hos-
pitals, and Ex-A. A. Surgeon, U. S. Army, (Regular.)

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Successfully treats by the Science of Osteopathy all diseases which are
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Clara L. Milner,

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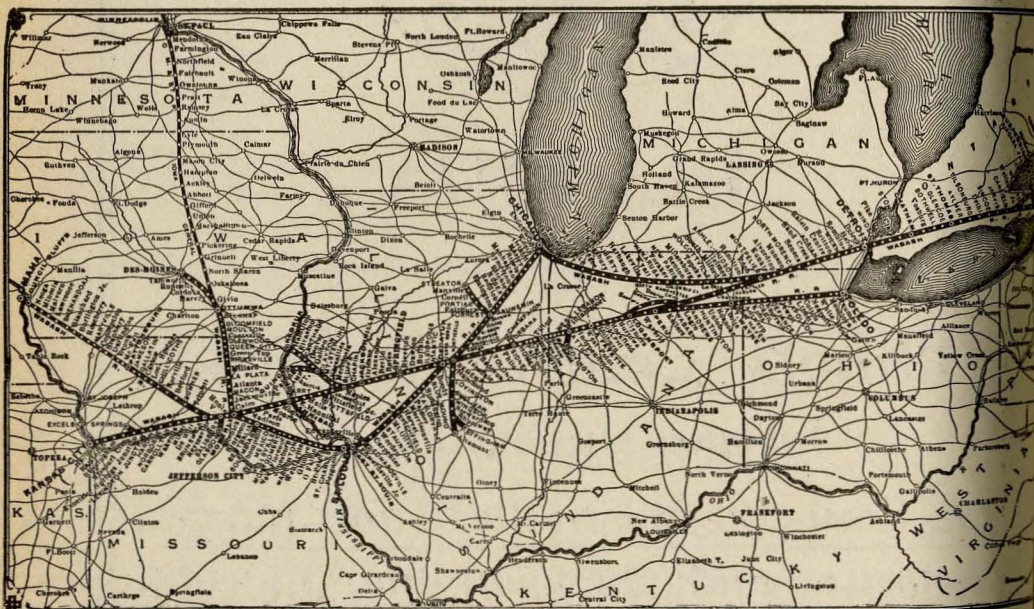
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