

The Journal of Osteopathy

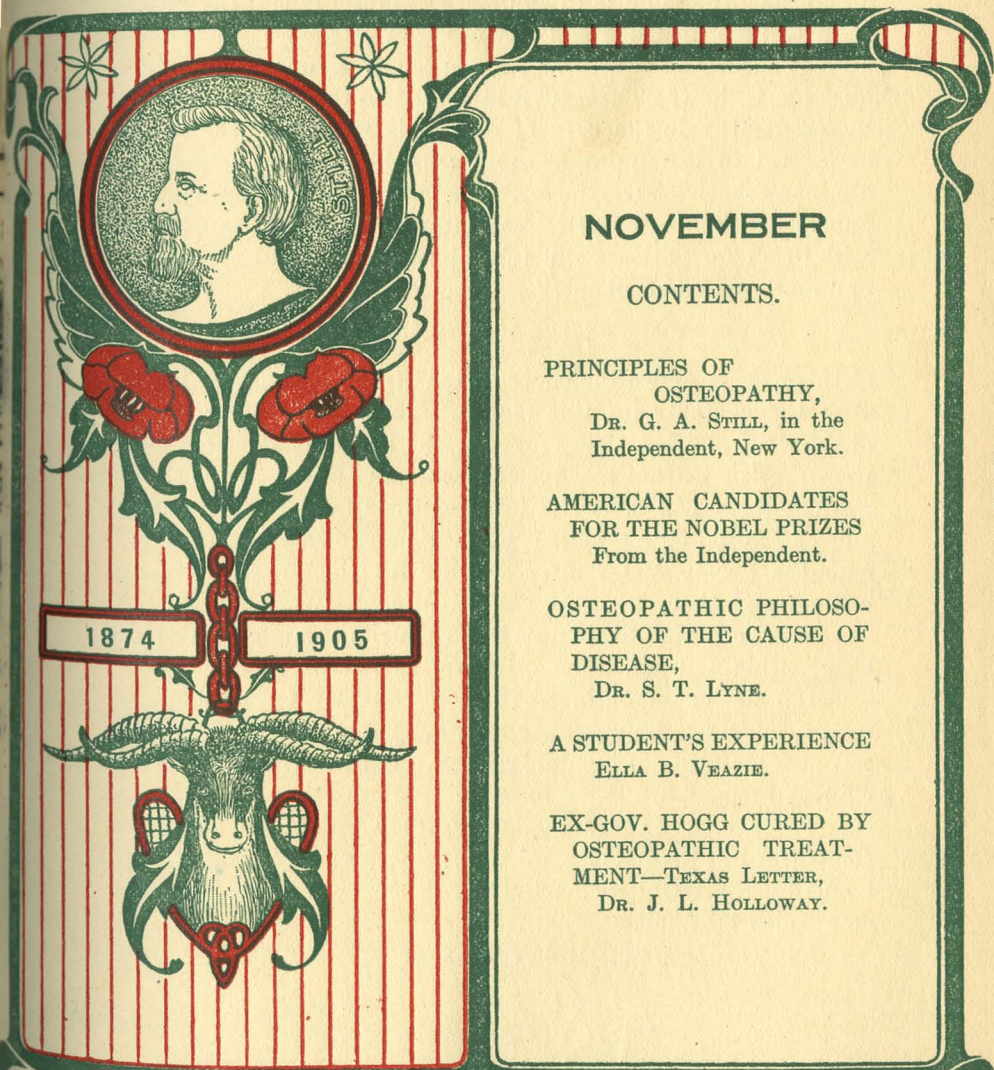
November 1905

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THE OSTEOPATHIC JOURNAL



NOVEMBER

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PUBLISHED BY THE JOURNAL OF OSTEOPTHY PUBLISHING COMPANY
KIRKSVILLE, MISSOURI.

TO THE MAN OUTSIDE

of the osteopathic profession the facts of disease and their cure do not look the same as to you. He has been taught from babyhood to take medicine and if you as an osteopath would make a great success in your practice you must EDUCATE him. The question is, how? The TRUTH in regard to the success obtained by osteopathy in the cure of disease is sufficient. Statements in regard to it require no EMBELLISHING. Our publications are conservative and sincere. If you distribute pamphlets or papers LAUDING osteopathy TOO HIGHLY the very people you wish to get for patients will turn up their noses and say "fake" or "more patent medicine."

ON THE OTHER SIDE

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(Continued on page 1x)

THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., NOVEMBER, 1905.

*CONSTIPATION AND DIARRHŒA.

ORREN E. SMITH, D. O., INDIANAPOLIS, IND.

The American people enjoy knowing the "why" of things. Let a great fact become known and soon the investigator is seen working out the governing principle of that fact.

Disease is "world wide and age long" and only recently has great light been thrown on its cause—so recently that many persons are totally unaware of its existence. In osteopathy, however, a rich ore-bearing ledge of truth has been discovered, which improves as it is worked and the prospector in this field is returning with ever increasing findings.

The statement that osteopathic treatment has proven itself an effective agent in overcoming both constipation and diarrhœa is one for which the novice in osteopathic reasoning is not at all prepared. He reasons, "that all osteopathic treatment is mechanical; that one treatment is like another, and that it is manifestly impossible that the same treatment would be equally good for such radically different conditions," and his reasoning is faulty in proportion to his knowledge of the treatment. He has grasped in part the idea of mechanical adjustment, but does not yet understand the principle underlying the treatment. He has understood that treatment regulates function directly, whereas, it does nothing of the sort. The patient does not come each morning to have a certain number of cubic centimetres of gastric juice manufactured, a definite measure of food products oxidized, or a specific number of pounds of muscular power created for him. Treatment does not seek to control function, but to regulate structure. Treatment regulates the apparatus, and through this means, supply, demand, functional activity and vital processes—all become obedient unto the previously existing laws which govern them—laws, which man did not ordain, nor can he alter.

Dr. A. T. Still, the founder of osteopathy, has always held as an essential and prerequisite to the study of disease, a knowledge of the normal anatomy

*The author of this article wishes to state that for seventeen years he had chronic diarrhœa but now enjoys perfect health, his cure being effected by osteopathic methods.

and physiology of the human body. This method of investigation leads most naturally and easily to the subject under consideration.

The great function or use of muscular tissue wherever found in the human body is alternate contraction and relaxation. The approximation of distant points is the life work of a muscle cell whether it be in the muscles of the arm, in the heart, or in the intestinal wall. A muscle cell that will not do this is useless. It has ceased to add its mite of work and worth to the bodily economy.

The gland cell has a specialized function also. Its work is secretion—the kind of secretion depending upon the kind of gland cell. If its secretion or product is lacking, either in quantity or quality, the result will be detrimental in proportion to its importance to the body. A number of different secretions are used in digestion, all of which must be rightly compounded in kind and amount to serve the purpose for which they were intended.

Nervous tissue, likewise, has a distinct and important work to do—the creation and transmission of nervous impulse regulating all processes and functions of the body. In it is vested all power as business manager, director and overseer of the bodily tissues. The nervous system is absolute and supreme dictator in bodily commerce and government. These dispatching stations or nerve cells are located, for the most part, in the spinal cord and brain. From them hair-like processes, called nerve fibres, go out to all tissues of the body, countless millions of them connecting all points of the body with these nerve cells.

The bowels in healthy working order have a periodic working season called "peristalsis," due to the contractions of muscular fibres in them. These fibres run in two layers, one lengthwise, the other around the bowel wall. When the longitudinal fibres contract they draw the bowel-wall along past the intestinal contents like a "fish-worm" passing a given point. The circular fibres contract from above downward closing the intestinal canal behind the contents and forcing it along. The inner lining of this canal is a soft velvety membrane studded with thousands of mucous glands which secrete a thick, viscid mucous secretion, useful in lubricating the bowel walls and intestinal contents.

From the liver is a secretion, called bile, poured into the bowel at the beginning of the small intestine; useful in stimulating the sensory nerves in the muscular coats to create peristaltic action; in holding in check acid fermentation by killing certain bacteria; in neutralizing acid contents of stomach digestion and thus preparing for further digestion; and in uniting with the secretion from the pancreatic gland to digest fats.

From the pancreatic gland a secretion is poured into the bowel at the same point as the bile. Its use is to act on food products in a chemical way preparing them for absorption into the blood stream. It acts on proteids, changing them into albumoses and peptones; on starches, changing them into sugars, and on fats, changing them into emulsions and soaps.

Now all this glandular and muscular activity is dependent upon orders

from a higher and more authoritative tissue—the nervous system. While it is true that these gland and muscle cells have an inherent vital power all their own—a fact, too, through which the nerve cells are influenced profoundly—yet there is a central governing power presiding over and predominating even this personal individuality of the subordinate cells. This fact is the great dividing line between the old school of medicine and the new school of osteopathy. The old school sees in the torpid liver, inactive pancreas, and sluggish peristalsis of the bowel, the cause of constipation; whereas, the new school recognizes in these conditions only symptoms and effects,—the cause of which may lie far distant from the seat of manifestation, as seen in a rigid lumbar spine, a slipped innominate, etc., interfering with nerve and blood supply to these seats of manifestation. The medical physicians are continually wondering at our diagnoses; at our finding so many diseases of spinal origin due to spinal lesion.

What then? Is the nervous system involved in all diseased conditions? Undoubtedly so! Not that it is diseased in itself, necessarily, but that it is the tissue or system in possession of all information, presiding over and regulating all diseased, as well as all healthy, functions and processes of the body. It is the re-organizing centre. It is the central bureau of information and regulation. It is the executive department of the body.

The large amount of muscular tissue used in expelling waste products from the alimentary canal becomes partially paralyzed in constipation. The peristaltic action which forces the contents along becomes slow and inadequate and the masses which should be expelled are retained to accumulate in large quantities. By this heavy weight the supports of the bowel are weakened and dragged downward—a displacement which encroaches upon other organs and is thus in itself cause of further disorder.

These supports to the bowel and its contents are attached to the spinal column, and in them the nerve fibres and blood vessels travel to the intestinal walls. The elongation, then, of these supports must necessarily affect the circulation and nerve supply to the bowel—a fact which permits of dilatation of these walls with an ever increasing capacity and lessened power of contraction to expel their contents. The mucous secretions depend so largely upon a good circulation that these are lessened, leaving a dry resisting surface over which to force the contents, with a resultant friction and slowed progress.

In diarrhoea quite a different condition prevails. The orders from the nervous system are exaggerated and augmented instead of delayed and restricted. The lesion is of such a nature that it irritates the nerve cells or fibres instead of paralyzing them; thus muscular contraction in the bowel wall is increased in frequency and intensity. Likewise the secretions are changed chemically, inducing fermentation and the formation of poisonous gases, as well as being greatly increased in amount.

These two radically different prevailing conditions of the same organs, in constipation and diarrhoea are only effects whose causes, though remote, are

as certainly present as are the effects. Disease follows a law as mathematical and unerring as the stars in their courses. Remembering now the close relation existing between the nervous system and all other tissues of the body it would seem quite logical to conclude that the nervous system will figure largely in the problem of reckoning with all disease—and this we find to be true. How many, many times the osteopathic physician finds this central bureau of information and regulation cut off from communication with its distant workmen; its orders delayed, perverted, exaggerated or otherwise distorted by lesions along the spinal column interfering either with the circulation to the nerve cells in the spinal cord and brain, or to nerve-fibres along their course between the spinal cord and distant organs of the body.

The difficulty in handling diseased conditions in the past, and a fact to which so many failures are due, was that the true cause of disease had not been established. But now that we are in possession of this law—in part at least—establishing the relation of cause to effect, the methods in handling diseased conditions have changed radically. The best application of this newly discovered law demands that the treatment be directed toward the cause and its removal, instead of the symptoms of disease.

With this new view point of the etiology, or cause of disease it is clear at a glance that the principle includes a range of diseases and their rational treatment as wide as their causes. Is not the removal of the cause the logical treatment for any disease? Most certainly. There can be no doubt but that osteopathic treatment is equally adapted to, and effective in, handling either constipation or diarrhœa.

There are better things in store for suffering humanity and only their lack of knowledge of these facts is keeping them from relief.

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OSTEOPATHIC TREATMENT OF RECTAL DISEASES.

GEO. H. CARPENTER, D. O., M. D., CHICAGO, ILL.

Paper read before the National Association of Official Surgeons, which met at Chicago, Sept. 27th, 1905.

It gives me pleasure to stand before you today to present in as few words as possible, a subject which is attracting the attention of the medical world. If you have not given some previous study and thought to the osteopathic treatment of diseased conditions, I could not hope to have you agree with me in all the statements I may make. If I thought this the case I should not take your valuable time. I trust, however, to be able to give a few ideas, possibly new to some of you, which will aid in the treatment of the conditions which are of most interest to this meeting.

Official surgery has its place in the treatment of these disturbances, but I am sure you will agree that the knife has been used many times in the vain hope of relieving the sufferer when if the physician had known of any other means he would have gladly used the same. Knowing that he is supposed to

do something, the physician, as a last resort, advises an operation, and it must be admitted that often the results are not what was hoped or desired. It is true that many of these cases have, through neglect on the part of the patient himself, or through bad treatment, gotten into such a condition by the time they reach the surgeon that an operation may be indicated; on the other hand a large percentage of cases can be cured, and many more can be so benefited by milder methods that the use of the knife is not necessary.

The principle underlying the treatment of rectal troubles can be applied to the treatment of the urethra, vagina, etc., and I shall only mention them in a casual way.

The foundation principle of osteopathy might be stated briefly: Any continued interference to the normal blood or nerve supply to an organ or part is bound to produce a lowered condition of vitality in the part so affected, and sooner or later we will have a disease process set up. This irritation to the nerve or interference to the blood stream does not need to be directly connected with the diseased part, but may indirectly, through some apparently remote disturbance, be the cause of the local lesion.

In the treatment of rectal troubles we are very apt to find the cause of the disturbance, not in the rectum, but at some point higher up: It may be an impeded portal circulation, which receives the greater part of the venous blood from the rectal region; an inactive liver, or a constipated, impacted bowel may be found to exist, and when we trace still farther back we find the real seat of these various disturbances to be caused by some deranged spinal condition, which, through interference to the normal nervous impulses to these organs, has produced impairment of function.

On careful examination you will often find the spinal muscles contracted, with great tenderness on pressure. You may notice a curvature of the spine or only one or two vertebræ out of line. The spine may lack freedom of movement showing the tense ligamentous condition which frequently exists. The ribs may be slightly twisted at their articulation with the vertebræ. Any or all of these conditions may be found in the same patient, producing irritation to the nerves or shutting off the passage of normal impulses to the organs supplied by them, so that the organ soon becomes inactive, the circulation, through the effect upon the vaso-motors, becomes sluggish and if this continues for a very great length of time, we will find the vessels farthest away from the organ as is the case in hæmorrhoids, etc., showing signs of the disturbance. This tightened spinal condition will also obstruct the arterial, venous and lymphatic circulation to and from the spinal cord, thus producing a depletion of the nerve cells in the cord.

Where spinal lesions have been produced in dogs they become sickly, and later sections of the cord and organs supplied by the segment of the cord affected by the lesions have been prepared and examined under the microscope showing abnormal changes taking place, pathological conditions having been set up.

If the central cells do not possess their full vital strength, we would not expect to find the organs which are supplied with activity by these centers to have the physiological power nature intended. Hence we have inactivity and stagnation of the blood stream.

When called to a burning building the firemen waste no time in playing water on the smoke, they go in and endeavor to find the source of this outward expression of disturbance; so in our work of treating disease, we must locate and remove the irritating cause of the trouble.

A deranged lumbar spine, a slightly tilted innominate, or the coccyx bent forward, may produce severe irritation to the nerve trunks supplying the pelvic plexus.

The rectum is composed of four coats—serous, muscular (made up of longitudinal and circular fibres), sub-mucous and mucous membrane. As the circular muscle fibres approach the anus they are closer together and form the internal and external sphincters.

The blood vessels pass through the muscle tissues of the rectum, anastomosing freely with each other in the sub-mucous coat. It will be seen that irritation to the nerves causing continued contraction to these muscle fibres will obstruct the free passage of the blood to and from the sub-mucous area causing distention of the veins and shortly we have hæmorrhoids and the train of disagreeable symptoms which follow.

The arteries supplying the rectum are the superior, middle and inferior hæmorrhoidal coming from the inferior mesenteric, internal iliac, and internal pudic respectively. The sacra media and sciatic, and in the female the vaginal artery, a branch of the internal iliac, also send branches to the rectum. Branches of these vessels are arranged in loops about the rectum and unite freely one with another. The veins follow the corresponding arteries. The greater part of the blood returns by way of the inferior mesenteric vein into the portal circulation; the remainder passes into the systemic circulation through the vena cava inferior. Thus we have an anastomosis between these two great venous channels. Owing to the fact that the hæmorrhoidal veins have no valves and man being in an upright position, we have a natural cause for poor circulation through this region which predisposes to rectal diseases.

The lymphatic vessels of the rectum, after passing to some small lymph glands lying upon its outer wall and in the meso-rectum, then pass to the sacral glands which occupy the anterior surface of the sacrum, some also being situated in the meso-rectal fold.

From the pelvis and lower extremities the lymph passes to the lumbar lymphatic glands; these now unite with other vessels from this region to form the commencement of the thoracic duct. Any obstruction along the course of these vessels from continued pressure as from a tumor or impacted sigmoid or rectum may so interfere with the lymph circulation as to produce œdema of the loose tissues of the rectum.

The nerves are divided into two great systems: those directly under con-

rol of the will—the cerebro-spinal nerves, and those which act constantly regardless of the will—the great sympathetic system. From the dorsal region of the spine we have twelve pairs of nerve trunks passing out from the cord through the intervertebral foramina. These trunks divide into anterior and posterior branches. There are five pairs of lumbar nerve trunks which divide in a similar manner to the dorsal nerves. The anterior divisions of the four upper nerves give off their branches by a series of the anastomatic loops, the lumbar plexus. The first lumbar receives a branch from the twelfth dorsal nerve. The anterior division of the fifth lumbar joined by a branch from the fourth lumbar nerve descends across the base of the sacrum and unites with the anterior division of the first sacral nerve to assist in the formation of the sacral plexus.

An important point in connection with the sacral nerves is their great length on account of the spinal cord not extending beyond the first lumbar vertebra. From this fact in the anatomical construction the osteopath is often able to relieve severe congestion in the pelvis by the correction of some abnormal condition in the lumbar region which, through pressure upon the nerve trunk or branches connected with them, is producing nerve irritation, which when removed will allow natural physiologic impulses to pass over the nerves and the tissues will soon return to a normal condition.

The anterior divisions of the sacral trunks pass out from the canal as follows: the upper four from the anterior sacral foramina; the anterior division of the fifth, after emerging from the spinal canal through its terminal opening, curves forward between the sacrum and coccyx.

The coccyx may be bent anterior from an accident or from contraction of the muscles, drawing the bone forward out of normal relation to its articulation with the lower end of the sacrum. This is often found to be the cause of a great deal of irritation to the anus and rectum. Treatment applied to these irritated parts, relaxing the tissues both internally and externally by gentle manipulation, so that the coccyx can be replaced, will allow a free flow of blood to pass in and out through the structures which have been deprived of their proper nourishment. This treatment alone will afford great relief to the sufferer and combined with treatment for the general upbuilding of the patient is often all that is required for a complete cure.

All the anterior sacral nerves communicate with the sacral ganglia of the sympathetic at their exit from the sacral foramina. The first nerve unites with the lumbo-sacral cord formed by the fifth and a branch from the fourth lumbar nerve. The second and third unite with a branch from the fourth to form the sacral plexus, a branch to the bladder being given off from the third nerve. The remaining portion of the fourth sacral nerve divides into visceral and muscular branches and sends fibres to join the fifth. The visceral branches of the fourth nerve ascend upon the rectum and bladder, and in the female upon the vagina, communicating with branches of the sympathetic from the pelvic plexus. The muscular branches of the fourth sacral are distributed to

the levator ani, coccygeus and sphincter ani. Here we can again see how prolonged contraction of these muscles or continued irritation to the fourth sacral nerve will set up a disturbance to the blood flow to the pelvic organs through its connection with the sympathetic system already pointed out. Another interesting fact, which is of great importance in our treatment of the rectum, is that the branch from the fourth sacral to the sphincter ani passes through the levator ani so as to reach the ischio-rectal fossa, where it may be found in front of the coccyx. If from any cause the levator ani becomes tight and contracted, this nerve which passes through it to the sphincter ani is going to be irritated, and upon making local examination you will find a tight, sensitive sphincter, sometimes so tense that the careful insertion of the examining finger is very painful to the patient. The anterior division of the coccygeal nerve also may become hypersensitive from contraction of the coccygeus muscle, as the nerve passes through this muscle twice on its way to the end of the coccyx where it is distributed to the integument.

Of the branches making up the sacral plexus we will speak only of the pudic nerve. Arising from the lower cord of the sacral plexus it leaves the pelvis through the great sacro-sciatic foramen, below the pyriformis muscle. It then crosses the spine of the ischium and re-enters the pelvis through the lesser sacro-sciatic foramen. It accompanies the pudic vessels upward and forward for a short distance along the outer wall of the ischio-rectal fossa, and then divides into three branches, the perineal, dorsal nerve of the penis, and the inferior hæmorrhoidal nerve, the last of which is distributed to the integument around the anus. In the female the dorsal nerve is small and supplies the clitoris. The pudic nerve can be reached not only as it passes across the ischiatic spine, but also in the ischiatic fossa along the outer wall where it lies with the pudic vessels.

The sympathetic nervous system consists of a series of ganglia, gangliated cords and plexuses, united by communicating fibres by which the ganglia communicate with each other, and distributing fibres supplying in general all the internal viscera and the coats of the blood vessels. In the dorsal region the twelve pairs of ganglia are situated one in front of the head of each rib. In the lumbar area they are found on the sides of the bodies of the vertebræ, and in the sacral region in front of the sacrum. Each ganglia is a distinct center and in addition to its branches of distribution is connected by communicating branches with the cerebro-spinal system. The branches of distribution derived from the gangliated cords, prevertebral plexuses, and also from the smaller ganglia, go principally to the blood vessels and thoracic and abdominal viscera, supplying the involuntary muscular fibres of the hollow viscera and secreting cells, as well as the muscular coats of the vessels in the glandular viscera.

The thoracic portion of the gangliated cord is important to us in the osteopathic treatment of the diseases under consideration owing to the peculiar location of the ganglia in this region, as previously stated, usually one in front

of the head of each rib. It is from the thoracic ganglia that the three important splanchnic nerves are given off which pass down and forward to unite in the formation of nerve centers, the largest of which is the solar plexus.

The internal branches of the lumbar ganglia pass in front of the aorta and help to form the aortic plexus. Branches also descend in front of the common iliac arteries and join over the promontory of the sacrum, helping in the formation of the hypogastric plexus. Owing to its position the hypogastric plexus is easily reached through the lower abdominal wall.

In front of the sacrum along the inner side of the sacral foramina is situated the pelvic portion of the gangliated cord. The two cords converge as they pass in front of the coccyx and unite forming the ganglion impar.

From the above anatomical facts regarding the location of the various sympathetic ganglia it is seen that if from any cause the vertebræ or ribs become subluxated, it may be only slightly, an interference is at once set up with the normal impulses of the sympathetic nerves and a disturbance in the blood supply to the part which is under control of the particular ganglion or centers affected, is the result.

Thus we may have hæmorrhoids and other abnormal rectal and pelvic conditions arising from some such disturbance as high up as the mid-dorsal region of the spinal column, for as we have seen these dorsal ganglia send fibres to the great nerve centers, the solar and hypogastric plexuses. From the last named, fibres extend on down forming the pelvic plexus which sends off branches which pass to the rectum upon the various hæmorrhoidal vessels already mentioned.

In making examination of the patient, the osteopathic physician not only gets as complete a history as possible of the case, and ascertains the condition locally, but he also makes an examination of the spine from atlas to coccyx to find out if there is any cause of irritation which may affect the nerve supply to the blood vessels or other structures in such a way as to produce a local disturbance. When the sphincter is tight and contracted it is a source of constant drain upon the nervous system. In other cases there is a general lack of tone; everything is relaxed and the rectum is often found to be badly prolapsed. Upon inserting the finger we find the rectal cavity filled with this relaxed flabby tissue. Added to these two conditions there are in many cases hæmorrhoids, either internal or external, which become so distended with blood that it is with great difficulty and pain that a movement of the bowels can be had.

In our treatment of this condition gentle manipulation is given to free up the obstructed circulation, the swelling and soreness rapidly subsides and the patient experiences grateful relief. In the chronic cases, especially where there is prolapsus, a series of treatments is necessary in order to restore the tissues to their normal tonicity.

It has long been a recognized fact, derived from experiments performed upon animals, that through irritation to certain nerves circulatory changes

can be produced in different areas of the body. In official surgery the shock to the sympathetic nerves as a result of the stretching given to the sphincters is considered of great benefit to the patient, owing to the profound stimulation given to the capillary circulation throughout the entire body. The reaction from this work tones up the blood vessels and makes them more responsive to the normal stimuli which are constantly passing to them along the vaso-motor nerves. The osteopath believes that through work on the different nerve centers he can produce changes in the circulation, and I believe the results of his practice demonstrate this fact. If this were not true how would it be possible in a case having a temperature of 102 to 103 degrees, skin perfectly dry and hot, to bring about an almost immediate change in conditions with no other means than suboccipital manipulation? Here we reach the nerves and blood stream on its way to supply the fever center in the medulla (vertebral artery). In a few minutes the patient begins to feel more comfortable, a profuse perspiration comes out all over the body, and as has been my experience many times, the temperature in a few hours falls to normal. It is only through the vaso-motors that this change could be produced, flushing the surface blood vessels and aiding heat dissipation. So in the treatment of rectal diseases, we not only get this great and important effect upon the general circulation by specific work upon the anus and rectum, but we also work to remove all muscular contraction, internally and externally, and correct any malposition of the vertebræ or ribs which may be found to exist. If the liver is inactive or the bowels constipated as in most of these patients is the case, we work over the proper centers to them, stimulating greater activity and a free blood supply throughout. It is often important when the rectum is prolapsed and in an atonic condition to raise the abdominal viscera and straighten the tissue folds out of the sigmoid and rectum, which will allow a better circulation and also an unobstructed passage of the fecal matter to the rectal cavity.

I should like to give you the reports of several cases in detail to illustrate the effect of osteopathic treatment of pelvic diseases. I will, however, mention only a few cases reported to me by osteopathic practitioners in the field, showing the lesions found, the pathological conditions and results of treatment.

1. Male—Hæmorrhoids and enlarged prostate; long standing case; torpid liver. Treatment—First, to cure hypertrophy of prostate; second, stimulative treatment to the liver. Results—The case was completely cured in ten weeks; gland being reduced to normal size.

2. Male—Rectal prolapsus, three year's standing; constipated; some ulceration of rectal mucous membrane, also a few small hæmorrhoids. Lesions—Lumbar somewhat posterior; upper part of left innominate slightly tilted forward; coccyx anterior. Treatment—Correction of bony lesions; deep manipulation over sigmoid flexure to raise it up and tone tissues; thorough stretching of rectal sphincter and raising upward of mucous membrane; thorough

treatment of liver and bowels generally. Treatment was given twice weekly for four months, and once weekly for six months. Results—Case cured with no return and excellent general health since.

3. Female—Extreme contraction of sphincter vaginae; no history of any previous illness; almost constant pain in lumbar and sacral regions; always had constipation. The vaginal irritation was overcome by two treatments, which consisted in thoroughly relaxing the muscles over the sacrum and obtaining free motion in the lumbar area. The case is now under treatment for the constipation which is obstinate.

4. Male—Age fifty-eight; hæmorrhoids and constipation; prolapsed condition of stomach and intestines; partially paralyzed rectum; inactive liver; no history of previous illness; spine was very rigid, but no specific bony lesion. Treatments were given twice per week for three months consisting of spinal work to establish more freedom of movement between the vertebræ, and abdominal work to replace the organs; colon was flushed out once a week for first three weeks; local rectal treatment once a week for first six weeks. Improvement from beginning; after eighteen months the hæmorrhoids and constipation have not returned.

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DIAGNOSIS.

J. A. LINNELL, D. O., CHICAGO, ILL.

It would be amusing if it were not a serious matter, the erroneous ideas many have of osteopathy. How often we have read that osteopathy is a scientific system of manipulation for freeing up the channels of Nature, etc.

Do you wonder that it is not confused with everything, from massage to christian science more often than it is?

Pray tell! How do such definitions differentiate osteopathy from massage, Swedish movement, physical culture, movement treatments, etc. If it were not for the saving word "manipulations," electricity, vibration and materia medica would be included, because all these free the channels of nature more or less.

Worst of all too many so-called osteopaths do not see the missing link in such paragraphs and it is to them this article is dedicated.

This is the reason for all the friction and dissention in past years of colleges only osteopathic in name. It accounts for the cry of some for adjuncts, and for their hard treatments, too frequent treatments and worse still—their general treatments.

I am not presuming to rewrite any definition of osteopathy or give new theories. I am speaking from the treating room and not from the easy chair of the literary osteopath. I will tell you what I tell my patients, "Osteopathy is ninety-nine hundredths diagnosis. It is the most practical and scientifically accurate system of diagnosis. It is practical because it gives a working basis for curing the disease."

All other schools of healing have diagnosed by the aid of symptoms—a

method which I need not remind you is composed largely of guesses. If it were not we osteopaths would have fewer patients.

This is the weak point of all other systems, for while it works fairly well in acute cases, strictly typical, it falls down ignominiously in complications. And in chronic cases it says, "Well! you have so and so. What the cause is we do not know. However, we suggest you use so and so and if that fails do so and so."

The study of the best medical authorities reveals the following weak points: That nine-tenths of chronic cases cannot be helped by their methods. That while their system of diagnosis can locate the point in the brain where the blood clot is causing paralysis, the nerve tracts involved, and the areas of motor and sensory paralysis, in a manner that awes us into admiration, there is nothing in the result which helps in removing that blood clot. And so it is with every disease discussed. They frankly admit "as to the cause we do not know."

To go back to the definition where we admit that other systems free the channels of nature and cure disease, they hardly average one time out of ten, (and there is a good deal of luck when they do) but osteopathy averages a far higher rate of cures than all systems combined and has a worse class of diseases to make a record with than they. What is the reason? Because it has a system of diagnosis of scientific accuracy which will point out the anatomical cause—the obstructed channels. The point which many fail to comprehend in osteopathy is this very thing—not its ability to correct, but to discover the structural defect. It has had to have a superior system of diagnosis because it made its name on cases that had baffled the world's best doctors.

I remember well a case of a railroad official. He had "sinking spells." At times, could not raise his head and his heart would hardly flutter. Specialist after specialist examined him and treated him, but with no benefit. At last one said, "This is very peculiar case. Every organ is perfectly sound." "Yes," Mr. S.—replied, "But confound it, it don't go." This was one of the simplest of osteopathic cases. It was cured. But I assure you he would have collapsed under massage, Swedish movement or any treatment which had to rely upon a gunshot method to "free channels of nature," for he had not the vitality to waste.

Osteopathic diagnosis gives a working basis. Symptomatic diagnosis gives conditions; osteopathic diagnosis gives the cause of those conditions. Of what use is there in telling a man he has kidney trouble without telling the reason for it? None, except in signing the death certificate. Osteopathy finds the anatomical, physiological cause for that kidney trouble every time. Nothing has ever been as successful in kidney disease as osteopathy.

Osteopathy made disease tangible by studying it from a material standpoint and making it real, not to the microscope or in the chemical laboratory, but to the sense of touch.

Surgeons have claimed that "perverted structure and perverted function are inseparable." They have contented themselves with cutting out the re-

sults of disease and not their cause. Dr. Still was the first to lay down a law as to the cause of disease which enabled it to be studied and treated as a reality.

I say that the principle of osteopathy is one of diagnosis because it does not lay down the treatment for any disease, but it does lay down rules for finding the cause of that disease. What is the treatment for asthma? We have none. But we can always find a cause for it and always remove it. Still I say we have no treatment for asthma as I never saw two cases of it or anything else exactly alike. Asthma is thus referred to in the medical books; "Asthma is of doubtful prognosis and its cause is unknown." However, I do not remember of ever hearing of osteopathy failing in a case of asthma.

The professor in the school-room says: "Osteopathy is adjustment." The student says: "Where?" You can learn adjustment in one-hundredth the time you can learn where to adjust.

Some say: "There are no such things as lesions. I never found any." This is the whole of osteopathy: There is always a cause, and that cause can be found.

There have grown up two schools of osteopathy—the lesion and anti-lesion schools. The latter, believing that osteopathy is merely manipulation and all manipulation is osteopathy, call themselves osteopaths and talk about adjuncts. There cannot be such a designation as a lesion-osteopath because there can be no other kind. There can only be osteopaths and pseudo-osteopaths. And as for adjuncts, who has said anything against them? Every one who uses a table or a treating chair or swing is using an adjunct. We all use one of these three. What we do object to is using an aggregation of adjuncts in a gunshot manner.

Osteopathy's watchword is "Be specific." Osteopathy says, "Keep to scientific accuracy." If a case comes to you suffering from a disease whose cause is worn out nerve centers, you are no osteopath if you only see the manifestation of the disease and never comprehend the condition of the nerve centers, but lash them up with strychnine, electricity, the vibrator or even with a long, hard so-called osteopathic treatment. These cases usually are better for a time then grow worse under such treatment. The osteopathy is in locating and comprehending the condition of the nerve centers. Then the treatment for letting in the blood will be so simple that the patient who has been to a pseudo will think he is not getting his money's worth until he sees the difference in results.

When I say osteopathy is nine-tenths diagnosis, I do not mean to underrate the ability it takes to adjust structural irregularities. What the public asks of the healing profession is to know "What is the matter," and I want to emphasize the fact that we can come nearer the facts and make fewer mistakes than any other school or all schools combined.

TYPHOID FEVER.

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At the very outset of the description of typhoid fever we find it stated (Osler, Practice of Medicine, p. 1) that it is a general infection. If it is a general infection, it implies that there is a general nidus for the infection, for healthy animal blood is the finest of all germicides, and the germs do not live in it. Only when there is a nidus or waste matter circulating in the blood do the germs exist therein. Moreover, wherever we find a nidus we are pretty sure to find, sooner or later, germs there also. In such a case the importance obviously attaches to the nidus rather than to the germ, for the germ is secondary. What is the source of this nidus?

In the same paragraph with the above is the statement that the disease is characterized anatomically, by a local lesion of the solitary follicles and the patches of Peyer in the ileum and cæcum. Let us see what this means and we shall find the source of the nidus. The local lesion means inflammation leading, perhaps, to ulceration. In inflammation there is first a more or less abundant catarrhal secretion, followed by phlegmonous secretion, followed in severer cases by fibrinous deposits. This exudate, in the case of the Peyer's patches, would not escape into the intestine for the solitary follicles and patches of Peyer are lymphatic organs with tubes that lead directly to the receptaculum chyli. The excretion from the inflammation of the surrounding surface of the intestine would escape into the lumen of the intestine, and cause the diarrhœa, gurgling, tympany, etc., but the secretion of the follicles and patches themselves would go directly into the receptaculum chyli, thence in an unimpeded course through the thoracic duct into the general circulation. There are other ways in which nidus may be thrown into the circulation, but probably in no case in so direct and wholesale a manner, which feature distinguishes this disease from all others. In this way there escapes into the circulation a large quantity of waste material, no doubt carrying with it numbers of bacteria. The bacteria may or may not be harmful, but the nidus itself, inflammatory product and poisonous, is quite sufficient to account for the disastrous effects of the disease. Entering the general circulation it reaches all organs and tissues. It contains, among other things, a fibrin forming ferment which within the tissues of the body will rarely cause fibrinization, but retains to an extent its power to combine with albumin. Thus in circulation it interferes sadly with nutrition. The inflammation of these glands prevents the performance of their natural function, which is to absorb from the intestine certain food elements. These elements are therefore not absorbed, and we have actually the condition of inflammatory exudate being substituted for the proper food elements. As a consequence there are parenchymatous degenerations in all organs and tissues, dropping out of the hair from malnutrition, great nervous depression, and the body sinks into a typhoid (depressed) state. Any weakness that the body may have is brought out by this condition, the patient seldom escaping some permanent reminder of the attack.

There are few features of the disease that are not to be explained on this basis. The swelling of the mesenteric glands is natural in view of the fact that the inflammatory material passes through them. The swelling of the spleen is due no doubt to the pollution of the circulation, to which it acts as purifier: in which, at any rate, the blood circulates unconfined by capillary walls, in direct contact with the spleen pulp. The step like rise in the temperature record, which is regarded by many as diagnostic of the disease, is capable of a simple mechanical explanation, which will no doubt upon further study prove to be true—possibly with modifications—in this way. The fever in this disease is caused by the introduction into the circulation of the inflammatory products, just as it is caused in abscesses and other similar cases by the absorption of them. The fever is usually proportional to the amount so absorbed. In this case we have a steady and uniform rate of the introduction of the poisons, causing a uniform rise in the fever; this however is modified by the daily variation in the temperature; thus in cases of uniform fever, there is a morning remission, and evening exacerbation of temperature. This daily variation is sufficient to account for the one degree fall in the typhoid temperature—the evening rise being greater—two degrees, say, because of the constant increase in the temperature. Or it may be that the rythm of the spleen, always involved in this disease, will account for this peculiarity of temperature record. Certainly this explanation is more credible than that which requires some peculiarity of the germ.

Contrary to the general impression, it is by no means accepted or proven that the bacillus typhosus is the cause of typhoid fever. The germ does not fulfil Koch's law. In the first place, it is not invariably found in the lesions. Its very close resemblance to the bacillus coli communis is so confusing, moreover, that some of the cases in which it is stated to have been found may be discredited. It may prove to be the bacillus coli communis somewhat modified by living in the changed secretions. And although it may be cultivated outside of the body, yet its injection into the body of animals does not always cause the disease. The reports of the experiments for testing the effect of the germ are interesting. The experiments are performed on the Guinea pig. This animal is selected because of its special susceptibility to the poison, thus vitiating the experiments from the first. Into the animal's body is injected one per cent of its body weight of germ culture. One per cent of his body weight in a man of one hundred and sixty pounds would be one pound and a half. If you were to inject into the arm of the most vigorous person alive one pound and a half of germ culture, that man would be pretty apt to die of something or other. In the Guinea pigs, a fair per cent die with typhoid (depressed) symptoms, a fair per cent show only local lesions at the site of the injection, and a fair per cent show no ill result at all from the experiment. The connection between the germ bacillus typhosus and typhoid fever can hardly be regarded as demonstrated. As a matter of fact, it is absurd to hold that inflammation of any part or organ or tissue of the body is caused by only one agent—

a certain particular germ. Inflammation of an organ may be caused by strain or abuse of its function, by local irritants, by lesion to its nerves and no doubt in other ways.

The rose spots on the abdomen, held by some to be diagnostic of typhoid fever, are explainable by the extension of irritation from the centres of the involved portions of the tract in the cord to the adjacent cutaneous centres. Extending to these centres, it causes the first stage of a beginning inflammation, scattered patches of hyperæmia. These are not, however, diagnostic of typhoid fever, but are often found in inflammations of the lower bowel, cæcum, and rectum. There is thought to be something distinctive about the size and character of these spots; but such precarious distinctions must be subjected to the most critical tests.

Typhoid fever is peculiarly a disease of camps and armies. It shares this distinction with other diseases of the lower bowels. It is not only the exhaustion or the poor food, because these would affect equally other organs as well, but it is something more specific in its action that makes these affections so apt to arise in camp life. We may approach this subject in this way. Cholera morbus and other spasmodic affections of the bowels are especially likely to cause cramping in the muscles of the limbs. It is a poor rule that will not work both ways; if affections of the bowels are felt in the limbs, exhaustion and abuse of the limbs would be felt in the bowels. The relation between these two is of course in the nerve centres of the two, which lie in the same spinal segments. From the long marching and excessive work of camp life the spinal centres of the legs are exhausted and involve with themselves the adjacent centres of the intestines, and either actually cause the diseases thereby, or so weaken the intestine as to render it unable to withstand the strain of other abuses and irritants.

The relation of civic uncleanness to this disease is also a matter of simple physiological reasoning without necessitating appeal to the uncertain germ theory. The solitary follicles and Peyer's patches are the lymphatics of the intestine. They absorb largely the fluid elements of the chyle in the small intestine before passing it on to the cæcum to become fæcal matter. In this way, a pollution of the water or of the food itself is felt first in these glands. No doubt they also extract from the intestinal contents the more dubious of its food elements, when necessary passing them through the mesenteric glands for purification. At any rate, these are the first to suffer in any pollution of the food or water elements.

Now if the water supply of a whole city be ever so slightly contaminated, there will always be a certain per cent. to whom this will be the last straw. The law of averages never varies. This per cent. will increase with the increase in the degree of the contamination, so that for every increase there will be several lives to pay the penalty. Of these lives that pay the penalty, a certain per cent. will be by typhoid fever—probably the highest per cent. for the lymphoid follicles, as has been shown, are the first to suffer from such pollution.

Heat also plays part in the causation of the disease. The explanation of this also can be given on simple lines. The effect of heat on the body is to cause more rapid katabolism in its tissues, but especially in the contents of the intestine, unprotected by anything save the bile. The effects of this are felt first in the liver, to which all the blood from the intestine goes before entering the circulation. Liver troubles more than any other special kind are characteristic of hot climates. But the lymphoid follicles also feel the effect of the pollution of the intestinal contents by the more rapid decay of the food stuffs. Thus it is that heat also contributes something to the causation of the disease.

Germs also aid in the pollution of the intestinal tract, and in that way add to the burden that these follicles must bear, assisting to overthrow and inflame them. A specific relation between a certain germ and inflammation of this organ, however, or of any organ, is almost untenable from the start. Inflammation of any organ or part of the body may be caused in a number of ways, and there are no functions or activities of the body that a germ could cause, that are not to be caused in other ways also. The germ may be an incidental cause, but it has in no case been shown to be an essential cause and it seems absurd that it could be so. The medical world has gone germ mad. Nature abhors a vacuum, whether intellectual or physical, and she proceeds to fill it with whatever is handy for the purpose. The germ theory, resting on a considerable amount of tenable evidence—the germs certainly existing, and certainly being found in large quantities in the secretions of disease—has been expanded to fill the vacuum of actual ignorance as to the cause of disease. It has been applied at one time or another to practically every disease in the catalogue. The extent to which it has been expanded is a measure of the size of the vacuum it was expanded to fill. The germ theory being in present possession of the vacuum, is not to be dispossessed of it except by some more tenable theory or by the truth, but a reaction against it is in order in behalf of a physiological study of disease.

* * *

FOR THE THINKING MAN "FOOD," NOT TO BE USED BY OTHERS.

DR. W. F. TRAUGHBER, MEXICO, MO.

(Secretary of National Association of State Board of Osteopathic Examiners.)

That this is an "age of advancement" is not disputed. Notwithstanding the greater part of the world knows of and accepts the advancement made by the use of steam, electricity, and many other devices, inventions and discoveries of man, yet a few are content to travel across the Sahara of life as their great grand fathers did. They are found plowing with crooked sticks and groping their way in darkness, even in this, the greatest of all ages, the Twentieth Century.

You well remember the story of that ever to be watched, yet faithful animal that wears such long ears to grace his beauty and point out his submission—until you are not watching—the story of the mule that froze to death

on a summer's day because he mistook a heap of pop-corn for a snow drift. That unfortunate's brothers and sisters are not all dead. We hate to see optical illusions still deceiving and causing so many sincere mistakes; so let us see if the smoke cannot be cleared away that the light of the new century may cause us to see more clearly.

The late psychologists are weighing our thoughts, or at least the force of them. The person is balanced so that the slightest weight on either the head or feet will cause the part thus weighted to lower in proportion to the weight. The person, of course, is in a horizontal position. Thus balanced he is now asked to do some slight mental work—as repeating the fifth line multiplication. We see at once the head lowers and the feet are elevated. The mental effort is increased and the head lowers accordingly. Then we have the person to be passive again and we find the body assuming the former position. Next, we know that every voluntary movement is directed by the will power. You know when you use your feet rapidly they are warmed. We now have the man balanced and ask him to imagine he is using his feet rapidly, yet not move them. It may take practice to accomplish this, but such is easily attained. In other words, he exercised his will power as though he were using his feet. We find the feet are lowered. They will be lowered to the extent that he can exert energy from his mental faculties.

Some call this experiment, "weighing of thoughts." In reality we are only weighing the excessive blood sent to the part as directed by the will. In certain emotional happenings we see some people blushing—excessive blood to the face. In a time of fear the face is paled. This is the influence of the mind of the individual over the body, the blood being the medium that is transferred. In normal conditions, where no excitement prevails, the will has but little effect upon the circulation. So some people's volitional powers seem never, from the lives they live, to be exerted or have any control over their lives or actions. They will tell you that they can do this or that and often intend to do so; but their good intentions are only materialized in word, sad as this fact may be to their friends and their Maker, and to them when it is too late.

If, by concentrating our psychic powers, we can, to an extent, change the blood from the head to the feet and vice versa; then why not to the same extent and in the same manner throw the blood to any part of the body? You say it does not look possible to you and you will not accept it. Ten years ago it did not look possible to send a wireless message through space. To-day we find them sending such thousands of miles.

I do not say that you can force the blood through any obstruction by mental effort; you cannot. I do not say you can warm any part of the body regardless of the surrounding conditions in this way; you know such is folly.

What I want you to see is the power of the natural forces of the body and the influence of the mind over them. When any part of the body is poisoned, as in a malarial condition, the natural forces are put to work to burn out the

poison and a fever results. Let this person know that he is in a malarial district and that he is likely to die, let him give up hope of getting well and likely you will attend a funeral. Let another in a similar condition find out his trouble and watch him. He says: "If I sit here I will die, but I am not going to sit here." His energies and ambitions cause him to get out and thus his blood circulates faster, and it's the blood that carries out the impurities of the body through the workings of the different organs under the control of the nerves. I have seen people that are so easily influenced that I believe they would die if you should tell them that you knew they would. You have not influenced their bodies directly by your words; but you have influenced their minds and their minds have influenced their bodies. You say you are not influenced by other people? You may not be, but the majority of people are. If you are strong in body and in mind you may not be influenced. Would you believe a good friend or the family physician or any person in whom you have confidence who says that you do not look well? I dare say you would. To those persons that say to every person they meet, "Why, is that you? Are you sick? You look so dreadful this morning:" Long may they live to brighten (?) the sad hearts and cheer (?) their friends by their words of encouragement (?) and their sunshine (?) dispositions. Such should always stand on the street corner that they may not miss an opportunity to cheer all who come their way.

I have seen persons much frightened because of some good sister's or brother's warning that if they did not use a treatment she or he had to sell that they would die with consumption within a year. Such imposters ought to be sent back to nature's mint to await the making of some other animal, and it should have no tongue, or else it should be given a few ounces of grey matter to rule it.

Now, on the other hand, there is the person who can cure you by his prayers, he says. He influences your mind and your mind has this natural influence over your body and a great many cases get well. He tells you you are cured by his divine power which he exercises over you. If he is honest in this belief he is honestly mistaken. If he can get any person to cease worrying and think differently and cease being selfish and narrow, he has done well. His work is surely needed in the world. The man prayed for must have faith and his faith must lead him to works, otherwise he would not be cured. If you stick your hand against a hot stove, though all the faith healers pray for you, it would burn unless you removed it. If the trouble is that the mind is not exercised over the body, the influence must be changed. I believe in prayer, but if you have a broken bone you would better have it set before you trust it all to your prayers.

The system often works by reactions. The organs become sluggish; the blood is an irritant and this stimulates the nerves and an increased activity results. This is nature's remedy. These are the divine laws at work. When we disobey these laws or something is interfering in any way it will result in some disturbance. Man can study the laws of nature and the mechanism of man and aid nature by removing any obstructions to the physiological func-

tions or the psychological phenomena. When he has thus assisted nature and the victim of the malady is well, let him feel that he was an assistant of the laws of nature and not that he has some mysterious power over the diseases of men, which he calls a divine gift.

Men, given up by our best physicians to die, have regained health. The physicians were honest, but were honestly mistaken in the recuperative powers of nature. When we find the forces of the body being misdirected by some obstruction in some way, we, as master mechanics, must go about to restore such a part to its normal condition. If the trouble is a perverted mind, see that such is righted, but remember that mental disturbances are nearly always caused by physical derangements. If the body alone is diseased see that the natural recuperative forces are not interfered with by any mal-position or mal-adjustment of any of the parts of the organism.

Someone said: "We are as we think." This is true, except when we are deceived. If you have weak and inflamed eyes, a chronic sore throat, a heart that tries to run off when you exert yourself a little, you give out on walking up the steps, your liver never acts without a purgative, your lungs pain you most of the time, most everything you eat disagrees with you, your back is always aching, your feet are always cold, you do not sleep at night, your kidneys act too frequently, and a thousand other things, any one of which would disturb your quietude, then if you can say: "I have no trouble," your imaginary powers are surely deceiving you.

Let the hand of the osteopath find your trouble and let his skill adjust the weakened or deranged part and when nature's forces are unobstructed you will see the part thus affected being restored to its normal condition.

* * *

"GAME LEGS."

H. W. GAMBLE, D. O.

Since taking up the practice of osteopathy, I have found no class of cases more common than those affecting one or both the lower limbs, though the trouble may be localized in the knee, foot, sciatic nerve, hip, back or groin. Most of these patients showed injury or strain to the lower portion of the spine and the pelvis, affecting the innominate bones which unite the limbs to the spine and which form the main portion of the pelvis. These innominate bones join the sacral portion of the spine in a manner quite unlike the ball and socket or hinge joints or any other joint of the body. The sacrum is a wedge shaped bone united to the innominate bones by their roughened edges and all are bound together and supported by ligaments and muscles which often give way under the severe strains and wrenches to which they are subjected. Partial or complete dislocations of the pelvis can often be proven to the patient by showing him the difference in the length of the limbs, the weakened side generally being forced upwards, drawing the leg with it, of course, and thereby making it shorter than the normal side.

These dislocations cause peculiar manifestations in cases where no pain experienced in the hip nor lower portion of spine—the origin or cause of the trouble—while the toes, heel or knee will give the patient much distress. The trouble is frequently attended by swelling, local inflammation, cramping, neuralgia and various annoying symptoms, often considered rheumatic by the sufferer. It is a very common occurrence to see a patient come into the osteopath's office walking stiff-legged because of pain occasioned by motion in the joints, (generally the knee) but this is only a symptom or result of irritation at the base of the spine to the nerves or blood vessels supplying the leg.

The uninitiated patient often finds difficulty in understanding why the pain in the pelvis gives them no annoyance at the seat of trouble and so much pain and inconvenience so far from the cause. If you show him the difference in the length of the limbs, often amounting to an inch or even more, and the first treatment corrects the slipped pelvic bone (which is usually the case) he will be convinced when he sees the legs are once more of equal length, and his conviction will be further strengthened when he experiences relief from pain and makes note of the difference in walking. If the case is of long standing it is not often possible to retain the hip in position with the first treatment as the ligaments and muscles have become stretched and weakened by abnormal position of the bones and must be strengthened by treatment. The dislocation may be renewed several times; the first time or so probably without apparent cause, but when stronger it requires a careless step or a wrench or strain; but practically always a cure is effected in from a few days' treatment, to a few weeks, rarely over a month, more often less than a week. It is impossible to say how many symptoms or results may follow this one lesion; bed-wetting is often cured by correcting the interference with the nerve control of the bladder; catarrh almost invariably depends upon this same cause, only affecting different nerve fibers and structures, also uterine and ovarian trouble in various forms, while pains of almost every degree and description in the small of the back, hips, thighs, knees, heels, or feet almost invariably are relieved by correcting or removing this one cause.

A moment or two of intelligent manipulation does the corrective work, while it is generally necessary to give some attention to improving the condition of the surrounding structures of the joint.

It is a satisfaction and gratification most of us have often enjoyed who have been in the practice any length of time to restore health to the broken down invalids suffering from heart, lung, stomach, bowel, liver, kidney or female trouble; to restore the almost destroyed sense of hearing or sight when deafness or blindness seemed certain; or to restore the paralytic or crippled man being helpless and a burden, or to conquer the pain, fever and various distressing symptoms of the acute sufferer. There the treatment demanded is generally applied to many and various centers often more or less general, especially where the entire nervous system or circulation of the blood mass must be improved, and you cannot give a manipulation and a pull in a "touch

the button" manner and have results and improvement so quickly and surely follow as in the class of cases I have been describing.

I will submit a number of cases chosen at random which serve to illustrate the points I have tried to make. The main treatment was to the pelvis and lower part of spine.

Case 1. Young lady had suffered from inflamed and painful limb more or less constantly for years and was treated almost continually by different physicians and methods without relief. I found innominate bone slipped up; cured in seven treatments.

Case 2. Elderly gentleman had swollen, inflamed knee; had been unable to bend it for over six months; first treatment gave almost complete relief; cured in two weeks.

Case 3. Boy three years old; right limb paralyzed and undeveloped; wet the bed from infancy; severe bladder trouble which surgical operations failed to relieve; was cured in six week's treatment.

Case 4. Young lady subject to bed-wetting all her life, was cured in six weeks; dislocation reduced six times before it remained; brought relief also to female trouble.

Case 5. Old lady suffered with excruciating pain and cramping in foot and ankle every few weeks for years; five treatments cured her.

Case 6. Farmer pushing a loaded cart up snowy grade slipped and wrenched pelvis, causing sciatica with its terrible suffering; unable to turn in bed; three days' treatment gave entire relief.

Case 7. A merchant in lifting strained his back and hip; resulted in lumbago for several years; cured by five weeks' treatment.

Case 8. Farmer kicked and trampled by vicious horse; limb drew up, could not straighten; pain and weakness in knee and hip; demanded use of cane for several months; eleven treatments effected a cure.

Case 9. Railroad man fell off a box car, fracturing ankle which made fair recovery, but the entire limb was weakened; motion and sensation impaired; partially paralyzed for seven months after injury; two months' treatment was necessary before he was able to stand hard work once more.

Case 10. A gentleman limped into my office last spring by use of cane, suffering intensely from sciatica; could hardly get on operating table or turn over; the pain caused a cold sweat to cover his body; dislocation reduced and cured with one treatment.

Case 11. A patient suffering from large gastric tumor had all the resulting distressing symptoms; entirely relieved in a month's treatment so neglected to come for treatment for a couple of weeks till back and leg began to cause suffering after a strain which was cured first treatment.

Case 12. Boy, sixteen years of age, suffered from bladder trouble most of his life; could not control it in sleep; kidneys also affected some; a month's treatment overcame all trouble.

Case 13. Old soldier in " '63" made unceremonious leap through window,

striking side of pelvis on side of window; dislocation resulted in increasing length of limb seven-eighths of an inch with more or less suffering experienced every day since; reduced six times before it remained in place; treatment given for a month, three times weekly, gave entire cure.

* * *

A CASE OF GALL STONES.

Dr. M. D. Cole, of Dubuque, Iowa, recently visited the A. S. O. He attended a number of classes and spoke encouragingly to the students concerning the practice of osteopathy. Dr. Cole is an enthusiastic osteopath, having been in the practice at Dubuque, Iowa, for four years. He talked to the students about various phases of the practice and gave an account of a number of interesting cases. He exhibited a number of large gall stones which he had removed from a patient by osteopathic measures. Following we publish an analysis of one of the stones in this case as prepared by Dr. C. W. Proctor of the A. S. O., also a report of the case by Dr. Cole:

DR. PROCTOR'S REPORT.

The analysis of a fragment of the large gall stone obtained by Dr. M. D. Cole, showed cholesterol about 75 per cent. and other organic matter, chiefly bile pigments, 25 per cent. This result does not differ much from the average composition of biliary calculi. Sometimes they contain as high as 98 per cent. cholesterol, at other times as high as 61 per cent. of bilirubin, the chief bile pigment. Those with a high per cent. of cholesterol are generally light in color and quite hard, others containing mucin, fat and soluble constituents are quite soft. Those containing much bile pigment are darker, sometimes almost black. If the bile pigment occurs in some parts in greater per cent. than in others, there is a mottled or streaked appearance as was the case with the one from which this fragment was taken.

Besides the organic constituents mentioned, there are sometimes found mineral substances, such as phosphates and carbonates of calcium, though these are far more common in other animals than in man. Sometimes a trace of copper is found.

The bile pigments found in gall stones are not identical with those found in normal bile. Besides the bilirubin and biliverdin of normal bile, bilifuscin, bilihumin and bilicyanin or choletelin are found. These are all combined with calcium.

The structure of the gall stone is usually of concentric layers about some nucleus in the center. This may be a crystal of some constituent of the bile, a bit of hardened mucin or bile pigment and in rare cases foreign bodies which nature is trying to throw off by this channel. The middle layer is often pure



DR. M. D. COLE.

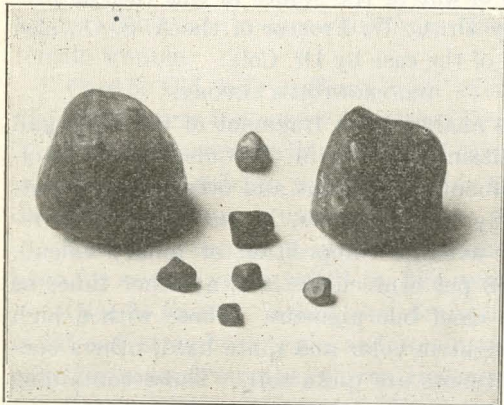
cholesterin and quite white in appearance. The outer layers usually are streaked with bile pigment.

Gall stones vary greatly in size and number. In the Breslau museum is a collection of 7802 taken from one person. Morgagni found 3000 in one person. The average size is about that of a hazel nut, some are so minute as to seem not larger than a pin head while others have been found as large as a hen's egg.

DR. COLE'S REPORT.

Mrs. D. Brewbaker, No. 433 Bluff St., Dubuque, Iowa, age fifty-seven, was troubled with torpid liver most all her life. Several years ago she suffered a severe attack of jaundice. For the last three years she has been treated by M. D's. for gall stones but had never passed any.

On February 5th, I was called to take charge of the case. She was suffering more or less pain and after the third treatment, the pain began to increase. I found tenderness all along the spine, especially between the second and third, and the ninth and tenth dorsal vertebrae. The liver was about normal in size. I could feel stones in the gall-bladder. There were prominent muscular contractions, especially in the dorsal region at the articulation of the ribs.



The two large stones and several small ones.

patient was troubled more or less with constipation; the spleen was also affected.

After the sixth treatment, she passed a number of small stones and one large one, measuring three and a quarter inches in circumference. After she had passed these, she got up and around and felt fairly well but still continued the treatment.

In about two weeks she was again seized with severe colicky pain. I continued the same treatment, i. e., relaxing the muscles and giving a great deal of abdominal treatment, working directly over the liver. I could feel stones in the gall-bladder, about two and a half to three inches to the right of and about one and a half inches above the umbilicus just below the edge of the ribs. I worked directly on the obstruction, the movement being upward, toward the center, then downward, a rotary movement. I soon felt the obstruction in the gall-bladder move and could follow its course until its entry into the duodenum.

The Journal of Osteopathy.

PUBLISHED MONTHLY
BY THE

JOURNAL OF OSTEOPATHY PUBLISHING CO.,
KIRKSVILLE, MISSOURI.

Subscription, - 50cts. per year in advance.

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

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EDITORIALS, PERSONALS, ETC.	

The Journal of Osteopathy is now entered at the postoffice as second-class matter and Journals may now be sent out by the public at the rate of one cent each.

We have a limited number of copies of the special editions for August and September which we will sell to practitioners at the rate of \$2.25 per hundred including envelopes for mailing and practitioner's card on inside cover.

The Independent (N. Y.) in describing special "features" to be brought forth, says: "Almost every one has among his friends one or more persons who are enthusiastic over the alleged discovery of a new art of healing called 'Osteopathy.' This subject has, however, been ignored by most periodicals, notwithstanding the popular interest in it, but we shall publish on November 9th an article by Dr. A. T. Still, the founder of osteopathy, and on the following week a reply by a 'regular' physician. It will be an interesting controversy."

The O. P.'s Expose.

We are just in receipt of the October O. P. containing a write up of "Shaw, Forbes & Co." Since the Journal is issued from the A. S. O. we refrain from comment except that Dr. Bunting is to be congratulated on his fearless statement of facts as he sees them.

Autopsy Gives New Light.

The autopsy held on the body of G. W. Catt adds another point to Dr. A. T. Still's theory that gall stones are due in part to pancreatic disease. The pancreas in this case was much atrophied and gall stones were present, the patient having suffered from them during life.

Proposed Legislation in New Jersey.

Another legislative fight is already on in New Jersey. Both the allopaths and the homeopaths in their annual meetings passed resolutions against the legal recognition of the osteopaths. At the next session of the New Jersey legislature the osteopaths will present a bill for an independent osteopathic examining board.

Dislocates (?) His Joints at Will.

Recently there visited at the A. S. O. a young man who is able to separate the articular surfaces of his joints to a considerable extent and even, in the case of the shoulder, to raise the head of the humerus until it rested almost upon the rim of the glenoid fossa. These false dislocations are due to unusually relaxed and flexible ligaments.

Of greater interest is his ability to change the position of his heart and liver which organs he can move several inches by muscular effort.

Osteopaths Receive Greater Recognition in Ohio.

One year ago last July, according to Dr. Booth, Health Officer Davis refused to honor a death certificate signed by an osteopath. The matter was taken to the City Solicitor's office and the Health Officer was upheld.

Then the osteopaths, demanding a higher decision, carried their case to the State Board of Health and Attorney General Ellis

decided favorably to the cause of the osteopaths.

Speaking of the matter, Dr. E. R. Booth said:

"I don't see why there should ever have been a doubt as to the legality of a death certificate signed by an osteopath. In case of death it is our duty, as well as that of any other doctor, to render a report. I don't know whether the attempt to question the certificate of death was prompted by malicious parties. However, I do think it was very strange that the Assistant City Solicitor should state that the document was illegal. Probably he had not consulted all the higher authorities on the subject."

* * *

Manufacturing Public Opinion.

The bill-boards and advertising columns of newspapers have ever been great makers of public sentiment. No one understands this better than the successful advertiser, who seizes upon some plausible theory, of advantage to his business, and begins to advertise it as a proven fact. The public soon accepts it, on faith; the professional man holds out for a time but soon succumbs to the force of public opinion. Then the newspapers begin to write editorials about it and from that time forth a revolution would scarce shake the people's faith. For example, it is yet unproved that alum in baking powder is detrimental to health, but Dr. Price and his successors have been able, not only to influence public opinion, but to get the harmfulness of alum taught in schools and recognized by legislatures.

The persistent advertisers of patent medicines have succeeded in convincing most people that all pains in the lumbar region are due to kidney trouble and that most other diseases are "due to lack of tone—therefore take a tonic." The latest example of the manufacture of public opinion is the carrying of infection by flies. The fact that flies can carry infection was proved some time ago by laboratory experiment. The public paid little attention to it until a manufacturer of sticky fly paper saw his opportunity in pushing "Tanglefoot." The advertising has been persistent and now the editorials are appearing.

We wonder how many of our readers be-

lieve that there are some special virtues in Pear's Soap or Sapolio or Mennen's Borated Talcum?—Moral: It pays to advertise.

* * *

Minnesota State Osteopathic Board Examination, Sept. 12 and 13, 1905.

On account of lack of space we are unable to publish all of the questions and so present here only those which pertain to practice.—Ed.

OBSTETRICS.

DR. CLARA T. GERRISH.—TIME ONE HOUR.

1. What is pregnancy?
2. What general rule for length of pregnancy?
3. What should be done in case of labor, to prevent septicemia? Give symptoms in such a case and last management.
4. What are the best known causes of puerperal convulsions? Give treatment to prevent spasm.
5. How would you prevent lacerations of perineum? How would you treat them should they occur. State fully.
6. How should you treat pernicious vomiting in pregnancy? State fully.
7. Name three very important, dangerous symptoms a physician should guard against in a pregnant patient.
8. Give management of breech presentation if early attended and pains good.
9. Give anatomy of female organs of generation.
10. Should osteopathic treatments be given during pregnancy and why?

GYNECOLOGY.

DR. CLARA T. GERRISH.—TIME ONE HOUR.

1. Give a gynecologic diagnosis by inspection.
2. How make a tampon? What conditions are necessary for its use?
3. Give general technic for the preparation of a gynecologic operation.
4. Under what symptoms should you advise a gynecological operation.
5. What is meant by asepsis and anti-sepsis?
6. Symptoms: pain in right iliac fossa, anterior superior spine of ilium and crest—give lesion in spine for same.
7. Give a gynecologic diagnosis by inspection.

8. Give Sim's position.
9. Give diagnosis of abscess of vulvo vaginal glands.
10. Give causes, symptoms, treatment for catarrhal vulvitis.

THEORY AND PRACTICE.

DR. J. B. BEMIS.—TIME ONE HOUR.

1. Give the routine treatment of a typical case of typhoid fever, giving your reasons for the various methods employed, especially the osteopathic work.
2. Name some of the reflex pains and diseases which might result from disease of the rectum and anus. (B) Trace the connection.
3. Describe the movements necessary in the reduction of a sub-luxation of the hip-joint when the "head" is upward and posterior to its normal location. (B) What is the relative position and appearance of the foot in connection with its fellow?
4. Discuss inflammatory rheumatism. Give the principle points for treatment and the reason therefor.
5. What effect does irritation of the great splanchnics produce on the viscera and why?
6. How can you quickly relieve acute gastritis? (B) Give reason.
7. Why does neuralgia occur with indigestion?
8. What spinal centres are involved in tonsillitis? Scarlet fever? Gall stone colic? Locate them.
9. Do you think you ought always to find a structural lesion in disease which would act as a primal cause? (B) Give your idea of lesions and their bearing on disease. (C) Can you determine if a discovered lesion is primary or secondary?
10. Locate the lesion in flat-foot and outline treatment.

SYMPTOMATOLOGY AND DIAGNOSIS.

DR. E. C. PICKLER.—TIME ONE HOUR.

1. Give causes, prognosis and treatment of typhoid fever. How does it differ from other eruptive fevers? Give the common complications.
2. Describe cerebro spinal meningitis. What important nerve centers are involved and what are the preliminary symptoms?
3. Give color, odor, specific gravity and reaction of normal urine. What changes are found in it in acute nephritis? In rheumatism?

4. Describe the causes leading to jaundice. What are the typical symptoms in this disease?

6. What is acute lithemia? What are biliary calculi?

7. Discuss syphilis. Give different stages of this disease.

8. Discuss acute rheumatic fever. Give fully symptoms and causes.

9. What methods are employed in physical diagnosis?

10. Give causes and symptoms of amenorrhea. Of dysmenorrhoea. Of prolapsus uteri.

PATHOLOGY.

DR. W. A. McLARAN.—TIME ONE HOUR.

1. Of what does Pathology treat?
2. What are the terms applied to edema of different parts of the body?
3. What is an embolism? Of what are emboli composed?
4. Discuss necrosis. Give some of the conditions causing it.
5. What are tumors? What are the features in malignant tumor?
6. Classify and describe pathologic conditions in appendicitis, peritonitis.
7. What forms of ulceration may occur in the uterus?
8. Discuss acute meningitis.
9. What is disease? organic and functional?
10. What are the pathological changes in acute exudative neuritis?

CHEMISTRY AND TOXICOLOGY

DR. W. A. McLARAN.—TIME ONE HOUR.

1. Name at least one half of the chemie elements in the human body.
2. What are the active principles of gastric juice?
3. What antidote would you use for arsenic poisoning? What would be the chemie reaction if one of the iron preparations be used?
4. What is chemical affinity? Describe toxic conditions in ptomaine poisoning.
5. What is chemistry? Organic? Inorganic?
6. What is infection? Sepsis? Aseptic? Antiseptic?
7. Name ten elements. What is molecular weight?

8. What are some of the chemie elements contained in the food we eat?

9. What are the chemical constituents composing blood?

10. What would be obtained in compounding a solution of potassium, iodide and calomel? What antidote would you use in case of poisoning from this product?

* * *

Points of Interest to Those who Contemplate Locating in Minnesota.

Those who hold diplomas from a legally incorporated and regularly conducted school or college of Osteopathy may locate in Minnesota at any time and practice prior to the time of the regular examinations.

Provided: that an application has been made in the usual way, which consists of filling out an application blank, securing acknowledgement of a notary and sending same to the secretary accompanied with fee of \$20.00. The license fee receipt for the license is issued.

Provided further: that the school or college issuing said diploma is recognized by the board as being up to the standard of the Associated Colleges.

Address of Secretary: Geo. L. Huntington, D. O., 801 Ernst Building, St. Paul Minn.

Examinations are held twice in each year on the second Tuesday of the months of March and September in St. Paul.

Diplomas must be presented at examinations.

Applicants are examined in the following branches: Anatomy, histology, physiology, pathology, gynecology, obstetrics, chemistry, including urinalysis and toxicology, symptomatology, minor surgery, hygiene, dietetics, diagnosis, and theory and practice of osteopathy.

Extracts from law:

Sec. 5. The license provided for by this act shall not authorize the holder thereof to give or prescribe drugs for internal use nor perform major surgery. Osteopathic physicians shall be subject to the same rules and regulations, both municipal and state, that govern other physicians in the control of contagious diseases, and shall be entitled to all privileges of other physicians in matters pertaining to public health.

Comment: This means that osteopaths in Minnesota are fully protected in the practice of obstetrics. Anesthetics may be administered. Hypodermic injections given. Infectious diseases reported and treated. The insane adjudged. Birth and death certificates signed. Full hospital privileges are also accorded. In fact osteopaths are granted exactly the same privileges as doctors of medicine except that the license provided for by the law does not authorize the holder thereof to give or prescribe drugs for internal use nor to perform major surgery.

Reciprocity—

Sec. 3. (Middle paragraph.) * * * And provided further, that such examination may be waived as to any person or persons who have duly graduated from and hold the diploma from any legally incorporated school, or college of osteopathy recognized by said board having the curriculum of study herein specified, and who have duly practiced their profession in some other state or territory for a period of not less than two years preceding the date of their application.

Comment: An osteopath who holds a diploma from a legally incorporated and regularly conducted school or college of osteopathy, and who has practiced two consecutive years in any state immediately prior to making application, may, at the discretion of the board, be granted a license without examination. Regular application blanks for this purpose will be furnished by the secretary at any time. Upon receipt of such application, properly executed and accompanied with fee of \$20.00, the secretary will issue permit immediately, such action to be ratified at a subsequent meeting of the board.

* * *

Idaho State Meeting.

The second annual meeting of the Idaho State Osteopathic association convened in Boise, Sept. 28, 1905.

At the morning session there was conducted a clinic and program.

The evening was spent in general discussion and election of officers.

The following officers were elected: H. D. Morris, Boise, president; E. G. Houseman, Nampa, vice-president; J. S. Calloway, Mountain Home, 2d vice-president; J. Horace

Bodle, Boise, secretary, (re-elected); Mary A. Kingsbury, Boise, treasurer, (re-elected.) Mrs. Smith, of Caldwell; Dr. J. C. Edwards, of Wallace, and Mrs. Maxwell were made the program committee.

Drs. Houseman and Calloway were appointed legislative committee.

Our next meeting will be held in June, the exact date not determined. We have a membership of 16 and there are about as many more practitioners in the state who do not belong to the association. At our next meeting we expect at least 30 state osteopaths to be in attendance.

J. H. BODLE, D. O., Sec'y.

* * *

Program

Of the seventh annual meeting of the New York Osteopathic Society held in Hotel Ten Eyck, Albany, Oct. 25, 1905:

Morning—9 a. m.

Call to Order and President's Address, R. H. Williams.

Report of Secretary, H. L. Chiles.

Report of Treasurer, Charles F. Bandel.

Report of Legislative Committee, C. C. Teall.

Election of New Members.

Appointment of Special Committees,

Unfinished Business.

New Business.

Election of Officers.

Adjournment.

Afternoon—2 p. m.

Our Shortcomings, Ernest C. White, Watertown, N. Y.

Prognosis, C. M. Turner Hulett, Cleveland, Ohio.

Osteopathy in Obstetrical Emergencies, Alice Heath Proctor, Buffalo, N. Y.

Pathological Conditions from Osteopathic Viewpoint, George W. Riley, New York.

Program Committee: W. M. Smiley, Sylvester W. Hart, Mae V. D. Hart.

* * *

Program of the Southern Iowa Osteopathic Association, which met in Library Hall, Burlington, Nov. 4.

10:00 a. m.—Opened by Prayer, Rev. Dr. Schreckengast, of Burlington.

Address of Welcome, Pres. J. S. Baughman, Burlington.

Response, Dr. E. H. Beaven, of Cedar Rapids

Paper, "Osteopathy in Liver and Kidney Trouble," Dr. Elizabeth Thompson, Ottumwa. Discussion by Dr. W. S. Maddux and Dr. T. L. Sharon.

Paper, "Causes of Disease," Dr. Nanny R. Ball-Baughman, Burlington. Discussion by Dr. Mary T. Maddux and Dr. J. N. Walker.

Paper, "Cystitis Osteopathically Treated, My Successes and Failures," Dr. E. E. Westfall, Mt. Pleasant. Discussion by Dr. W. A. Cole and Dr. C. S. Harper.

Paper, "Pelvic Troubles, Their Relation to Displaced Innominates," Dr. Laurena Rezner, Biggsville, Ill. Discussion by Drs. D. Arthaud and W. C. Burd.

NOON.

1:30 p. m.—Called to Order.

Address, "Osteopathic Legislation in Iowa, by State President, Dr. S. B. Miller, Cedar Rapids.

Clinics, by Dr. C. E. Still.

Paper, "Ethics," Dr. W. A. Cole, Burlington.

Dr. J. Martin Littlejohn, of Chicago, will be present and give an address on some subject of vital importance to the profession.

Election of Officers.

Banquet, Dr. S. B. Miller, toastmaster.

J. S. BAUGHMAN, Pres.,

MARY T. MADDUX, Sec.

* * *

Monthly Meeting of M. S. O. A.

The regular monthly meeting of the Minnesota State Osteopathic association was held in St. Paul, Oct. 6th, President Bailey presiding. Dr. H. C. Camp resigned as association secretary. Dr. Bertha Moellering was chosen as his successor. Dr. Camp also resigned his active membership in the association and was promptly put on the honorary list. He was one of the incorporators of the association and is a loyal worker.

Drs. Katie J. Manuel and J. A. Herron, of Minneapolis, and C. W. Young, of St. Paul, were appointed a committee to put into operation the project of a circulating library of professional books.

On recommendation of the board of trustees the association voted to publish an association directory containing the names and locations of members, the association's declara-

tion of principles and short statements about osteopathy. Members were granted 60 days from Oct. 18th in which to pay up arrears to entitle them to entrance in the directory, and 30 days from same date in which to pay \$3.00 in advance for the year's dues; dues are \$5.00 if payment is deferred longer than 30 days from Oct. 18th.

The meeting closed with an instructive clinical program.

Several lecture courses by out-of-state osteopaths have been provisionally announced for the near future.

BERTHA W. MOELLERING,

Secretary M. S. O. A.

* * *

Report of the Meeting of the Sioux Valley Osteopathic Association.

The Sioux Valley Osteopathic Association met in annual convention, Thursday, Oct. 5, at the office of Dr. U. S. Parrish, Storm Lake, Iowa.

Papers were read and discussed as follows: Dyspepsia, Dr. A. W. Leard, Spencer.

Brachial Neuritis, Dr. Ella Gilmour, Sheldon. This paper was very ably discussed by Dr. A. W. Peterson, Hawarden, Ia.

Tuberculosis, Dr. U. S. Parrish, Storm Lake.

Spinal Lesions, Dr. C. D. Ray, Lemars.

The meeting then adjourned to the Lake where a pleasing hour was spent riding in a neat gasoline launch, the property of Mr. John Hoch, of Storm Lake.

Dinner was served at 6:30 at the home of Dr. U. S. Parrish, where Dr. Geo. Gilmour presided as toastmaster and the following toasts were responded to:

Osteopathy as a Financial Proposition, Dr. C. D. Ray.

Backbone, Dr. A. W. Peterson.

Bluff and Brain in Practice, Dr. A. W. Leard. Prophylaxis and the Doctor, Dr. U. S. Parrish.

Presenting the Bill, Dr. Ella Gilmour.

Discussion of state organization was then taken up and a paper by Dr. S. B. Miller, President of the state association, was read by Dr. Ida Peterson. After considerable discussion resolutions were passed favoring the division of the state into eight association districts, such districts to correspond to the eight health districts of the state. A reso-

lution was also passed favoring the support of a strictly osteopathic school in Iowa.

Officers for the ensuing year were elected as follows: President, Dr. A. W. Peterson; vice-president, Dr. A. W. Leard; secretary and treasurer, Dr. U. S. Parrish.

Program committee: Drs. Leard, Ella Gilmour and Mathel Bolks.

Board of directors: One year, Dr. C. D. Ray; two years, Dr. Geo. Gilmour; three years, Dr. D. P. Putnam.

Much good osteopathic enthusiasm was manifested throughout the meeting and all went away determined to work still harder for better local and state organizations, believing that necessary before a perfect national organization is possible.

U. S. PARRISH, Sec'y.

* * *

Personal Mention.

Dr. Theo. Paul is practicing in Savannah, Mo.

Dr. J. O. Smith has located at Waseca, Minn.

Dr. E. J. Merrill has located at Logan, Utah.

Dr. J. Evelyn Wilkes of Highland Park, Conn., sailed for Europe on Oct. 7.

Dr. L. D. Robertson, of Pittsfield, Ill., visited the A. S. O. during the past month.

Dr. Sarah H. Middleditch has located at Winona, Minn.

Dr. C. C. Teall has left Brooklyn, N. Y., and is now at his old home in Weedsport, N. Y.

Dr. Lyman W. Wilkins announces that he has opened offices for the practice of his profession at 885, Massachusetts Ave., Cambridge, Mass.

PRACTICE FOR SALE—In town in Indian Territory, population 7,000; no negroes and growing rapidly; a good business for two. Address C. K. Garring, Durant, Ind. Ter.

Dr. W. H. Marshall has sold his practice at Unionville, Pa., to Dr. Roy W. Marsh and Dr. Marshall has located in Pittsburg as a partner of his brother, Dr. J. F. Marshall.

Drs. A. O. Siler and Carrie B. Taylor have formed a partnership and are located in suite 43, Warren National Bank Bldg., Warren, Pa.

Dr. Norman C. Hawes has located at Northampton, Mass., where he purchased the practice of Dr. Atty.

In the October Journal we stated that Dr. W. S. Smith had moved to Sterling, Colorado. The Doctor was only visiting in Colorado and he is located in Red Cloud, Nebr.

We learn that Dr. Jas. M. McGee, of Philadelphia, Pa., has had the pleasure of explaining the science of osteopathy to three Chinese gentlemen who are here as representatives of the Chinese Imperial Government, studying American methods of treating disease.

Dr. J. L. Holloway, of Dallas, Texas, has recently been appointed a member of the Educational committee of the "Hundred and Fifty Thousand Club," an organization which is doing much to build up Dallas. Dr. Holloway will prove an energetic and capable member of his committee.

Among the alumni who visited the A. S. O. recently we noticed Drs. H. S. Bunting, Chicago; R. C. Bodwell, Waterloo, Ia.; Frank Hannah, Indianapolis, Ind.; Addie Farrington, Adrain, Mo.; Mary Farrington, Osceola, Ia.; Sallie Conner, Bellefontaine, Ohio; Allie Smith, Galesburg, Ill.; Harriett Conner, Hattiesburg, Miss.; D. F. Spicer, Boonville, Mo.

Died—At the home of her parents, Dr. and Mrs. J. L. McClanahan, in Paola, Kan., Oct. 16, Miss Ethel McClanahan.

Married—At the home of the bride in Kirksville, Mo., Oct. 18, Dr. Otto M. Calland, of Kansas City, and Miss Mabel Harlan.

Married—At the home of the bride in Brooklyn, N. Y., Oct. 21, Dr. Chas. W. Bliss of Elizabeth, N. Y., and Miss Laura Hampson.

Married—In Providence, R. I., Oct. 4, Mr. Frederick R. Handy and Miss Annie Prince Thompson. At home at 1, Daboll St., Providence.

Married—At Uniontown, Pa., Oct. 18, Dr. F. J. Marshall, of Pittsburg, and Miss Annie Miller. At home at 414 Highland Ave., Pittsburg, after Nov. 20.

Married—At the home of the bride in Savannah, Mo., Oct. 8, Dr. Claude Smith, of Carrollton, Mo., and Miss Lela Trapp.

Married—At the home of the bride's sister in Davenport, Ia., Aug. 23, Chas. DeVere Phelps of Schenectady, N. Y., and Miss M. A. Blake, of Princeton, Ill. They left recently for a trip to Panama.

* * *

Removal Notices.

Dr. J. W. Tarr from Cloquet to Marshall, Minn.

Dr. D. L. Clark from Sherman, Tex., to Ft. Collins, Colo.

Dr. G. Edgar Hodge from Rome, N. Y., to Cape Girardeau, Mo.

Dr. F. E. Hastings from Sprague, Wash., to Grant City, Mo.

Dr. Claude Smith from Savannah, Mo., to Carrollton, Mo.

Dr. Loa E. Scott from Rose Bldg., to New England Bldg., Cleveland, Ohio.

Drs. Walter J. Novinger and Geo. D. Herring have moved from 65 West 38th St., to 25 West 42d St., New York City.

Dr. J. Dalton De Shazer from Montrose, Colo., to McNear-Cochrane Bldg., San Rafael, Calif.

Dr. L. Guy Baugher from 33 Bellefont Ave., to 211 E. Water St., Lock Haven, Pa.

Dr. C. B. Hutchinson from Macon, Mo., to Atlanta, Mo.

Dr. Jas. E. Burt from Hotel Normandie, to The Rexton, 320 West 83d St., New York City.

Dr. W. Delahan from Cambridge, Ohio, to Merchants' Bldg., Erie St., Cleveland, O.

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

Dr. L. B. Triplett from Senior Bldg., Holyoke, Mass., to 24 Besse Place, Springfield, Mass.

Drs. Dewey & Dewey from 3 East Fifth St., to more commodious offices at 4 West Fifth St., Atlantic, Ia.

* * *

Murray Promotion Service.

Some of the older leading osteopaths who used the three months service twice are now subscribing for six months. Three months trial and book on Successful Promotion of Osteopathy \$5.00 or \$1.00 for book. Dr. Chas. H. Murray, Elgin, Ill.

San Francisco Osteopaths Meet.

A most interesting meeting of the San Francisco Osteopathic association was held Wednesday, Oct. 4, at the California College of Osteopathy.

Meeting called to order at 8:20 p. m. President William Horace Ivie in the chair.

The minutes of the preceding meeting read and approved. Twenty-five members responded to the roll call.

The resignation of Dr. Niel C. Bailey from the program committee was accepted. Owing to the serious illness of Mrs. Bailey, Dr. Bailey was unable to be present. His absence was very much regretted.

A most interesting, instructive talk upon the practical use for the different instruments for examining and diagnosing diseases of the eye, ear, and throat followed the regular business, Dr. F. L. Martin being the lecturer and demonstrator.

The meeting adjourned until the first Wednesday in December.

LOUISE C. HEILBRON, Sec.

Pinkerton in Literature.



THIS thrilling one-act drama represents the Editor of The Osteopathic Directory, the official year book of the profession for 1906, armed with gum shoes, mask, dark lantern, gun and jimmy, searching the by-ways and dark places of the United States and throwing the light of discovery upon

those slumbering Osteopaths whose ADDRESSES ARE UNKNOWN. Perhaps they are not ashamed of themselves and have nothing to hide—yet about 500 of them won't come out from under cover. And, verily, the printer will receive his "copy" November 15th at noon by the town clock! Is it worth anything to you to get your name, address, school year and society affiliations set down correctly in this year book—or are you willing to be one of the plain UNKNOWNS? Write the Editor and report.

Fraternally,

HENRY STANHOPE BUNTING, D. O.,
EDITOR.
171 WASHINGTON ST. CHICAGO.

Drug Giving.

Fresh air and plenty of it is the best headache remedy in the world, and the last thing women think of using for that purpose. There are headache powders sold at the drug stores. All these contain the coal tar preparations that kill. They relieve pain by depressing the heart's action, which is always a dangerous thing to do. The other day a young lady of Leavenworth took powders to relieve her headache, and was entirely, but she died before midnight. In this connection it might be remarked that medicines relieve a great many disagreeable symptoms but they cure nothing. It is only when a poison in the system may be chemically counteracted by another poison that the taking of drugs is necessary. Anti-toxin renders innocuous the diphtheritic poison in the blood, and saves life beyond a question. In case of poisoning by arsenic, a liberal slug of albumen will stop the corrosive action upon the tissues of the alimentary canal and Josiah may survive. The so-called cathartics, diuretics, diaphoretics, tonics, etc., modify symptoms without removing the cause of disease. The simple, sensible life, close to the heart of nature, is better than any poison ever prescribed and much safer than the proprietary dopes that promise so much and perform so little.—Neb. State Journal, A. T. Bixby, M. D.

The Old Doctor Always Remembered.

The following telegram explains itself:
ALBANY, N. Y., Oct. 25, 1905.

DR. A. T. STILL,
Kirksville, Mo.

The New York State Osteopathic society at their annual meeting extend their love and best wishes.

CECIL R. ROGERS, D. O.,
FRANK J. MCGUIRE, D. O.,
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Graduate of the American School of Osteopathy, Kirksville, Mo., June, 1899.

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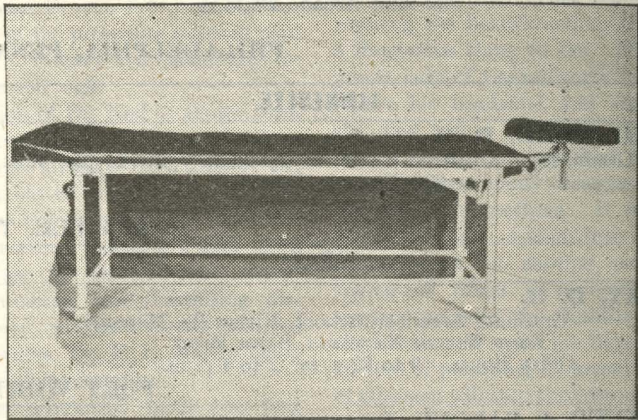
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THE HOFFMAN-STILL LABORATORIES.

This institution which is an innovation in osteopathic circles was founded primarily with the object in view to undertake research work along Scientific-Osteopathic-lines and particularly to work out some absolutely unproven and much discussed points for the textbook on Osteopathic Pathology which is being written by Drs. Hoffman and Still. The laboratories, occupying as they do, five large rooms in the building at 603 West Scott street, Kirksville, Mo., and being fitted with all the apparatus necessary for work in pathology, chemistry and bacteriology are as complete and well equipped as it is possible to make them. The promoters of the laboratory have each agreed to give a certain per cent of their outside income to the maintenance of the laboratories and the replacement of the apparatus as needed, so that the success of the project is assured whether the analytical side of the proposition is a success or not.

In addition to the original function of the institution, it has been decided to add a department of a semi-commercial character to which the practicing physician, too busy and entirely unequipped for any but the most elementary tests can send his specimens and have them examined at a reasonable cost, being sure that the reagents and so forth will be fresh and correctly made as there are being examined in the laboratories many specimens a day from the A. S. O. and in the near future there will be the added work from the A. S. O. hospital. Also, the medico-legal work of some of the best law firms in Iowa is given exclusively to these laboratories and the facilities for examining blood, seminal stains, poisons and so forth are unexcelled.

Doctor Hoffman who has a Ph. D. from Munich, an M. D. from Heidelberg, Germany and a D. O. from the A. S. O. is a scientist of national reputation and is known as a medico-legal expert throughout the middle west, has had charge of laboratories since he came to America, first in New York, and later in the university of Wisconsin, the government experimental station in Dakota and Minnesota, which latter he left to become State Pathologist and Bacteriologist of Iowa and then was chosen Professor of Physiological chemistry, Pathology and Bacteriology at Drake University Medical School in Des Moines, Iowa, where he became interested in Osteopathy and left Drake to take charge of the Pathology and Bacteriology at Still College. When this college was assimilated by the A. S. O. he and Dr. George Still, the surgeon in charge of the S. C. O. hospital were secured for the A. S. O. faculty. Dr. Hoffman has no superior in his line in the country.

Dr. George Still, M. S., M. D., D. O., who will give particular attention to the post operative and post mortem specimens has had a thorough science training and has in his private collection over 900 postoperative and post mortem specimens mounted for the microscope. The first class in bacteriology in any osteopathic school was under his direction over five years ago and he has taught in summer and regular courses ever since.

Although the analytical work will be entirely under the supervision of Drs. Hoffman and Still there are several graduate osteopaths including Dr. Forest Crowley and Dr. Arthur Cunningham, who have taken a special interest in scientific investigation and will do research work in the laboratories during the next year.

Any osteopathic physician who has any rare post-mortem specimens the diagnosis of which is not to be used in any legal connection can have the same examined free by relinquishing all claim on the specimens, which will then be used for the A. S. O. class work. Formalin is preferred as a preservative for these specimens. In sending substances for analysis the following rules should be observed:

Label all specimens with the name of the patient and of the physician and also mark whether a complete or special examination is to be made. If any advice is desired, aside from the analysis always send a complete history of the case. The methods of packing and the price for analysis of the different substances will be sent on application.

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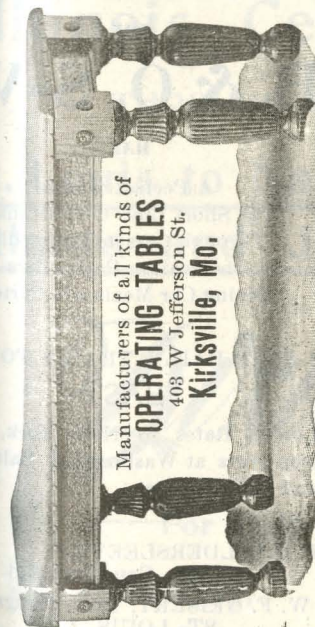
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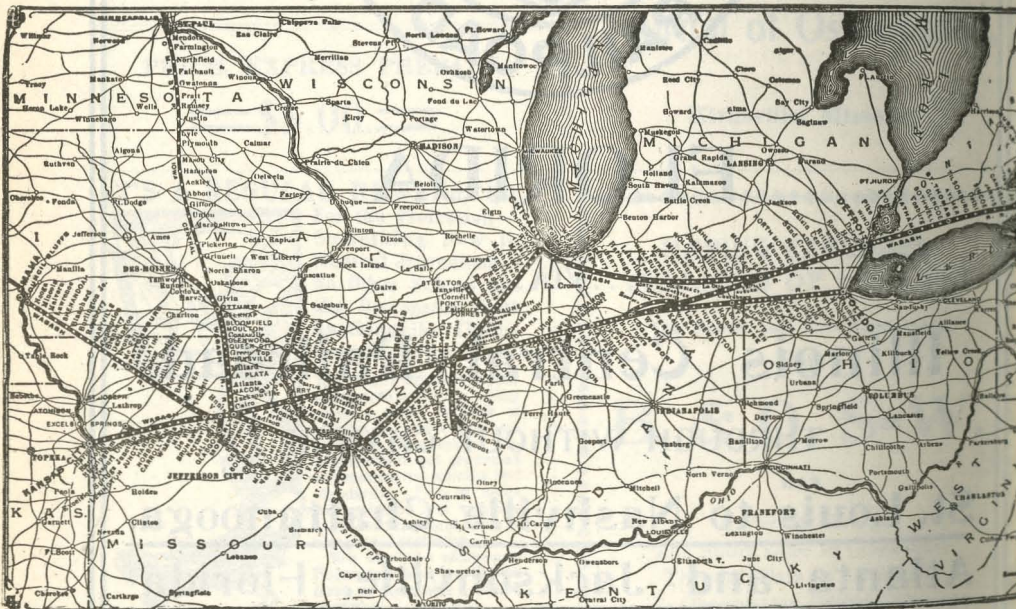
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