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NEURASTHENIA.

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Because of the frequency with which the osteopath is called upon to examine and treat that large class of patients commonly called "neurasthenics," and because he seems to be so markedly successful in curing those conditions which the best authorities in the old school affirm, are not to be relieved by use of drugs, I have decided to present a few remarks upon this most common form of nervous breakdown.

There is a growing tendency to use the term, neurasthenia, coined by an American physician, Dr. Beard, as implying a distinct disease. Attempts have been made at classification but a treatise properly covering the various symptoms encountered in a single case of this type would fill a large volume and have to deal with the entire category of functional disorders.

In this article we shall endeavor only to set forth a few observations in the hope of bringing out a few points that shall be profitable and lead to a better understanding of the problems of this rather common affection which has been dignified with the appellation, "The American Disease."

By this, I refer to the condition yielding general functional disorders, lacking in evidence of organic lesions, which usually give the history of extreme nervousness, easy fatigue, apprehensiveness, mental and physical depression, hyperæsthesia, hysterical manifestations, high tension and sleeplessness, nervous dyspepsia, occipital pain and headache, heart flutterings, symptoms of auto-intoxications, spinal tenderness, vertigo, vaso-motor irregularities, aversion to noises, to society and fear of solitude, fullness in the head, morbid tendencies, defective memory and numerous mental delusions and symptoms of cerebral involvement, skipping pains, prostration to a greater or less degree and hundreds of other symptoms the patient presents and worries over with almost kaleidoscopic frequency. And his physician, too, is kept worrying considerably to analyze and counteract these symptoms and keep the patient's mind satisfied and refreshed while nature is being assisted in restoring equilibrium and bringing order out of chaos, as it seems.

Women are more frequently afflicted than men and there seems to be no rule as to age, anywhere between twenty and fifty or sixty years.

Cause.

In considering causes, hereditary tendencies are often important factors. We recognize cases in which nervous breakdown regularly overtakes the several members of a family when each should be enjoying the prime of manhood. There is a seeming collapse of all physical and mental tone. Apparent cause is often lacking, but one by one the successive members develop the signs of collapse and after a ranging struggle gradually give up the battle for control and succumb to a life of inactivity. The tide of strength often returns for a while but of the old time vigor is seldom regained. There is suspicion of a syphilitic taint in some of these sad cases. In others, that is missing. "The potential energies of the higher constellation of co-ordinating centers has been squandered by an ancestry of riotous livers" is the trite explanation of such cases, given by the German, von Giesen. They seem to start life handicapped by a neurotic disposition, often the result of prenatal environment or influences. The children of such individuals often develop the condition at an earlier period and more aggravated, therefore I believe prenatal influences important etiological factors, often.

The acquired type may follow rheumatism, the infectious diseases, and particularly grippe, which is of especial interest to the osteopath, because of the tendency toward *permanent contractures* resulting from that affection and its resultant reaction upon spinal circulation, which also explains its many sequels and their persistency. Abuse of drugs and narcotics may develop an extreme neurasthenic tendency. The overuse or over-stimulation of some one function, often the sexual, is doubtless an important factor in many cases. Mental states following prolonged worry, shock or morbid states due to a lowered physical condition will be followed by a functional disorder.

We have recited a number of etiological factors. Observation tells us the condition has been induced by one or a combination of several. Life at its best is a constant struggle between combating forces of katabolism and anabolism. The limit of endurance is measured only by the resisting power of the particular organism. Viewing neurasthenia as a combination of symptoms we are forced to look back of these surface indications for a cause, and while the pathology of neurasthenia is still a matter of some conjecture, we are forced to believe that the basis of the disturbed condition lies in a physiological derangement of the nerve cells in the central nervous system. In fact, the more I deal with osteopathy and study chronic disease, the more am I inclined to look to the *minute nerve cell* and its collection into *larger centers* and the proper *nourishment* of these highly complex nerve structures, as a *basis for operations* in adapting our diagnosis and treatment, and the less attention do I pay to such terms as *inhibition* and *stimulation*.

Doubtless if the real pathology of neurasthenia were known we would be told

NOTE—I think the article of Dr. Fassett on the physiological cell as the basis for osteopathic consideration, published in the August Journal of Osteopathy last, approaches very closely to the correct view of the subject and is well worth a careful study.

of many grave changes having taken place in the spinal nerve cells and their outshoots after prolonged functional derangement. Syphilis and alcoholism have ample proof of the pathological changes caused by the bathing of nerve elements in a poison laden plasma. This would justify the assignment of some forms of neurasthenia to auto-intoxication of primary nerve elements. Every physiological action exhausts some of the vital elements in its originating nerve cell. If stimulation be prolonged without rest, the cell becomes reduced in size a fourth, a half or even more. We are told rest makes a wonderful restoration in the calibre of these highly stimulated cells. It would seem logical to conclude that the continued stimulation of the same cells without sufficient rest to *recoup* and *rebuild*, would place the organs relying upon them for functioning impulses dangerously near the condition of derangement we are terming exhaustion. Prolonged high tension of nerve tone with absence of that essential *relaxation*, will certainly result in a chronic *state of extreme nervousness*. Contracture of spinal muscles follows. Insomnia gradually creeps over the victim, digestion becomes deranged, appetite abnormal, nutrition faulty, the feeling of high tension increases, cerebral and spinal circulation becomes further deranged and the spinal nerve centers begin to show signs of faulty nutrition and inactivity. Later the characteristic "*stiff spine*" develops and complications begin to appear. Certain areas of the spine grow anemic while others are congested, especially if the patient lies prone much of the time and no osteopath comes in to show him how to counteract this tendency by treatment and exercise.

Observation has convinced me that the development of neurasthenic conditions usually proceeds along lines about as outlined above. The degree to which depletion has progressed varies in each case and the symptoms which seem to indicate an explosion of nerve force over certain areas and an unequal distribution of normal forces over others, varying according to the localization of the existing inequality.

This lack of tone in nerve centers seems to extend to the sympathetic ganglia and at times involves even the transmitting fibres.

The severe occipital pains which are almost always present and the complaints of pressure or constricting bands about the head, indicate to me a disturbed cerebral circulation. Those periods when the patient suddenly develops a complete muscular relaxation, depressed heart action and incapacity to even flex the wrist, are dispersed by cervical treatment, calculated to restore active circulation to the cerebrum, and to arouse the co-ordinating centers to activity.

Those periods of seeming inhibition of the *vaso-constrictor* centers are dispelled as quickly by cervical treatment, all of which indicates the involvement of the lower brain, and I believe this is quite constant.

I am not prepared to believe that every case of neurasthenia was antedated by some osseous anatomical derangement disturbing circulation to the spine or brain, but I certainly have been forced to believe that in the majority

of cases, such anatomical derangement existed, or developed *later* through contraction set up along the spine, reflexed from functional disturbance in the viscera. This might be induced by improper diet or abuse elsewhere.

If malnutrition of the nerve cell is the true pathology of neurasthenia, all therapeutics should be aimed toward a restoration of the *natural nerve food* and *tonic*, and there never was a truer principle taught than that of our great teacher Dr. A. T. Still, that *a stream of pure blood compounded and dispensed in Nature's own laboratory within the body to meet its particular needs, is the safest and most effectual nerve tonic and tissue builder man can employ.*

Treatment.

Under the head of treatment I presume that most of us have found it necessary to treat symptomatically, that is, to combat symptoms as they appear, and just here the *osteopath* clearly demonstrates his superior methods over systems relying *entirely upon drugs* to influence *deranged function*. His success along this line soon gains the confidence of his patient and enlists his co-operation and patience while the work progresses of removing the deeper seated anatomical lesions located by the skilled osteopathic fingers and which seem to be ignored by other diagnosticians. The patient needs to be re-educated usually to know that his cure depends much upon *his own efforts* and the vital power he generates within himself. The psychic side must not be neglected or overlooked in treatment. He should be taught concentration and conservation of nerve force. The program for each day may be mapped out always with the idea of gradual but definite progress ahead. The necessity for rest, avoidance of fatigue and use of *conservative* exercise should be *urged*. Every effort should be made to induce healthy sleep. Diet should be *limited* and elimination and oxidation increased to the highest possibly point. Pleasant comfortable companionship and lots of sunshine are most desirable. The removal of anatomical lesions and manipulation to restore normal nutrition throughout the spine and its highly organized nerve structures is the especial work of the osteopath and of prime importance. I think treatment should be light and never fatiguing. Mistakes are often made along this line for the nerves are usually hypersensitive and a light treatment will accomplish wonders.

My case record book—I think every osteopath should keep one—shows a very good per cent of cures of neurasthenia resulting from osteopathic treatment. *I have never examined a case in which anatomical lesions were missing.* I recall one of my first in a married woman of thirty. The discovery of misadjustment of two upper ribs on the right side, brought out a history of a downward blow from a falling tree two years previous. The case had developed pronounced evidences of visceral derangement, melancholy temperament, extreme nervousness and a great deposit of adipose tissue throughout the body. All derangements had been corrected within six months and the patient lost nearly fifty pounds in weight. I attribute the cure entirely to readjustment of the ribs. In this case the patient was aware of irritation in the neighborhood

of the rotated ribs but several old school practitioners had assured her of correct alignment. This emphasized the superiority of osteopathic diagnosis.

I recall two other cases following closely upon the above in my practice in which *misadjusted ribs*, following accident, were the primary cause of neurasthenia. In one, the injury had occurred seven years previously. I questioned the advisability of attempting readjustment, but feeling satisfied of the cause of the irritation, I concentrated efforts to that end and succeeded. A complete cure resulted. The other case was equally as satisfactory.

I recall a case in which posture was evidently the cause of anatomical lesion. The man had been a railroad superintendent and had carried his head bent forward till he developed a marked kyphosis in the upper dorsal. Heavy thickening of tissue between the scapulæ was pronounced. *Symptoms* indicated to me that the main trouble was in the circulation to the base of the brain and to the heart. The neck was straightened and the case was cured in less than a year. The curve had been twenty years in forming.

I recall another case in a woman of fifty—mother of four children and wife of an army colonel. The only anatomical lesions present were a tilted pelvis, sacrum tilted forward at top and a very slight slip of the axis laterally. The woman had been growing worse for ten years and had been a patient under Dr. Osler, Dr. Weir Mitchell's rest cure, Dr. Kellogg at Battle Creek, and Dr. Hare of Philadelphia, besides numerous other eminent specialists.

This case was prostrate in bed when I saw her. There was almost a condition of paralysis of the bowels. It was most difficult to induce an evacuation even with a copious enema accompanied with abdominal massage. Mucus colitis was marked. Large casts of the bowel wall sometimes several inches long would be washed away in the stools. There were hæmorrhoids, internal and external. Both these conditions were always most marked after an extreme nervous period. One could not wish more satisfactory proof of the correctness of the osteopathic theory of nervous control of visceral action and the source of its trophic tone, than this case showed. The experience has been duplicated in several cases I have treated.

At the end of three months the patient was much improved, normal bowel actions sometimes were secured. At the end of seven months the bowels were perfectly normal and the patient considered herself well on the way to recovery. But here was a case similar to that I have mentioned, for, within the last month, the eldest daughter now less than thirty years old, has suddenly developed all the symptoms of nervous collapse, and will doubtless follow her mother's experience, unless relieved by the proper treatment.

Mental strain incident of army life was the only cause which could be unearthed and this was not severe. I did not think the anatomical lesions I found were sufficient to account for the functional disturbances, but the *curing* of the case through osteopathic treatment, after other systems had failed, argued strongly for its application to simple nerve exhaustion.

One case which would come under the head of brilliant results, gained

ten pounds the first month under treatment. The little woman was of neurotic temperament, frail and emaciated. Maladjustment at the axis, several twisted ribs and a scoliosis in the dorsal region, with slipped ilium had set up spinal tension that had brought on extreme functional disorders with neurasthenic tendencies marked. One month of treatment followed by four months of rest in the mountains made almost a new woman. The lesions removed Nature made a cure. It emphasizes the importance of anatomical lesion and the further fact Nature will continue her work of repair after the osteopath has removed the *obstacles*.

I have in mind another case in a woman of thirty. Both ovaries were removed surgically some eight years ago. Since she has grown into nervous decline. We found her a confirmed invalid. Except for a stiff spine, we could find no particular lesions that we could blame the condition to. After five months' treatment the case was little improved and we gave it up. I believe the nervous system had received such a shock from the operation that no treatment would have cured. Another case in an overworked woman of twenty-eight failed to give much sign of improvement after three months. The lesions were present here, but exhaustion seemed to have progressed too far. There is no telling what a year of treatment would have brought about.

It has fallen to my lot to be the twenty-ninth physician called for a mechanical engineer who collapsed twenty eight months ago. Hydrotherapy administered in the early stages, had reduced the patient till he was forced to bed. I found him after a three months' trial of the Roberts-Hawley goat lymph treatment, flat on his back. Lymphatic system much engorged, muscle and nerve tone gone, so he could hardly flex his wrist such was the lack of co-ordination between brain and muscle. It seemed he suffered about every form of functional derangement, reflex neurosis and sympathetic pain that could be imagined. It was a very extreme case of prostration with bad history. After five months the case is wonderfully improved—able to walk some and in comparative comfort. We are in hopes of a complete recovery although we assigned a year to bring it about.

OSTEOPATHY IN THE TREATMENT OF EXOPHTHALMIC GOITRE.

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As is well known the time has already come, short as is the history of our science, when it is no longer necessary to defend osteopathy except against the attacks of its bitter and prejudiced enemies. Osteopathy has no apologies to offer for its past record. None are necessary. Its history has but few pages chronicling failures or false reasoning but many which tell of rapid progress and rich triumphs. So rapid has been its growth, so brilliant its achievements, so readily accepted has been its doctrines by all classes, that it now stands as a well balanced and much honored science courting the most rigid scientific

investigation and the most crucial tests. Not a little of its richly merited fame has been garnered by its ability to conquer many diseases which were, before the advent of osteopathy, either incurable or treated with little success. Such a disease we wish to consider briefly here. It is a well known fact that exophthalmic goitre was treated with but meager success by the old methods.

It will not be our purpose in this short paper to enter into the clinical history of the disease under consideration to any great extent, but rather to give the osteopathic treatment indicated in these conditions, together with a few cases which have come under the observation of the writer as evidence of the efficacy of osteopathic materia medica in exophthalmic goitre. If this effort succeeds in directing the attention of sufferers to the fact that relief from this disease may be often found in osteopathic treatment we will feel that something worth the while has been accomplished.

That we may better set forth the treatment indicated it will be necessary for us to go into the symptoms and causes of the disease to some extent, for after a disease is properly diagnosed and the causes understood the treatment is self-evident.

Definition. Tyson gives a very good definition of this disease in his Practice. "Exophthalmic goitre is a disease characterized especially by enlargement of the thyroid gland, protruding eyeballs, and rapid pulse." He also tells us that the disease is more often found in the female than in the male. The age at which it most frequently occurs is between 25 and 35, though it sometime appears at a much earlier age. Tyson observed a well defined case in a child of 2½ years.

The osteopath does not accept the theory of the causes of this disease as taught by the "old school" of medicine without modification, but believes that there are always specific lesions of a mechanical nature present, which, by interference with the natural flow of blood to and from the gland and cranium, cause the disease. We will consider this more at length later.

Symptoms. There are, as is indicated in the definition, three cardinal symptoms of this disease which are characteristic, when taken together, and enable the physician to arrive at a certain diagnosis. These cardinal symptoms are, in the order in which they usually manifest themselves in the course of the disease, (1) cardiac disturbances; (2) exophthalmos; (3) hypertrophy of the thyroid gland. The first two symptoms differentiate the two forms of goitre, common or simple and exophthalmic.

Cardiac disturbances occur at the outset of the disease and are made manifest by rapid pulse of a weak nature. The cardiac impulse is strong but the volume is small. Some authors claim that the abnormal heart is of neurotic origin and that the lesion is in the medulla oblongata. This theory lacks proof and is disputed by many. The osteopath believes, though he stands alone, that the impaired heart function is due to some interference to the innervation of that organ caused by some mechanical lesion, not necessarily in the brain.

Exophthalmos or protrusion of the eyeballs is the next symptom noticed, though close observation is necessary to note this much in advance of the enlargement of the thyroid gland. This is a very peculiar symptom, the protrusion varying very much in different cases. In extreme cases the lids will not cover the eyeballs when closed. In the milder cases the protrusion is scarcely noticeable. There seems to be much speculation as to the cause of exophthalmos. Some authors, of which Piorry is not the least, claim that it is due to retarded intra-cranial circulation due to retarded blood flow in the internal and external jugular vein by pressure of the enlarged thyroid gland on those vessels. It would seem that this theory is true only in part, if at all, as exophthalmos, as a rule, precedes enlargement of the gland. In many cases protrusion of the eyeballs is quite marked before the gland is enlarged to an extent at which it could impinge on the large vessels of the neck. The theory that exophthalmos is caused by retarded intra-cranial circulation is, no doubt, correct. But right here is where the investigation of the "old school" stops. The osteopath takes up the thread and follows on to find that the interference, is, no doubt, due to pressure on the great vessels of the neck caused by some mechanical abnormality, as for example, a displaced rib or a depressed clavicle, etc. Of course the weak condition of the heart as well as the small volume of the pulse may have something to do with the retarded circulation in the cranium. These same lesions interfere with the circulation to the thyroid gland as well as to the cranium and doubtless cause the gland to enlarge.

The third and last cardinal symptom, which has been mentioned already, is enlargement of the thyroid gland. This follows closely the above symptom. The size of the enlargement varies very much in different cases, but as a rule is somewhat smaller than that found in simple goitre. The tumor is very vascular and sometimes lobulated. Pulse is palpable in the tumor. Associated with these cardinal symptoms are many other secondary and less important symptoms which we will only refer to in passing. Some of the more important are nervousness, insomnia, tremor, profuse perspiration, and gastro-intestinal disturbances. The mental condition is effected in some cases. That osteopathic treatment will relieve many of these cases there is no longer any doubt. In the treatment of this disease we are called on to use the very basic principles of osteopathy. The osteopathic lesion or lesions must be sought out and removed. They always exist though not always the same. The physician must look after the heart and its innervation, the position of the clavicle and the upper ribs as well as muscular conditions about the neck and along the spine, also the spine itself. If, as some claim, there is a lesion in the medulla oblongata, it is in all probability, due to some mechanical obstruction effecting the blood flow to the brain substance and a consequent state of mal-nutrition. It is necessary, therefore, to re-establish normal circulation to the cranium. The greatest proof of the efficacy of any method of treating disease is obtaining favorable results in a number of cases. A few favorable results are worth a world of theory. The clinical records of the writer contain the his-

tory of seven well defined cases of exophthalmic goitre. The records show that of the seven treated, five were completely cured, one somewhat benefited, and one received but slight benefit. This shows that over 70 per cent of those treated were cured and 86 per cent were benefited. While the number of cases treated are too few from which to form a rule of percentage of cures to be expected, yet they serve to give a fair idea of what may be accomplished. In every one of the cases treated there were one or more mechanical lesions which lead the writer to believe in the osteopathic "lesion theory" more than ever. We will review only two of these cases, which are fair samples of all.

One of the cases was that of a young lady teacher about twenty-eight years of age. This case was of two years standing and a typical though not a severe one. The heart was only slightly effected, pulse rate being about 95 except when patient became excited or over exerted when it was somewhat higher. Hypertrophy of the thyroid gland was quite extensive and gradually increasing. Exophthalmos was also quite apparent, effecting the vision. Patient losing flesh. Some gastric disturbance was present. The clavicle on the left side was much depressed interfering with the flow of blood in the large vessels of the neck. Fifth cervical vertebra was deflected to the right, no doubt retarding the blood flow in the vertebral arteries. Treatment was continued for about three months. Lesions were removed and patient recovered entirely.

Another case which was very successfully treated was that of a young lady vocal teacher. She had been afflicted for some time. The enlarged gland so interfered with her voice that it was thought for a time that she would have to give up her profession entirely. In this case the heart was very much effected, the pulse rate being 130 to 140. Exertion tended to increase pulse rate and exhaust the patient very much. Melancholy was also one of the very disagreeable symptoms in this case. Exophthalmos or protrusion of the eyeballs was much more marked than in the above case. The gland was much enlarged on one side and was lobulated and pulse was palpable therein. In this case only one lesion was found, a depressed first rib on the left side. This root of many evils was here at fault. The case was entirely cured in two months. Treatment consisted in setting the rib and stimulating the heart.

That five of the seven cases were cured by reducing lesions of a mechanical nature leads us to believe that all cases may be either entirely cured or greatly benefited. Only one of the seven received no benefit, and had the circumstances been more favorable the results in that case might have been different.

Osteopathy needs no auxiliaries in the treatment of exophthalmic goitre nor in the treatment of any other disease for that matter.

DISEASES OSTEOPATHICALLY DESCRIBED.

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

Second Paper.

Constipation.

Constipation is an exceedingly common trouble; in fact, it is somewhat rare to find the adult who has not suffered more or less from an unnatural retention of faeces. In reality, an unnatural retention of faeces from any cause is a

symptom rather than disease, still considerable attention is usually given the subject of constipation owing to its importance as regards the health and comfort of the individual, as in many instances the constipation is the only primal symptom in evidence.

To enumerate all of the many causes of constipation would be burdensome to the reader. Suffice it to give a few leading causative factors in order that one may see the variety of diseases and disorders that may cause this troublesome symptom. Broadly speaking, constipation arises from either a lessened activity (peristalsis) of the intestines or from lessened secretions of the digestive juices, although mechanical obstructions and other causes must be considered.

Probably one of the commonest causes is a deficiency in the amount of bile reaching the intestines. The bile acts as a natural laxative to the bowel contents, and when the amount of bile that flows into the intestines is lessened the residue of food in the bowels is apt to become dry and pasty, thus resulting in constipation to a greater or less degree. Although occasionally, on the other hand, the bowel contents may tend to decompose and set up an irritative influence resulting in diarrhoea. And it is not a very uncommon thing to thus have constipation and diarrhoea alternating, with a tendency of the bowels to become gradually more and more clogged with refuse, even when the diarrhoea at times is severe.

Of course, the liver is a much abused organ and we are hearing constantly about it being sluggish and congested. The liver is a very important organ and its normal action is essential to the health economy in many ways. Here we are particularly interested with the bile in its relation to bowel movements. A normal flow of bile is necessary in order that the bowels may perform their eliminating function easily and healthfully. Any congestion of the liver from whatever cause tends to lessen the normal flow of bile into the intestines; any stoppage of the bile ducts as from mucus or gall-stones retards the bile flow—these are common cases of liver inactivity and where osteopathic treatment is par excellence in remedying. A noticeable symptom in this phase of liver trouble is a more or less jaundice, owing to the retention of the bile in the liver and its passage into the blood and thus reaching the skin. The liver secretes about a quart of bile every day, most of which passes directly into the bowels, although a small part of it is backed up into the gall-bladder as this receptacle ejects about twenty-five or thirty drops during a meal. It should be noted that the gall-bladder holds about two or three ounces and the specific gravity of its retained bile is two to four points higher than fresh bile. Hence the liability of this old and retained bile to become thick and favor gall-stone formations. Here is where osteopathic treatment is particularly indicated, where, in fact, no other treatment short of surgical interference can even hope to be as effective, to occasionally empty the gall-bladder to prevent its bile from thickening as well as keeping the liver and allied tissues in a healthy state.

Another common cause of constipation is atony of the intestinal tract in part or as a whole. Naturally if the entire tract is weakened and debilitated constipation is severe and the chance for a cure is greatly lessened. Fortunately, however, such cases are comparatively rare. The atony is usually found in a section of the bowel only and a common cause is a weakened nerve or blood supply from some injury, strain or curvature of the lower spine which can readily be detected by the skilled osteopath. The spinal cord controls the nerve and blood supply to the different sections of the bowels and a curvature or some strain or the lower spine may readily disturb the nerves where they make their exit from the spinal column. The thoroughly competent osteopath can often tell after a careful examination of the spine what areas of the bowels are affected, for a definite lesion of the spine indicates a certain area that may be disturbed.

Other causes of atony of the bowels resulting in constipation are general ill-health, in fact, various constitutional weaknesses. But what is of more importance here, as we are specially considering retention of the faeces as the main symptom, is prolapse of the bowels. This is much more common than generally supposed even by physicians. Any prolapse of the bowels tends at once to atony and lessened activity, and thus more or less impaction. Weakness of the nerve force from the spine and weakness of the abdominal muscles are the usual causes.

Among other causes of constipation should be mentioned sedentary habits, neglect of the calls of nature, concentrated food, insufficient water drinking and strong purgatives. Local causes as piles and various rectal diseases are common. Acute conditions as strictures, telescoping of the bowels, foreign bodies, etc., will not be considered here.

Besides the infrequent stools, and occasionally jaundice in liver disorder, other symptoms may be mentioned as headache, loss of appetite, furred tongue, bad breath and lassitude. More severe and serious symptoms may occur as ulceration of the bowels, inflammation, piles, acute obstructions.

The Treatment. One can readily see at a glance that the treatment of constipation is many sided. Like many apparently simple troubles the skill of the physician may be taxed to the utmost. To get to the bottom of the facts is imperative in order that a cure be accomplished; this sometimes is hard to do and may require not a little patience and time.

General diseases and conditions should be carefully differentiated and eliminated. A thorough examination of the spine and lower ribs and pelvis is of great importance osteopathically. The abdominal organs, especially the intestines, stomach and liver, should be carefully examined for prolapse, atony, congestion, tumors, etc.

Regulation of the patient's habits demands attention. One should go to stool at a definite time each day; this alone will cure some cases, the calls of nature having simply been neglected.

Sedentary habits should be combated by regular exercising. Walking

in the fresh air and horseback riding are among the best. Exercises in one's room are good if regular and persistent.

Regulation of food and drink in others will be all that is necessary. A good liberal diet with plenty of fruit, cereals and fresh vegetables is best. Neither too coarse food nor too dainty food should be advocated. Seven or eight glasses of water per day should also be advised. The average individual does not drink enough water. Nervous people and those that are constipated should make it a strong point to drink lots of water.

In many cases an entirely new regime of every day living, doing and eating will have to be mapped out; all of these factors in the treatment may have to be considered, for the dropping of a single one may mean defeat. Some cases are very obstinate and treatment every day coupled with the patient's kneading of his own bowels night and morning, his regulation of exercise, habits, food and drink may all be demanded. Even then enemata may have to be resorted to until the physician can gain control of the situation. A physician should be consulted about the use of injections for much damage may arise from its wrong or prolonged employment.

Each case of constipation is a special study. Undoubtedly much harm arises from the patient attempting to treat himself, especially from drugging. It should be remembered that constipation often comes on insidiously and as often goes from bad to worse.

This is a disease in which practically there is no one but would concede that manipulation of bowels directly and attention to habits, food, etc., is of aid, still the fact of the matter is the osteopathist obtains his best and most permanent results through the spine and rib readjustment work. It is osteopathy pure and simple that counts for the most after all; and it requires a skilled and experienced osteopath to do such work.

CASE I. Mr. S., Ohio. Age forty-three. Constipated ten years. He rarely would have a normal movement. During all of this time he resorted to drugs and rectal injections. His general health apparently was perfect, although he would suffer considerably at times from lassitude and depression.

Examination revealed a badly twisted fourth lumbar vertebra. The immediate region was very tender. The first three or four treatments were of the nature of a careful stretching of this area, it being impossible on account of the sensitiveness to work directly upon the lesion. Three treatments a week were given and at the end of three weeks the bowels were acting perfectly normal. This was two years ago and I have seen the gentleman within the past month; his bowels have remained normal.

This is a condition that the osteopath meets often, where a twist or subluxation of a lumbar vertebra results in an impairment of the nerve force to a section of the intestines. Correcting the spinal malalignment instantly relieves the impinged nerves and thus the intestinal apathy is relieved. This is direct and absolute evidence of the efficacy of specifically readjusting our so-

called spinal lesions; and, moreover, it is evident that nothing else could permanently cure these cases.

CASE II. Mrs. Z. Illinois. Age forty. Badly constipated for fourteen years. As usual had tried nearly everything without any help. Her general health was poor. Considerable indigestion, specially of the flatulent type. Severe headaches nearly every week. Extremely nervous.

Besides the general debility and loss of tone to the digestive organs, the primary osteopathic lesion presented was a marked left lateral curvature of the lumbar spine.

A careful regulation was made as regards diet, exercise and habits. Treatments were given three times weekly for three months, then twice weekly for four months when case was pronounced cured. This was three years ago and patient is well to date.

Seven months continuous treatment may seem at first thought a long course, but it should be taken into account that this woman had been constipated for fourteen years besides being in a debilitated state generally. In reality seven months was a short time. This case is in marked contrast to Case I. Here we have to deal largely with a debilitated sympathetic system, while in Case I the disturbance is a local one of the spinal nerves.

CASE III. Mrs. L. Illinois. Age twenty-nine. Constipated nine years. Condition, nervous and somewhat debilitated. Spinal condition, double lateral general curvature of dorsal and lumbar areas. Prolapse of abdominal organs.

Treatment was continued twice weekly for three months without any relief to bowels, although the general health was improved. The patient gave up the treatment at this time.

I think without doubt this case would have been cured, probably in three to five months longer. Of course, it is hard for one to keep up his enthusiasm for a treatment when the special object of the treatment is not obtained even to a limited degree. But a year's treatment in such a case would not be a long treatment and particularly when these cases have been doctoring and drugging for at least a half dozen years without avail. They hear about the quick cures and become discouraged and do not stop to think that their bodies are somewhat like the house built upon the sand—it is very apt to have a poor foundation.

CASE IV. Miss C. Wisconsin. Age twenty five. Constipation of six years standing. At times for a day or two the movements would be slightly free. She was jaundiced occasionally and suffered from morbidness, loss of appetite and some nausea.

The liver was congested and the course of the bile ducts was tender showing a catarrhal state. The muscles along the liver spinal region were contracted and the spine at the same point was slightly posterior.

Treatments were given three times a week for two months with perfect results. Special attention was paid to the liver and bile ducts. Out door exercise and the drinking of seven or eight glasses of water per day were advocated.

There is undoubtedly no osteopath of a few years experience but that could give scores of cases of constipation that have been cured. In the large majority of cases this trouble yields readily and permanently to osteopathy.

Prolapse of the Rectum.

Prolapse of the rectum is a protrusion of the rectum through the anus. The mucous membrane alone may protrude or it may be combined with one or more of the coats of the bowel. There may be a prolapse or invagination of the upper part of the rectum into the lower.

The prolapse may come on suddenly as during coughing or violent straining of the body; at other times the progress is gradual. During the attack there is pain and more or less bleeding of the parts. The prolapsed mass looks like a red tumor. When a prolapse has once occurred it is likely to occur again. As soon as the condition becomes chronic ulceration of the mucous membrane will be noticed.

Hemorrhoids are of common occurrence. In some instances protrusion may occur at other times than during stool; in these cases there probably will be considerable discharge from the inflamed rectum.

Cases where the upper portion of the rectum invaginates or telescopes into the lower may be overlooked by the general practitioner unless a careful local examination is made. In fact the rectal examination is the only positive means of diagnosis. This condition is apt to occur in various rectal and lower bowel troubles, especially in hemorrhoids and where constipation is due to clogging or impacting of the lower sections of the intestines. We meet these cases frequently and the osteopathic treatment is certainly very effective.

From an osteopathic stand point the principal cause of prolapse of the rectum is weakness of the coats of the affected intestinal area due to strain and injuries of the lower spine and of the pelvis. The physical strains and injuries to the frame-work of the body result in impaired nerve force and thus the tissues involved suffer. The straining at stool, vomiting, coughing, etc., will give the initial start to the actual prolapse. Congestion and irritation of the rectal parts and neighboring tissues also act as exciting causes of this trouble.

The osteopath finds in all cases of prolapse that the section of the bowels above the rectum sags or drags downward. This is detected through the abdominal walls in the lower "corner" of the bowels on the left side or what is termed the left iliac fossa. This shows that the walls of the intestines and the tissues that keep them in place are weakened; and the cause of the weakness will almost always be found at the exit of the corresponding nerves from the spinal column. It also should be stated that the pelvic bones may have an important bearing upon the weakened conditions as well. Herein lies the key to successful osteopathic treatment of these cases. Naturally, it requires an educated sense of touch and skill in diagnosis. It is well known that the osteopath depends a great deal upon his thoroughly educated sense of touch

in making a diagnosis, as well as relying at the same time upon observation when examining similar anatomical parts or making comparisons with the normal. In being particularly familiar with how the living body feels and looks is both an art and practice peculiarly osteopathic.

The successful treatment of prolapse of the rectum depends upon several things, i. e., the causes producing the disorder and the severity of the case. Simple cases where the mucous membrane is involved may readily be corrected by a few careful treatments; while in severe cases surgical interference may be necessary.

Whenever there is prolapse the mass should be returned as soon as possible, and this alone at times requires skill and persistence. If in a child the best position is to place him across your knees. Cleanliness of the parts is essential.

Straps and bandages across the buttocks are used by some to aid in retaining the rectum in place. Careful regulation of the bowels is necessary.

The most frequent cases are those of invagination and of prolapse during stool. These patients almost invariably suffer from chronic constipation. The chance for a cure is very good indeed. In addition to constipation, nervousness, and emaciation are common symptoms.

CASE I. Miss C., age twenty, Illinois. Chronic constipation and prolapse of rectum during stool. Five years standing. General health fair.

Lesions presented were right lateral curvature in lumbar region and marked deviation of fifth lumbar vertebra from the sacrum, with considerable tenderness of the lumbar and sacral regions.

Vigorous treatments to correct the lesion at the fifth lumbar with stimulating work over the sacrum were given; also, thorough treatments of a tonic nature to the entire bowels. Special treatment of a deep raising or elevating character was given to the sigmoid region.

Twenty treatments in all were administered, covering a period of nine weeks. Result, a complete cure.

CASE II. Mr. N., age forty six, Missouri. Chronic constipation with prolapse of the rectum on the least exertion or strain. Twelve years standing.

The left innominate was dislocated upward about one fourth of an inch. The coccyx anterior, fifth lumbar vertebra rotated to the left. The muscles over the sacrum very tender and contracted. Treatment was given three or four times a week for six months, resulting in a cure. This occurred six years ago and he is well to date.

CASE III. Miss H., age twenty-seven, Ohio. Prolapse of rectum on defecation. Five years standing. Constipation was severe, although at times she had a normal movement. Suffered from a great deal of pain in the rectum. General health impaired so she had little endurance.

Examination showed the lumbar area posterior. This was corrected and careful work given over the bowels. Treatments were given three times a week for three months. Result, a cure.

I think without a doubt that in almost every case of prolapse of the rectum or of the bowels in any part, osteopathic treatment coupled with judicious surgical work when necessary offers relief if not a cure. In all cases of prolapse there must be nerve weakness and here is where osteopathy is particularly indicated; and if the parts are too weak for repair, surgery must be employed. But be sure and give osteopathy a thorough trial first and it will not be regretted.

OSTEOPATHY IN ACUTE DISEASES.

G. H. Gonner, M. D., D. O., Albuquerque, N. M.

It is a recognized fact that the rapid growth and high standing of the science of osteopathy has been due, to a great extent, to the unlimited number of cases of so called incurable sufferers with almost every disease known to suffering humanity, which have come to the osteopath as the last resort and have been either cured or greatly benefited, and all without the use of drugs, thus eliminating the bad effects of drugs that so often follow the efforts of the most skilled practitioner of medicine, yet as we grow older as a profession we would not lose sight of the fact that many of the chronic cases that are being cured daily by the osteopath could, with proper attention to the laws of nature and the correction of the machinery of life, have been cured in the acute stages and thereby many years of suffering would have been avoided. Many cases have come under my observation where slight obstructions to the nerve or blood supply to an organ have kept up a disturbance of function for years, but when the obstruction or cause was removed, nature readily restored to the normal.

Many have said that cases will not come to an osteopath until the old remedies have been exhausted. In many cases this is very true. We are living in an age of progression where wonders are daily callers. They have been greatly on the increase for the past century. Stupid systems of government have given place to wiser ones; voyages that required months by sail have been reduced to days by steam; journeys over land that formerly required six months by horse or ox are now safely accomplished in six days by rail. In medicine, the gray-haired philosophers of all schools unhesitatingly assert that the world would be better off without the use of drugs. This conclusion is sent forth by competent and honest investigators who have tested all known methods and medicines and have carefully observed the results from a quarter to half a century.

I have of late built up quite a successful acute practice and have become the family physician for a number of our best citizens. I give below two cases deserving of special mention.

CASE NO. 1. Mr. M. Dragoie, a resident of Albuquerque, age forty, grocer. On June 15th, 1902, he was taken with what the family supposed to be a severe cold, but not until the fourth day would he consent to my being called to see him. On examination I found high fever which had been preceded

by a chill, heavy brown coat on tongue, bowels sluggish and breath very offensive, pain in left side, dry painful cough with slight expectoration of rusty colored sputum slightly tinged with blood. His pulse was very rapid and face flushed. Examination of lungs showed consolidation of lower lobe, breathing very rapid. Patient was in an extremely delirious condition and had to be watched continually to keep him in bed. He was unable to recognize his wife or friends. I diagnosed the case as one of lobar pneumonia and with the consent of his wife, treated the patient by osteopathy without a single dose of drugs.

I first directed my treatment to the cervical sympathetic nerves, reducing the fever and greatly lessening the delirium, then raising all the ribs and stimulating the upper dorsal nerves which supply the lungs. I remained with this case most of the night, treating him strongly in the dorsal area from time to time to relieve the congestion in the lungs and keeping one eye on the kind neighbor who was determined to call Dr. Blank in to give "Mike" some narcotic to put him to sleep which would have meant a quiet death for my patient. On the following morning all symptoms were much improved. I treated the case daily as above described and he continued to improve and was able to sit up in a chair on the tenth day. Expectoration was easy but copious and resolution was very rapid. Mr. Dragoie, who was not very favorably impressed with osteopathy prior to his illness, is now a regular patron when in need of a physician for his family.

CASE NO. 2. A baby two months old, son of Mr. and Mrs. McDonald of this city. This case was one of acute infantile paralysis, probably due to bad management in labor. The anatomical lesion, or cause, was a backward slip of the articular processes of the occipital bone on the atlas (the first vertebra,) thereby causing an obstruction of the nerve centers in the spinal cord in that area. The child was unable to move hand or foot, the head being drawn backward by contractures of the muscles. Treatment was directed to the removal of the cause or anatomical obstruction and nature kindly did the rest. The case was one of slow but continued improvement, two months being required to effect a complete cure.

It is the duty of every osteopath to raise the standard of osteopathy in his acute practice. Our noble science, when properly tested, will prove of far greater value in acute work than the already brilliant results obtained in our chronic cases. We not only relieve suffering humanity, but prevent an accumulation of disease such as salivation by calomel, habitual drug habit in cases of morphine, opium, cocaine, whiskey and many other narcotics and stimulants. Every dose of poison taken into the body must of necessity be thrown off by the scavengers, such as the kidneys, liver and other glandular organs, thereby producing diseases of those organs which were practically unknown to our forefathers before the administration of many of the poisonous extracts now used by the old school physicians.

CIRCULATORY DISTURBANCES.

Charles Leroy Richardson, L. L. B., D. O. 122 Euclid Avenue, Cleveland, O.

Osteopaths are like musicians, for their business is to make harmony.

The great artist lets his hands play over the keys of a perfect instrument and strikes no false notes; the great osteopath's hands also play on the keys of a machine that responds truly. The musician strikes a polished ivory and gets a tone; the osteopath presses a bone and gets a living signal. The musician sways a soul with melody and makes it capable of greater things; the osteopath upbuilds a body with his action, and life becomes worth living to his patient.

There are great musicians who interpret the work of the masters of composition and by a few touches make vibrations that remain in the memory for years; there are great osteopaths whose interpretation and application of physiological facts make cures that remain for all of life.

The great artist's work looks easy but his application is most intense; the osteopath's work is no more easy and his application no less intense. Like the pianist his brain must have partners in his fingers.

There are great masters of melody trained in the schools, and there are piano players trained in no school at all; and there are osteopaths trained in in the colleges of osteopathy and there are others who impose upon the public. But the untrained player cannot rise to the heights of Wagner and Chopin; nor the fakir produce an artist's results on a back.

This is especially true in the correction of *circulatory disturbances*, for there is no field of osteopathic therapeutics calling for the artist's skill more than in the adjustment of the circulation of a fluid in a living body, moving from a higher to a lower pressure, along the lines of least resistance. To be an artist in this line calls for the master knowledge of the vaso-motor mechanism of the human machine.

The osteopath must know the influence of gravity on the hydrostatic pressures and the way these pressures are modified by vital changes in the heart and blood vessels; and by respiratory movements. He must consider the capacity of the abdominal veins as modified by the stress of abdominal muscles and the tone of these same muscles as affected by the integrity of the respiratory center.

THE RESISTANCE BOX OF THE CIRCULATION.

To the osteopath the splanchnic area is the resistance box of the circulation by which the blood is determined from deep to superficial parts of the body. If contracted the blood takes the pathway through the locomotor organs; if it be dilated the blood passes into the capacious veins of the abdomen; and if fully dilated the abdomen can contain all the blood in the body. The control of the compensatory mechanism is one of the important problems in dealing with circulatory disturbances.

In correcting these circulatory disturbances the osteopath shows his art and proves that he is practising a science that is exact, based on the discovery

not only of our beloved Dr. A. T. Still, but also in the discoveries of the great physiologists and vivisectionists. The great wonder is that the world of the healing art waited for Dr. Still. Had not the pathologists eclipsed the physiologists, perhaps this would not have been so. Dr. Still dates his discoveries in osteopathy, which is really a science of applied physiology, back about twenty-eight years, yet as early as 1733 the notion that arteries change calibre was put forth by Stephen Hales (Statical essays, Vol. 2.) As early as 1840 the muscular coat of the arteries was discovered, giving basis to the principle that while the general circulation depends upon the heart, the distribution depends on the calibre of the arteries.

As far back as 1851 Claude Bernard discovered the vaso-motor mechanism which is of so much importance to the osteopaths. (Compt. Soc. de Biol., Paris, 1851.)

In spite of all this wealth of information the doctors of the past left the field to Dr. A. T. Still and he it was who made practical a method of mechanically controlling the circulation. These old timers that I speak of lacked the inventive turn of mind of the ingenious American. They knew that there were vaso-dilators as well as vaso-constrictors. Barnard, Brown-Sequard, Schiff and Waller all had a hand in the vaso-motor discoveries.

THERE WAS NO GREAT SECRET.

It is in the physiologies. The M. D.'s knew it; but they stood in the same relation to a man like Still that old Ben Franklin with his kite stood to Edison and his inventions. Edison is the practical man; Still is the practical man.

It is not my intention today to discuss the technique by which the osteopathist does things; but rather to talk about a few conditions which may exist. I wish to talk about what might be called a hydrostatic or a haemostatic pathology and I shall mention particularly asthma and the disease known as the bends; also congested condition of the lungs and its etiology, and maybe headache.

We have two great reservoirs of blood in the body, the lungs are the reservoir to the left heart, and the liver and large veins of the abdomen are reservoirs to the right heart. These two great reservoirs can hold 50 to 70 per cent of the blood in the body.

I wish first to consider the fact with reference to a congestion in the lungs and the removal of such congestion when once established.

Let us first assume then for this purpose that there is a great vaso-constriction in the peripheral circulation due to exposure. This vaso constriction causes the left ventricle to pump against great pressure. The left ventricle works harder than the right ventricle all the time; *here* we have it called on to do additional duty and the result is that the left ventricle becomes tired before the right ventricle, and after awhile becomes exhausted. When the left ventricle reaches this stage it does not empty against the aortic pressure which

is high. It necessarily follows that the left auricle becomes congested.

The next step is due to the fact that the lesser circulation, by which I mean the pulmonary circulation, is independent of the systemic circulation within certain limits, so that there is no immediate bad effect on the pulmonary circulation from an increased resistance to the aortic flow. So we have the right side of the heart beating normally and forcing more blood into the pulmonary circulation while the left auricle is becoming more and more congested all the time. The lung thus becomes a vast reservoir of blood until the back pressure is sufficient to check the right side of the heart and the blood congests in the venous system.

To group this idea of back effects is of importance to the osteopath for he can then more readily appreciate how he succeeds in reducing a congestion of the lungs. He can thus compare his work advantageously only with that old school practice which whips up the already tired left ventricle with heart stimulants. The osteopath would not only treat the upper thoracic roots but he would try to ascertain a cause for the vaso-constriction in the systemic circulation and remove the cause. Instead of whipping up the left ventricle he can give it less work to do by lessening aortic pressure in the systemic circulation.

AN ASTHMATIC DISTURBANCE.

This brings us to the place where I wish to mention asthma as a circulatory disturbance. Hazzard and other authorities say there may be a swelling of the mucous membrane from hyperemia, and the chief bony lesions are rib lesions. I wish to get at the possible cause of this hyperemia of the mucous membrane. We osteopaths know and the regulars know that asthmatics have barrel shaped chests that do not collapse in ordinary expiration as much as the average man's chest. The asthmatic is continually trying to suck more air into his chest. His respirations are particularly deep. What is the result?

Before answering the question let us consider the conditions in the lungs of a living animal during inspiration and expiration as proven by vivisection. It has been proven that in the phase of natural inspiration 1-12 to 1-13 of all the blood in the body is contained in the lungs; in the phase of expiration 1-15 to 1-18. This blood left in the lungs after extreme expiration is called residual blood; after ordinary expiration there is in addition to the residual blood called supplementary blood. The asthmatic being in a state where he feels himself suffocating, inspires heavily, increases the negative intra-thoracic pressure, aspirates more blood into his lungs as well as air, thus affecting the calibre of the thin walled inelastic veins more than he does the arteries. He increases the diastolic filling of his heart, and hinders the systolic output of his heart by his breathing. The result is residual *blood plus* in the lungs. The proof of this is the relief instantly afforded a case of asthma by such an increase of pressure on the ribs as to force out of the thorax the excess of residual blood. I have tried this successfully in an acute case, and I

have heard of one lady in the profession who obtained the same result by a similar treatment.

The rib lesions that are the original cause of the poor breathing with its original sense of suffocation remain to be treated after the acute attack is reduced by this method.

There is nothing in this theory contrary to the idea that the respiratory center is affected by changes in the blood, that the center is stimulated by increased venosity of the blood and quieted by increased arterialization. This is where the regulars switch off in pursuit of chemical changes in the blood. I simply wish to emphasize the mechanical cause of an increased venosity of blood which excites the respiratory center, by the asthmatic hindering the systolic output on his own heart through increased negative intra-thoracic pressure with its attendant congestion.

THE CAISSON DISEASE.

We have had a good many deaths in Cleveland during the construction of our new water works tunnel, from the disease known as the bends or the chokes, the caisson disease. One of the remedies used to combat this trouble has been the hot bath. I wish to present some ideas as to the hæmostatic pathology of this trouble.

The man goes to work in the compressed air with a digestive process taking place in his stomach and intestines. The process of digestion generates gas. The gas in this man is generated under pressure. When he comes out of the compressed air the compressed gas in his bowels pushes the venous blood toward the right auricle causing a congestion. The right ventricle forces a larger quantity of blood into his lungs. But the left ventricle is almost exhausted from pumping against the enormous pressure in the systemic circulation. It is too tired to pump the excess blood away from the lungs and the man's congestion there becomes worse. A big strong Russian choked to death not long ago in Cleveland under circumstances like these.

Now as to the treatment:- The hot bath of the regulars gives the left ventricle less work to do by dilating the capillaries and makes it more capable of reducing the congestion in the lungs. An osteopathic improvement suggests itself in such an inhibition of the nerves to the pyloric orifice and cardiac ends of the stomach as will dilate these openings and permit the escape of some of the compressed gas, secondly a stimulation of the nerves to the heart to revive it and reduce the congestion in the lungs.

One of these cases in Cleveland resulted in paralysis and the man has been on the hands of the city for eleven months. So far as I know no osteopath has had the privilege of examining him for lesions, but it is sometimes of interest to figure on what would be the most likely lesion or a likely lesion to result from pressure of this kind. And the head suggests itself as an easy mark, for with a congestion in the right auricle the pressure in the jugular veins would become a positive pressure, and the resistance offered by the veins

would cause the arterioles in the brain to become a set of rigid tubes. We can conceive of sufficient damage being done to a brain tissue in this way to start a slight hemorrhage with a resulting degeneration of nerve filaments coming from that portion of the cerebrum.

SCHAFFER AND OSTEOPATHY.

And speaking of the brain and the circulation it may not be amiss to touch upon the pains in the head, headaches, in the light thrown upon them by Schaffer, according to whom we have here an organ which pulsates with every stroke of the heart, and with every respiratory movement, in which, owing to its peculiar conditions, enclosed as it is in the unyielding cranium, the cardiac pulse is not entirely spent in distending the arterioles and capillaries, but is transmitted to the venous sinuses. The brain, he says, is lifted up by the stroke of the arteries at its base, and is thrown against the pial veins and the venous sinuses. By rise of pressure in thoracic veins in expiration the blood is dammed back into the sinus, and the brain must then expand at the expense of the cerebro-spinal fluid. The contrary occurs in inspiration, the veins are emptied by the suction action of the thorax, the brain collapses and the cerebro-spinal fluid re-enters the cranial cavity. (I quote Schaffer). We have noticed that some headaches occur with cold heads and some occur with hot heads. May we not look to the thorax for the explanation?

One of the most obstinate headache cases I ever saw was that in a woman addicted to the use of heart stimulants, she carried nitro-glycerine with her when she went down town. Now according to Schaffer when the aortic pressure rises the expansion of the cerebral volume can take place only to a certain limited amount, for as soon as all the cerebro-spinal fluid has been driven from the cranium the *brain is everywhere in contact with the rigid wall of the skull*. Any further expansion of the arteries can take place only by an equivalent compression of vein, for the semi-fluid brain matter is incompressible. The reservoir of blood in the veins will therefore be constricted until the cerebral venous pressure rises to the pressure of the brain against these veins. Thus as the arterial tension rises the whole circulatory system of the brain will assimilate itself more and more to a scheme of rigid tubes. The velocity of the blood flow will be increased and the relative distribution of the blood in the arteries, capillaries and veins will be changed. A rise of arterial blood pressure does not, as has been supposed, produce an anaemia of the brain through compression of capillaries and veins, but rather it causes an increased velocity of blood flow.

The intra-cranial pressure is in all physiological conditions the same as the cerebral capillary and venous pressure. The intra-cranial pressure is that tension which remains after the force of the heart has been expended in driving the blood through the cerebral arterioles. It is therefore an ever varying quantity.

Now here is where the osteopath finds food for thought: *Intra-cranial tension may rise from general muscular spasm, in other words, from contractures.*

There is no compensatory mechanism in the brain to protect it from great changes in circulating pressure. The cerebral circulation passively follows changes in general arterial and venous pressure. Every stimulus that enters the organism and affects the general vaso-motor center produces a passive effect on cerebral circulation. This brings the old physiologist right back to the splanchnic area for control of blood in the brain. The osteopathic improvement is in the removal of the muscular spasm and contractures in the neck, by which in addition to splanchnic treatments he succeeds in ninety-five per cent of his headache cases.

OSTEOPATHIC TREATMENT OF TUBERCULOSIS.

Wm. Clark, D. O., Houston, Texas.

THERE is no disease that is claiming so much attention in the scientific world as the "Great White Plague," owing to the fact that it is responsible for a larger per cent. of deaths than any other disease, and that drugs, after years of experimenting have proven absolutely futile in combating this condition.

It is my opinion that almost every case of consumption in its incipiency, providing there is sufficient reactive power, can be permanently cured by osteopathic treatment. This opinion is based upon results obtained by me, and others in the field. Even in the advanced stages of the disease, I have been surprised at the improvement of patients under our treatment.

In tuberculosis the watery portion of the blood is increased and the red corpuscles diminished. The tendency to contract this disease may be inherited, or it may be acquired by allowing some depressing influence to lower the germicidal power of the body fluids.

In the progress of this disease when effusion from the blood vessels into the lung tissue takes place, the watery portion of the blood is absorbed, leaving tubercles embedded in the substance of the lungs and the efforts of nature being insufficient to throw off the disease, we have breaking down of the tubercles producing ulceration, hemorrhage, etc. The only way of eliminating the tubercular deposits is by absorption. We must endeavor to obtain a healthy formation of blood, and a natural circulation in order to promote absorption and to prevent the continual formation of tubercles; as pure blood is the only means yet discovered that will render the tubercular bacillus inactive, our efforts must be in that direction.

In consumption I have usually found a posterior curvature of the spine in the upper dorsal region, giving the characteristic stoop in such cases; the spine and chest wall rigid, ribs dropped down; sternum down and drawn inward, giving the sunken or flat chest appearance; the muscles and ligaments very much contracted about the neck, back and chest. These conditions lessen the chest capacity, and do not admit of full expansion of the lungs.

Dr. A. T. Still, in his Philosophy of Osteopathy says: "I think consumption begins by closing the channels of cerebro-spinal fluid in the neck, which fluid stands as one of the most highly refined elements in animal bodies. Its fitness would indicate that it is a substance that must be delivered in full supply continually to keep health normal."

Therefore, we must look for lesions in the neck. In several cases, I have found the hyoid bone up and back. In this position, there is more or less pressure upon the vagi nerves. The marked contraction of muscles and ligaments in this region brings pressure upon the laryngeal nerves. This, no doubt, has much to do with producing and prolonging the cough.

The diet should be light and nutritious. I have had best results with albumens, milk, rice, whole wheat and corn bread; later a few vegetables, etc., allowing very little meat until the stomach has become stronger. Coffee, tea, condiments and all other stimulants should be avoided.

Point out to your patient the folly of taking a quantity of food into the stomach that it is unable to digest. This food fermenting produces gas, which distends the stomach and brings pressure up against the diaphragm and lungs, interfering with respiration, also the heart's action.

The first thing to be done is to make a thorough examination, locating all lesions and directing efforts to the reduction of such lesions as we may find.

Measurements should be frequently taken to show any increase in the expansion of the chest. Exercise in the open air is of the utmost importance. It should be regularly taken and never exhausting. The exercise should be of such a nature as to insure deep breathing and full expansion of the lungs; thus the lungs are perfectly ventilated and strengthened, the blood receiving its share of oxygen and distributing it throughout the body, thereby increasing the patient's vitality, restoring tone and vigor to the wasted muscles, and increasing the lymph circulation. This helps to eliminate the detrimental material that has accumulated in the system, lessens night sweats and improves the appetite.

The patient should always sleep in a well ventilated room and should never omit the daily sponge bath of the neck and chest with cool water, followed by a thorough rubbing. This dilates the peripheral blood vessels, restores warmth to the skin and renders the body more able to stand sudden atmospheric changes.

The patient should be instructed in regard to proper clothing. Light woolen garments should be worn next to the body. The advantage of woolen garments is that the air next the body is less influenced by external changes, therefore the danger of taking cold is lessened.

It is important to be able to recognize the first symptoms of improvement; the return to normal temperature, full and slower pulse, and gain in flesh. The gain in weight is a good criterion of the course the disease is pursuing, and should be carefully watched. The most important sign of improvement is the increase in lung capacity. This means that the lungs are filling more per-

fectly and that some of the exudates are being absorbed.

Elastic fibers disappear from the sputum, and areas of consolidation become less, or disappear entirely; the cough generally being one of the last symptoms to leave.

I could cite several cases of consumption in various stages when brought to me, that were permanently cured. Upon those cases I base my theory. The most advanced case I have ever treated was that of Mr. Henry Woodhead of Lancashire, England, which yielded nicely to osteopathic treatment. He came to me for treatment November 22, 1901. The trouble proved to be consumption well advanced into the second stage. The case was of about three years' standing. During that time he had tried various methods of treatment, including the sleeping out of doors treatment; receiving no benefit he turned to osteopathy as a last resort.

Examination revealed the following conditions: Posterior curvature of spine from 1st to 10th dorsal, spine rigid entire length, muscles and ligaments contracted to a marked degree, extreme tenderness all along the spine, ribs all down and close together, chest wall rigid, allowing only three-fourths inch expansion, shoulders stooped, sunken chest. Patient greatly emaciated and distressingly weak. He had been suffering from recurring hemorrhages for eighteen months. To lie on left side or raise either hand above the head would produce hemorrhage. The lungs were wholly congested, giving dull sound throughout; the voice was almost lost, the being able to whisper only with difficulty; his digestion was very poor, being unable to retain food of any kind.

Treatment was given to reduce the curvature, relax spinal tissues, replace ribs and enlarge the chest wall so as to increase expansion. Attention also being given to the digestive organs to promote assimilation of food, making pure blood in order to give the body good material to build upon. Expansion was increased to two and one-half inches. Throat was treated very thoroughly and carefully, paying special attention to the hyoid bone.

On arising in the morning we had patient take cold sponge baths above waist line, this being followed by certain exercises and deep breathing before an open window.

When patient had become sufficiently strong he was, at each treatment, encouraged to make an effort to chin a horizontal bar provided for the purpose. It was only after repeated attempts that he was able to do this. Before leaving for his home in England he could draw himself up ten times quite comfortably, as he expressed it.

Program of Exercises During Commencement Week of the A. S. O., January Class, 1903.

SEMI-ANNUAL RECEPTION OF ATLAS CLUB,

Friday, January 23, 8 p. m.

DOCTORATE SERMON BY DR. E. BENSON OF BROOKLYN, IOWA,

Sunday, January 25, 10:30 a. m.

CLASS DAY EXERCISES,
Wednesday, January 28, 9:00 a. m.

Music Eaton's Orchestra.
Address..... Class President, W. J. Giltner
Class History..... Historian, A. B. Cramb
Music Orchestra.
Class Poem Poet, W. H. Ivie
Class Prophecy..... Prophet, E. E. Tucker
Music..... Orchestra.

SEMI-ANNUAL RECEPTION OF AXIS CLUB,

Wednesday, January 28, 8 p. m.

GRADUATION EXERCISES,

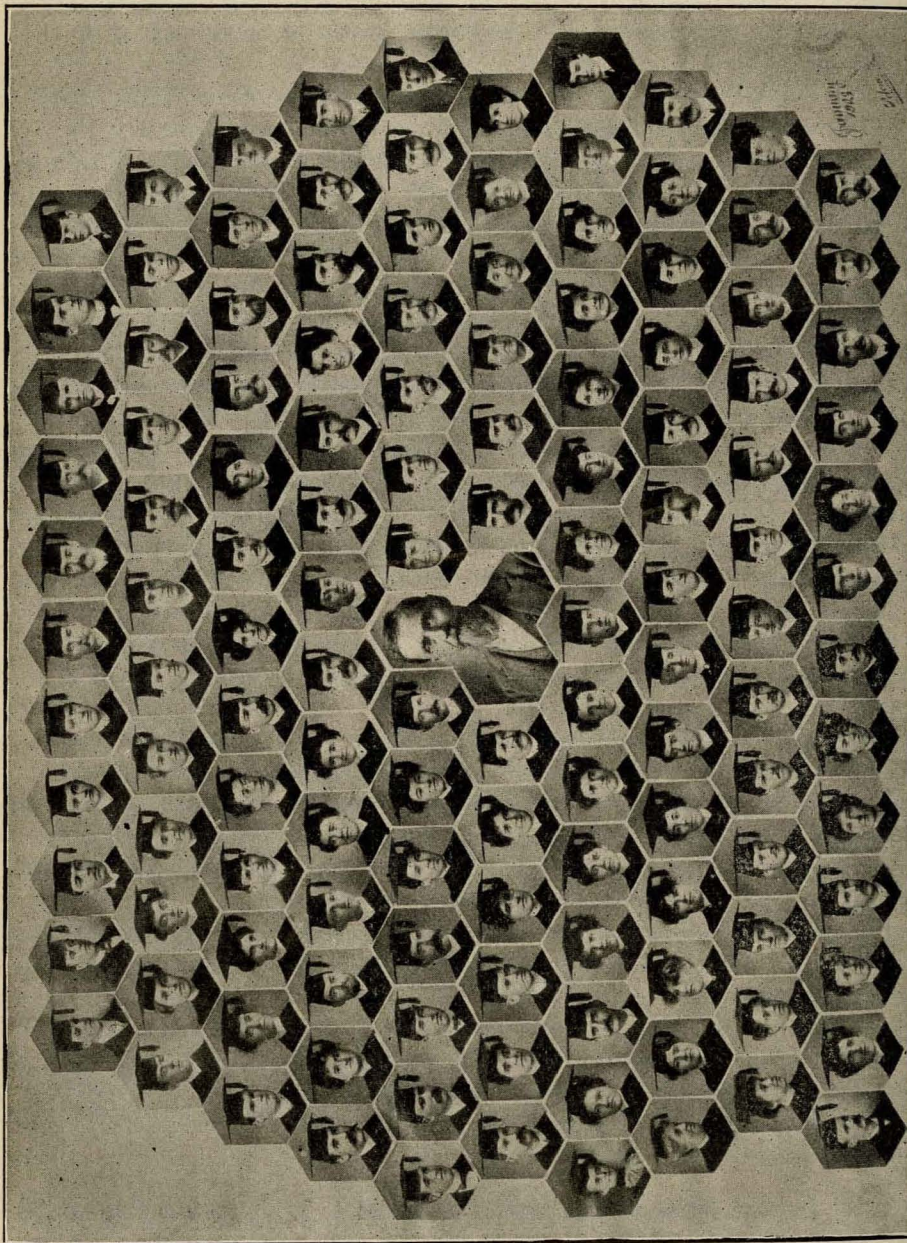
Thursday, January 29, 8 p. m.

Invocation Rev. J. O. Cramb
March..... Eaton's Orchestra
Address..... Class Representative, H. A. Tucker
Music..... Orchestra
Address..... Faculty Representative, Chas. Hazzard
Presentation of Diplomas..... Dr. A. T. Still
Music..... Orchestra.

ROSTER OF GRADUATING CLASS, JANUARY, 1903.

- | | | |
|------------------------------|------------------------------|------------------------------|
| Abbott, Miss Minna Layton | Hemstreet, Frank Edwin | Phalen, William H. |
| Aplin, Miss Anna K. | Hemstreet, Mrs. Sophia E. | Phelps, Thomas G. |
| Ashlock, Miss Carrie Halford | Henderson, Miss Lida Emma | Pleak, Mrs. Dana Hyde |
| Barr, Miss Anna M. | Herman, Arthur M. | Printy, Miss Josephine |
| Barr, Frank S. | Hickman, Mrs. Julia L. | Proctor, Ernest R. |
| Bathrick, Mrs. Rose | Hodge, George Edgar | Proctor, Mrs. Florence B. |
| Beatty, Isaiah M. | Hoefner, J. H. Benjamin | Rogers, Elmer D. |
| Beatty, Albert H. | Huffman, Thomas Patton | Rust, Chauncey G. |
| Betts, C. Steele | Hunt, Clifford, Benson | Shifflett, Clarence E. |
| Bower, Miss Mary R. | Hyde, Miss Leslye | Sieburg, Charles G. E. |
| Bradley, Oscar Evans | Ivie, William Horace | Skyberg, Miss Helga |
| Bradley, Miss Josephine B. | Jones, Lauren | Smith, John M. |
| Brown, Miss Maude A. | Kartowitz, Herman F. | Smith, J. Elliott |
| Bush, Mrs. Evelyn Russell | King, Miss Mary Abigail | Smith, Leslie B. |
| Clarke, George Burt F. | Lane, George Hamilton | Stanley, Miss Minnie |
| Colby, Irving | Lane, Mrs. Cora Clark | Stauffer, Miss Gertrude Mary |
| Coleman, Miss Mattie May | Lodwick, William | Stewart, Fred E. |
| Conger, Mrs. Arthur Latham | Lyke, Charles Hulbert | Stewart, Charles E. |
| Conner, Mrs. Annie Kimbrough | Lytle, Clinton Robert | Stockton, Mrs. M. Jeannette |
| Coon, Fred Forrest | McClanahan, Joseph L. | Stravens, Miss Magdalen |
| Cramb, Arthur Benjamin | McGinnis, John C. | Swartz, William C. |
| Cramb, Levi Kelsey | McLaren, Miss Blanche | Swartz, Miss Laura Ellen |
| Cabbage, B. Herbert | McQuary, Harvey Ellsworth | Taylor, Charles Elmer |
| Culbertson, Miss Eliza Mary | McQuary, Harvey L. | Thomas, William H. |
| Cullins, Mrs. Nellie Mosier | Manatt, Earle Leslie | Thompson, Miss Annie Prince |
| Deputy, Hazelton E. | Martin, Elmer | Thompson, Miss Davinna |
| Deputy, Mrs. Anna Watson | Maxwell, Herman Lemoyne | Tracy, Miss Elvire |
| Dinsmoor, Mrs. Laura B. | Maxwell, Mrs. Simmie Mayrant | Triplett, William Benjamin |
| Dozier, Jesse Knight | Miller, Mrs. Minnie F. | Tucker, Hartwell A. |
| Dunn, Wade | Miller, Samuel Wesley | Tucker, Mrs. Mary S. |
| Englehart, F. Arthur | Miller, Mitchell | Tucker, Ernest Eckford |
| Englehart, William F. | Moffett, Adam | Vance, C. Heber |
| Fitts, Thomas Fairfax | Molesworth, C. Eldridge | Vastine, Herbert Judson |
| Ford, Miss Ada | Moore, J. Harvey | Vyverberg, Kryn T. |
| Francis, Jesse E. | Moorelock, Miss Josephine | Walker, Frank Perry |
| Francis, Mrs. Gertrude R. | Morgan, Richard M. | Wheat, Miss Dora |
| Gable, Mrs. Hattie Mabel W. | Morris, John B. | White, Mrs. Annette M. |
| Gass, Preston Young | Mosier, Erving J. | Wiley, Andrew S. |
| Giltner, William Jasper | Mosley, Gordon B. | Wilkens, J. Herman |
| Glenn, H. Arthur | Neal, Miss Jennie Belle | Willard, Miss Jessie Hobart |
| Graves, Amos Churchill | Norris, Harley D. | Wismer, Miss Tillie |
| Hallam, Miss Eudora V. | Palmer, Charles Robinson | Wolf, George B. |
| Hassman, George E. | Parrish, Earl Victor | Woodson, Thoms H. |
| Hawes, Leon B. | Pearson, M. E. | |

GRADUATING CLASS, JANUARY 1903.



The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE

AMERICAN SCHOOL OF OSTEOPATHY.

KIRKSVILLE, MISSOURI.

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CONTENTS—February, 1903.

NEURASTHENIA.....	49
Paul M. Peck, D. O.	
OSTEOPTHY IN THE TREATMENT OF EXOPHTHALMIC GOITRE.....	54
P. M. Agee, D. O.	
DISEASES OSTEOPATHICALLY DESCRIBED.....	57
Carl P. McConnell, D. O.	
OSTEOPTHY IN ACUTE DISEASES.....	64
C. H. Conner, M. D., D. O.	
CIRCULATORY DISTURBANCES.....	66
Charles L. Richardson, L. L. B., D. O.	
OSTEOPTHY TREATMENT OF TUBERCULOSIS	71
Wm. Clark, D. O.	
GRADUATING EXERCISES, FEBRUARY CLASS, 1903.....	73
CLASS PICTURE.....	74
EDITORIALS, PERSONALS, ETC.	

THE lesion osteopath is the only true osteopath.

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SOME osteopaths are really practicing naturopathy under the title of osteopathy.

.

THE true osteopath finds anatomical lesions associated with diseased conditions. The lesions may precede or follow disturbed function. In either case the removal of the lesion is the thing indicated to cure the disease.

.

OSTEOPTHY, the Science of Drugless Healing, is the title of a neat little pamphlet published by W. B. Keene, M. D., D. O., formerly of the Philadelphia College of Osteopathy. Osteopathy is well defined and its claims are modestly presented. As a whole, it is a very creditable publication.

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THE lesion osteopath is said to be too narrow. Some would have him broader—have him include all methods of practice non-drug. Osteopathy in principle has nothing

in common with these other methods of healing and the osteopath has no right to include them under his title. They existed before osteopathy was born and are no part of the osteopathic system.

.

EVERY effort of the medical profession to block the progress of osteopathy will ultimately result in its further advancement. Medicine will have to take a back seat. The unreasonable methods so often employed by its practitioners in attempting to legislate against non-drug methods of healing and choke off all other practitioners will place it in additional discredit before the eyes of the people. The people want fair play. They won't stand for oppression by a drug monopoly.

.

WHAT do you think of an osteopath, (so called) who uses drugs, sells drugs, forms a chemical company and still calls himself an osteopath? This same osteopath uses a vibrator to shake his patients, he also sells salve. He has been sending circulars out to the members of the profession all over the country. He should be drummed out of the profession for his work is non-osteopathic and will injure the science no little. Besides this fellow has a bad record. Look him up before dealing with him. The A. S. O. cannot endorse such methods or men.

.

DR. C. W. YOUNG, an osteopath of St. Paul, Minn., of late has been treating a number of cases of diphtheria. In one family he attended three cases, one of the children died and according to the newspaper reports the doctor was held by the coroner's jury for manslaughter. The board of health ordered an investigation with the above result. Words fail us in expressing our contempt for this unreasonable action of the medical board. If a coroner had been called upon to investigate the cause of death in children that have died from diphtheria under medical attention where anti-toxine had been used, and the jury had held the doctors for man slaughter and they had been convicted, there is scarcely a medical doctor of five year's practice that would not be in the penitentiary—the penitentiaries wouldn't hold them.

Osteopathy has no use for anti-toxine in *any case of diphtheria*. Osteopathy can show a larger per cent of cures than medicine with its deadly anti-toxine. Anti-toxine like vaccination does more harm than good.

.

ANOTHER new discovery has been made that has startled the medical world. It is the use of a drug that will cure blood poisoning. How singular that no one thought of the wonderful remedy before! A certain doctor reasoned that formalin, since it will kill bacteria outside of the body, ought to do so inside of the body. He tried his remedy on a certain patient and she got well. Since that time this wonderful remedy has been tried in numerous cases, but most of the patients on whom it has tried died. Here is the formula:

"Inject into median basilic vein 500 cubic centimeters of 1 (one) to 5,000 formalin solution in water at a temperature from 60 to 70 degrees Fahrenheit. If strepto-cocci are still present at end of two days, repeat."

Plenty of germ killers have been found but when used to kill germs in the body they always have had a bad effect upon the patient. No doubt, the search for a drug that will kill germs in the body and at the same time not destroy the life of the patient will go on indefinitely but all experimenters when they have found the truth will know that pure blood is the only natural germicide and that all search for other remedies will be futile. External agencies are of no avail.

An Appeal for Aid.

We earnestly solicit from every member of the profession and especially from every graduate of the A. S. O. a contribution of \$1.00 each—to be paid at once to Dr. M. F. Hulett of Columbus, Ohio, for the purpose of creating a fund to be known as a legislative campaign fund and to be paid out and used by our National Legislative committee where they can do the most good with it in securing recognition for our science. There is now pending legislation either for or against us in the following states: Minnesota, Colorado, Wyoming, New Mexico,

Utah, Oregon, Oklahoma, Alabama, Illinois, Indiana, Wisconsin, Pennsylvania, Virginia, North Carolina and Michigan. In some of the states named the osteopathic organization is weak because of so few members in the state and others have no organization. The combined profession by just a small contribution can aid wonderfully in this work. No matter if you have been recognized and now have a good law in your state, some one fought for it, and you should now aid in this work by just a small contribution at least. Our profession needs it. We hope there is not a single osteopath but will comply with this request and do so at once. Remember this is a vital question and a prompt response means aid when our cause needs it.

In Legislative Circles.

Dr. A. G. Hildreth, our representative in the Missouri legislature, has been appointed to serve on the following committees: Normal Schools, Public Health and Scientific Institutions, and Louisiana Purchase Exposition or World's Fair.

He reports that osteopathy has a host of good, loyal, warm friends, both in the house and senate. The state board of health and the medical profession in general have declared that the osteopaths should be let alone and their policy toward us will be to treat us cordially—quite a change in six years. Our profession is still climbing and progressing.

A bill will be introduced granting to each school of medicine a board of its own. It includes the allopaths, homeopaths, eclectics and osteopaths. This bill comes from the medical profession and will give each school a board of five members which shall regulate the practice of the respective schools. The magnetic healers, the christian scientists, the mental healers will be let alone.

Dr. Hildreth will introduce a separate bill covering the same ground in so far as the osteopathic board is concerned. He will also introduce a bill to provide for the regulation of the distribution of human bodies for the purpose of dissection to schools teaching anatomy. In all probability both bills will be passed without much difficulty.

The Illinois Examination.

The regular quarterly examination for all those who desired to secure state certificates for the practice of osteopathy in Illinois, was held at the Great Northern Hotel, Chicago, Jan. 15-16.

There were fourteen who took the osteopathic examination, six being from the A. S. O. About fifty took the medical examination and eight took the examination for midwives.

All applicants were treated very courteously by the members of the board, and their kindness was greatly appreciated. The following from the A. S. O. took the examination: Miss Leslie Hyde, A. C. Graves, W. J. Giltner, Andrew I. Ross, Russell D. Howell, Frank S. Snedeker. Mrs. John J. Pleak took the midwives' examination.

A list of the questions is on file in the office of the JOURNAL OF OSTEOPATHY.

The Next Meeting of the A. O. A. Will Be Held in July.

The annual meeting of the American Osteopathic association will be held during the week of July 12th, at Cleveland, Ohio, the days on which it will occur to be announced later. This action was unanimously taken by the trustees in order that we might secure the benefit of the R. R. rates for the Epworth League Meeting in Detroit, thus encouraging attendance from a distance. Further information on this subject will be given from time to time, and every one will be kept informed.

We wish every osteopath to make preparation for this meeting which will be a red-letter event in the history of our organization. There will be many novelties and we expect one very delightful surprise for all who attend. Resp't., CHARLES C. TEALL, President.

The "Wizard's" Solar Plexus Blow.

Little did any one ten years ago think that there would be such a reversion of feeling against the administration of drugs as exists to-day. That the people are doing their own thinking now more than ever before is self evident. In no age has physical culture and non-medical methods of treatment been so prominent. Even physicians

themselves are quietly abandoning the use of drug remedies, while medical journals generally discuss little medicine and devote the bulk of their space to surgery. Again, men of science are no longer hesitating to denounce the false theories of the past. They are none the less sparing in their criticism of medicine. But nowhere have we seen a stronger arraignment of the false platform of the medical practitioner than that recently expressed by inventor Edison, the electrical "wizard." Among other things he says:

"Medicine is played out. Every new discovery of bacteria shows us all the more convincingly that we have been wrong, and that the million tons of stuff we have taken was all useless. * * * The doctor of the future will give no medicine, but will instruct his patient in the care of the human frame, in diet, and in the cause and prevention of disease."

These are strong words, and in the main an endorsement of osteopathic therapeutics, although not so intended by the author. Edison's position is one worthy of investigation by all seekers after health.

M. F. HULETT, D. O.
Wheeler Bldg., Columbus, O.

Reorganization of Osteopathy in Indiana.

An apathetic condition has prevailed among the osteopathic practitioners in this state, dating from the close of the session of the last legislature—so much so that it had become chronic. To get a quorum of the state association to meet was impossible. At the Milwaukee Convention last summer, several Hoosier osteopaths canvassed the matter. It was concluded that the organization needed a treatment by an able physician. We got the best.

At the request of Dr. A. G. Hildreth, of the American School of Osteopathy, a meeting was held on the 20th day of December, 1902, at the Hotel Denison, City of Indianapolis, with the major portion of the osteopaths practicing in the state in attendance. At 1:30 p. m. the meeting was called to order by Dr. Hildreth, who in a short speech stated the object of the meeting. Dr. Hildreth was selected by acclamation as chair-

man. The doctor then proceeded to state why he was present, etc. He said he was not present in the interest of any school, for personal aggrandizement, nor in interest of any association outside of the state association. His mission was for the advancement of osteopathy in general, and in the state of Indiana in particular. He called attention to the weakness of the law relating to osteopathic practice passed at the last session of the legislature, and urged the necessity for broader and fuller recognition of our science. He thought if a good bill was introduced, and with united effort on the part of the osteopaths and their friends, a law could be passed that would give the science proper recognition. He asked all present to express themselves on legislative action. None gave any expression against a better law and fuller recognition, but a few seemed to think the present time premature; that the session of the legislature two years hence was the most likely to give what we asked. But the majority seemed to favor immediate action. The question then of diagnosing the case of the "Indiana Osteopathic association" was brought up. At the suggestion of Dr. Hildreth—physician in charge—Dr. F. L. Tracy of Anderson, the incumbent president of the old association, was called to the chair and a new organization was made.

The officers chosen for the ensuing year are as follows: President, Dr. Chas. Somers, of Muncie, Ind.; vice-president, Dr. D. Ella McNicol, of Frankfort, Ind.; secretary and treasurer, Dr. Geo. Tull, of Indianapolis, Ind. Trustees: Drs. May, Spaunhurst, Goodpasture, Kinsinger, Fogarty.

There was also a legislative committee appointed by the president, composed of the following members: Drs. May, McNicol, Goodpasture and Crow.

After the business of the session had been completed, a vote of thanks was given to Dr. A. G. Hildreth for the good work he had accomplished by his presence and example.

GEORGE TULL, D. O., Sec'y.

Legislation in New Mexico.

Dr. C. H. Conner of Albuquerque, writes us as follows:

"The time is ripe for osteopathic legisla-

tion in New Mexico. The legislature will convene Jan 19th, session of 60 days. This is the first time the legislative body has been free from doctors, not one being in either house this session. I think with the proper effort a bill legalizing our practice can be passed." Dr. Conner is the only osteopath in New Mexico, and his efforts in securing legislation that will open the field to others is certainly commendable. Dr. Conner is a graduate of medicine as well as osteopathy and was able to obtain a license from the Board of Health on that account, although he is practicing osteopathy only. The bill introduced is similar to the law now in force in Missouri.

New Hampshire D. O.'s Elect Officers.

The New Hampshire osteopaths met at Woodsville, Jan. 8, and formed a state association.

The following officers were elected: Dr. H. K. Sherburne, Littleton, president; Dr. Geo. McPhearson, Claremont, vice-president; Dr. Sophronia T. Rosebrook, Woodsville, secretary and treasurer. Executive committee: Dr. J. M. Gove, Concord; Dr. Cora L. Gooden, Laconia; Dr. Florence A. Covey, Woodsville.

Osteopathy is gaining many warm friends in New Hampshire although the number of practitioners in the state is very small.

PERSONAL MENTION.

Dr. Oscar H. Ryon has moved from Atlanta to Rome, Ga.

Dr. Lottie Linder has changed from Ft. Smith, Ark., to Oakland, Cal.

Dr. E. L. Bowman has changed his location from Iron Mountain to Norway, Mich.

Dr. J. L. Hively, formerly of Denver, Col., is now located at 102 Willard street, Elkhart, Ind.

Drs. J. C. and Ada C. Glasgow, formerly of Ludington, Mich., have gone to Dinuba, Cal., where they will practice.

Dr. Roy M. Marsh, formerly of Louisiana, Mo., has gone to Connellsville, Pa., where he will engage in the practice. Dr. Frank Hemstreet of the senior class will succeed him at Louisiana.

Dr. Maude Conkel has changed from Augusta to Nashville, Ill.

Dr. Edgar William Culley and Dr. Emiline Tappan, both of Flint, Mich., were married Dec. 29.

Dr. H. E. Herrick and Dr. Bertha M. West have formed a partnership and will practice at Pontiac, Ill.

Dr. Annie Stanley, formerly of Sterling, Kas., has located at Wichita. Her offices are at 318 Douglas avenue.

Dr. B. E. Overstreet was married Dec. 24, to Miss Pearl Gosney of Bethany, Mo., where Dr. Overstreet is practicing.

Dr. J. C. Muttart has changed his offices in Philadelphia from Walnut street to 414-416 Pennsylvania building.

Dr. William H. Bruce, formerly of Marshall, Mo., has gone to Orange, Texas, to practice.

Dr. C. L. Fowler, formerly of Farmer City, Ill., has gone to Durango, Col., where he will engage in the practice with Dr. J. H. Malone.

Dr. O. L. Butcher, of Washington, D. C., announces the change of his office location from 714 Tenth street, to the Van Doren building, 1331 F. street, N. W.

Dr. Lottie Bernard West of Chicago, gave a reading at the A. S. O. Saturday evening, Jan. 24, for the benefit of the Sojourners' Club. She was assisted by local talent.

Dr. Lee Deming of the June class, 1902, has returned to the A. S. O. to take a post-graduate course. He will also assist in the infirmary and clinic practice.

Dr. Eugene Link of San Antonio, Texas, has returned to Kirksville, where he has accepted a position on the infirmary treating staff.

Dr. Charles S. Betts and Dr. Lida E. Henderson of the February class, 1903, of the A. S. O., were married at the First Presbyterian church, Kirksville, the evening of January 29.

The JOURNAL acknowledges receipt of an invitation to the commencement exercises of the January class of the Boston Institute of Osteopathy. There are fifteen members in the class.

Dr. F. P. Young, professor of surgery at

the A. S. O., has gone to Utah to appear before the legislature of that state in behalf of an osteopathic bill that is before that body. He will be gone several days. Osteopathy in Utah will have an able champion in Dr. Young.

Dr. F. C. Lincoln of Buffalo, N. Y., formerly in partnership with Drs. Crawford and Kidwell of that city, has opened an office in 753 Elliott Square.

Dr. Chas. C. Reid, formerly with Dr. F. P. Millard at 1 Chatham street, Worcester, Mass., sold his interest in Worcester to Dr. Millard and has opened an office in Temple Court, Denver, Colorado.

Drs. Achorn and Ellis, proprietors of the Boston Institute of Osteopathy, have disposed of their school to several of the instructors in the institution and it will be known in the future as the Massachusetts College of Osteopathy. Drs. Achorn and Ellis will remain in the practice at Boston and retain the firm title of the Boston Institute of Osteopathy.

Mrs. Ethel McKeehan Wood is enjoying a few months vacation from her practice in Bristol Tenn.—Va. She spent some time visiting in Cincinnati, Chicago and Kirksville and is now spending the winter months in Los Angeles and Pasadena, California. She will return through the Rocky Mountains, stopping at Salt Lake, Glenwood Springs, Colorado Springs, Denver and other points of interest. She reports a very successful practice in Bristol, where she and her husband, Dr. E. P. Wood, have been located for more than three years. Dr. E. P. Wood is attending to the practice during her absence.

The following alumni of the A. S. O. visited the school and Kirksville friends during the past month: Drs. Maude Conkel, Nashville, Ill.; J. F. Byrne, Ottumwa, Ia.; D. N. Downing, La Belle, Mo.; George W. Leslie, Menominee, Wis.; J. G. Leslie, Slater, Mo.; James F. Walker, Quincy, Ill.; Mary F. Harwood, Kansas City, Mo.; S. M. Pleak, DuQuoin, Ill.; M. E. Ilgenfritz, Storm Lake, Ia.; Elizabeth Thompson, Ottumwa, Ia.; Theodosia Purdom, Kansas City, Mo.; W. J. Conner, Kansas City, Mo.; Ira McRae, Trenton, Mo.; E. E. Giltner, Osceola, Ia.; Joseph Wegner, Mount Vernon, O.; Hezzie Purdom, Kansas City, Mo.; J. W. Parker, Kansas City, Mo.; Charles K. McCoy, Salt Lake City, Utah; D. A. Bragg, Skidmore, Mo., and H. K. Gibbs, Delta, Col.

DISEASES TREATED.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Professional Cards of Regular Osteopaths

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

Clara L. Milner,

Osteopathist,

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Champlain Bldg. Madison Streets.

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Graduate of the American School of Osteopathy
Kirksville, Mo.

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Trenton, N. J.

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JOHN H. MURRAY, D. O.,
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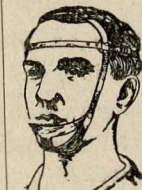
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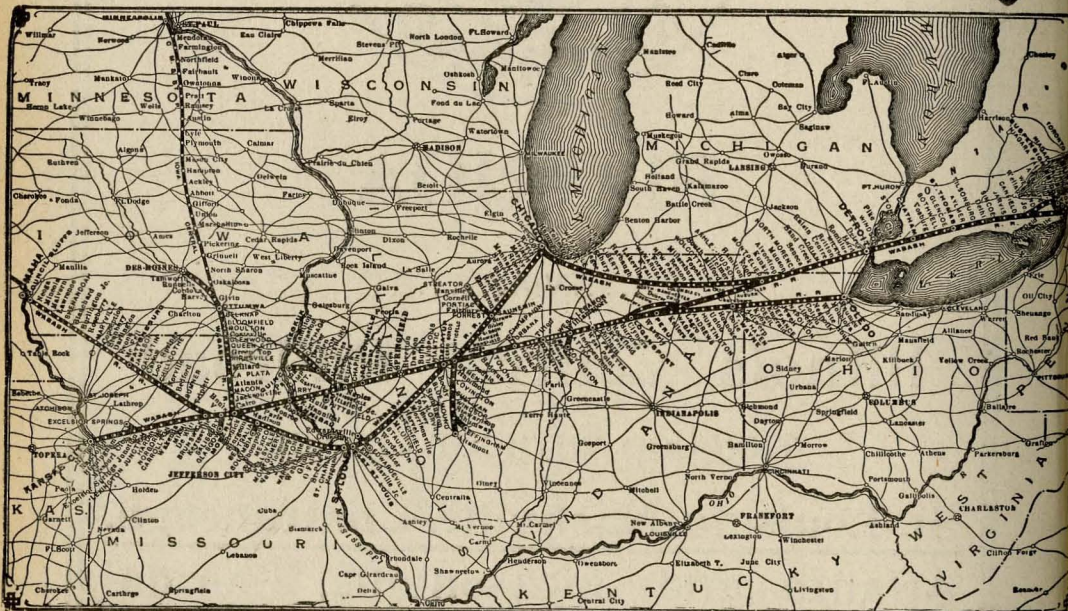
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