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THE JOURNAL OF OSTEOPATHY

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UNADULTERATED OSTEOPATHY.

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THIS is a subject that has attracted considerable attention of late and has been discussed pro and con by a number of our practitioners, for the reason that there has been in the past a tendency on the part of a number, who have studied and practiced osteopathy, to adulterate the practice by making use of a number of other systems whose therapeutical value is questioned and which are in principle in direct opposition to our osteopathic theory. Osteopathy within the last decade has made such an enviable reputation for itself by its successful work in curing diseases and it is also so reasonable in theory that we need hardly now to defend it before a body of osteopaths. But the same old question arises, "Is osteopathy an independent system of healing diseases, and, if so, is it necessary in order to get the best results, to add to it in practice, various adjuncts that are in practice and principle non-osteopathic." We have long since accepted osteopathy as an independent system and have practiced it as such with a reasonable degree of success without the use of any adjuncts whatever.

Our practice at the A. T. Still Infirmary has been varied and has included almost every form of disease, and I believe we can truthfully and conscientiously say, that our per cent. of cures is not less in the general run of diseases than that secured by any other method of treatment, and I am positive that in a great many cases, we are able by the proper application of osteopathy to get cures that are impossible by any other system of practice. Thomas Jefferson said, "Any man is qualified to hold office who is honest, capable and faithful to the constitution." Those same qualities in man are essential in every vocation of life. The osteopathic practitioner who would attain a high place in our profession must be honest, capable and true to the osteopathic principle and cause. If he is honest, he will do honest work, will not slight or deceive his patients, will not rob them in making false and rash promises in regard to cures. He will always have an eye single to the welfare of those under his professional care. If he is capable, he will know his

business, he will be a student and his experience will be to him a most valuable schoolmaster. Capability implies a thorough and growing knowledge of the fundamental subjects at the basis of our science and practical ability in the diagnosis and treatment of diseases. It includes ability and willingness to learn and become more proficient. If he is true to our cause, he must possess that confidence in it which comes from belief. He will be a one-hundred per cent. osteopath, one-hundred per cent. in practice and belief. He will practice osteopathy according to the true osteopathic principle. He will not degrade or pollute the science by making use of numerous adjuncts that are non-osteopathic in theory and practice. He will not put osteopathy to one side and use these various other methods because they are easier to apply and are less like work, or because he has more faith in them than in osteopathy. Faithfulness to our cause does not imply hate or disrespect for any other system of practice. We must respect the beliefs of others, even if they are contrary to our own, although, of course, we do not need to adopt them. Real beliefs contain the potentiality of all martyrdom whether in religious, political or scientific matters. An old saying runs like this: "What a man thinks he believes, is an opinion, and opinions are alterable, and what a man believes, is a conviction, and convictions are as reliable as death."

Belief never apologizes. If a man is sincere in his belief, he realizes its right to exist and expects his belief to be respected. Belief is a conviction and therefore a motive power. I have more respect for a man who practices drugs or any other system of medicine, and believes in his system, than for the man who nominally practices osteopathy and mixes it up with various other systems and adjuncts. I like a believing foe better than an unbelieving friend. One never knows what to do dark nights with a man who does not know whether he does or does not believe. You, no doubt, all of you realize that you can trust yourself in the hands of an honest enemy but with an uncertain friend you walk in constant peril.

The osteopath need not say there is no good in other systems. That certainly would represent a very narrow view and such an opinion could come only from a narrow minded individual. It seems to me, however, that he should view this matter after this fashion: we have an independent system of practice and are not less successful in treating diseases by it, than those who follow other methods, and it is reasonably certain, we are more successful in a great many conditions than those who practice other systems, why then, should we discard osteopathy for drugs or hydrotherapy or electricity or X-radiance or vibration or any other system of practice that does not take into consideration the mechanical cause of diseases or in the application of its treatment does not tend to remove structural defects in order to cure disease? Or in other words any system of practice that does not include the true osteopathic principle.

Again, in order to attain the highest success, we must concentrate our efforts. It is a true saying, "that the man who works at many trades is mas-

ter of none." I am quite positive that this is true in regard to a physician who practices many methods. He too, is master of none. We must so concentrate our efforts that we become absorbed in our work. This concentration of effort brings about proficiency. Proficiency will secure results that we cannot but have the greatest enthusiasm for the work in which we are engaged.

A word now in regard to true osteopathic principle with reference to the cause and cure of diseases. It is simple, it is reasonable, and unlike many other theories, it usually works when properly put into application. In my humble opinion the human body is like a machine, you have all heard that many times before, but that saying contains the kernel of the principle that lies at the basis of our theory and practice. Increased knowledge of the human body in health and disease, instead of separating us from that idea will bring us closer to the realization of the truth contained in that statement. Of course, unlike a machine the human body is self-regulating and its motive power originates within it. But like a machine, any part of its structure out of place will interfere with its action. We say that structural defect is the cause of disease, because in the treatment of disease it is necessary to remove the structural defect in order to get a cure. We realize that the structural defect, however, may be a primary or secondary one. Primary, where the structural defect was brought about by accident or injury so that function is disturbed as a result of structural defect only. Secondary, where the structural defect is a result of primary functional disturbance and is brought about by reflex action. Such defects arise for the most part from improper modes of living, poor air, poor food, exposures, abuses, etc. Nevertheless, in this latter case, the structural defect when so created is also a cause for disease, and is, in fact, the cause for numerous chronic conditions that exist even after incorrect modes of living have been corrected. We have often said that the osteopath considers disease, for the most part, from one standpoint, that is, that disease is the result of structural abnormalities followed by physiological discord, and this, we think, broadly speaking, is true, especially when we consider the application of osteopathic treatment for the cure of disease. We must in all event give attention to the removal of lesion in order to cure disease, whether the disease was brought about by primary or secondary structural defect. True osteopathic teaching not only includes the cure of disease but its prevention as well, therefore we must not overlook the necessity for hygienic methods of living and careful attention to sanitation. It is a well known principle that nature tends to normal in structure and function and when we cannot secure health by the removal of all harmful, outside influences, we must assist nature by the removal of any abnormal structural condition that is interfering with her activities and normal tendencies. We believe there is lesion, and by lesion we here have particular reference to abnormal position of structure, great or small, in connection with every diseased condition of the human body. The structural defect may be a primary or secondary

one, in either case, it is a cause for disease. In the latter case, where the structural defect is secondary and the result of functional disturbance, it is a result, but it is such a result that it will act as a continued cause for disease.

It is held by some of our practitioners that the curative value of osteopathy is three-fold; corrective, stimulative and inhibitive. It seems to me that the first or corrective covers the whole field. We can do little in the way of stimulation or inhibition by our treatment. Of course, the results of the treatment may be stimulative or inhibitive but the important thing that made these results possible is the corrective work—the removal of lesion that was causing over activity or under activity of the nervous tissue. Adjustment of structure is the chief part of an osteopath's business.

What then do we want to adulterate osteopathy with? There is one thing with which we cannot adulterate it too strongly, in fact, we want a saturated solution of it, and that is *knowledge*. We want and must possess a thorough knowledge of anatomy, physiology, chemistry, symptomatology, pathology, surgery and all kindred and allied subjects. We want to adulterate osteopathy with a knowledge of diseases, how to diagnose them, how to cure them, we want to know the cause of disease and how to remove that cause. When all our practitioners possess a true conception of the principles at the basis of our science, I believe they will give their efforts to mastering it instead of dabbling with adjuncts, the tendency of which is to degrade osteopathy because proficiency cannot be attained by the practitioner who misdirects or scatters his energies.

THE INS AND OUTS OF LEGISLATION: OR WHAT ARE THE ATTRIBUTES OF SUCCESSFUL OSTEOPATHIC LEGISLATION?

A. G. Hildreth, D. O., St. Louis, Mo.

ALL legislation is brought about either by the demand of the people to control certain things or conditions, or sometimes, as in the case of any profession, in self-defense. The first thing is to be sure that you are on the right side of the question, and are only demanding justice. Second; then to present your cause in the right light and on the highest possible plane, morally, socially and educationally; from that high standard of American citizenship—Common Justice and Equal Rights. This position taken and followed up with energy, good judgment and tact will overcome all obstacles.

Now I am asked these five questions:

- (1.) What do you do?
- (2.) When do you do it?
- (3.) How do you do it?
- (4.) Where do you do it?
- (5.) Why do you do it?

In answer to the first question as to what do you do, I will say: First,

as an illustration, when our first battle was fought in Iowa, I went there almost a total stranger, having known only one man out of the one-hundred and fifty members of Senate and House. I landed in Des Moines early one morning, went to what was considered the best hotel in the city and secured a good room. In other words, stopped just in good, first-class style. Then I went to the Capitol; asked for admission to the floor of the House, and was granted that privilege as a visiting Missourian. Then I commenced the study of the men with whom I had to deal; also the routine through which a bill would have to pass to become a law in Iowa. Right here let me say, that there are no two states where a bill becomes a law through the same routine. Consequently, you must study the course it will have to travel, in each separate state. Also investigate the committees of both the House and Senate for the reason that in nearly every state of the union the health committees are largely composed of physicians, and they being as a rule antagonistic to our legislation, we sometimes,—in fact in a great many instances,—we take our bill to other committees; usually, the judiciary. After getting the route settled, the next thing is individual acquaintance with the members. Here is where all the friends of the cause all over the state can help. Have with you good personal letters written to members of the House and Senate. Letters, petitions and personal interviews by the friends of our cause are what count. As a preliminary step it is a good plan to send to each member before the session begins a copy of some of our best publications. Also, a letter, telling them of our proposed bill, the necessity for it, and asking their careful study of it and its needs. Thus you begin your work, and lay your foundation for your personal interviews when the session opens. When we desire to pass our bill in any state, the members of our profession in that state should begin their work early—always early.

Until we have friends enough to feel we are strong enough to make a good fight, we should not introduce our bill. Here is where good judgment often means a great deal to our cause. It is important to select the right men to introduce the bill. This means much. You want a man of standing on the floor, a good speaker, a hustling, a good worker in preference to an orator. It is work that counts; personal contact and acquaintance with each individual member; then a leader to handle your bill, who will help keep all your friends in line. Another almost necessary qualification of the one who handles your measure is that he be a man who understands osteopathy; who believes in it, and who introduces your bill because he feels and knows you are only asking for what is just and right. And, again, you should study which body of the legislature in which to introduce your bill. Usually the regular course of most bills is to introduce them in the House first, but we have (and I think wisely, too) often introduced in the Senate first. In fact, I prefer the Senate first, as a rule, for several reasons. First, the Senate is always the smaller body, and you can get acquainted and present your measure quicker there. Second, you can pass a bill quicker in the Senate than in the House. And,

third, a Senate Bill has much more weight; that is, if a bill be passed by the Senate and reaches the House, it has more prestige than if introduced in the House. Besides, it usually, or in most instances, shortens its course.

As to "when to do it," you should always introduce it as early in the session as possible, for the reason that towards the end of the session there are so many measures on the calendar, you sometimes fail for the want of time. One thing here you should not overlook as regards to when to introduce your bill, and that is to be sure and have your work well enough done with the members to have friends enough to handle it when it reaches the floor for final passage. This is true of both the House and Senate, and is always true of every state.

As to "how to do it," I feel we have covered that question in answering the first two. "How" should be guided by your judgment of who is the best man in either body to handle your measure. Never try in any way to buy a vote, for so many reasons. First of all, it is criminal,—and should be. Second, the man who says he will vote for your measure for a consideration, is never one you could trust and his friendship is not worth any price. Third, you are asking only for justice, and you demand your law from that standpoint only.

As to "when" we do our work, this is a point that should be given careful consideration. Never approach a member when he is busy. Always await his pleasure. Either see him in the lobby of the Senate or House, or at the time of day when neither body is in session, then the members, or at least a greater proportion of them, either lounge or read in their seats;—then is your opportunity. Saturdays are good days to see country members, for they are nearly always in their seats. Also see members at their hotels. There is where you can talk.

"Why do we do it?" We always ask for legislation because we deserve it. We go about our work as above described, because our experience has taught us that that is the best way. We revert to what we have said once before in this paper;—that your success in securing legislation depends upon good judgment, tact, energy. Judgment to always do sensible things in the right way, and tact in knowing when and how to do them, and to watch every opportunity to advance your cause by watching your chance to push your measure in the right way, and at the right time, and energy to keep doing and hustling. Never let up; keep always after your work; not in a way to bore the members, but to meet each individual one and furnish all the information you can; keep after it. The idea seems to prevail that a great deal of legislation is gotten, as a rule, only through foul means, that is, corruptly. I know better. I have yet to find the first legislative body where there was not enough, and to spare, of men who were more than always ready to do all they could for any measure they believed to be just. Securing legislation is just what you make it, and lobbying is as honorable as the practice of your profession, and like your practice, occupies the plane upon which you place it by your own

conduct and ability to present it properly. Again, we ask for legislation because we have been forced to do so; simply driven to seek protection by law from envious, jealous competitors of other schools who sought to stamp out a truth by law. It has been a bitter, relentless fight on their part for a number of years—a fight most uncalled for—a useless, needless, prejudiced effort to stamp out a profession which they have not as yet been honest enough to conscientiously investigate. The battle has been a royal one and has raged from the Atlantic to the Pacific, and from our Northern boundary to our Southern boundary. Nearly every state of this magnificent union has felt its effect. Our banner, though upheld by a handful as compared with the legion who have tried to tread it in the dust, still lives, and has more victories to its credit than any discovery of modern times. Popular demand, justice and the needs of suffering humanity, self-defense, and a love of freedom are a few of the reasons why we ask for legislation, and the reason we get it is because we deserve it, and the world wants our services.

"WHOOPIING COUGH CONQUERED."

Charles Leroy Richardson, D. O., Cleveland, Ohio.

ANOTHER brilliant triumph for osteopathy is reported in the July number of the Medical Review of Reviews, page 600. The Review does not give osteopathy credit nor even mention it, but the treatment of whooping cough as therein outlined is nothing but pure osteopathy of the A. T. Still brand.

The article in question is edited by Vanderpoel Adriance, M. D., consulting physician to the New York Orphan Asylum and pathologist to the Nursery and Child's Hospital. He quotes Jacob Sobel, M. D., Archives Pædiatrics, May, 1903, to the effect that he has treated ninety-six cases from three to nine years of age with only nine failures among them for definite reasons. The Review refers to Nægeli's report of 500 successful treatments. The conclusions reached are that as a single therapeutic measure pulling the lower jaw downwards and forwards is more successful than any drug, and that patients treated in this manner are less likely to suffer from complications and sequelæ than those who are drugged. Not only are these conclusions reported but the treatment is recommended also for other coughs, for laryngismus stridulus, enlarged glands, influenza, bronchitis, broncho pneumonia, convulsions, epistaxis, etc., and especially recommended is the treatment for delicate children predisposed to serious complications.

Dr. William Pepper in his American Text Book of the Practice of Medicine refers to Nægeli on page 322 of Vol. 1 as reporting 500 successful treatments. Pepper almost apologizes for mentioning the matter. He says, "May it be mentioned?" And yet Pepper on page 312 has already stated that the last century of medicine has not relieved the practice of medicine of the odium of poly-pharmacy in treating whooping cough.

Pepper's book was printed seven years ago. Now the Medical Review

of Reviews mentions Nægeli again and his five hundred treatments and says that Nægeli believes the lesion is a spasm of the crico-thyroid muscles. The history of whooping cough theories is interesting, and the view taken of the disease whether that of mycosis or neurosis is particularly so in view of the relief afforded by osteopathic treatment. The opinion of the disease may change as a result of investigation along osteopathic lines.

The superior laryngeal nerve is the nerve of cough and penetrates the thyro-hyoid membrane and divides into two branches, one of which goes to the crico-thyroid muscle. This is the very muscle that Nægeli (the medical authority) says has a spasm. A lesion to this nerve, such as is relieved by pulling down the jaw, could be looked for by the thyro-hyoid ligament, in proof of which statement we have not only the relief afforded by pulling out the jaw, but we also have an explanation of how vomiting can terminate a spasm. The manner in which relief is afforded is probably like this: By pushing the jaw down and forward the mylo-hyoid muscle pulls the hyoid bone forward and relaxes the thyro-hyoid ligament. In vomiting the inferior constrictor of the pharynx contracts lifting the larynx, likewise relaxing the thyro-hyoid ligament. This ligament being elastic takes a comfortable position when relaxed, and the superior laryngeal nerve is freed from its irritations.

The osteopath is not contented without looking to see whether there is a laryngeal nerve lesion in the neck, for the nervous of the superior laryngeal nerve mostly come from the accessory portion of the vagus (most of the motor fibres of the pneumogastric come from the accessory portion) and the spinal accessory arises by a long series of roots as low as the seventh cervical. Hazzard mentions a lesion in the omo-hyoid muscle, decendens hypoglossi and ansa hypoglossi nerves, drawing the hyoid bone against the pneumogastric nerve. Rib lesions may effect the lymphatic drainage. The osteopath looks after these also. He looks in the upper dorsal region for any possible sympathetic connection with the pneumogastric. The phrenic nerve and diaphragm are also looked to for complications.

It is interesting in view of this theory to consider the immunity of sucking children to the disease. Medical writers ascribe it to natural immunity. It looks, however, as though the act of sucking gave an automatic treatment to the laryngeal nerves that corrects the lesion if one exists.

The argument that will be used against this view of whooping cough is that it is due to the bacillus tussis convulsivæ, and that a neurosis is purely an individual trouble. In reply let us say that, admitting the existence of the germ, the only individuals who will furnish a soil for it to grow in are those presenting lesions of an organ supplied by the superior and inferior thyro-arteries, drained by the veins radicle to the internal jugular and brachio cephalic; with lymphatics tributary to the deep cervical nodes, and nerves derived from the vagus through its superior and inferior laryngeal branches, and from the sympathetic.

The importance of whooping cough treatments can be better realized when we remember that the mortality from this disease is 7.6 per cent. and that it ranks with typhoid fever and diphtheria as a destroyer of the human race.

THE PREVENTION OF PUERPERAL FEVER.

M. E. Clark, D. O., Kirksville, Mo.

THE old adage, "An ounce of prevention is worth a pound of cure" could not better be applied to the prevention of any disease than to that of puerperal fever. Since the time of Hippocrates various writers on the subject have mentioned this disease under different heads; but the term puerperal fever was not used until Strother of England employed it in 1718. The ancients regarded it as the retention of the lochia, microbes being unknown to them, while modern writers speak of it as "infection due to organisms," hence the more preferable term, "puerperal infection." Although eight different tribes of microbes are given the blame in the production of this disease, no definite one is singled out as *the* one. Like other so called microbic diseases, a *bug* is found, hence the jumped-at conclusion that it is the *cause* of the trouble. Possibly this is true in some cases, but it seems to me that the microbe is a result of the disease, not the cause. Tissue must be dead before microbes can propagate. They do not exist in living tissue. With this idea in mind, one can hardly imagine the ubiquitous microbe as a cause, but as a result since the tissues of the uterus are practically dead. But what is puerperal fever or infection? Gould says it is "an acute, grave, febrile affection of women in child-bed, usually due to septic infection." The Old Doctor would say that it was an effort on the part of the body to burn up toxic elements which had formed and accumulated as a result of imperfect drainage.

The uterus for several weeks after delivery can be compared to a large wound; in fact, the inside of the uterus corresponding to the placental site constitutes a large wound.

It is a well known surgical law that wounds must have drainage if they heal properly. Permit me to refresh your minds by referring to the drainage tube in laparotomy, the antiseptic gauze in perineorrhaphy and the opening up of a punctured wound in which the tissues had closed from without inward, shutting off drainage. If drainage is interfered with, infection or as it is better known, blood poisoning usually follows, it depending upon the degree of interference with the drainage. However cleanly, however strict the antiseptic precautions, fever follows when drainage is interfered with. Thus it is in wounds of the uterus. One may religiously follow out all the rules laid down in our modern works on obstetrics and they are many, yet it profiteth him nothing if he omits drainage, but on the contrary, he has a case of fever to deal with.

If drainage of the uterus is so important, and I would emphasize its importance far more than that of any one thing else, one must understand the factors controlling the amount and source of the flow. The lochia is the discharge from the uterus for two or three weeks following labor. It is composed of blood, degenerated epithelial cells, mucous, debris of clots and quantities of harmless micro-organisms. It is expelled from the uterus by intermittent

uterine contractions. These contractions are not very strong but the os is quite patulous at that stage, hence the resistance is overcome. The conditions interfering with its expulsion are, deficient uterine contraction or occlusion of the outlet and may be attributed to two causes: (1) The giving of ergot or some other drug which produces unnatural uterine contractions and (2) the putting on of an abdominal binder, or in other ways increasing the flexion and wrinkling down of the uterus which are always present for a short time after delivery, thereby producing an obstruction to the outlet.

In considering the first proposition, the effect of ergot, quinine, etc., on uterine contractions will be noted. Nearly all writers agree that by the use of ergot uterine contractions are increased in intensity. Some administer it to bring on pains, others to increase intensity, others use it only after the second stage is completed to prevent hemorrhage. Dr. Williams of John Hopkins, says it should not be given at all, and least of all after the second or third stages. Ergot does not act on the fundus, body or cervix alone. It affects all parts alike, that is, it produces a contraction of all. While the expellant forces are increased by its use, the resistance is also increased. That is, the cervix contracts and resists expulsion of contents, hence the laceration which invariably follows its use before second stage is completed. But considering its effects on the lochia, it lessens the size of the os therefore lessening the amount of discharge, or even entirely checking it. Now the conclusion. Ergot and kindred drugs, when administered to patients at or immediately after the third stage produce a symmetrical contraction of the uterus, lessen size of os, eventually weaken the expellant forces and lessen amount of lochia. These conclusions are based on cases seen by and reported to the writer.

There are several things to consider in the second proposition, the most important of which is (a) the method of application of the abdominal binder. The abdominal binder as ordinarily applied consists of a jacket tightly laced around the abdomen reaching from the iliac crests to the ensiform cartilage. The uterus is first kneaded and forced down into the pelvis and the binder laced or pinned from above downward. Immediately after delivery, the uterus assumes a position of ante- or retro-flexion and partial inversion, that is, the walls roll down as would an empty sack when an attempt is made to stand it on end. At the end of twenty-four hours it has regained sufficient tone to ascend as high as the umbilicus, that is, the rolls or wrinkles straighten out. The binder exaggerates the flexion, interferes with restoration of tone to the uterus, prevents ascent. As a result the lumen is lessened, or entirely obstructed, the lochia becomes less or ceases entirely and the temperature rises and the patient has fever.

Pressing the uterus down into the true pelvic cavity in cases where the binder is not applied has a similar effect. The giving of antiseptic vaginal and uterine injections interferes with lochia by lessening the size of the os and on this account they are not advised until the fourth day or later after labor and then only the vaginal in cases in which the lochia becomes foul.

Coming to the subject proper, puerperal infection can be prevented by doing nothing contrary to natural laws such as internal medication and the giving of strong antiseptic douches, and by employing means to keep the uterine canal open thereby insuring drainage. The active preventive measures consist of (1) an occasional lifting-up abdominal treatment and (2) by supporting the uterus after it is lifted up. The patient is placed on the side or back, deep pressure is made just above the symphysis and the uterus grasped through the abdominal wall. It is then lifted up and made to contract, the pressure causing it to contract. This should be done quite often if any signs of fever appear, or if lochia is lessened in amount. After the uterus is straightened, which ordinarily in normal cases takes place within twenty-four hours, place a narrow band around body over the innominates and just above the symphysis, with the idea of supporting the uterus. Before drawing the band very tight, be sure to lift up the uterus and abdominal viscera so that the pressure will be below instead of directly on, and then pin the band quite tightly. This insures a perfect drainage. The Old Doctor advises using the gown of the patient as a bandage. This is drawn around the limbs just below the hips, the uterus lifted up and gown drawn quite tightly and pinned just above the pubes.

This he regards as the best bandage, since, on account of the attachment above, it supports. If the uterus doesn't ascend of itself and in most cases the ascent isn't complete and needs assistance, the lifting-up abdominal treatment should be given.

Cleanliness is important. A woman heals more quickly if kept clean. It isn't so important before the wound is made that the site of the wound be clean as it is afterward. So in obstetric practice before completion of the second stage, that is, before the wound is formed, such rigid asepsis as is advised by writers is not necessary, and I think positively harmful, in that douches, especially medicated ones, wash away, counteract and impair the germicidal function of the vaginal secretion. The seat of the future wound, the placental site, is perfectly clean while the amniotic fluid cleanses the vagina. After the second stage is completed, or the wound is formed, I am very careful not to infect it by vaginal or intra-uterine examinations. If such examinations are necessary, and they occasionally are, care should be taken that the hand or instrument used should be clean. The wound now exists, the secretions are lessened, the amniotic fluid has escaped, hence the dangers are increased. Yet infection will not ordinarily follow if the drainage is perfect, but there is no necessity of running the risk. I have waited upon a great many cases in which every element of asepsis was wanting and by observing the above preventive measures, the patient recovered without any fever whatever. Out of two hundred and fifty cases of which the writer has kept a record no fatal case of fever has occurred. Among that number were cases of measles, smallpox, scarlet fever, retained placenta and decomposition of fetus. In some of these cases the Old Doctor and Dr. Charley Still came to my rescue. I will cite three cases. Mrs. A. on Sunday had quite a fever, on Monday a higher fever, on

which day in the afternoon I waited on her. On Tuesday the temperature was a little higher and on Wednesday it had reached its limit. I called in the Old Doctor, he placed the patient on the left side, lifted up the uterus and applied his gown bandage. The temperature dropped to almost normal within a short time and the patient broke out in a copious perspiration. On the following day a very marked smallpox eruption appeared, but the patient made an uninterrupted recovery.

Mrs. B. Labor normal, except hour glass contraction, adhered and retained placenta. After repeated attempts the placenta was removed piece-meal by introducing the hand in the uterus. Some signs of fever followed, but were quickly overcome by an abdominal treatment which consisted in lifting up and straightening out the uterus. This was done daily and the bandage adjusted so as to support it. In this way the drainage was kept up and if there were any toxic materials introduced into or formed in the uterus, they were expelled. A great many similar cases could be reported to support the proof of the successful prevention of fever in such cases.

Mrs. F. Case reported to me by Dr. Carter. Patient had organic heart disease. At confinement there was tendency to marked hemorrhage which was controlled by grasping the uterus through the abdominal wall. Dr. C. was compelled to leave the case several hours after delivery and left it in charge of a local physician. A hemorrhage came on and the physician resorted to the methods taught him in the medical school. Instead of relying on stimulating the uterus through the abdominal wall, as Dr. Carter had successfully done and had advised him to do, he gave her a large dose of ergot. Not only the hemorrhage but the flow ceased entirely, and the patient began to have fever in a short time and finally died after a few days from blood poisoning or puerperal infection.

Again I would emphasize, keep up free drainage, by not giving drugs which cause spasms of the uterus, although hemorrhage exists, and by preventing flexion or collapse of uterine walls, all of which obstruct the lumen and hence interfere with drainage.

*STATE EDITOR'S REPORT.

Minnie E. Potter, D. O., Memphis, Mo.

Having been elected to the position of state editor of the Missouri Osteopathic association at the meeting last year, I endeavored to do the best I could with the work by trying to keep pace with the Missouri osteopaths in their work.

The year 1903 has been an eventful year in many respects. One which has been recorded with deeds which will leave their footprints in history. Among these events of 1903 the M. O. A. will claim her pages.

*Read before the Missouri Osteopathic association in St. Louis, June 5.

For the benefit of those who have lately come into our ranks I will briefly note the growth of our association from its organization.

On June 27th, 1901, 18 osteopaths met in the reading room of the A. S. O. and organized a state association which was named the "Missouri Association for the Advancement of Osteopathy." After the organization a number of names were handed in. At the next meeting it was proposed to change our name. Quite a number favored the name "Missouri Osteopathic Physicians"—yet it was called "Missouri Osteopathic Association," and so it is known to-day.

The first work in general which was done by the M. O. A. was the effort made to rid the state of the illegitimate practitioners, and I think those who have kept themselves in touch with our work should appreciate the effort made in this direction, even if we were not wholly successful in removing them from our midst. At the close of the second year's meeting quite a number of new names were enrolled.

At present we have 97 members in the association, and we have 178 practicing in Missouri (omitting Kirksville).

For my part I am proud of the fact that I am a member of the M. O. A., for it certainly has gained victory, honor and distinction this year if never before.

True, we did not gain victory for ourselves unaided, but it was gained for us by one of our number who has the honor of serving his second term as Representative of Adair County and who made his voice heard in behalf of osteopathy until he succeeded in placing our feet upon a more solid basis, by securing the new osteopathic law which goes into effect July 1st, which law I trust you are familiar with.

Dr. Hildreth has been an enthusiastic working member of the M. O. A. ever since its organization, and we are justly proud of him and fully appreciate his great work, not only for our association but for the profession in general.

Again, this new law has brought honor and distinction to us, inasmuch as Governor Dockery has promised to honor any suggestions our president shall make concerning the appointment of an osteopathic board. Thus showing that he appreciates our position as an organization, and it seems to me by so doing he has expressed a belief that these appointments should be made from members of our association, which is right. I, for one, have always been in favor of the man who was willing to "put his shoulder to the wheel," but have never taken much stock in those who have never been known to do anything for the upbuilding of their profession. Yet, strange to say, these are the ones who invariably come to the front when there is a ribbon or bouquet to be pinned on, shouting, "pin it on me!" The sooner the profession discourages such selfishness the better for it. We have a few of this class—but it is only a few, thank heaven.

With our present enrollment we have the largest state association of osteopaths in the union.

Now if you do not belong to it, whose fault is it? The doors have been open to all legitimate osteopaths for three years, and you have been invited. Suppose you come in with us—give your hand to our president, name to our secretary and \$1.00 to our treasurer. For we *must* have union if we have strength,—union of action and union of purpose.

In regard to numbers, as I said before, we are in the lead, but some of our sister state associations are far ahead of us when it comes to enthusiasm. For instance, the New Jersey association has 13 members (all the practitioners in the state), they sent a delegate to the Milwaukee convention, and expect to send two delegates to the Cleveland meeting this year. A member of this association also writes me that they have as many names on the A. O. A. roll as they have practitioners in the state. When facts are before us we must meet them; consequently we will have to own that we cannot, or do not, do half that well. Yet we should and can lead the whole procession of state organizations of osteopaths. Suppose we try it?

Now in regard to this report which I have endeavored to get up, I want to thank those who responded so nicely, for I certainly received some fine letters from throughout the state. A few evidently did not understand my circular letter, for one instead of replying to it, proceeded to give me a lecture; another simply stated that he "had had no deaths," failing to say whether he ever had any patients or not.

And still another said, "one death in nine years." I found myself wondering if this was the only patient the doctor ever had. There were several similar to this, which of course I simply threw out. It was all I could do with them. The other reports were fine.

Now it has been asserted that we cannot give a "just report" regarding our death rate, as we do not take as many acute or highly contagious diseases as the M. D.'s.

In looking over the reports, however, I find that about one half of those who reported to me have a "general practice," almost equal in acute and chronic work, and in nearly every case where death was reported it was a *chronic* case. Taking this along with the fact that we get the worst class of chronic cases on earth—those who try osteopathy as a last resort, when everything else has failed and there is nothing left to build on, I believe we can make a very fair estimate of our death rate.

At present there are 178 osteopaths practicing in Missouri (besides the Kirksville D. O.'s). I sent out 170 circular letters and received 51 replies (six of which were of *no value whatever*). Adding to this my own report and the report of the A. S. O., there have been treated osteopathically in Missouri, during the past year, 6,876 cases (about one-fourth of which have been acute or obstetrical), with only 73 deaths, four of these were acute, the rest chronic; some of them *hopeless* when the osteopath was called. Of course, this report is from a little more than one fourth of the osteopaths practicing in Missouri, and in this report is included the A. S. O. Many reports from the field were from

D. O.'s who have only been in actual practice a short time; some three months, some ten months, and a few of our members have left the state during the year.

In conclusion, I would suggest that we insist on every practitioner keeping a report of his work—acute, chronic, deaths, etc. This should be done by all means, then when you are called upon to give a report you should consider it a privilege to respond.

Another little matter and then I promise to sit down. It is this: I have received some three or four letters the past year, one recently, asking me to bring this before the association, "What shall we do when osteopaths, who are supposed to be legitimate osteopaths, come to the towns where we are located and open up an office and cut prices? In other words, take heavy work for \$1.00 a treatment, where we have always gotten regular prices."

Heretofore we have had some complaint on account of fake osteopaths doing this, and occasionally one from some other school but never before has it occurred from graduates of the same school. If any of you know a remedy, please apply it.

HOW OFTEN TO TREAT AND HOW.

W. F. Traugher, D. O., Mexico, Mo.

It takes a skilled cook to prepare a warmed over meal and take away the knowledge of second-handedness. It takes even a greater amount of skill to borrow things, add paint and disguise them in such a way that you will not be called a parrot when you say them. When I know that most everything we use and know and say is borrowed, even the language we speak, then I feel free to say a few things we have all heard before. It is the true sayings that will bear repeating. If we have a diamond and bury it, it will be of no value to us. It will be like the talent that was hid away in the napkin, we must either add to it or that which we have will be taken from us.

Experience, as we all know, is a fine teacher, but when it comes at such high prices, then it is time to profit by the experience of others.

Unavoidable circumstances often prove more profitable than some others. We have all had such to happen. Let us open our eyes and see what there is to see. We are so often "penny wise and pound foolish." Dr. A. T. Still, the founder of our science, has been trying to beat into our heads for several years the fact that we treat too often. But we, like all boys that know more than their fathers, *will* have our way. Some things we must be forced to see, and I think this is one of them, or at least it was with me.

Fortunately, for me, I have had several patients from neighboring towns and from a distance in the country. At first I thought of course it would be necessary for them to arrange to come to my office three times a week. When I found that some could come twice a week, and some only once a week, and others not even that often, I told them, that they would improve much faster

could they come three times a week. Imagine my surprise when those that could not come so often did so well. Then my eyes began to be opened and I remembered that the Old Doctor had told us that we often treated a patient a month or more after he was well, not giving the system time to recuperate of its own accord. Then one of my patients, who had been treated by a number of osteopaths, told me that she never knew she was benefited until about a month after she quit taking treatments each time. The fact was, that the cause of the trouble was removed and then kept irritated and nature was not given a chance to build up. The Maker of man never intended for someone to stand guard over His work that it might be kept running.

You cannot, by your treatment, build up tissue or perform the function of an organ; you can only remove obstructions to the nerve force and blood supply, and nature will do the work.

Some seem to think that if a little will do good, lots will do better. One lady told me that one osteopath treated her an hour, and sometimes longer, three times a week. This was in a chronic case, too. I am sure that osteopath does not belong to the "Missouri" association. He possibly rubbed that long, but a *real* osteopath is not made of "rubber."

One man came to me on crutches and could not put his foot to the floor. He had been this way only about two months. He improved so rapidly that he did not come back the second day, as I told him to do. He came the fourth day, but only to tell me he would not take treatment as long as he was improving so rapidly. Within a week he was walking without crutches, and at the end of two weeks he was not even limping. He only had the one treatment. That removed the cause.

Another case, one of asthma in a man about sixty years old. He improved so rapidly that he thought he was well after four or five treatments. I continued the treatments and he got worse. I am sure I treated too often. I have had similar cases of asthma, bronchitis, stomach, liver and kidney troubles, in fact, most chronic troubles. My treatment in such cases is to try and remove the cause. If I treat too often, I find my patients become irritable and do not rest so well at night. When they report such to me I send them away to rest a few days. I have sent several from my office not treated. I do not charge for the treatments that I do not give. The patients then feel you are working for their good and not for their money only.

It isn't always possible to find the cause for everything, neither is it possible to remove the cause in all cases; but that is undoubtedly our work.

Now you will find every case an individual case. Don't treat every case like one other you treated so successfully, and then wonder why your patient does not do as well. If one treatment is better than two a week, then give one. Several of my patients do better, I am sure, on one treatment a week than they would on three. I have some patients that I treat three times a week. Some twice a week, and others once or not so often. When you have accomplished something by your treatment do not be afraid to wait for results.

There is as much in knowing when to quit as there is in knowing when to begin. It isn't the doctor who gives the most medicine for the money that the invalid is looking for, but the one who gives the most effective medicine. It isn't the osteopath who gives the longest and most frequent treatments who gets the best results.

ACUTE PRACTICE.

Bertha L. Thomas, D. O., Sedalia, Mo.

THE seeming neglect of acute practice on the part of the osteopath is not, I think, genuine neglect, but the difficulty is in the minds of the people, who have formed an idea that we handle only chronic troubles, and think when acute sickness enters their homes or families they must have pills and powders to effect a cure. If the osteopath can successfully handle a case after it has become chronic and after all other methods have been tried and failed, after the system has been drenched with strong medicine, the stomach, liver, kidneys deranged thereby—why not have an osteopath when the disease is in the acute stage and have the cause removed by nature's remedies before it has become chronic?

The difficulty we meet is to get the people to reason in that way. They have had drugs all their lives, the habit of drug taking has been practiced for many generations back, and we should not be discouraged if we do not convert the world in a few months or years. Think of the struggle our "Old Doctor" had when he stood alone in this great work, yet it is hard to stand quietly by and see people suffer and take poisonous drugs when we have every reason to believe that we can by our work start the wheels of life in motion normally, carrying blood to the deranged parts, thereby restoring a normal or healthy condition. The wheels of success in this, the greatest science of the healing art, are turning rapidly, so let us work with patience for the time is near at hand when we will treat more largely in the acute field than we are at present.

In our own practice we are gaining ground all the the time in acute work, we have several families in which we are the family physician—called for everything, and our success along lines of acute work insures greater success as time proves our efforts successful. Lagrippe was an epidemic in Sedalia last winter, we had quite a little of this work, and am glad to report our success was beyond our expectations as we would usually have our patients out in from two to five treatments.

From time to time clinic reports show success of our fellow osteopaths in acute cases, which proves our profession is gaining ground in this branch of work. Let us do our part by being prepared and ever ready to give the best we can to relieve when we have the opportunity, and step by step we will reach the topmost round of the ladder and realize our fondest hopes.

Acute practice causes a little more work and time and a closer watch probably of our patients. It is my opinion, if we could get in the acute stage the cases we now get in the chronic they would not reach the chronic stage, for in the beginning slight obstructions to the nerve or blood by a tight muscle, slipped tendon or the subluxation of some bone could readily be corrected and nature would then be free to perform her God-given functions. This is a progressive age, the successes that were ours yesterday we want to do better and quicker to-day, as the "Old Doctor" says, "Let us not be governed to-day by what we did yesterday or tomorrow by what we did to-day, for day by day we must show progress." I believe the osteopaths are raising the standard day by day by their work and results in acute practice. While our work has shown so brilliantly in the chronic field it will prove as great a benefit to humanity in acute diseases, for we relieve suffering and have no bad results in our practice as in drugs, such as habitual drug taking, appetite for opium, morphine, whiskey, etc. Osteopathy has passed the experimental age, it is out of its infancy or even childhood, it has reached the age of manhood (twenty-seven years old), it is in its prime. It is now at an age when great things are expected and great results are attained but still greater things are expected in the future in acute practice if only we can get our hands on the patients, to do this we must work, wait and educate the people that we do and can handle acute diseases.

I will give a few cases which I deem worthy of mention :

Mrs. W., vocalist, had an attack of follicular tonsilitis, was called the second or third day, found muscles in cervical and upper dorsal very tense, especially so in the upper cervical region. Suprahyoid muscles were so contracted as to draw the hyoid bone up and back, patient had high fever and ached all over. Directed treatment to relax tissues and relieve the congested condition. In four treatments (one each day) patient was entirely well.

Master H., boy of twelve. Had what we considered acute paralysis. About Christmas he had an attack of "throat trouble," was attended by an M. D. The throat trouble was relieved but it left the boy's lower limbs paralyzed. He was given medicine and electricity but received no improvement. April 2nd we examined the boy and found luxations in the lower lumbar and lumbo-sacral articulations. Reduced these and gave in all seven treatments. This boy is now running about as any boy of that age, entirely well.

Severe cold. Man about thirty-one. We found patient with high fever, restless, coughing, lungs very tender and much pain when coughing. Treated patient about 2 p. m. which started a copious perspiration. When we called again at 7 p. m. found patient some easier, he had slept two hours and the fever was greatly reduced. On the following day we gave him a treatment and he went to his office. After the third day's treatment he was able to make his regular trips on the road.

Wilful Malpractice

The following pathetic letter from an Ohio doctor to the editor of Medical World, Philadelphia, is only paralleled by the reply which declares the treatment "well-advised in the main." They both remind us of the report of a boy to a horse doctor who had prescribed epsom salts for the lad's father who was in a serious condition from constipation. He was not sure as to the dose, but had directed half a pound as the probable proportion to that he usually gave horses. Later he asked the boy how it worked. "Oh, fine," was the reply, "dad had two operations before he died, and one after." The editor asks further suggestions and we beg to submit that they call in a veterinary:

"Married woman, 37 years old, weighing 190 pounds; mother of two children, 15 and 17 respectively. First came to me about six months ago for treatment of eye and female disease. She complained of pain in the right eye behind the ball, dimness of sight, unable to distinguish objects clearly, small specks moving before eyes, the heat from stove or application of heat aggravating pain. No external symptoms manifest, the eye appearing perfectly normal. I sent her to a specialist, who pronounced it congestion of the fundus. This not being satisfactory, I sent her to another, who pronounced it the same, and thought the pain due to rheumatic diathesis.

"Not having the proper instruments for examining the eye, I put her on bryonia and gelsemium, the remedies I thought indicated. She improved, but in a few weeks relapsed. Rhus tox. was now given her with the same result. Then she was put on iodid pot. and salicylate of soda. The pain immediately subsided, but iodism was the result. After four or five days' treatment she again relapsed, and the result of the two last named remedies was a ruined stomach, along with her other ailments. As a result of her stomach being in such a demoralized state, I was forced to cease all medication for the eye and turn my attention to her stomach. The eye is in about the same condition now that it was six months ago only occasionally there is injection of the ocular conjunctiva. The stomach is still

out of fix, and improves slowly; no appetite; bloating, nervousness, palpitation, oppressive breathing, and all the disagreeable symptoms of a badly disordered stomach.

"Examination of the uterus developed a congested, prolapsed organ with endometritis and erosions at the os. On bimanual palpation the tubes and ovaries were exquisitely tender. She had severe backache, occasional severe cramps in uterus, and left ovary, and a feeling as though the parts would fall out. Treatment of uterine trouble consisted of injections of hot water as hot as could be borne (she could not stand over a gallon at one time as it caused uterine colic) and the application of glycerin and hamamelis or ichthyol tampons twice a week. I also tried an application to the erosions of equal parts of ichthyol, carbolic acid and glycerin. This, too, caused colic.

"Treatment of stomach consisted of 1-60 gr. strychnin tablets every four hours and a teaspoonful phosphate of soda or some other alkalin powder in a cup of hot water before meals. The stomach has improved some, the eye practically none at all, and the uterus very little, but she objects to being operated upon. I have advised her to go to one of the best eye specialists I know of for the eye trouble."

Any true ophthalmologist will take the case, and, in sixty days, she will be a healthy woman. There will be no curetting, no poisons, no experimenting. He would reduce her weight and dissolve the floating specks by diet and rest; he would correct the errors of refraction after she had worn a temporary pair of glasses several weeks, giving the nerve supply time to recuperate; he would measure that supply from time to time, noting progress, he would not make fool breaks as to "not having the proper instruments," etc., for a class of work he knows nothing of.

In this doctor's confession that his internal remedies for the eye trouble ruined the patient's stomach we have a fair example of the work all because we have the editor's endorsement of it. His proposal to operate and the refusal of the patient to submit is at once a confirmation of his ignorance and

of the truth of the axiom that self-preservation is nature's first law. When there is a way to handle such cases successfully it is a crying shame that prejudice keeps the doctors in the old rut worn deep by the medical schools.—The Ophthalmologist.

Although the ophthalmologist is on the right track in getting away from drug-giving for disorders of the eye, the osteopathist will go him one better and in addition to or even without the treatment outlined above by the ophthalmologist, he will cure such cases in less time for the reason that he assists nature by removing the obstructions to the nerve and blood supply to the effected areas and thus hastens the re-establishment of normal functioning by correcting nutrition through a normal blood supply. Any qualified osteopathist would cure the above mentioned case of eye disorder in a few treatments by the removal of the upper dorsal and cervical lesions that are causing a disturbed circulation to the eye by impinging upon the vaso-motors that regulate the blood supply to that organ. He would also remove any reflex causes. He would correct the uterine trouble by the replacement of that organ and by the proper adjustment of the lower spine, thus re-establishing normal circulation which by a natural process would give health to that diseased part.—[Ed.]

Senseless Antagonism.

The state medical society of New Jersey at its last annual meeting in Asbury park, roundly scored osteopathy and osteopathists, declaring that it is no real school, but a dismembered part; that there were no new principles, but the rejuvenation of old ones, the value of many of which the medical profession has always recognized.

The Jersey physicians admit there is much in osteopathy which they have always recognized as valuable.

Why then denounce the exploitation of valuable principles?

Surgery has made rapid strides in the past twenty-five years, but *materia medica* has advanced very little comparatively.

Osteopathy is not a panacea nor is it claimed to be by its honest practitioners.

True there may be quack, blow-hard, sure-cure osteopathists in the country, but in this they are no worse than the medical profession

When physicians attack osteopathists, or vice versa, there is something wrong, and it invariably gives the public the impression that the one attacked must be accomplishing results distasteful to the other.

If osteopathy is a fake, the people will discover it quicker, without the denunciation of competitive doctors than by it, and the conclusion would be far more convincing.

Osteopathy is a new, but not an untried doctrine of health restoration.

There are many Brafordians who are convinced of its potency in many ailments and therefore an attempt to ridicule something one knows has benefited him, is the height of vain endeavor and absurdly foolish.

The honest, conscientious doctor, does great good and is honored therefor.

The sincere, studious and capable osteopathist, also accomplishes much good in the relief and cure of disease, and is likewise, entitled to the same public respect and the same legislative privileges accorded to the medical men, so long as he keeps within the bounds of his chosen and proper profession.

There need be, and should be, no clash between them, nor antagonism on either side.

Undoubtedly the next legislature of Pennsylvania will adopt laws that will give osteopathy its proper, fair and just rights in this commonwealth.—Bradford (Pa.) Evening Star.

There is no difficulty in provoking a controversy with members of the medical profession over any of the theories of practice that divide the different schools of medicine. Doubtless all of the different schools have their merits, even though some of them have their faults. In an article recently published in the Chicago Record-Herald by Mrs. Henry Symes upon the subject "How to Be Healthy," the writer alluded to what osteopathy will do for the afflicted. The article was written in a chatty, conversational tone, and without inviting a medical controversy presented the subject of the anti-

drug school in a manner that cannot fail to be of interest to the non-professional reader.

The essential principle of osteopathy is that the body is a machine, and that when the wonderful mechanism is out of order it should be treated in a manner not too different from the treatment a skillful mechanic would give an inanimate mechanism when it would be out of order. It can thus be readily understood how the subject requires a perfect knowledge of the anatomy and structure of the human body. It also requires that an intimate knowledge of physiology or the functions of the different parts of the body; the tissues, the fluids and the organs.

When equipped with this fund of information the votary of this scheme for taking care of frail humanity claims to have discovered certain laws of nature and methods of cure within the body itself, and that by the application of these methods, according to the osteopathic practice, there need be no resort to drugs.

Notwithstanding osteopathy is not endorsed by the medical profession except, perhaps, in rare instances, any observing person cannot fail to discover that, as a method of treating "the ills that flesh is heir to," it is growing in popularity. Dr. A. T. Still of Kirksville, Mo., the founder of this system, thirty years ago published the belief that "every pathological condition, not occasioned by poison, could be traced to some mechanical disorder in the human machine; that if this were corrected by mechanical means, the restoration of harmony and health might be secured without the use of drugs, if the condition had not become incurable." It hardly requires the statement for any one to suspect that Dr. Still was immediately at outs with his professional brethren. But twenty years later there was established the first osteopathic college, and now its graduates are practicing in every state of the union.

If a physician of the osteopathic school be asked to tell what osteopathy is he will say that it is a system of manipulating the nerve centers along the spine, using the nerves as a line of transportation over which to convey life-giving sensations to every part of the system. The disciples of Dr.

Still believe that the fingers can be trained to detect unhealthy conditions anywhere in the body, and by manipulation can relieve pressure on nerves or blood vessels.

Thus it is that when any of the particular diseases is contracted—pleurisy, for illustration—the nerves leading to the affected location are traced back to their origin in the spinal cord and the irritation is removed. It is a matter of adjusting the affected parts of the machine after knowing what caused the disorder.

The fact that this method of treating human ills is different from what has been practiced for many years does not necessarily argue against it, for all progress in the affairs of life is made in spite of the opposition of the old line conservatives.—Brookfield (Mo.) Argus.

Man's Right to his Vermiform Appendix.

Dr. John Henry Carstens' argument to the State Medical society against the indiscriminate removal of the vermiform appendix appears to be irregular and unethical. We have always been taught to believe that vermiform appendices were what the lawyers call *feræ naturæ*—wild things in which nobody can claim property, and which anybody is free to take. The better the appendix, the better the operation, and the more sport in the chase.

At this late day we cannot accept Dr. Carstens' theory that a healthy appendix ought not to be removed. An appendix is an appendix whether healthy or not, and modern surgery has definitely ascertained that the function of the appendix is to be amputated. That is its place in the economy of man, and for countless ages nature has directed her efforts, in the process of evolution, to the beneficent work of producing a vermiform appendix that could be easily separated from the patient together with \$250. She has succeeded, and when Dr. Carstens advises that the appendix be left alone to wither and flap like the last leaf on the tree, it strikes us that he is counselling the surgeons to violate the ordinances of Nature.

If Dr. Carstens would content himself with an imitation of the fish and game laws,

and advocate a closed season for the appendix, the suggestion might be worthy of serious consideration. Perhaps it might be better for everybody if no appendices were taken, say, between the first of July and the first of October, and none less than four years old, and not more than twenty-five by any one surgeon in a season, unless the taking of the appendix were absolutely necessary to the feeding of the doctor's family. This would be a reasonable regulation, and it would tend to eliminate the mere pot hunter, who slashes recklessly and has a tendency to remove more appendices than his bank account really requires. However, the details of the closed season can be worked out later. We have no desire to usurp any of the medical society's functions; but it is none too soon to protest against the pernicious doctrine that a man has a right to keep his vermiform appendix merely because it is healthy, or that he has any property rights whatever in his appendix. The time has not yet come to beat the scalpels into plow shares and the forceps into pruning hooks.—Detroit Free Press.

Osteopathy and osteopaths have at various times in the past been accused of publishing ridiculous, nonsensical writings on some particular phase of the practice. These accusations for the most part came from medical doctors through the medical press and to their credit, but not to the ignorant osteopath who would write, they were not in all instances without a grain of truth. Every time ignorance sticks up his head some one will take a shot at him. The medical profession is not without its "dubs" as will be shown in the following clipping taken from the Homeopathic Recorder and which for the quintessence of "goldurned" tomfoolery, boiled down too thick to run, knocks the persimmon:

"A few years ago while I was attending a religious meeting the services were disturbed by a young man taking an epileptic fit. Some fifteen minutes later when I left the meeting-house I noticed that the moon, then nearly full, had risen from behind the eastern range of mountains just about the time the young man was seized with the epileptic fit. Was this a mere co-incident,

or had the moon's rays any real influence in this case?

This young man received one single dose of *Stramonium* 30, which so far cured him that up to the time of his death, some eighteen months later, he never had another attack of epilepsy; he was carried off by typhoid fever, but was not then under my care. Before receiving *Stramonium* he had often been seized with epileptic fits. What made me give *Stramonium*? To my mind there was no well-defined symptom present, except that of the time of the attack, viz., about 7:45 p. m. At that time I was still under the impressions received by the perusal of a little work of Dr. Chapiel, of Paris, Des rapports de l'homœopathique avec la doctrine des signatures" (As the Relations Between Homœopathy and the Doctrine of Signatures), in which he expressed the idea that plants which open their flowers during the night are useful against diseases, the paroxysms of which show a well-marked nocturnal periodicity, diseases such as asthma, epilepsy, somnambulism, etc.; as an example he cites *Cactus grandiflorus*, the flowers of which open between 9 and 10 p. m., and close at 2 or 3 a. m., and which he claims corresponds to nocturnal affections of the heart, lungs, etc."

Program of the Fourth Annual Meeting of the Nebraska Osteopathic Association held at Grand Island, August 25, 1903,

MORNING SESSION.

10:30. Address of Welcome—Mayor of Grand Island.

Response—President Millikin.
Business session.

AFTERNOON SESSION.

1:30. Osteopathic Treatment of Ear and Eye Diseases, Dr. W. B. VandeSand, Crete.

2:00. Osteopathy in Acute Cases, Dr. G. L. Clayton, Chadron.

2:30. Treatment of Female Diseases, Dr. Emma Hoyer, University Place.

3:00. Osteopathic Therapeutics, Dr. Fayette Cole, Omaha.

3:30. Constipation, Dr. Byron Peterson, Albion.

Discussions followed each paper.

EVENING SESSION.

8:00. Election of officers.

Ten-minute Talks—The Physician, Dr. C. B. Hunt, Omaha. Specializing, Dr. F. E. Gamble, Fremont. Our Legal Status, Dr. P. J. Chadwell, Lexington. Our National Association, Dr. Julia Frey, Alliance.

Officers: President, Dr. F. M. Millikin, Grand Island; vice-president, Dr. J. M. Moss, Ashland; secretary, Dr. Grace Deegan, Omaha; treasurer, Dr. Emma Hoyer, University Place.

Resolutions of Sympathy.

WHEREAS, The Illinois Osteopathic association has suffered the loss by death of one of its members, Doctor Nellie V. Cunningham,

RESOLVED, That we realize that our association has lost a valuable member, one who was held in high esteem by the profession, known as a faithful and conscientious student and as a successful practitioner, and one who was loved by all who knew her.

RESOLVED, That we tender our heartfelt sympathy to her husband, Dr. John D. Cunningham, and to her parents, Mr. and Mrs. G. W. Arnold.

RESOLVED, That we send a copy of these resolutions to the husband, to the Journal of Osteopathy and to the Osteopathic Physician and that a copy be spread upon the records of this association.

Committee, { LOLA L. HAYS,
MRS. E. G. MAGILL,
W. S. DRESSEL,

Drs. Hildreth and Hamilton of A. S. O. Honored by Gov. Dockery.

Gov. Dockery has announced the appointment of the following-named gentlemen, who are to be a commission to purchase and present a sword to Lieut. Arthur Lee Willard of the United States navy, in accordance with the provisions of an act passed at the recent session of the general assembly: Warren Hamilton of Kirksville, State Senator Thomas Rubey of LaPlata, Arthur G. Hildreth of St. Louis, Editor Joe J. Heifner of Macon and Editor William T. Stevenson of Kirksville.

Lieut. Willard is a native Missourian, and during the Spanish-American war plant-

ed in Cuba the first American flag placed on Spanish soil. In recognition of this service, Arthur G. Hildreth of St. Louis, who was the representative from Adair county, where Willard was born, in the lower house of the general assembly, secured the passage of an appropriation of \$200 for the purchase and presentation to him of a sword, and the commission was chosen to carry out the act.

Buffalo Osteopaths Organize.

The osteopaths of Buffalo, New York, have formed an association. An informal meeting was held at the home of Dr. A. B. Clark on July 29, and on the following Friday evening the first regular session convened at the home of Drs. Alice and C. W. Proctor, when a constitution was accepted and signed by the charter members present.

The following officers were elected for a year:

Dr. A. B. Clark, president; Dr. W. A. Crawford, vice-president; Dr. Irene Bissonette, secretary; Dr. C. R. Mitchell, treasurer. Executive committee: Drs. C. W. Proctor, G. H. Heckmann, A. C. L. Kugel, A. R. Clark, I. Bissonette. Committee on Rules and Regulations: Drs. Johanna Barry, W. A. Crawford, A. S. Wiley.

On motion of Dr. Alice Proctor, and a second by Dr. Louisa Dieckmann, Dr. A. T. Still was made an honorary member of the society.

Meetings are to be held the first Monday evening of each month, October to be the annual one. Visiting osteopaths are cordially invited to attend these.

BUFFALO OSTEOPATHIC ASSOCIATION.

IRENE BISSONETTE, D. O., secretary.

Michigan Osteopathic Association.

The Michigan Osteopathic association will hold its annual meeting at the Hotel Cadillac, Detroit, Sept. 26. A full attendance is expected and the state board will be present to receive credentials prior to its official meeting, Oct. 10. The following program has been prepared, to begin at ten a. m.:

10:00 a. m. Call to order. Invocation. Address of Welcome.

10:20. President's Address: Organization, Dr. George H. Snow, Kalamazoo.

11:00. Paper: Spinal Curvature, Dr. W. S. Mills; discussion, Drs. Ellsworth Schwartz and Elmer Charles.

11:45. New business, appointment of committees.

1:00 p. m. Clinics: Drs. R. A. Glezen, Mary Trueblood, Claude Root, F. H. Williams.

3:00. Paper: Diagnosis, Dr. H. Bernard; discussion, Dr. Blanche Reynolds.

4:30. Business session, election of officers, etc.

8:00. Symposium: Pelvic Diseases and Their Treatment, Drs. Cully, Church, Emilie Greene, and Blair.

The Osteopathic Year-Book, 1903.

The trustees of the A. O. A. at the Cleveland meeting made a contract with Wm. R. Dobbyn & Sons of Minneapolis, Minn., to publish The Osteopathic Year-Book. This Year-Book will contain, among other things, a directory of the profession.

It is very much desired that this directory should be as nearly correct as possible, so that all interested in consulting it may obtain the information desired.

We, therefore, urge upon every osteopathic physician to promptly send to Wm. T. Dobbyn & Sons, his or her name, address, name of college or colleges at which graduated, degrees held and whether or not member of the state association of the state in which they are now practicing.

If each physician will promptly and correctly do this, an authoritative directory may be published—one that will be of value to every member of the profession. If your name and address does not appear correctly in the directory, you yourself will be to blame.

Announcement.

The trustees of the American Osteopathic association have made a contract with Wm. R. Dobbyn & Sons, Minneapolis, for the publication of an "Osteopathic Year-Book," the chief feature of which will be a general directory of osteopaths. The vast importance of this work will be at once appreciated, and it is needless to say that the cooperation of all is essential to the accuracy

and completeness of the directory. To this end we earnestly request that all take note of the following, and act accordingly:

I. Each regular and qualified osteopath should *promptly* report his name, address, degrees and when and where obtained, and whether or no he be a member of his state association, to Wm. R. Dobbyn & Sons, Publishers, Minneapolis, Minn.

II. Each college should, through its publications, urge its alumni to give all possible assistance to this work. Likewise, the college publications should stimulate interest in the enterprise by keeping it before the profession.

III. The several colleges should furnish the publishers with a complete roster of their graduates, and should carefully furnish such other information as requested in the circular letter sent by the publishers.

IV. The secretaries of the state osteopathic associations should send a roster of all the practicing osteopaths in their states, signifying who are members, in good standing, of the state organization.

The great amount of exacting labor called for by this undertaking can succeed in its object only by the early attention of all to the above requests. Let each one do his part.

There is another matter that I desire to speak of. *I wish to make an appeal to all osteopaths.*

The life and liberty of osteopathy in the state of Alabama stand in jeopardy. Not content with the present severely restrictive law, the medical men are seeking to enact a yet more drastic measure. The osteopaths of that state, who have made a brave stand hitherto, are making the fight of their lives in the endeavor to secure their rights. Nor is this their fight alone, for it belongs to every osteopath with a fellow feeling for his kind.

The American Osteopathic association is extending all possible assistance to the Alabama osteopaths, but the aid of the 2400 non-members in the field is imperatively demanded. Without the "sinews of man," a successful fight cannot be waged. *Every osteopath* should make this fight his own, and he should contribute something, even at a sacrifice. *Action must be prompt*, as the time is short. Send all contributions to this fund to Dr. M. F. Hulett, Treas. A. O. A., Wheeler Bldg., Columbus, Ohio.

Fraternally,
CHARLES HAZZARD, Pres.,
New York, Aug. 22.

The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES
OF THE

AMERICAN SCHOOL OF OSTEOPATHY.

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ALL the leading articles in this issue of the Journal, except the one by Dr. Richardson, were read before the Missouri Osteopathic association held at St. Louis, June 4 and 5.

* * *

IN speaking to our own profession there is one point upon which we wish to lay special stress, that is, the necessity for a feeling of broad, radical and intense osteopathy. Above all, the one great essential for the success of our science is that our practitioners should act as osteopaths—not as hydro osteopaths, medico-osteopaths, electro-osteopaths—but as osteopaths pure and simple.

* * *

THE Missouri State Osteopathic board will meet at Jefferson City Sept. 21. At this meeting the board will adopt rules in regard to examination and registration. All osteopaths now in the practice in this state will receive notice from the board in regard to the modus operandi for registration under the new law. All those legally licensed under the old law can be re-licensed without examination for a fee of \$1.00. All others must pay \$10.00 and must be examined if the board so rules. An additional fee of \$1.00 is required for registration with the county clerk.

ORGANIZATION seems to be the watchword of the hour among osteopaths. During the past six months more effective work has been done in building up our national and the various state associations than in all the previous history of our profession. Progress in organization work does not only apply to the older organizations but new ones are springing up on all sides and show signs of prosperity. Within the past six months besides the work mentioned above, the following cities have effected permanent osteopathic organizations: New York, St. Louis, Chicago, Kansas City, Buffalo, Louisville and Denver. Truly, organization is in the air.

* * *

WHEN one of the so-called non-lesion osteopaths made the statement at the Cleveland meeting that in his experience he had never seen a case in which he was not able to find an anatomical lesion, it is certainly good evidence that the principal part of an osteopath's business is adjustment of structure. It is not to be denied however, and moreover no so-called lesion osteopath maintains it, that there are not many other things that can be done for the benefit of the patient. This is not to be construed as opening the door to any adjunct, for none is needed. It is simply a common sense statement of facts. It is osteopathy as it is practiced. Still there is no denying the fact that the more skilled an osteopath is in the finding and adjusting of anatomical variations, the less use he has for "other things."

* * *

WITH the return of the senior students to their regular work, the A. S. O. clinic department will be in shape to operate full blast. Practitioners in the field are requested to send us interesting cases for treatment in this department. Worthy persons who desire the free clinic treatment will be carefully looked after. A surgical clinic under the charge of Dr. F. P. Young will also be conducted. During the past summer we were able to handle only a part of the clinic patients that applied for treatment but with the opening of school Sept. 1st, we expect to be able to give all applicants for treatment in this department careful attention.

A NEW school, the Central College of Osteopathy, is the latest addition to the ranks of osteopathic colleges. It is advertised to begin operations at Kansas City, Sept. 1, and is to be conducted by some ten or twelve Kansas City D. O.'s. It was our first impulse to extend the hand of fellowship to this youngster but when we learned that it was the intention of the management of this new school to offer the two year's course of study for less than \$300.00, the regular price, we felt compelled to withhold our approval of an institution that does not expect to deliver the \$300.00 goods. We were sorry to learn that Dr. McKenzie, the president, had offered a fifty dollar rebate to one of his prospective students, but such is the case. We had hoped this new school would start off under more favorable conditions for its permanent success.

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A. S. O. Football Schedule for 1903.

Sept. 30, Illinois, at Champaign.
Oct. 3, Kicking Contest, Kirksville
Oct. 10, Knox College, Kirksville.
Oct. 17, Lombard, Kirksville.
Oct. 24, G. C. B. C., Kirksville.
Oct. 31, C. B. C., St. Louis.
Nov. 7, Open Date, Kirksville.
Nov. 14, St. L. U., Kirksville.
Nov. 20, Washburn, Kirksville.
Nov. 26, U. of Texas, Austin, Texas.

Coach O'Dea has his men already at hard work. Twenty-five candidates are trying for places on the team. Judging from the quality of the material out for practice, the A. S. O. will have the best team in its history. A training table will be established which, no doubt, will be of great assistance in getting the players in good condition.

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Osteopaths Get World's Fair Day.

THE science of osteopathy is to be duly honored by the managers of the great St. Louis World's Fair. The management has already announced that July 7th, next year is to be "Osteopathy Day", and it will be so printed on the official program. The St. Louis Post Dispatch in commenting on this matter stated that, "No manipulation was required in getting the osteopaths a World's Fair day."

The next annual meeting of the American Osteopathic association will probably be held at a time to include the above date. By this arrangement no less than 2500 osteopaths should be in attendance at this meeting.

.

Doings in St. Louis.

THE summer school conducted by Drs. Hildreth and Clark assisted by Dr. Crowley has just closed a very successful session. The osteopaths who took the course all expressed themselves as being well pleased.

The practice at the A. T. Still Sanitarium has grown so rapidly that it is now beyond Dr. Hildreth's ability to care for all the patients alone. Dr. F. G. Crowley has assisted him in the practice during the summer.

The executive committee of the American Osteopathic association selected July, 7th, 1904, as "Osteopathy Day" for the World's Fair. The vote of the committee was six for the above date, two for the 13th of July and one for a later date in the season. The reason for selecting so early a date was to get a time that would not conflict with other big events. The selection of this early date will give the St. Louis osteopaths a better opportunity to comfortably care for those attending the national association meeting.

The St. Louis Osteopathic association is already hard at work getting things in shape for the next year's meeting. Two committees have already been appointed as follows: General World's Fair Committee composed of Drs. H. F. Goetz, H. E. Bailey, Wm. Smith and Minnie Schaub; Membership Committee composed of Drs. A. M. King, J. O. Hatton and Genevieve Evans. It is the duty of this committee to visit every St. Louis osteopath and urge him to join the A. O. A. There is a healthy sentiment in St. Louis for osteopathy and the success of our national meeting next year is already insured.

.

Osteopathy Scores a Signal Victory in Indiana.

The state of Indiana, after an up hill fight on the part of the osteopaths practicing therein, is at last a full fledged osteopathic state. The state medical board last month

granted licenses upon examination to Dr. K. T. Vyverburg of La Fayette and Dr. Ethel Brown of Indianapolis. This is the first time since the passage of the medico-osteopathic law two years ago that the board has fully recognized osteopathy and our osteopathic colleges. Soon after the passage of the act above referred to the board granted licenses to all osteopaths practicing in the state at the time of the passage of the act, but no newcomers were granted licenses up to last month for the reason that the board has heretofore held that our osteopathic colleges were not equal to the recognized medical schools in the scope and thoroughness of their teaching, and therefore no graduate in osteopathy was eligible to take the examination. The board prior to last month refused to examine osteopathic applicants. This change of opinion on the part of the board places osteopathy on a par with the practice of medicine, and the action of the board in examining and licensing these two osteopaths places the A. S. O. from which the two applicants are graduates on an equality in the eyes of the Indiana law with any medical school in the country. The following subjects were included in the examination—physiology, pathology, anatomy, bacteriology, surgery, chemistry, medical jurisprudence, obstetrics, dermatology, laryngology, histology, hygiene, theory and practice of medicine, gynecology, otology and ophthalmology. The examination was considered quite difficult and Drs. Vyverburg and Brown are to be congratulated on passing it.

Shall Our Colleges Pay Commissions? The Practice Condemned by the Leaders of the Profession.

The practice of osteopathic schools paying commissions for new students is a matter that is of vital importance to every practitioner who has the good of his profession at heart, and who desires to see the osteopathic standard raised year by year. Any practice, the tendency of which is undoubtedly on the side of tearing down rather than building up, should be condemned in no equivocal terms. It is a matter that should receive some attention from the A. O. A. at its next meeting. The A. S. O. has always done her best to maintain the highest

possible professional and business standards, even against some very trying conditions.

The A. S. O. neither pays commissions nor gives rebates.

It has been the desire of the management to build up a school that will perpetuate the discoveries of Dr. A. T. Still. This is the idea that has always been foremost. For permanent success nothing but high standards can be maintained. Realizing this, every effort has been set forth with that object in view. This article is not published for the purpose of injuring any one, nor for the purpose of extolling the merits of the A. S. O. over her competitors, but for the purpose of condemning a practice that is injurious to the cause, and with a view of creating popular opinion enough within our ranks to cause the practice to be stopped. The following letter is only one of many of its character that we have received within the past three or four months, it plainly shows the purpose of the practice:

"Warren Hamilton, Secy and Treas.,
Kirksville, Mo.,

DEAR SIR:

I suppose you remember me as a graduate of your college, Jan., 1900. I have been located in——, Ia., ever since, have worked up a large practice and reputation for osteopathy in this locality, have influenced a great many to take up the study.

S. S. Still College of Osteopathy, Des Moines, Ia., have been giving me \$25 for each student sent to their college. It cost me time and money, with each one whom I influence. *It has been rather hard on my conscience to advise students to go to Des Moines when I know your college is so much in advance of them in every respect*, however I have never done so by saying a word against my old alma mater, but did it because Des Moines was so much nearer.

Now if you can do the same by me, I will send you all the students I can. Think I can send you three or four next fall, Sept. 1, '03.

Please let me hear from you soon.

Fraternally yours, _____,
_____ Iowa."

It is not to be understood that the school referred to in the above letter is the only

one that gives commissions. It is openly and insistently practiced by a number of others. We have discussed this matter with several hundred practitioners in order to ascertain the opinion of those not interested in any particular school of osteopathy and whose only interest is for the success of the science. We have yet to find a single osteopath who approves the practice—it is condemned by all.

Dr. Chas. Hazzard, Pres. of A. O. A., said: "I am strongly opposed to the payment of any commission for students. If I were to be sent to an institution by a paid agent, I should feel that the man was working for the money rather than with the desire of sending me to the best school. Such a practice cannot help but lower the standard of any school resorting to it, but it is also an injury to the profession. The supposition is that, since they are sent for money, they will be accepted."

Dr. C. E. Hulett, of Topeka, president of the Kansas association, said: "I do not approve of schools paying commissions for students. Let them do as the A. S. O. has done, work up their classes by the good will of the D. O.'s in the field. I have sent the A. S. O. four or five students but expected nothing but good will in return, and I think I and all the others have that. Success to the "old school."

Dr. E. C. Pickler, of Minneapolis, president of the Minnesota state board, said: "I do not think the practice of giving commissions is one to be commended, although it is one I know to be very prevalent. All our schools should raise their standards for entrance."

Dr. Irene Harwood Ellis, of Boston, secretary of the A. O. A., said: "In regard to commissions paid for students, I am very much against business obtained in that way."

Dr. W. F. Traughber, of Mexico, president of the Missouri association, said: "I think as well of that institution that buys its recommendations as I do of the individual who is willing to sell his judgment. I think this paying of commissions is boodling on a small scale. Let us tolerate nothing that in

any way tends to lower the banner of osteopathy. If there are such schools in existence I hope they will see their error and be willing to let their standards be their drawing cards."

Dr. W. J. Novinger, of Trenton, president of the New Jersey association, said: "I consider paying commissions harmful to the school, to the student so procured, and to the doctor who lends his aid in any way for a consideration in inducing any prospective student to go to any school. I will use my strongest influence to prevent any of my friends matriculating in any school that does offer a commission, for the reason that I believe such methods are unfair to such schools as do not stoop to such questionable methods, and that the plan has done much in the past to lower our standing, and if persisted in will be a continual menace to the good of our cause."

Dr. E. R. Booth, of Cincinnati, O., ex-president of the A. O. A., said: "I am decidedly opposed to the offering of commissions for students and have expressed myself in unmistakable terms to the school supposed to be most guilty."

Dr. M. F. Hulett of Columbus, O., treasurer of the A. O. A., said: "I do not see how a school can pay commissions and maintain a proper self-respect. The commission man has only one object in view, presumably; and that is his commission, consequently he does not care what class of students he secures. Numbers is his whole desire. The schools themselves would be inclined to lower standards in order to admit all students recommended. I hope there is no tendency of schools towards such a proposition."

Dr. N. A. Bolles of Denver, Colo., president of the Colorado College of Osteopathy, said: "The correction of this abuse is only to be met by the united condemnation of such methods. It is a step toward commercialism and reduction of natural and right standards. A student, like a patient or any other customer, should be left free to decide between the merits of the various propositions he is considering, and should pay the seller's price for the service or commodity. I regard the cutting of one's own price for

the purpose of turning patronage from others to one's self as dishonorable, and as inculcating in the student the same spirit in reference to practice. The giving of commissions on students as a matter of bidding against one another by schools is a step in that direction."

* * *

The Old Doctor's bust has recently been presented by him and the A. S. O. to a large number of osteopaths throughout the country. As a result his mail during the past month has been flooded with letters of thanks and good wishes for his continued good health and the success of the A. S. O. He desires to take this method to acknowledge the receipt of same and to express his good will and best wishes to all engaged in the practice.

June Class '01 Perpetuate Their Organization.

The June class of 1901, met during the Cleveland convention in the parlors of the Hollenden Hotel. Former president, Dr. H. McMains, called the meeting to order and Dr. O. G. Stout acted as temporary secretary. After discussion a committee was appointed to secure headquarters for the class at the A. O. A. meeting to be held at St. Louis next year. The president was empowered to assess members one dollar each to defray expenses.

A committee was appointed to draft resolutions of respect in memory of Mrs. J. D. Cunningham whose death occurred last year. Officers for next year were elected as follows: Dr. E. C. Cramb, Tecumseh, Nebr., president; Dr. J. T. Drake, Oneida, N. Y., vice-president; Dr. Jennie Evans, Akron, O., secretary; Dr. B. W. Sweet, Erie, Pa., treasurer.

Tasker's "Principles."

A new work on the subject of the principles of osteopathy, if it at all throws light upon the problems that the student of the science must meet, should be a welcome addition to the library of every osteopath. In the present stage of the development of osteopathy with its comparative poverty of literature, there is room for its presentation from the numerous standpoints that must of necessity arise in a profession, the

membership of which comprehends every phase of individuality. This fact, aside from consideration of special merit, should occasion a welcome for Dr. Tasker's work. But in the case at hand poverty of literature is by no means the only warrant for a welcome, for in the work under review we recognize a distinct contribution to the science. Dr. Tasker's career as a teacher and his reputation as a writer might prejudice one to look with favor upon a work issued by him. A review of the work itself compels admission that the prejudice is well founded.

The opening paragraphs introduce the student to the various osteopathic considerations of the several tissues—structural, irritable, circulatory, secretory—which are most immediately concerned with the facts bearing on the relation between structure and function; for as the author himself states this relation constitutes the essential basis upon which the entire theory of osteopathy is founded. If criticism of an adverse character should be made on this section it is that too much attention is given to the details of a histological nature which are found in every text on such subjects, and with which the student is already familiar. This is even more true with reference to the cuts that are interspersed. These, while excellent and equal to those in the recognized works, and evidencing commendable energy and independence on the part of those concerned in their preparation, yet lack the very important qualification of being immediately valuable so far as application to the osteopathic theory is concerned.

The chapter on osteopathic centers is well worked out and shows a careful regard for physiological and anatomical justification for each one named. We are not certain that the term center should be made use of except in the physiologic sense. For every osteopathic center must ultimately be shown to be a physiologic one, and hence the continued use of the phrase "osteopathic center" will tend to confuse rather than illuminate.

Inhibition is given special attention. Dr. Tasker is a strong advocate of this process and certainly makes a creditable plea for its use and investigation. Admitting that it may have its uses, as have other methods

of attempts at direct control of function, yet we can but feel that too much emphasis is given to the use of a process and a method whose chief justification is ignorance of anatomical conditions.

The latter half of the book deals with sub-luxations, their nature, diagnosis, and treatment, together with a consideration of muscle contractures. This part is eminently practical and will be of much aid to the student in understanding and making application of the numerous mechanical principles represented in the body, and with which the osteopath should be familiar. But the use of so much space in picturing definite movements is to be deplored. The immediate value to the student of such photographic representations is not sufficient to justify the space, or to offset the harm it is certain to do in the way of encouraging superficial, considerations and a development of the tendency toward the practice of the art by the non-professional.

After a careful reading of the work one is impressed with the fact that in many ways the treatment is quite satisfying, and yet some disappointment is felt, not at what has been given but at what has been omitted. The greatest fact of the osteopathic concept has been only incidentally referred to, namely, that the organism itself has within itself all of those substances and forces necessary for the maintenance of the natural condition of health, and that it is only occasionally that circumstances arise in which the organism needs external assistance; and that in such circumstances, the assistance tolerated by the organism consists in removal of obstruction to inherent recuperative capacity, largely by adjusting the instrument through which function is manifested, but partly by attention to environment. This omission with others less important is no barrier to a hearty acceptance of the work, for it is manifest as the author himself recognizes, that in such a brief volume it is impossible to present the science in its entirety and in its fullness. We believe that both the student in the class room and the practitioner in the field will find in the work much that is of permanent value.

Who Is Gordon?

A circular comes to hand this month from the "Progressive Osteopathy Publishing Company" of Cleveland, Ohio, lauding a work with the fetching title, "I Suggest Suggestion and Osteopathy," written by one W. J. Gordon, M. D., D. O. We have not seen the work nor do we know the author or any of the several individuals who vouch for the value of the treatise. We might be constrained to pass it by without notice were it not for the fact that it makes a few glaring misstatements, and is representative of a large number of circulars issued for the advertisement of certain books presumably endorsed by the osteopathic profession. This circular states that the book is so endorsed by osteopaths of all the schools and, supposedly as evidence, gives the testimonial of "Geo. Bergman, D. O., graduate of the American School of Osteopathy, Kirksville, Mo." As the school in question has no alumnus of such a name we are inclined to think the publishers were hard pressed for testimonials.

From the explanatory remarks we judge that the work is of a class with a vast number of similar ones engaged in calling attention to the curative value of the psychic forces, in such a way as to lead the reader to infer that those forces are harnessed to do the every bidding of man. A special point to which we would call attention is the fact that there seems to be almost a mania on the part of the various mind-healing cults to get into the osteopathic bandwagon, or at least to claim to be the closest of kinsmen, and as such to insist on a fusion of forces. Query: if the psychic forces are so subject to control and so all-efficient in their capacity for cure, why this craze to incorporate osteopathy? Let every tub stand on its own bottom. Of one thing we may be sure. The amount of osteopathic information possessed by Dr. Gordon will not make him top heavy, though it may have contributed to the aberration which gave rise to the title if not the substance of his book. The nature of the title and the general appearance of the circular and other advertising matter are not such as to warrant confidence in Dr. Gordon as an author-

ity either on suggestion or on osteopathy, and we are quite sure that discerning osteopaths will hardly be induced to buy.

At the meeting of the board of trustees of the American Osteopathic association held at Cleveland in July, Dr. E. R. Booth who one year ago was appointed inspector of osteopathic schools, was authorized to submit to each of the schools visited an individual report calling the attention of the management to any defects which he, as an outsider and unprejudiced, may have noticed during his visit. We believe the plan was a good one and the American School feels under obligations to Dr. Booth for the kindly criticisms with which he favored it in his recent communication. While his judgment or information may have been at fault, and in some cases we are sure that it was, there were many suggestions of a practical nature which when put into active operation will be of much value to all concerned. A review of the general report made by Dr. Booth on the floor of the convention will be given when that important document is officially published.

A Resolution.

The following resolution was unanimously adopted at the recent meeting of the Missouri Board of Osteopathic Registration and Examination held at Jefferson City, July 14, 1903. RESOLVED, That this board recognize the distinguished merit of Dr. A. T. Still, the founder and promoter of osteopathy, in his untiring energy and genius, his learning and skill, reflecting honor upon the profession and giving it recognized distinction before the laws of Missouri and the world. We rejoice that he has lived to see the realization of his worthy, philanthropic and laudable ambition in raising osteopathy to be the peer of the medical profession of the world, and that, as faithful followers and exponents of this our noble science, we shall do all in our power to preserve the high standard already attained and encourage all its practitioners to promote the same.

Members of board. {
A. L. MCKENZIE,
J. H. CRENSHAW,
C. E. STILL,
W. F. TRAUGHER,
CHAS. E. BOXX.

PERSONAL MENTION.

Dr. Tillie Wismer has recently located at Lead, S. D.

Born, to Dr. and Mrs. F. P. Young on Aug. 10th, a daughter.

Dr. Clara Todson has changed her location from Chicago to Elgin, Ill.

Dr. A. C. Graves formerly of Ottawa, Ill., recently located at Belvidere, Ill.

Dr. Dale Craig of the last graduating class, has located at Smithville, Mo.

Dr. Frank B. Apperson has changed his location from El Reno to Jefferson, Okla.

Married, at Blackwell, Okla., Aug 16th, Dr. H. C. Wallace and Miss Cora Roten.

Dr. R. D. Howell graduate of the June class 1803, has located at Shelbyville, Ill.

Dr. C. R. Shumate has gone to Asheville, N. C., where he will practice osteopathy.

Dr. I. E. Scobee until recently of Yankton, S. D., is now located at Mitchell, S. D.

Dr. Hariett M. Conner has changed her location from Lumberton to Hattiesburg, Miss.

Drs. Finch and Miller of Omaha, Nebr., have opened a branch office at Wahoo in that state.

Dr. Sarah E. Morse has recently located at Longmont, Colo. She reports a good practice.

Married, at Chicago, on Wednesday, July 8th, Dr. Chas. Robinson Palmer and Dr. Mary A King.

Dr. A. S. Yewell of the last graduating class, has opened an office at Hartford, Ky., where he will practice.

Dr. W. E. Dwiggins of the June class 1900, recently located at Attica, Ind. He formerly practiced in Illinois.

Mrs. Pearl H. Bergland, D. O. of Galva, Ill., on July 22, presented her husband with a bouncing, fine baby girl.

Married, on Tuesday, July 28th, Dr. Chas. LeRoy Marsteller and Miss Henrietta Clegg, both of Youngtown, O.

Dr. J. Henry Hook formerly of Bonham, Texas, is now associated in the practice with Dr. N. S. Johnson at Colorado Junction, Colo.

Dr. Alice Patterson and daughter, Miss Lee, of Washington, D. C., are spending their summer vacation touring Europe.

Dr. Dora Wheat recently opened an office at 897 Ellicott Sq., Buffalo, N. Y., where she will practice her profession.

Dr. O. L. Buckmaster has located at Lexington, Ky. He will be associated with his father in the practice at that place.

Dr. F. M. Barker has gone to Atchison, Kas., where he will open an office for practice. Mrs. Barker will remain in charge of the practice at Keosauqua, Ia., where they both formerly practiced.

The Old Doctor's 75th birthday occurred Aug. 6th. In the evening a number of the teachers and students surprised him at his residence and presented him with a large Indian plaque.

Dr. S. H. Runyon and wife formerly of Creston, Ia., are now located at Laredo, Tex. The change was made on account of Mrs. Runyon's health. Dr. W. L. Gardner succeeds Dr. Runyon in the practice at Creston.

Dr. Kate Childs Hill for several years past engaged in the practice at Lodi, Calif., recently purchased the practice of Dr. Potter of Berkley, Calif., where she will succeed him. She has offices in the Francis Shattuck Bldg.

Dr. Nettie Furrow and Dr. C. L. Brundage of Bell Plaine, Ia., on Aug. 26th, brought the remains of their mother, who died at Bell Plaine, to Kirksville for burial. Their friends in the profession extend to them their sympathy in this their irreparable loss.

Married, at Chicago, Aug 24th, Dr. H. B. Sullivan of Detroit, and Dr. Mary E. Kelley of Chicago. Dr. Kelley is a graduate from the A. S. O., class of '98 and for the past five years has been the efficient assistant of Dr. J. H. Sullivan of Chicago. Dr. H. B. Sullivan graduated from the A. S. O., June 1900 and for the past three years has been engaged in the practice at Detroit where he has built up a successful business. He and Dr. J. H. Sullivan are brothers.

Dr. Ethel E. Brown has recently accepted a position in the office of Dr. F. W. Hannah, 134 E. Market St., Indianapolis, Ind., where she will engage in general osteopathic practice, paying special attention to diseases of women. Dr. Brown is a graduate of the American School, where she is credited with good work. She carries to the Indiana field a record of good work in Brooklyn, N. Y., where she was associated with Drs. C. H. and Nellie F. Whitcomb.

The following alumni visited the A. S. O. during the last month: Drs. Minnie Potter, Memphis, Mo.; Roy Sigler, Mason City, Ia.; Cordelia Morrey, Springfield, O.; E. C. Smith, Marceline, Mo.; R. W. Conner, New Orleans, La.; J. D. Wirt, Titusville, Pa.; W. A. Cole, Clinton, Ia.; Georgia A. Carter, Springfield, Ill.; Ina Mayhugh, Temple, Tex.; W. J. Conner, Kansas City, Mo.; L. W. Lyda, Nevada, Ia.; E. L. Denniston, De Kalb, Ill.; J. A. Linnell, Chicago; J. C. Stone, St. Louis; A. B. Cramb, Beatrice, Nebr.; Carrie Ashlock, Kansas City, Mo.; Joe Kibler, Richmond, Va.; L. K. Cramb, Morganfield, Ky.; E. B. Morris, Ottumwa, Ia.; R. P. Buckmaster, Lake Province, Ia.; and Elizabeth Thompson, Ottumwa, Ia.

Dr. Gerdine, the new professor of physiology at the A. S. O., is a graduate of the University of Georgia, class of '94. He then studied a year and a half at the Universities of Bonn and Berlin in Germany. On his return to America he graduated at the Harvard University in 1898 with the degree of A. M. He then took up the study of osteopathy at the Boston Institute, graduating in Feb. 1901. The following year was spent in Chicago in the Rush Medical College and Littlejohn's School of Osteopathy. Last year he attended the Harvard Medical school where he specialized on physiology. During the past summer he has been doing pathology work at the Long Island Hospital in Boston Harbor. He is 30 years old and unmarried.

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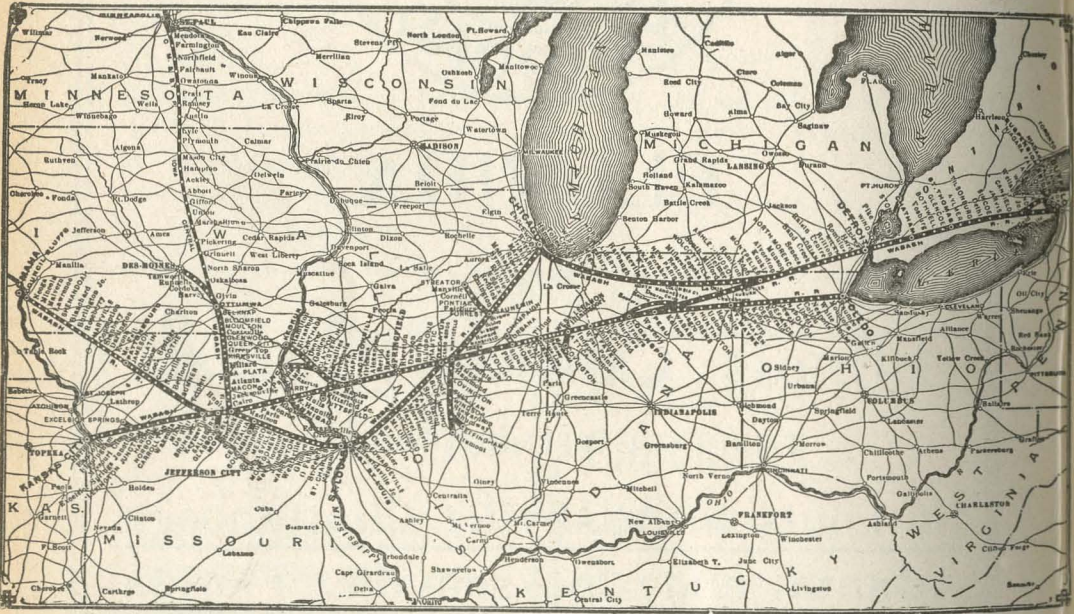
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