

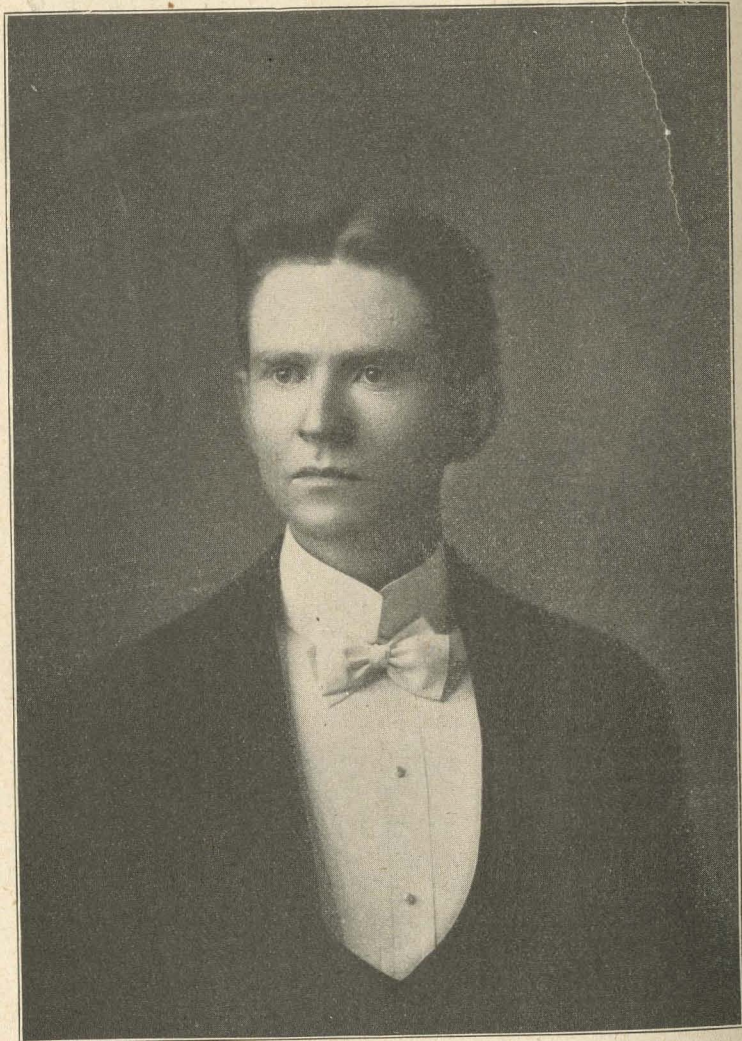
The Journal of Osteopathy

December 1904

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DR. G. D. HULETT.

THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., DECEMBER, 1904.

AN APPEAL TO LEGISLATORS FOR A "SQUARE DEAL."

DR. J. F. SPAUNHURST, INDIANAPOLIS, IND.

It is a well known fact that all just governments derive their authority from the consent of the governed and that it is the duty of the state to protect the rights of the people. Every step of progress in the history of our race has been made in the face of opposition and difficulty, and has been achieved by leaders in the van of thought; by great workers in all the walks of life. Osteopathy is not an exception to this rule. Its path has been any thing but a smooth one. Its legal status has been one of conjecture since it first entered the state of Indiana about six years ago.

The people have given osteopathy liberal endorsement, approval and patronage, while toleration, approbation and recognition have been meted out slowly and grudgingly to the new comer by the medical profession. Osteopathy is but another TRUTH that has been forced to fight its way to place and recognition in the face of detraction and derision by the unreasonable and narrow-minded who disapproved and censured without investigation, evidencing their ignorance and prejudice. These opposing conditions did not serve to check its onward march because it is armed with a potent weapon that cannot be sullied by falsehood or hypocrisy, therefore its growth has seldom been matched in the world's history because it stands upon the vantage ground of TRUTH and RESULTS.

ONLY THE AXE OF TRUTH TO GRIND.

Nothing tells like TRUTH and FACTS. Osteopathy sustains its claims with such an array of facts that it bewilders the scoffer and convinces the skeptic. Like all other blessings, which genius and courage have bestowed upon the human race it has been showered with persecution and scorn by those who were ignorant of its merits, or prejudiced in the interests of their own private purses, and aiding in keeping the TRUTH from the people. Osteopathy has no axe to grind except the axe of TRUTH. By sheer force of its worth osteopathy has passed the stage of scoffs and abuse. It is clinching the TRUTH of its ability to aid Nature in effecting cures, alleviate human suffering and prolong life. It has placed mechanical therapy upon a scientific plane that is simple in cause, harmless in reaction, certain and accurate in results. Theory is useless if it will not

work results. People are weary of theories; they want results and results are mighty factors in shaping public opinion. Osteopathy attributes its growth and popularity solely to the results it has attained. That it is a distinct system for rational and successful treatment of diseased and deformed humanity is evidenced by its multiplied disciples; its multitude of cures of the hardest types of chronic cases that had been abandoned by other schools; its recognition by over half of the state legislatures; its four thousand successful graduates in the field of practice and its student body which exceeds in number all the other schools except the allopathic school.

MODERN TENDENCY IS AWAY FROM DRUGS.

There has been for many years a constant striving for something better than drugs, and it remained for osteopathy to demonstrate to the world an accurate and exact science, which, left unhampered, will increase the aggregate of human health and happiness, and lay bare the facts pertaining to health restoration and disease prevention in such a way that none may fail to see how the touch and presence of the educated hand can profoundly effect the entire functioning and well-being of the body organism.

The number of people are increasing daily, who in despair, resort to treatment other than drug dosage and find relief, hence the same rule governs in health-getting as every where else—men trade where they get what they want. A sick man calls for help; he cares nothing for theory or schools; he wants help to get well; he is not concerned from what source help comes, if he gets it, and it has been abundantly demonstrated that our ancestors were not wiser than we, that we may improve upon their efforts and methods not by arresting progress nor by binding the people to hard and fast rules of treatment, but in granting equal rights and freedom to those who dare trust their own reason, think new thoughts, and depart from the old beaten highways; investigate, establish proofs, glean strength and knowledge from the failures and successes of those who have gone before, until the present perfection of osteopathic methods were evolved and through which results are being attained that challenge the admiration of both the world of science and the world of pain.

STANDING OF OSTEOPATHY.

No other profession has won for itself place and recognition so rapidly as that of osteopathy. It has been so uniformly successful in aiding sick people to regain health, its growth so rapid and its patronage has come from such large numbers of the most refined, intellectual, conscientious people that it would be wise and just to throw the same safeguards about it as the older schools enjoy. Today over half of the state legislatures have recognized it as a distinct system of healing and there are about four thousand successful, reputable, graduated osteopathic physicians in the field. It is now taught in ten schools that have been approved by osteopathic authority and whose course of study is three years of nine months each and embraces all the branches taught in the leading medical schools, except osteopathic philosophy replaces materia medica and major surgery. A law of Nature once discovered can never cease to exist,

hence osteopathy has never been successfully combatted, can never be outlawed, and will continue to be a mighty factor in the life of humanity. Its student body exceeds in number all other schools except the allopathic and practically the same standard of elementary education and time of study before graduation is required as by medical schools. There is no profession that requires so rapid and comprehensive generalization and induction, so careful an estimate of the value of acts, or greater skill in their application than the practice of osteopathy. Mere fact gathering or conformity to creed will not fit one for the high office of a true osteopath. He must ever be a student, a thoroughly educated, all-round man, but to measure him by the medical standard and subject him to an examination before a board composed of men wedded to the drug theory while osteopaths reject drugs and draw the line distinctly against their use, is manifestly unfair and would be a misapprehension of the character of his work, and a "discrimination against" some of the noblest individuals our country has produced. With an unswerving determination to do still more and better what "our HANDS find to do," we turn with unfaltering hope to become still more useful, still more successful and appeal to all right thinking people for continued support and encouragement that we may have free rein to perform our FULL DUTY with HANDS and BRAIN in preventing sickness and extinguishing human pain. Thus osteopathy will take its rightful place as the latest and best chapter in the realm of therapeutics.

OSTEOPATHS ARE NOT ANTAGONISTIC TO OTHER SCHOOLS.

It is not our purpose to antagonize any one or any system, therefore any reference made to medicine and its practitioners while comparing and contrasting points of difference with those who hold conflicting views is done, not in a spirit of opposition, but in the spirit of TRUTH, guided alone by a kindly feeling while we make a plea for JUSTICE and decry discrimination by law without detracting from the merited respect that appertains to other systems. We make no war on other schools. Our attitude is pure, peaceful and progressive. While we may hold some views and truths that are common to all, yet we must be true to our convictions and uphold our system without compromise, and it is to be hoped that this exposition of the facts relative to the present interpretation of the Indiana Medical Law may somewhat instruct the public that they may see the true intent and purpose of said construction of the law is to restrict the practitioners in the field to the four medical schools that have representation on the Indiana Board of Registration and Examination and to limit the number whom they license to suit their judgment which seems to be final. The existing law furnishes the means whereby medical trust methods are made effectual in regulating demand and supply by absolute control.

PERSONNEL AND ATTITUDE OF THE INDIANA BOARD OF EXAMINERS.

This board consists of two allopaths, a homeopath, a physio-medical and an eclectic whose policy and practice is to discriminate against osteopaths who have no representative on said board. They construe the law with disfavor, collect fees from osteopaths for examination, retain the fee, which is twenty-

five dollars, and refuse the applicants the necessary examination to show their fitness on the ground that their curriculum does not comply with the time required in medical colleges, many such cases may be cited. The fact is, the osteopathic curriculum embraces all the branches, except major surgery and materia medica, that are pursued in medical schools while the time is twenty-seven months and that of the medical is twenty-four to twenty-eight months. They decline to consider TRUTH because it appears antagonistic to their fostered opinions and old beaten paths. They have only a glimpse of the TRUTH and render verdict without investigation or evidence. They wish to kill research, force idleness upon active brains, brand with iniquity original thinkers who revolt against servile imitation of the medical code and refuse to follow like sheep unquestioningly or continue to mimic the "old masters." In the interests of a larger liberty for human genius, and in keeping pace with modern progress, investigation and research should be left unfettered.

GIVE OSTEOPATHS A "SQUARE DEAL."

That the passing upon the qualifications of osteopaths should be committed to members of other and opposed schools is an ERROR, a FARCE. The same farce would apply to the other schools if they were required to be examined from the stand point of osteopathic schools. Grant that they are not schools of equal age, they are of equal dignity and, in their realm, of equal qualifications and usefulness, therefore the osteopath is wronged and sinned against when he is subjected to examination by a body of men whose education, professional bias and pecuniary interests are all arrayed against him and his system of practice. It is taxation without representation and the American people long ago declared they would not tolerate such a system of unfairness and tyranny. Osteopathic therapeutics is held so cheaply by this hostile board that it is not given place, nor consideration in the examination. Do you wonder that osteopaths justly revolt against such treatment and ask for a representative on said board? Grant him an examination from the standpoint of his school—give him a "SQUARE DEAL" and he will come out smiling with a grade that would do credit to applicants of other schools. This is fair, this is just, and would not trample on the rights of anyone but would comply with the great legal maxim: "THE LAW TREATS ALL ALIKE."

We apprehend that broad-minded and clear-seeing physicians of all other schools will concur in the fact that the passing of judgment upon those who are to be permitted to practice the therapeutics of any school should be committed to the school of which he is a graduate, and not to those who condemn it.

OSTEOPATHS ASK FOR REPRESENTATION ON BOARD.

Osteopaths hold that the "trust methods" of the present board are restrictive, repressive and unjust; that their construction of the law will permit no physician, however learned, reputable and zealous to practice his profession without enlisting in one of the four schools of which the board represents; therefore, they demand equal recognition of their school in the realm of scientific therapy. They do not ask a place second to any other system, but demand

equality for demonstrated methods of healing. They ask for themselves equal reciprocity, equal recognition, equal representation, equal protection, and equal privileges with other schools to exercise their rights in pursuit of their calling without discrimination and molestation. Osteopathy does not need protection of the law in itself, for TRUTH is mighty and will prevail; however it is but fair to the public that those who presume to practice a system of healing of which they know nothing should be restrained and punished accordingly.

RIGHTS OF THE PEOPLE.

Once the people know the facts they will assert their right, than which there is none more sacred, to choose their physician. It is a part of the law of the land, and no civil law is strong enough to deprive the citizen of its exercise. People will not consent to be deprived of osteopathy and tie themselves down to drug methods, but the drug doctors do not propose to accept the verdict of the people as to whether the drugless doctors can cure them, hence they arrogate the right to themselves to decide these things for the people and say "Thou shalt not employ this man."

SAIL UNDER TRUE COLORS.

Every man and every system should sail under true colors. Quacks are fostered in the osteopathic field by the present law. Every good thing has its counterfeit. Those who hold diplomas purchased, not by application as students, but by money, abound and take advantage of the afflicted by reckless pretense and by giving assurance to their hopes, only to rob them of health and substance. These crafty knaves claim to be that which they are not and under the guise of genuine osteopaths obtain customers and prey upon the unsuspecting public. Their lack of skill and intelligence is a menace to life and smirches the good name of osteopathy. This protection and privilege is denied the osteopaths by the hostile medical board because it is to their pecuniary interests to aid in bringing the osteopathic profession into disrepute. That this state of affairs exists is a disgrace and most deplorable. Is there no chance for osteopaths to rid their profession of these ignorant pretenders? Without representation on this board the osteopathic school is powerless to protect itself, or give the needed protection to the people and prevent them from being exposed to the cheat of counterfeiters and fakirs. A land like ours which founds its policy upon justice will not continue to tolerate enforced law in the pecuniary interests of the medical board. It is a violation of individual liberty and an insult to the intelligence of a free people. It is aimed not at failure but at success. It is ignorance clad in authority. It cannot stand the light of day nor a searching investigation, therefore such a cause should not enjoy the confidence and patronage of sick people, or have recognition and standing with the public.

In the name of JUST law; in behalf of the rights of the people; in the fair name of Indiana her legislators are asked, for the cause of PROGRESS and enlightenment, and the sake of broadness and liberty throughout the commonwealth, to give the osteopaths a "SQUARE DEAL," which means equal representation on the Indiana State Board of Registration and Examination.

SOME PUBLIC QUESTIONS ANSWERED.

ROBERT E. JAMESON, D. O., MANISTEE, MICH.

Patient:—"Doctor, I would like to have a few minutes consultation in regard to osteopathy."

Doctor:—"I am at your service."

Patient:—"Who is Doctor Still?"

Doctor:—"Doctor Still is the founder of osteopathy, he having practiced medicine for twenty years before discovering osteopathy. He lost patients as doctors do, many of which seemed to him unnecessary; he began to look for the cause and to investigate the human body, he studied the bones, muscles, nerves, heart, lungs, stomach, kidneys, bowels, their nerve-and-blood supply. After gaining knowledge of the human anatomy—the bones and muscles and their attachment and insertion, the nerves their origin and ending, he visited the poor and finding many sick he put his knowledge to the test by a practice now known as osteopathy. Doctor Still found that the human body had bones which have muscles attached thereto, these muscles have arteries, veins, and nerves over them, under them and through them. For an illustration we will take a case of bowel trouble which we will say is dysentery. Doctor Still reasoned there was excessive peristaltic movement of the bowels, he then reasoned that this was caused by some improper food or by some contracted muscle of the back which produced pressure on the nerves coming from the spine (all the organs in the body are supplied by nerves which come from the spine, the nerves coming between each vertebra then going through, over, and under muscles to their termination), or that the spine itself was at fault by some abnormal condition. We will say that Doctor Still after questioning his patient found beyond any doubt that the patient has not eaten one particle of food which would in any way cause dysentery. He then went to examining the spine with educated fingers and brain. Finding the muscles contracted and sensitive, he then reasoned that this contraction of muscles pressed on nerves which he proved by anatomy caused an irritation to the nerves going to and supplying the bowels which caused the excessive peristaltic action (peristaltic action is the action of the bowel when the bowel moves). Now Doctor Still had reasoned this so far and proved his reasoning by anatomy and physiology, he next went to work in a mechanical way which is now called osteopathic manipulation, he reduced the congestion in the muscles by manipulation which at once removed the pressure from the nerves. Having taken the pressure from the nerves he had taken away the primary cause which relieved the nerves from abnormal irritation. After this condition is removed we are reasonably sure of a cure. Nature will take care of the rest."

Patient:—"Now, doctor, are there any other causes for dysentery?"

Doctor:—"I think I have mentioned them, there is irritation internally by improper foods or other materials. External causes are muscular or bony abnormalities of the spine."

Patient:—"I never heard of these causes before."

Doctor:—"You never will from your family physician if he is any other than an osteopathist. The osteopathic physicians have the honor and distinction of knowing that there is a primary cause for diseases, not considered by physicians of other schools."

Patient:—"What are the methods used by the M. D.'s to cure dysentery?"

Doctor:—"In a case of ordinary dysentery an M. D., as a rule, will question his patient, look at the tongue, take his temperature, feel of his pulse; after learning the condition of his tongue, finding a normal or abnormal temperature, a regular or irregular heart action, he will write a prescription and give the address of his co-partner the druggist."

Patient:—"What effect has the drug on the patient?"

Doctor:—"The drug deadens the action of the bowel just the same as morphine will deaden the pain of a patient with a broken leg. Drugs in no case remove the cause."

Patient:—"Is that the reason patent medicines and other drugs are used by the people time after time and cause so many chronic troubles?"

Doctor:—"Yes, that is exactly the reason. The point is here, drugs never remove the cause as I said before. You have lived in this city several years, you know many people who go to the druggist for some new patent medicine they have just seen advertised, they take several bottles, their appetites improve, their friends say they are looking better, 'Oh yes, I am taking so-and-so, my appetite has improved wonderfully.' You see one of these persons a month afterwards and ask him how he is feeling, 'I am better, have discarded the medicine now.' In a couple of months you see this same person, you inquire in regard to his health, 'Oh, I don't know how I am. I went to the doctor to-day, I have not been feeling as well.' 'Do you still take the same patent medicine?' 'No, I quit it some weeks ago.' You then ask this friend what the doctor said, 'He said he could give me something that would help me, I am taking it now, have been for a week, my appetite is improving again.' You see this same person again in six months, you inquire as usual about his health, you notice he is not looking as well as usual, he will tell you that he has quit the doctor and is taking some patent medicine. The sum and substance is that this same person and all persons who you find first taking medicines then consulting an M. D. have all had the same experiences. They tell you in good faith that they are feeling better, the facts are they are like the man with the broken leg, after getting an opium or morphine tablet he feels better, but it is a false effect and will last only a short time."

Patient:—"Doctor, I have seen many people just as you describe this person and I now know why so many people are always drugging, and feel better for a time, but are in fact worse. I now see why people do not get well, and the reason we have thousands of chronic sufferers—the cause is not removed. The M. D.'s have been treating symptoms and not removing causes. Am I right?"

Doctor:—"You have the right idea, the cause is not removed. We will take a case of constipation for an illustration; we have a person using injections which serve for a time, then pills which the patient will tell you are fine. You ask that same person a year afterwards (as ninety-nine out of a hundred have to use pills after they once begin) how he is, if his constipation is cured, 'Oh no, I'm not cured, I have to take something all the time.' Yet you will see in many advertisements of patent medicines a guarantee to cure constipation for 25c, but the facts are they do not cure, they will stimulate the bowels to move but you will notice many cases have to take a larger and stronger dose each year, others have to change from one drug to another. The cause of all this dosing in larger and stronger doses, or having to change from one to another is that the pills or medicine taken only temporarily stimulate the bowels. Now when we stimulate any weakened organ we take strength from that organ but do not replace that strength and ultimately there is physical bankruptcy. For an illustration, I have ten dollars, you borrow five. I will retain five. I must pay ten dollars that I owe. I find that it is 6 p. m., the banks are closed and I cannot get five dollars, then I am weakened financially. The same is true with the bowels, you have borrowed five dollars worth of strength and have failed to return it which causes a permanent weakened condition."

Patient:—"Why, doctor, that is my case exactly, I have taken and am taking drugs at the present time for constipation, our family doctor said he could give me something that would cure me, but it is exactly as you described. I consulted my brother (an M. D.), he had told me what you have in regard to my case and advised me to consult an osteopathic physician. Do you use massage in any of your treatments? Our doctor said it was massage when I spoke of consulting an osteopathist, that discouraged me, then he advised me to consult Miss So-and-So, the Turkish bath woman across the way who could do me just as much good. Now, doctor, what is the difference between osteopathy and massage?"

Doctor:—"Massage is a system of rubbing, kneading, pulling, and patting the flesh, the person who takes massage is instructed to remove his clothing or arrange it so the massage operator is enabled to give the massage treatment direct on the body. You will be rubbed, patted, pulled, and kneaded for thirty minutes or one hour, at end of that time you have been gone over from head to foot. People who give massage, as a general rule, have little or no knowledge of anatomy, physiology, chemistry, pathology, histology and diagnosis of diseases, neither have they the training which qualifies them to take full charge of cases in the capacity of a physician. Their stock of information consists of certain, fixed movements which are given to all who apply for treatment without due regard to the cause of their troubles. Osteopaths work with some definite idea in view. They look for causes such as some maladjustment of certain parts of the body, and then attempt to remove them. In addition they are thoroughly instructed in all fundamental branches of medical science."

Patient:—"Then, doctor, you take up the study of the body or anatomy

more thoroughly than any other school or schools of healing. Do you use drugs in any form?"

Doctor:—"Osteopathic physicians use drugs in cases of poisoning as antidotes; antiseptics and disinfectants when indicated; chloroform and ether in surgery."

Patient:—"Do you believe in surgery?"

Doctor:—"As the last resort only. We have cured many cases which were advised (previous to coming to us) to resort to the knife."

Patient:—"Do you take obstetrical cases?"

Doctor:—"Some osteopathic physicians do, some do not. Our system teaches the very best and most reliable ways to deliver a child, with less risk, and practically without lacerations which cause many mothers of to-day so much suffering."

Patient:—"Are you instructed in the management of contagious diseases? Do you take such cases?"

Doctor:—"Osteopathic physicians are taught the very latest and most scientific methods of handling contagious diseases."

Patient:—"And do you treat fevers, chills, and all acute diseases?"

Doctor:—"Yes, we not only treat fevers, chills, and all acute diseases, but we usually have quicker and better results than are obtained from the drugging method."

Patient:—"You have in the past had some trouble in securing satisfactory laws to protect your profession and some states I believe have not passed laws protecting you up to date. Is that true?"

Doctor:—"Some twelve or thirteen years ago we were without laws in any state protecting us. The M. D.'s opposed osteopathy but we finally secured good laws in one or two states. It was then that the medical men began to get nervous, but as the people became better acquainted with osteopathy we secured protection in other states. We have laws in some twenty states. We waited in some states until the people knew osteopathy and saw the results obtained by osteopathic physicians before we attempted to secure favorable legislation. We felt sure that the general public would give honest testimony before any legislature and working upon that ground and trusting to our patients and those who know osteopathy in its true light we have secured good laws. We have at the present date in every state and territory in this country and several foreign countries osteopathic physicians practicing their profession and gaining friends for the science. It will probably be only a matter of a few years until osteopathy will be recognized by law in every state and territory in the Union.

"We can with pride state that with the help of the just public we have gained merited state recognition in the last twelve years and built up a system not surpassed in the healing of diseases in the entire history of the medical world. It is a well known fact that the medical theory and practice changes year by year. M. D.'s discard and pick up year after year remedies they used the year previous. It has been so from the very first, they use a remedy, find it fails, then they pick

up something else, try it, it fails, and so on and on. Osteopathy has not discarded its first principle. Osteopathy can point with pride to its solid foundation, one which has stood the test. The cures we make are always with osteopathy's first and basic principles."

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**\*THE INNOMINATE OSTEOPATHICALLY CONSIDERED.**

DR. E. ELLSWORTH SCHWARTZ, COLDWATER, MICH.

The subject in hand is one of varied scope and full of technical difficulties. To present it in a truly osteopathic light, deep study and wide experience are necessary. This we have been able to have in a measure, and we purpose here briefly to give some of the results.

None of us is without fault, but a very common failing is that we do not go into details sufficiently in our examinations in order, always, to locate primary causes. Anatomy we should study, first and always, accepting physiology rather as an aid to assist in examining more minutely the body structure, being ever on the watch for the slightest deviation from normal conditions. Without this study and alertness no man or woman can justly claim the degree of Doctor of Osteopathy.

One may have passed through a score of colleges, studied all the higher branches of medicine, until his brain runs overflowing, as it were, with knowledge, yet, what profiteth it him? Theories which are to-day adjudged correct, but tomorrow may be considered mistaken, must be left to the theorist who invented them. Mechanical adjustment, the osteopathic corner stone, will always remain a truth, stable and invariable. Osteopathy is not built upon a theory that will vanish in a day, but in itself is a well tried and thoroughly proved system of practice.

As long as osteopaths remain true to this, the A. T. Still principle, and do not allow themselves to chase the stimulative and inhibitory phantoms, success is theirs.

We wish to impress strongly the absolute necessity of a careful, painstaking examination of every person who comes for counsel. Many people are treated osteopathically for months with but little improvement, when a slipped innominate, the main cause of the trouble, has been carelessly overlooked.

By many of the ancients, the sacrum was considered the basis upon which was to be reconstructed a new body in the world to come, and, for this reason, was held in highest reverence. In these later days applied anatomy has demonstrated that the innominates, the component parts of this structure, are actually the foundation upon which rests the present body, and upon the proper articulation and adjustment of which depend very largely its vital functions. Hence, a knowledge that is of great value to the osteopathic profession is the ability to recognize the slightest displacement of the innominate.

This bone has caused the writer more worry and anxiety than any other

\*Paper read before the Michigan State Osteopathic Association at Kalamazoo. Oct. 15, 1904.

piece of osseous structure in the body. It has also been the source of a reasonable measure of gratifying triumphs. By way of comparison, it ranks next to the Irishman's flea, in that you have it set and then you haven't.

Every osteopath, no doubt, can recall his experience in setting this bone and having it slip out of place before the patient gets off the operating table. This has happened so often to the writer that he has been taught to observe the greatest caution to see that it is securely in place when the patient leaves the office. It is not our intent to go into the anatomy of this bone, as all are fully acquainted with its form, articular surfaces and contiguous relationship with the adjacent femur and sacrum and with its fellow on the opposite side.

Our different text-books on osteopathy give to the student certain rules for determining any displacement of the innominate, but when the student becomes a practitioner of experience, he will realize there are many things to learn that are not found in books. I well remember the replacing of my first innominate, the case of a gentleman who came walking into the office with the aid of a cane. He was like almost all patients, bent on telling how long he had been suffering from rheumatism in his hip and leg. An examination revealed a slipped innominate, which, after some difficulty, was adjusted. Then, to my dismay, the patient complained of great pain and distress; so much so, that he was obliged to lie down on the office couch for several hours. He then arose and walked away without the cane. I thought, "well, there is a cure for your life." But who comes limping into my office a few weeks afterward, but this same man of the slipped innominate? An examination showed a repetition of the former difficulty. I reset the bone and it remained in place afterward.

It is not my intention or aim to give to this body of well informed physicians, clinical cases as such, but rather to present a few special points that I have gained from experience

In the first place, never assert that you have a slipped innominate because the legs are of unequal length, or for the reason that a part of the pelvis is higher on one side than on the other. There are few people alike on both sides, and the diagnostician must make moderate allowance for any deviation that may be present. On the other hand, you are not justified in saying, that an innominate is not misplaced, until you have taken correct measurements of pelvic prominences and compared the bone at its articular surfaces or prominences with its fellow. I find that I cannot rely wholly upon rules given in text-books on osteopathy, because each case is a clinic unto itself, and therefore, a special study of each individual case is absolutely necessary. For instance, there may come to you a patient for examination that has a slipped innominate, yet with the legs of equal length and the pelvic measurements varying so little, that, at first view, a slipped innominate might be thought an impossibility. We have examined and treated cases of this character and repeatedly found, after several careful examinations, a displacement so slight that detection was almost impossible. By noting, however, the progress of a case of this kind, we had been convinced of a slight lesion that had been overlooked, and a further examina-



tion confirmed our conviction by the discovery of a slight displacement at the sacro-iliac articulation.

Never console yourself that because there is little or no tenderness at this articulation, you have not a slipped innominate to deal with. A lesion at the sacro-iliac articulation which is pronounced, will, in some instances, so paralyze the leg and hip structure that the sensation of pain or tenderness may be entirely absent. We now have a case of this nature under treatment. There was no tenderness exhibited at the articulation. The affected leg measured about one half inch longer than that on the well side. Measurements from the superior iliac spine to the table, when patient was in a dorsal position, showed the distance to be nearly a half inch greater than on the corresponding side.

The prominence of the bone posteriorly at the articulation was lessened, thus presenting a typical case, excepting that there was no tenderness at the point above mentioned. A sensitiveness, though very slight, was discovered at the left ramus of the pubic bone. This case had received some half dozen osteopathic treatments before she came under our care. The innominate lesion, however, had not been discovered, and I have learned through this and similar instances, that, to say the least, some osteopaths do not believe so much in the displaced bone theory as others. Here is just where osteopathy will receive its greatest blow, not from its enemies, but, from people within its own ranks. I have come to realize this one fact in my observance of the successes of our osteopathic practitioners in the field, that those who cling most closely to the bony lesion theory are the most successful. For my own part, I shall replace bones, look for bony lesions and adjust structural derangements, in preference to accepting fine spun theories involving other methods of treatment. The closer we can get to the basic principles as taught by our beloved founder, the more successful will we be in the practice of our chosen profession. What one is there among us, who, if taken dangerously ill, would not rather trust himself in the hands of the Old Doctor than in those of any one else? Why? Because we all know that he is a logical reasoner, thoroughly versed in the intricate mechanism of the human structure, and accurately identifies distressing effects with their physical causes.

I can give no rule which will be absolute in its directions regarding innominate lesions. Practice, study and thought will alone develop one's ability in this direction. The greatest assistance I shall be able to render you can best be given in citing some of the symptoms found among patients who have innominate lesions. No doubt, you are all conversant with such symptoms as a lengthening or shortening of the leg, anterior, posterior, upward or downward displacement of the innominate, tenderness at sacro-iliac articulation, and along the rami of the pubis; also, tenderness reflexly transmitted to the lower lumbar vertebræ and sacro-iliac articulation of the affected side of the pelvis, with tenderness radiating over the crest of the ilium and increased somewhat in structures which lie in the groin. Invariably there will be reflex pain and distress manifested in the structures which lie in the occipital fossæ at the base of the

skull. The diseases or troubles caused by a slipped innominate are more numerous than one would naturally suppose. But a few weeks ago I had the pleasure of relieving a lady of intense suffering which manifested itself at the knee joint, by simply adjusting the innominate. This was the second case of like nature, and in both instances relief was immediate and permanent. In either case no pelvic trouble was apparent other than tenderness at the sacro-iliac articulation and along the ramus of the pubic bone. Not long since, by simply adjusting an innominate, we were able to cure a young lady of an aggravated menstrual disorder. No treatments were given other than the one to replace the bone, notwithstanding she had undergone several months of medical treatment prior to having this bone adjusted, without the slightest improvement.

A case came under my care not long since, which, to me, has been rather out of the ordinary and exceptionally interesting.

The child, a boy about five years old, had lost complete control of both the sphincter muscles, the bladder and the rectum. This condition had extended over a period of time aggregating a little less than two years. Every available treatment had been administered with little or no effect. Specialists of Detroit and other cities had been consulted and said there was nothing to be done. An examination showed a lesion at the lumbo-sacral articulation, the sacrum being posterior. There was a slip of the right innominate, it being downward and forward. The lesions being corrected, improvement was noticed after about one month's treatment. Just as we were about to discharge the case, the innominate, in some way, again became displaced and the child was in as bad condition as at the start. The innominate having been replaced, in a few days all was right again, until the same thing happened a couple of weeks later, with the same results. I found that as long as the innominate was in its proper place, all was well, but all was not well when it was not adjusted. A feature of the case to which I neglected to call attention, was the offensive odor and frequency of the stools. This condition has all passed away, but a return of the trouble occurs whenever the innominate becomes displaced. A continual vigil seems to be our only salvation, in this case, and, if by thorough work, we can so strengthen the ligaments that the bone will be held in place, a cure, I think, will be effected.

We trust that in the few thoughts here presented, some may be new and helpful. Not at all do we feel that we have exhausted the subject or handled it in a masterful way, but we have aimed to give you a few simple truths, plainly spoken, concerning, what we believe to be, a most important feature in the cure of human ills.

#### \*PAST PROFESSIONAL PROGRESS AND OUR RESPONSIBILITIES.

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

We are old enough now, although still quite young, to have a little history. In this rather informal address I wish to bring to your notice, in something

\*President's Address delivered before the Montana Osteopathic Association at Helena, Sept. 8th



of a comparative way, some figures and information relative to our growth during the past few years along the line of numbers, official recognition as a science, and professional and educational growth, with some little information relative to our own state. FIRST, a few words relative to our numerical increase. Twelve years ago the American School of Osteopathy was founded at Kirksville with scarcely a dozen students. Since that time thirteen other legitimate osteopathic colleges, offering the minimum course of twenty months, have been organized.

By a process of absorption and consolidation these colleges have now been decreased to the number of nine. The S. S. Still College at Des Moines, Iowa, having absorbed the Northern Institute which was located at Minneapolis and the Northwestern College located at Fargo, N. D., and the American School having absorbed the Columbian School at Kirksville and the Denver and Milwaukee colleges. The nine colleges which are now recognized by the National Association as being properly equipped and meeting educational requirements are in the order of their founding as follows:

American School, Kirksville, Mo., 1892.

Pacific College, South Pasadena, Cal., 1896.

Massachusetts College, Boston, Mass., 1897.

S. S. Still College, Des Moines, Ia., 1898.

Southern School, Franklin, Ky., 1898.

Atlantic School, Buffalo, N. Y., 1898.

California School, San Francisco, Cal., 1898.

Philadelphia School, Philadelphia, Pa., 1899.

American School of Osteopathic Medicine and Surgery, Chicago, Ill., 1900.

In point of students in attendance the parent school at Kirksville, as originally founded, now ranks fifth among all of the medical institutions of the country. Rush Medical College of Chicago with 973 students is first.

New York College of Physicians and Surgeons, second.

Chicago College of Physicians and Surgeons, third.

Northwestern College, Chicago, fourth.

American School of Osteopathy, Kirksville, Mo., fifth.

The American School and the Still College at Des Moines having been brought under one management during the last few months the institution, as thus combined, would now rank as second of all the medical colleges in the country, having some 900 odd students.

In this country there are 175 medical colleges at present—133 allopathic, 19 homeopathic, 10 eclectic, 9 osteopathic, 4 unclassified.

The total number of students enrolled in all the medical schools of the country during the last school year was 27,256. Of these, 23,662 were allopaths, 1,118 osteopaths, 1,105 homeopaths, 1,014 eclectics.

These figures place us in this respect a little in advance of the homeopaths and eclectics.

The science of osteopathy now has in round numbers 3,200 regularly graduated practitioners in the field.

While almost all of these are practicing in this country and Canada, we now have representatives in England, Japan, China, Ireland, Hawaiian Islands and New Zealand. As to legal recognition, up to 1896 we were in the eyes of the law without authority as physicians and were listed in the same category as Christian Scientists and masseurs.

While prior to that time osteopathy had gained thousands of staunch friends all over the country who recognized in it a rational and well founded system of therapeutics, legally we were nil. Work done in Vermont by some of the early practitioners attracted the attention and enlisted for the science the friendship and active interest of prominent and influential citizens and the first legal recognition was accorded osteopathy by the Vermont legislature in 1896.

After Vermont, in 1897, came North Dakota. Since then the list has received additions each year until now in twenty-five states osteopathy is specifically recognized by the law as being an independent system of healing. With the increase in the number of states legally recognizing osteopathy came an improvement in the character of laws regulating its practice.

Legalization gradually passed from the Vermont law, which simply provided that graduates of the American School of Osteopathy (then the only school in existence) be allowed to practice on an equal footing with medical practitioners, up to laws giving us independent boards or representation on existing medical boards.

A brief summary of the kind of law now possessed by each of the states may be of interest.

Vermont's was the only law of that nature passed.

In Texas osteopaths are simply specifically exempted from the medical law and allowed to practice as physicians. In the seven states and territories of Arizona, New Mexico, Kansas, Tennessee, North Dakota, South Dakota, and Nebraska the osteopath pays the prescribed license fee, and registers his diploma which must be from a legally authorized and chartered school of osteopathy wherein the minimum course of instruction is four terms of five months each. The first Missouri law was also of this kind but Missouri now has an osteopathic state examining board.

In the five states of North Carolina, Virginia, Indiana, Illinois and Iowa osteopaths are examined by the medical boards in the same subjects that the medical students are examined with the exception of materia medica.

In the state of Ohio there is an examining committee composed of osteopaths who examine osteopathic applicants in a part of the subjects required and report to the regular state board. If their report is favorable the applicant is licensed provided he passes in those subjects on which the regular medical board examine him.

In Kentucky and Wisconsin osteopaths have a representative on the state medical board. In subjects common to all systems, all applicants appear be-



fore the whole board. In subjects pertaining strictly to osteopathic practice the osteopathic member alone examines the osteopaths.

In Montana, Connecticut, California, Minnesota, Michigan, Arkansas, Missouri and Oklahoma, we have independent examining boards. Montana has the distinction of having had the first law providing for an osteopathic examining board, California being second.

Our law in this state became active by the approval of Gov. Toole, Feb. 26, 1901; that of California a few months later. Those now practicing in Montana who are duly qualified and licensed by the board are:

Anaconda, Dr. A. A. Allison; Billings, Dr. Willard C. Dawes, Dr. O. B. Prickett; Butte, Dr. W. H. O'Neill, Dr. M. V. Hogsett, Dr. S. A. Kennedy; Bozeman, Dr. Matthew Henry, Dr. Ada B. Keller; Dillon, Dr. S. W. Miller; Great Falls, Dr. G. S. Hoisington, Dr. Eva H. Hoisington; Helena, Dr. Elizabeth V. Strong, Dr. Chas. W. Mahaffay; Kalispell, Dr. Ida Rosencrans; Livingston, Dr. Eva M. Hunter, Dr. W. E. Dean, Dr. J. E. Stuart; Lewistown, Dr. J. M. Beatty, Dr. A. H. Beatty; Missoula, Dr. Florence MacGeorge, Dr. Asa Willard; Park City, Dr. Frank E. Corwin; Red Lodge, Dr. Daisy D. Rieger.

There are three amendments which, I think, our law in this state is much in need of and with which it would better serve the ends for which it was intended:

First. There should be provision made where upon payment of the regular fee an applicant who has been examined before a board in another state whose requirements are as high as our own, this to be in the judgment of the board, shall be licensed without further examination. The reason for this is obvious, the various state boards should be on more harmonious relations with each other, and the applicant has already been tested. This feature should be embodied in all our state laws.

Second. Applicants who present themselves for examination who have graduated later than Feb. 1907, shall present evidence of having actually attended a reputable osteopathic school for a period of not less than three years of nine months each.

The National Association set Sept. 1905 as the latest date when the minimum three year course should begin. The majority of the colleges began it last September.

I am sure that the voluntary raising of our own educational standards will meet with commendation from the public and that they will sanction the changing of the law so that its provisions will be in harmony with this advance.

Third. The law should be so amended that it would be a misdemeanor for a practitioner not licensed by the state osteopathic board to use in connection with his name, on a sign, in advertisements or otherwise, the letters D. O. or the words, Doctor of Osteopathy, Diplomate in Osteopathy, Osteopath, Osteopathist, Osteopathic Practitioner, Osteopathic Physician or words of like import. The reason for such an amendment is this: The law is meant to regulate the practice of osteopathy and to protect the public against the imposition of quacks.

It has proven very hard to get evidence to convict in the case of some of these quacks. Even though a sign may be out proclaiming him to be an osteopath, it only shows that he is willing to break the law and not that he is doing it, for he may claim to have several forms of treatment and when evidence is presented maintain that he did not give osteopathic treatment. This has been done, and it is a very difficult matter to prove otherwise. The amendment would immediately compel a distinction between a lawful and an unlawful practitioner and prevent the pretender from making claims whereby he imposes upon the public.

Lastly, that progression which we have most to feel encouraged in and which is best calculated to give lasting existence to the science is the professional and educational advancement. Professionally, there is more dignity and breadth of thought and less bombast and littleness than was sometimes evidenced a few years ago. There is less of selfishness and more of a feeling that we are all engaged in an avocation by means of which we can make happier the lives of our fellow men, and hence that the interests of the whole are the interests of individuals.

Along this line we should ever strive for betterment.

Educationally, we are each year getting a larger per cent of the best men and women in our ranks. Our course of study has been increased. Our literature has shown much improvement. I am glad to see the obliteration of the tendency to report for publication only the cases cured in one or two treatments. This was misleading to the public and did much harm, besides being of little value to the profession.

Our results are in harmony with Nature's laws and not miraculous and we do not want to create or seem to be trying to create impressions of supernatural ability.

In conclusion, there is that which applies to us as individuals and which is especially called to mind by a very ill-advised, puerile attack made upon osteopaths at the recent American Medical Association, by Dr. Osborne, Professor of Materia Medica in Yale, in which he impugned the morality of osteopathic practitioners. I find by inquiry of the Secretary of the Y. M. C. A. of Yale that from the medical department of the university there were but from ten to twenty of the students who were taking any part in this work. Twenty being the highest number mentioned. The percentage of students interested in this work in proportion to Yale's total number of medical students would then be from seven to fourteen per cent. In the American School of Osteopathy the number in the Christian Association work during the past two years ran from about 180 to 250, being from thirty-three per cent to forty-five per cent of the total enrollment.

This is but one straw; but I think it is sufficient to controvert Dr. Osborne's insinuations.

This should call to our minds however the injury or good which we can do the science by our individual lives. We are yet young as a science and many



will judge osteopathy by the individuals representing it.

Osteopathy would now grow in spite of unworthy representatives, but honesty, cleanliness and highmindedness in its practitioners will insure its swiftest universal recognition.

### \*OSTEOPATHY VERSUS SURGERY IN BILIARY COMPLAINTS.

DR. CHAS. E. CROW, MUSCATINE, IOWA.

FELLOW OSTEOPATHS: In the paper which I have the honor to present to you on this occasion I shall claim for osteopathy a field of therapeutics which is fast being abandoned by the medical practitioner to his brother physician who has specialized in surgery. For these ailments, which I shall claim are amenable to our manipulations, the old school physician has yet to offer a preventative treatment. And for palliation morphia, chloroform and hot fomentations are the only trust-worthy adjuncts from his viewpoint. After these methods fail he is then ready to turn the patient over to the skillful knife operator. If the osteopathic physician cannot stay the hand of the surgeon the operation of cholecystotomy will in the next few years outrank the craze for the removal of the appendix. Already it is a close second. I do not mean that for the common hepatic troubles the surgeon comes in for an early job. I refer more particularly to the acute or chronic biliary troubles such as cholecystitis and cholelithiasis. After reading the standard text books on the practice of medicine even the layman will determine that the cure of such cases is past medical means and up to the surgeon. Now this gloomy outlook has a bright side as we well know by our practical experience in dealing with these troubles, and I am here today to champion the cause of Osteopathy Versus Surgery in Biliary Complaints. At the beginning I do not want to be misunderstood as being of the opinion that it can supercede surgery in all cases. That there are cases which are so far advanced that nothing but the knife will obviate the difficulty is certain, and the osteopath who has not learned this must be placed in the same category with the medical practitioner who learns from his alma mater that water is the best diuretic, and then goes off and begins to use diuretin and a lot of other unknown chemicals to flush the kidneys. I will frankly concede that for the removal of biliary stones, where there are many of them and they are excessively large that there is little hope for their absorption, liquefaction, or of their passage through the bile ducts to the intestines, an operative procedure may be necessary.

It is an interesting fact that often the characteristic subjective symptoms are not present and a gall bladder may be crowded for years with stones too large for passage. More often the physician has to deal with a case of acute or chronic cholecystitis—just a common terrific inflammation of the gall bladder. Maurice H. Richardson in reporting to the American Medical Society in 1898 stated that in ten out of fifty-nine operations performed by him this condition

\*Paper read before the Eastern Iowa Osteopathic Association, held at Fairfield, Nov. 17th.

and not gall stones obtained. He does not state either how many cases of gall stones were found in the remaining forty-nine cases.

Taken in time and when the stones are small, osteopathic treatment will expel the stones or cause them to be liquidified; and more than this it will overcome the trouble that led to the formation of them—and this neither medicine nor surgery can do. Physicians of the old school lay great stress on bacterial invasion of the gall tract as a specific cause of the formation of gall stones. Strange that blood supply and nerve interference should be lost sight of. No trouble of any kind ever arose in anybody's liver till some interference with the blood stream or obstruction to normal nerve activity took place, and until the moment of such interference the bile has sufficient germicidal action to resist bacterial invasion. But when by stagnation it loses its germicidal power it can no longer do so, and scavenger germs may locate there the same as in any other unhealthy tissue. But they are not causative—merely resultant factors.

The bile in its normal state is a viscid fluid with a specific gravity of about 1032. You will all remember with what vigor Dr. Still used to dwell on the five functions of the liver. That one of these is the separating of various poisonous elements from digested food products coming from the digestive apparatus and from blood which becomes altered by the toxic products during its circuit through the body. That it must by a chemical change peculiar to itself break down these compounds into more simple ones; build some up for renewed use in the body and cast others out as refuse. The bile thus becomes a double compound embodying a true secretion and an excretion product. Among these excretions are certain bile acids, some salts of lime and magnesia; some sodium chloride and traces of other salts; also a substance known as cholesterol. In a normal state this bile flows as freely as water. The formation of gall stones (the solidification of this bile) is entirely contrary to nature and is the result of an unnatural activity of the liver whereby an alteration of the chemical constituency of the bile takes place. It begins to harden and to form concretions; some as fine and numerous as sand; others large, sometimes several large ones will blend together forming great masses. These stones in attempts to be passed lodge in the ducts or obstruct them, causing excruciating pain sometimes for hours; dam the bile back into the liver till the whole body becomes reeking with the poisonous material which is reabsorbed by the blood.

The osteopath was first to arrive at a solution as to the cause why this fluid should harden. He finds that it is due to an obstruction of the nerves which govern the glandular activity of the liver and of its altered blood supply. Knowing the body as we do we have no trouble in locating the cause, and by treatment directed to the lower dorsal region, of overcoming the pain. When the pain is relieved the osteopath can search out the slipped or tightened vertebra, or misplaced ribs that by pressure are causing the interference with the nerves governing the liver, and with his knowledge of adjustment of the spine he is enabled to remove the cause. All the medicine in the world cannot do this. Furthermore we can, by direct treatment over the distended gall bladder,



gently manipulate the contents so that they will pass out through the duct into intestine, aiding in no small way in the subsiding of the inflammation. And whereas surgery cannot promise that the gall reservoir will not fill up again after the operation, osteopathy can hope in the greater number of cases for a permanency of cure after having brought a patient successfully through such troubles.

### OSTEOPATHIC OBSTETRICS.

ELLA RAY GILMOUR, D. O., SHELDON, IOWA.

McConnell says, "Much has been said, and claimed by osteopathic physicians, in regard to being able by osteopathic work, to shorten and render labor comparatively painless. These claims are true to a large extent, but of course there is nothing mystical along the lines of osteopathic obstetrics any more than in osteopathic work elsewhere, it is all plain, common sense. The osteopath always works in harmony with Nature along common sense lines. Labor, at the best is certain to be more or less painful, but in saying this I do not mean to convey the idea that there is not much in osteopathic obstetrics. There certainly is a great deal to be accomplished, in lessening pain and in hastening labor."

The osteopathic features are few, simple and direct to the point but above all very effective.

Hazzard says, "It is the common practice during the early stage of labor, after the true pains have commenced, to hasten labor, if desirable, by stimulation at the parturition center at the second lumbar. This increases circular contractions in the uterus, causes descent of the cervix, and dilatation of the os." He further says, "It is usually best to rely upon the natural process of labor and very often this treatment is not used." In our practice we have inclined to the natural process, mostly, as it seems that in the slower dilatations there is less liability to lacerations. In the later part of the first stage we may aid dilation of the os by inhibition of the round ligaments and by pressure over the lower part of the pubic arch. For severe pains in the back desensitize in the lumbar region and thoroughly relax the neighboring spinal tissues. As the head is descending the fingers should be used to press back the edges of the os all around the head, and folds should be kept smoothed out of the vaginal walls by keeping the walls pressed upward and outward occasionally. If these folds occur they occasion great pain.

To prevent laceration of the perineum both hands should be used to support it as the head is born.

When the placenta is ready for removal slight stimulation at the second lumbar or over the mons veneris will often cause it to be expelled. Of course, the osteopath must be ready with all the ordinary methods of procedure aside from the purely osteopathic helps.

There will be cases of uterine inertia when you will need a pair of forceps

to save the life of the infant and the strength of the mother. You will occasionally find abnormalities of labor when it will tax your best judgment to know what to do for them at the time because as these conditions arise you usually don't have time for consultation.

Some osteopaths are in the habit of refusing obstetrical cases. It is a question in my mind whether we have the moral right to do so, if we have knowledge that will relieve a suffering woman in the greatest trial of her life. It is our duty to attend every every case of the kind when we are invited. Aside from any method purely physical it is necessary to keep up the courage of your patient, so it is best always to show only a confident air of your knowledge that all will be well. If possible it is best to allow nothing to occur to distract the attention of your patient from the business in hand.

After the delivery and your patient has been made comfortable the osteopath should examine to see if there is any slip of the innominate that might cause phlegmasia alba dolens.

Then it is well to spread the upper ribs a little to prevent any inflammation of the mammary glands at the time lactation is established.

### Foot Ball.

The foot ball season which has just closed with the game played in St. Louis vs. Christian Brothers College has certainly been a successful one. When one considers the schedule had not been made until after school opened in September, the manager of athletics is certainly to be congratulated on the schedule he arranged for the team this year. The foot ball squad was not started into practice until about the middle of September. Most of the material was green, some of the men never saw a foot ball much less handled one.

The first practice game showed the team to be in poor condition and many changes were made both in the line and back field. After considerable scrimmage work the team was put in shape for the first regular game against Amity College. The game resulted in a score of six to nothing in favor of the osteopaths. Much individual work was done in this game and while the team work appeared at times, it was more the exception than the rule. Individually the team was strong but machine work was necessary to make it effectual.

October the 22nd the osteopaths played against Gem City Business College at Quincy, Ill. The game was fiercely contested, the osteopath scoring the only five points during

the game. In this game, the work of the team was greatly hampered by the crowds that thronged on the field.

October the 28th brought the Chillicothe Normal to Kirksville and the visitors were beaten by a score of 38 to nothing. In this game the team work was a feature. The Normal team had to resort to a kicking game, as they could not advance the ball through the line or around the ends. The working of the team in this game was certainly most gratifying and showed improvement.

November the 4th the National Business College from Quincy played the osteopaths at Kirksville, the game resulted in a score 34 to 0. At no time during the game was the osteopath's goal in danger.

November the 11th the Gem City Business College team arrived in Kirksville. In the game at Quincy the team could not do its best work owing to the crowd that surged on the field. It was the determination of the team to make a better showing on their home ground. Gem City went home defeated by a score of 41 to 5. The five points made by the Gem City was on a punt which the man down the field failed to handle, one of their players falling on the ball after it rolled across the goal line.

Several of the teams which we had sche-



cluded cancelled. This left the osteopaths without a game until they played at St. Louis on Thanksgiving Day. The St. Louis game was more interesting than the score would indicate. C. B. C. making three touch-downs in the first four minutes of play. The first touch-down was due to a fumble made by the fullback of the osteopaths on the kick off, a C. B. C. player falling on the ball for a touch-down behind the goal line. The next two touch-downs were made by trick plays, a delayed pass being the favorite. After seventeen points had been scored against the osteopaths they settled down to work and at no time during the remainder of the game did C. B. C. have a look in for the State Championship. Their plays were smothered before they were formed and many times the man carrying the ball was tackled before he reached the line. The line bucking by the back field of the A.S.O. team was a feature of the game. The tackles also came in for their share of the glory. The team work was good in this game and coach Wilbur of C. B. C. commented favorably upon it. The game resulted in the score of 34 to 17 in favor of the osteopaths.

When everything is taken into consideration, the season has certainly been a successful one. While the osteopaths did not meet the big teams that they played last year, I feel confident that they could have made a good showing. The team scored 160 points with 23 scored against them.

F. C. CROWLEY, Coach.

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#### Narrow and Broad.

Recently a patient of mine had occasion to consult an M. D. in regard to some surgical work. The M. D. had no criticism to make of me either as a man or an osteopath "but," says he, "he is too narrow, why all he knows is osteopathy." This M. D. has two medical diplomas, a mail course diploma in osteopathy, a diploma in electro-therapy, a diploma in psycho-therapy, magnetic healing, etc. He is a broad physician, and, may we not say justly boasts of his broadness?

From the foregoing I have evolved the following definitions: A narrow physician is one who practices only the system he thoroughly understands; a broad physician prac-

tices all systems though he may know but little about any of them.

Do these definitions cover the ground of our so-called narrow and broad osteopaths? I know the former fits the narrow osteopathic physician. How about the latter, the broad osteopathic physician, he who boasts that he combines all non-drug systems with osteopathy?

You who use electricity in your practice, have you had proper training in electro-therapy or have you only had a mail course? You or I would not recommend a patient to an M. D. for osteopathic treatment who only had a mail course in osteopathy. We know he would not be thoroughly competent to give osteopathic treatment. Would not the same argument hold against you if you have not properly educated yourself in electro-therapy? Let us be consistent. Do you know just what you are doing when you force the very last impulse out of a nerve fiber or center with your vibrator, or coagulate the neuron with your battery? How about your mind cure, Kneippe cure, Hall cure, magnetism, hypnotism, naturopathy, etc? Osteopaths who use these things have only the crumbs gleaned from some magazine or book or mail course perhaps, if so then they are very broad. But what shall I say of the narrow osteopath, he who knows only osteopathy and practices only osteopathy? Yes, he is narrow but certainly his way is straight.

Brother osteopath, are you broad or narrow? Which?

S. H. RUNYON, D. O.,

Creston, Iowa.

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#### Indiana Osteopaths to Attempt New Legislation.

The Indiana Osteopathic society met at Indianapolis, Nov. 11th last.

The following officers were elected for the ensuing year: Dr. Frank H. Smith, president; Dr. J. B. Kinsinger, vice president; Dr. J. E. P. Holland, secretary; Dr. J. F. Spaunhurst, treasurer.

A new constitution and by-laws was adopted.

A bill was drafted by the legislative committee which will be presented at the next meeting of the legislature to be held next January.

J. E. P. HOLLAND, D. O.,

Secretary.

## The Journal of Osteopathy.

PUBLISHED MONTHLY UNDER THE AUSPICES

OF THE

AMERICAN SCHOOL OF OSTEOPATHY

KIRKSVILLE, MISSOURI.

Subscription, - 50cts per year in advance.

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Attempts to secure legislation regulating the practice of osteopathy will be made in a number of states at the coming session of their legislatures. In a number of states where no law exists on the subject, new legislation will be sought. In other states where the existing laws regulating the practice of osteopathy are unsatisfactory, an attempt will be made to secure revision or new legislation in toto. In Indiana, for example, the present law is decidedly unfair to the osteopathic profession. In that state the operations of the law are entirely in control of a medical board upon which osteopathy has no representative. The same is true in Illinois. In the former state the arrogance of the medical board has become intolerable, the board of late going so far as to refuse osteopaths the opportunity to take state examinations, thus denying them the right to become licensed physicians. Although the action of the board is plainly in opposition to the intent of the law, the only remedy seems to be new legislation providing for an independent board or a representative on the existing board.

In Illinois, although the medical board has always administered the law justly, the existing law is unsatisfactory for the reason that osteopathy has no representative on the

board and the law does not demand an examination in osteopathic therapeutics, nor graduation from an osteopathic college, as a part of the requirement for securing a license to practice the osteopathic system.

In Texas the legal status of osteopathy is bad. Although osteopaths are exempt by statute from the operations of the medical law, the practice is in no way regulated. Anyone claiming to be an osteopath, regardless of his qualifications, is allowed to engage in the practice. This condition of affairs is an injustice to the qualified practitioner and to the public and demands legislative remedy. In a number of other states our legal status is more or less unsatisfactory, in fact, that is true of every state where no legislation has as yet been secured, and also in those states where we have secured legislation but where no provision is made for an independent osteopathic board or representation on the existing medical board. Better have no legislation at all than to place the operations of an osteopathic law in the hands of a hostile medical board. The remedy is to be found in legislation. Let us have no compromise with the medical profession. If the legislation desired cannot be secured this year, wait till the next or the next, and in the meantime organize. We cannot urge osteopaths too strongly, in every state where legislation is to be attempted this year, to work in harmony and unison for the advancement of the science which they represent.

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Some time ago it was announced in these columns that nothing more would be said editorially on the three year course question until that time should arrive when the management of the A. S. O. had definitely decided the course to be pursued by it in connection with this question. For the past two or three years the question of increasing the length of the course of study to three years has been seriously considered, but never for a moment had the management any other idea in view than that of adopting such a plan just as soon the way seemed clear to make a success of such a venture. The A. S. O. has always maintained, and is still of the same opinion, that a two years' success is better than a three years' failure, and has



never intended to initiate any movement that it did not see its way clear to make a complete success of, although, on some occasions, urged to do so by individuals and associations.

The impatience, however, which some of our friends have manifested in urging the adoption of the three years' course, we believe, arose from good and just motives on their part in their desire to advance the interests of the osteopathic profession, and although we have opposed their efforts we do not impugn their motives. Our school, being a private institution without endowment, must be conducted on the same business principles as any other enterprise involving the outlay of a considerable sum of money, it must pay all necessary business expenses and a legitimate interest on the money invested, otherwise failure is bound to overtake it, therefore, that caution has been exercised in our financial management that has resulted in the institution today being in a solid financial condition. And, furthermore, it is the intent of the management to keep it so. We have realized, aside from conducting the institution successfully from a mere business standpoint, that the continued existence and prosperity of the parent school means much to the science and every individual practitioner in the profession in this early period of our growth and development. A failure has never been imminent nor contemplated, but, if through attempting more than could be successfully carried out, the A. S. O. should be compelled to close its doors, no one can deny that the effect not only upon osteopathy as science but upon the members of the profession now in the field would be disastrous. The management of the school is considered by its directors to be a sacred trust, and everything so far done by them and to be done in the future has had and will have for its object the advancement of the science.

As osteopathy is steadily advancing in public favor, as the number in the ranks of our profession is fast increasing, and as the field of applicability of the science is becoming wider, the demand for a more thorough and adequate professional training is now evident. There are other reasons, aside from those financial, why we have not

been in a hurry to require the third year. What would we teach? We have been engaged so far in developing the science and testing its limits of applicability, and as yet, except in a general way, there are many fields practically unexplored. And as the propagation of demonstrated truth as it relates to osteopathic therapeutics is the essential thing, we have not hastened to hold the student a third year.

Are we prepared to teach a third year of osteopathy or shall we add the third year to our course and wait for developments? These are questions that have concerned us in the past. We believe, however, that the time has now arrived where we can safely, from every viewpoint, add the third year to our course of study, and that such action on the part of the A. S. O. would be a progressive step toward the advancement of the science.

We realize that our practitioners in order to more successfully conduct the general practice they are gradually drifting into need a broader and more thorough professional education, and we believe by adding a third year we will better be able to give it to them. We therefore announce that we will establish the three years' course September, 1905, and that we will be thoroughly prepared in every particular to make the course a strong one.

In addition to our present equipment for teaching we will have a new \$25,000 hospital to be erected immediately.

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In connection with our announcement in this issue of the Journal with reference to the three years' course, we desire to say a word in regard to the A. O. A. and our attitude toward the association. It will be remembered that at the St. Louis convention a rule was adopted making September, 1905, the latest date for the adoption of the three years' course. We take pleasure in complying with the association's rule, not only for the sake of professional harmony but because we believe in the three years' course.

This action on the part of the A. S. O. in adopting the three years' course is not taken as a result of the rule but because such action is considered by the management for the best interests of osteopathy. Nevertheless, as the subject for contention in the past has been settled, we look forward with pleasure

to the harmonious operations of the A. O. A. in the good work in which it is engaged. We pledge our cordial support and co-operation as in the past.

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"The Confessions of an M. D." is the title of a little book just published by Dr. E. D. Barker of Kansas City. In this work, which by the way can be read in an hour or two, the author has attempted in a humorous way to set forth the merits of the osteopathic system—his argument in the main being based on a comparison between the practical side of osteopathy and the ridiculous but not altogether unreal side of medical practice.

The story is told by Dr. Jones, a professor of anatomy in a St. Louis medical college, is a series of letters to his son, who having been cured of a chronic eye trouble by Dr. Still, takes up the study of osteopathy in Kirksville. Although the book is designed primarily to build up osteopathic sentiment in those having but little acquaintance with the system, it will be found of unusual interest to members of the profession. Dr. Barber has proven himself to be a resourceful writer, and the vein of humor running through this little book keeps the reader's interest up to the last page.

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#### A. S. O. Alumni Meeting.

The alumni association of the American School of Osteopathy will meet at Kirksville, Mo., Tuesday, January 24, 1905. There will be two sessions, one at 1:30 p. m. and the other at 7:30 p. m. The afternoon session will be devoted to the reading and discussion of papers, the evening session will be taken up with matters of business of importance to the association. At this meeting also plans will be made looking to the success of the alumni meeting to be held at Denver next summer. All field members, who can possibly do so, are requested to attend.

As the completed program has not as yet been arranged for, it will not appear in print until the January issue of the Journal is published.

\* \* \*

#### Dr. Crow of Elkhart, Ind., Arrested.

On complaint of Dr. I. J. Becknell of Goshen, as one of the members of the griev-

ance committee of the Elkhart County Medical Association, a bench warrant has been issued against Dr. E. C. Crow of Elkhart, charging him with violation of the statute prohibiting the "practice of medicine" or the use of the title "Dr." without license from the state board. Dr. Crow declines to discuss the case, but admits that he has not taken out a license because the law governing the qualifications of applicants for examination is practically prohibitory, in that it requires that applicants must be graduates of some school which has a four-year course, whereas the osteopathic schools have but three-year courses. It is claimed that none of the thirty-five or more osteopaths in Indiana have taken examinations for the same reasons as Dr. Crow, and that the Crow case, if prosecuted, may become a cause celebre in that it will be a test that has been expected by both sides for some time. It is understood it is not so much a question of the methods avowed or practiced by the osteopaths as one of eligibility for the examinations, and there is an intimation that those who framed the above described provision of the law knew it would work to the detriment of the osteopaths.—Elkhart Review.

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#### Oklahoma Association Meets.

The Oklahoma association of osteopathy met Saturday, Nov. 19th at Dr. J. M. Rouse's office in Oklahoma City. The attendance was good and the meeting an interesting and profitable one. Papers were read by Dr. G. W. Dinning, Chickasha, I. T., on "Osteopathic Reasoning," Dr. J. M. Rouse, Oklahoma City, "Typhoid Fever," Dr. J. A. Price, Perry, on "Our Business as Osteopaths," Dr. E. E. Pierce, Oklahoma City, on "Suggestion as an Aid to Osteopathy."

The annual election of officers resulted as follows: Dr. Neva Triplett, Enid, president; Dr. H. C. Wallace, Blackwell, vice-president; Dr. H. S. Wiles, Ponca City, secretary; Dr. Elizabeth Pluss, Chandler, treasurer.

J. A. Ross, D. O.

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Send to A. S. O. Book Co., Kirksville, Mo., for all osteopathic books and supplies. We are prompt and accurate. Clark's Diseases of Women. Cloth, \$5.00, H. M., \$5.50, by prepaid express. "COOPER."



### Resolutions and Letters of Sympathy on the Death of Dr. G. D. Hulett.

From the A. S. O. Faculty.

In the death of Dr. Guy Dudley Hulett, the faculty of the American School of Osteopathy has lost a valuable and worthy member. We recognized in him a character of sterling integrity, faithful service, unflinching devotion to duty, superior ability as a thinker, a conscientious exponent of scientific truth, a loyal advocate of the science of osteopathy, a thoughtful and competent instructor and a true gentleman. To his family and friends we extend condolence and sympathy in this time of sorrow and bereavement, and pray for them courage and strength to bear this irreparable loss and sore affliction.

"His life was gentle, and the elements so mixed in him that Nature might stand up and say to all the world, 'This was a man!'"

Committee. { W. D. DOBSON,  
W. R. LAUGHLIN,  
E. C. LINK,  
\* \* \*

From the Chicago Association.

Whereas, the members of the Chicago Osteopathic association realize that by the death of Dr. Guy D. Hulett they have lost one highly esteemed and prominent in the profession to which he had contributed so much, and knowing that their loss will be shared by the American School of Osteopathy and by the entire profession.

Resolved, that the Chicago Osteopathic association hereby express its grief and sincere sympathy with Mrs. Hulett, her family and friends in this their time of sorrow.

Resolved, further, that a copy of these resolutions be sent to the bereaved family and that they be spread upon the minutes of the Chicago Osteopathic association.

Committee. { J. R. McDOUGALL, D. O.,  
J. H. WILLARD, D. O.,  
\* \* \*

JACKSONVILLE, FLA., Dec. 3, 1904.

DR. GEO. M. LAUGHLIN,  
Kirksville, Mo.

DEAR DOCTOR:

We beg leave to express our most heartfelt sympathies in this the profession's and the American School's loss of one of its brightest lights—Dr. G. D. Hulett.

We were truly shocked in mind and body when we learned of his untimely death.

We were so much impressed with his gentlemanly bearing and profound scholarship during the short time we were under him this last summer.

But God's will is respected, and we yield reluctantly, but submissively.

Sincerely,

DR. J. W. PHELPS,  
DR. E. B. McELWAIN.

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From the Maine Association.

Whereas, the Maine Osteopathic association has suffered a loss by the death of one in our profession, Dr. Guy Dudley Hulett.

Resolved, that we realize that our profession has lost a sincere friend, one who was held in the highest esteem by our profession, known as a faithful and conscientious student, practitioner and teacher, and one who was loved by all who knew him.

Resolved, that we tender our sincere sympathy to his bereaved wife and relatives.

Resolved, that we send a copy of these resolutions to Mrs. Hulett, to the Journal of Osteopathy, and that a copy be spread upon the records of this association.

FLORENCE A. COVEY, D. O.,  
Committee.

\* \* \*

From the Greater New York Society.

Whereas, in the death of Guy Dudley Hulett osteopathy has lost one of its most promising investigators; one who saw clearly and had the rare faculty of giving to the world the truth in an understanding way as shown by his published works and for whom there was a distinguished future.

Be it resolved, that this, the Greater New York Osteopathic society, at its regular meeting assembled, realizing the great loss sustained, deplore the sad event, in token of which these resolutions are ordered spread upon the minutes of the society, and a copy sent by the secretary to the Osteopathic Journals for publication.

Be it further resolved, that this society tender to the bereaved family of Doctor Hulett our sincerest sympathy in their great sorrow.

EVELYN K. UNDERWOOD, Sec'y.

\* \* \*

From Cleveland, Ohio.

Whereas, the hand of death has taken from us Dr. G. D. Hulett of the A. S. O., our former teacher, whose strong qualities as a man and as an osteopath we held in high esteem, therefore, we, the members of the osteopathic profession in Cleveland, do deeply deplore the loss to his family, the profession and the American School of Osteopathy, of so able a man, whose continued existence promised much to the profession, and whose kind and genial friendship made him dear to us all.

Resolved, that we extend to his sorrowing family our deep and heartfelt sympathy in this time of grief.

GEO. J. ECKERT, CHAS. L. RICHARDSON  
WM. H. ALDRICH, JENNY B. NEAL,  
J. W. FORQUER, A. L. MILLER,  
R. H. SINGLETON, HELEN M. GIDDINGS,  
J. H. THOMPSON, ARTHUR M. HERMAN,  
LOA ERMINA SCOTT, CLARENCE V. KERR,  
MYRTLE D. HARLAN.

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NEW ORLEANS, November 19, 1904.

DEAR DR. LAUGHLIN:

I cannot tell you when I have been more shocked and grieved than upon reading in the Journal the notice of Dr. Guy Hulett's death. Besides being a man of personal pleasantness and friendliness, he was held by many to be our most careful and painstaking student—the most scientific spirited of them all. Among us there is none who has held him in higher esteem than myself.

My regards and sympathies to you all.

Dr. Mayronne asks me to express her deep felt sympathy for you all in your loss.

Yours truly,

ERNEST E. TUCKER.

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TRENTON, N. J., Nov. 10, 1904.

DR. M. F. HULETT,  
Columbus, Ohio.

DEAR DOCTOR:

In the death of your brother and my good friend our loss is but a little less than that to the cause of osteopathy.

Dr. Hulett with his work and his writings, and especially his Principles of Osteopathy, showed that he had come nearer crystalizing our science than any other who has yet

written on the subject. I do not mean that he was a better osteopath than Dr. Still, but he did tell Dr. Still's story better than any one else ever told it.

Yours very truly,  
WALTER J. NOVINGER, D. O.

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AUBURN, N. Y. Nov. 7, 1904.

DR. M. F. HULETT,  
Columbus, Ohio.

DEAR DOCTOR:

I want to express to you the sincere sympathy I feel for you in the loss of your brother. I think I had the pleasure of expressing to you my regard for him while he was yet with us. His death came as a shock to me as I had not heard of his sickness. I saw in St. Louis that he was not at all well but I was not prepared for this. We never are, for that matter. I feel that I am a much better osteopath, and I trust a better man, for my association with him. I wish all could say the last of me.

Sincerely yours,

H. L. CHILES.

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MINNEAPOLIS, MINN., Nov. 7, 1904.

DR. M. F. HULETT,  
Columbus, Ohio.

DEAR DOCTOR:

I have just returned from an extensive speech-making tour and had not heard of the death of your brother until I read it in your letter, but found immediately that they had heard it in our office.

Permit me to say to you Dr. Hulett, that our sympathy goes out to you and your brother in Cleveland in this your great sorrow. It is no slight loss to you and to the profession that he should have been called away just as he was entering upon the most productive years of his life.

Inscrutable history makes us hesitate when we contemplate death and hesitate to even criticize one way or the other the action of the Great Reaper. There is little we can say to men of your age and experience that can bring comfort. All we can say and all we can do can but lighten the burden little. This we can assure you, that when the inevitable comes, to meet it with resolution.

Again assuring you of our sympathy and



good will and hoping that the clouds may soon slip away, we are,

Cordially and very respectfully,

WM. R. DOBBYN & SONS.

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CHATTANOOGA, TENN., Nov. 3, 1904.

DR. M. F. HULETT,

Columbus, Ohio.

DEAR DOCTOR AND FRIEND:

Yours of Oct. 31st conveying the sad news of the death of Dr. Guy was received a day or two ago. While your previous letter prepared me for this news it was indeed a shock to me. Please accept my heartfelt sympathy in this hour of quiet. I did not enjoy an intimate personal acquaintance with him and yet his death appeals to me as a personal loss. It is no idle word to say that his place will be hard to fill. I don't know hardly of any other whose death would leave such a gap in our profession, and particularly along the scientific side.

Very truly yours,

A. L. EVANS.

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CHICAGO, ILL., OCTOBER 31, 1904.

DEAR DOCTOR LAUGHLIN:

I have just heard of the death of Dr. Hulett, and the news has saddened me exceedingly. No man in the profession understood scientific osteopathy better than he did. Your loss is our loss—the entire profession's loss. His place can not be filled; he was one of the chosen few. Without doubt his influence in our beloved work will be felt for many decades.

Sincerely,

CARL P. McCONNELL,

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St. Louis, Oct. 30, 1904.

DR. GEO. M. LAUGHLIN,

Kirkville, Mo.

MY DEAR DOCTOR:

Your telegram yesterday came like a thunderbolt from a clear sky, telling us of the death of Dr. Guy Hulett. The school has certainly lost a good man and able instructor and the profession one of its deepest thinkers and most able exponents. His loss is an irreparable one both to the school and the profession. His death will bring grief and sadness to many a person. His family have my most profound sympathy.

A. G. HILDRETH.

MANHATTAN, KAN., Nov. 12, 1904.

DR. M. F. HULETT,

Columbus, Ohio.

DEAR FRIEND:

I was much surprised and grieved to learn of the death of your brother. It is indeed a sad bereavement for all of you, but especially for his wife and children. Death is saddening enough when it comes to one full of years and whose work is done, but it is unalleviated when the victim is one whose life is but well begun, and gives such promise of years of usefulness as Guy did. Please convey to the others the expression of my sincere sympathy.

Yours truly,

J. T. WILLARD,

Professor of Chemistry,

Kansas State Agricultural College.

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TRAVERSE CITY, MICH., Nov. 19, 1904.

GEO. M. LAUGHLIN, DEAN,

Kirkville, Mo.

DEAR SIR AND FRIEND:

It was with much sorrow and sadness that we heard of the death of one of our esteemed friends and teachers of osteopathy, Dr. Guy Hulett, of whom much could be said. Only a few words from us is sufficient.

We liked him because of his sound teaching of osteopathy, being always ready and willing to explain obscure points. A thorough reliable teacher; a good man. Your loss is great as is ours.

Mrs. Trueblood and myself extend our sympathy to his bereaved family, to the Old Doctor and to the faculty of the American School of Osteopathy.

J. O. AND M. J. TRUEBLOOD.

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GREENVILLE, ILL., Nov. 27, 1904.

DR. GEO. M. LAUGHLIN,

Kirkville, Mo.

DEAR DOCTOR:

It was certainly sad news when I heard of Dr. Hulett's death. He was a thorough osteopath.

A. M. KEITH.

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KANSAS CITY, MO., Nov. 1, 1904.

DEAN LAUGHLIN,

Kirkville, Mo.

Dr. Hord joins me in saying to the faculty and students of the A. S. O. that we mourn

with you over the loss of one of the ablest and most beloved instructors that osteopathy has known. We extend our sympathy to you and to the family of Dr. Hulett.

S. A. LONGAN.

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NEW YORK CITY, Nov. 15, 1904.

DEAR DOCTOR:

Everyone here mourns the loss of Dr. Hulett.

Hastily yours,

G. W. RILEY.

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PEORIA, ILL., Nov. 26, 1904.

DR. GEORGE LAUGHLIN.

Kirkville, Mo.

DEAR DR. GEORGE:

I was very sorry to learn of Dr. Hulett's death. Osteopathy has lost a valuable exponent and the profession a strong member.

Sincerely,

G. R. BOYER, D. O.

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CAMERON, MO., Nov. 3, 1904.

DR. GEO. M. LAUGHLIN,

Kirkville, Mo.

DEAR DOCTOR:

We are grieved to hear of the death of Dr. Hulett—a great loss to the school and community of a grand, good Christian man. Especially do we sympathize with his wife in her sad bereavement.

Respectfully,

MRS. E. E. TALBOT D. O.

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RALEIGH, N. C., Nov. 7, 1904.

DR. GEO. M. LAUGHLIN,

Kirkville, Mo.

DEAR DOCTOR:

I have just heard of the death of Dr. Hulett and I regret it most sincerely. He was a good man, strong in our profession and we shall always suffer his loss.

H. W. GLASCOCK.

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CHICAGO, October 31, 1904.

DR. GEORGE LAUGHLIN,

Kirkville, Mo.

MY DEAR DOCTOR:

I am very greatly pained to hear of Dr. Hulett's untimely death. He was a noble fellow, a fine gentleman, and a very useful and promising member of his profession. I have been very solicitous about him ever

since learning of his sickness, and that the Old Doctor had been called back from Chicago on account of the grave condition. We all sympathize with the school and his family in the loss of this true friend and helper.

Fraternally yours,

HENRY S. BUNTING.

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#### Personal Mention.

Drs. Drost & Drost, of the June class 1904, have located in North Platt, Neb.

Dr. Bessie M. Spencer of the last graduating class, has located in Ridgway, Pa.

Born, to Dr. and Mrs. R. A. Gleason of Kalamazoo, Mich., on Nov. 13th, a son

Born, to Dr. and Mrs. J. F. Reid, of Warren, O., Nov. 25th, a daughter.

Married, on May 3rd, at Webb, Miss., Mr. John Evans DeLoach and Dr. Mignon Taylor.

Dr. W. S. Hord of the June class 1904, has located in Kansas City, Mo. He has offices in the Indiana Bldg.

Dr. B. L. Dunnington, a recent A. S. O. graduate, has located in Springfield, Mo., for the practice of his profession.

Married, on Nov. 5th, at Vidalia, La., Dr. Reuben T. Clark and Miss Janie Grafton, both of Natchez, Miss.

Married, at Bartlesville, Ind. Ter., on Oct. 17th, Prof. T. L. Simpson of Siloam Springs, Ark., and Dr. Willie Augusta Perry of Neosho, Mo.

Died, at Cedar Rapids, Iowa, Nov. 25th, Mrs. J. W. McNary, he mother of Drs. W. D. McNary and J. Foster McNary of Milwaukee, Wis.

Dr. Fannie Laybourn, formerly of Denver, Colo., has located at Knoxville, Tenn. She has offices in the Southern Bldg. & Loan Bldg.

Drs. W. D. Lynd, R. L. Farris and N. R. Lynd have formed a partnership, for the practice of osteopathy at Houston, Texas. Their offices are located in the Moore-Burnett Bldg.

Dr. J. L. Holloway, formerly in partnership with Dr. J. H. Overton of Dallas, Texas, has established an office on his own account, in the Wilson Bldg., of that city, he and Dr. Overton having dissolved partnership.

Drs. Elmer Martin & F. N. Grimsley announce the dissolution of their partnership



in their practice in Decatur, Ill. Dr. Martin will continue the business at the old location in the Powers Bldg.

Dr. C. A. Campbell, formerly in partnership with Dr. N. R. Lynd at Beaumont, Texas, has disposed of his interest in the practice at that place to his former partner, and has located at Victoria, Texas, for the practice of osteopathy

The following alumni visited the A. S. O. during the past month: Drs. J. A. Linnell, Chicago, Ill.; C. W. Tanner, Mt. Sterling, Ky.; E. R. Booth, Cincinnati, O.; J. K. Johnson, Jefferson, Iowa; D. A. Mills, [Ann Arbor, Mich.; A. S. Melvin, Chicago, Ill.; Robert Vallier, Columbus, Nebr.; V. H. Greenwood, Kansas City, Mo.; C. L. Rider, Detroit, Mich.; W. C. Montague, Eureka, Cal.; John S. Crawford, Dallas, Texas; W. N. Dobson, Middletown, Ind., and O. L. Buckmaster, Lexington, Ky.

WANTED:—Salaried position by gentleman osteopath. Graduate of A. S. O. Two years experience in practice. Address, O. F., care Journal of Osteopathy.

WANTED:—Salaried position, by lady, graduate of A.S.O., in Missouri or Arkansas. Four years experience. Address, E. V., care Journal of Osteopathy.

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#### Removal Notices.

Dr. A. S. Yewell, from Hartford, Ky., to Greenville, Ky.

Dr. M. S. Elliott, from Rapid City, So. Dakota, to Bloomfield, Nebr.

Dr. F. E. Gamble, from Bloomfield, Nebr., to Wayne, Nebr.

Dr. E. L. Bowman, from Chicago, Ill., to Taylor, Texas.

Dr. C. N. George, from Belle Fourche, So. Dakota, to Muller & Munn Blk., Deadwood, So. Dakota.

Dr. H. P. Whitcomb, from Burlington, Vt., to San Diego, Cal.

Dr. W. T. Thomas, from Muskogee, Ind. Ter., to Sedalia, Mo.

Dr. R. B. Wood, from Glasgow, Mo., to Colorado Springs, Colo.

Dr. Mida Mae Hall, from Hanford, Cal., to Orange, Cal.

Dr. Ruth A. Phalen, from Ft. Worth, Tex., to Macon, Mo.

Dr. O. E. Bradley, from Pawnee, Okla., to Kahoka, Mo.

Dr. Lenore Kilgore, from York, Nebr., to Kennett, Mo.

Dr. A. D. Mahaffay, from Waitsburg, Wash., to Elba, Nebr.

Dr. T. S. McCoy, from Meridian, Miss., to Rogersville, Tenn.

Dr. J. W. Bywaters, from Dearborn, Mo., to Platt City, Mo.

Dr. M. C. Robinson, from Joplin, Mo., to Rochester, N. Y. (Granite Bldg).

Dr. J. M. Kibler, from Lynchburg, Va., to Staunton, Va.

Dr. G. A. Pontius, from Buffalo, N. Y., to No. 89 Main St., Lockport, N. Y.

Dr. H. D. Bowers, from Frankfort, Ind., to Newberg, Ore.

Dr. G. E. Hodge, from Glenwood, Minn., to Rome, N. Y.

Dr. E. P. Saddon, from Shelbina, Mo., to Reinback, Iowa.

Dr. E. L. Harris, from Owensboro, Ky., to 517 Upper 2nd St., Evansville, Ind.

Dr. H. L. McQuary, from Tacoma, Wash., to Dayton, Wash.

Dr. E. H. Laughlin, from Fayette, Mo., to Marysville, Kans.

Dr. N. R. Lynd, from Beaumont, Tex., to Houston, Tex.

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#### Program of Greater New York Osteopathic Meeting, Held November 18th.

8:20 p. m.—Called to Order.

Report of Secretary.

A Paper—Diphtheria, F. A. Webster, D. O., New York.

Discussion.

A Paper—Diabetes, Herman J. Hjarde-maal, D. O., Brooklyn, N. Y.

Discussion led by Walter J. Novinger, D. O., Trenton, N. J.

A Paper—Do We Advise Surgery Too often? Sidney A. Ellis, D. O., Boston, Mass.

Discussion.