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THE JOURNAL OF OSTEOPATHY

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"TO YOUR TENTS, OH, ISRAEL."

Dr. A. T. Still.

LIFE with all its attributes that are as numerous as the sands of the sea is the exhibit that we see every day in the show cases of the mineral, the vegetable, and the animal kingdoms. Each case has a different showing. The mineral exhibits all its beauties to the eye. Under the microscope we see the various minerals, all have some earthly clothing and we only see them dimly. But we do see enough to know that there is a substance of greater or less value enveloped. We proceed by heat and other methods to separate the specimen under consideration from its outer covering which prepares it for another microscopic examination. We discover that we have by the first process separated the mineral from its material covering, and the birth of the real substance is by this process completed. The child is born, the delivery is complete. We have a something and we do not know what name to give it. We call in the wise men from the East. They proceed now to analyze this substance. On crucial examination they report platinum, gold, aluminum, silver, copper, iron, tin, sulphur and numerous earthy substances. They separate all and report the exact amount that is in each division, without which knowledge their judgment would simply be a confusing blank, and the report would be unsatisfactory to the man who explores the mountains for their valuable substances. We expect by the chemist's analysis a report that is worthy of the amount exacted for such services. We know just what we have in each separate division, and by this report and the value of each substance, we can approximate the value of our discovery. You go the chemist in full confidence that he can analyze and give the results of his investigation. Suppose in your anxiety the chemist would take the specimen and say, "Great is the mystery of godliness! The secrets of God are past finding out," and charge a dollar for his wisdom. How would you feel under such circumstances? Would you call him a fake who would take your money without giving you value received?

Here I wish to make the application of my allegory. We find another substance with whose attributes we desire some acquaintance. These sub-

stances come in organized bundles, generally five to six feet in length, with a head, a neck and a cylindrical trunk with arms and legs attached. We place it in the hot sunshine, or throw it into a pool of water, and it begins to perform laughable antics.

We take this to the chemist for analysis. He reports all the chemical substances found in earthy matter, but fails to offer a satisfactory explanation of its powers of motion. He says, "You must go to a chemist that is prepared to go further in his analysis. The subject of motion or action is out of the reach of my methods. I am sure there is a substance in that specimen, man, that neither fire or chemicals can unfold, which contains motion, mind and all the attributes of both." I enquire, "To whom shall I go, Mr. Chemist?" He kindly replies, "I have heard there are men who give such thought to life, the soul of man. You will find them in all villages and cities." I ask how I may know when I come to one of their chemical laboratories. He replies, "You will know a great number of them by noting the cross surmounting them. Others are marked 'M. E. Church,' 'Baptist Church,' 'Presbyterian Church,' all claiming to be able to give you all necessary information. They are the men to give a proper analysis of your specimen, and set your mind at ease."

I saddled up mine ass and journeyed with my specimen, man, to many cities and called upon these chemists to analyze what I had found. I have been traveling from office to office for many years in search of the chemist who could analyze the human body and tell me whether life is a substance or a principle. Thus far I have received no satisfactory answer to the great question, "Is the soul of man a substance?" If so, what is the degree of purity, the height of perfection to which the undiscovered chemist did make his compound known as the soul of man, whose attributes are as innumerable as the stars of heaven. From my youth I have listened to the rantings and unsatisfactory assertions of the theologians. They have contributed nothing to my store of knowledge on this one question, "What is the soul of man?" Patiently, yet with intense desire, I await the answer for which I have paid all charges, and I'm frank to say, have received nothing in reply to this momentous question.

LET US PRAY.

O Lord, Thou knowest Thy book says, "Ask and ye shall receive." Thou knowest that man is mentally far below an ass or Thou wouldst not have sent an ass to counsel and advise Thy chosen people. Wilt Thou please send us an up-to-date ass quick, one of pedigree. We want no Clydesdale. We want a live, wide-awake ass, that will tell us some facts about life, whether it is a substance or a principle. If a substance, how fine that chemical compound had to be made before life, motion, and mind, with their attributes were the absolute results of that chemical effort? O Lord, we do cry piteously from morn 'till night. Canst Thou not hear our groans? Please dip our heads deeper into the rivers of reason. Let all the wrinkles of stupidity be soaked

out. Push our heads far under; hold us there 'till we blubber, O Lord. Let Thine ass bray hot blasts of steam in both of our ears, fresh from his compassionate lungs. Send him forth from Thy stable, stir him up soul and body, fill him full of energy, for Thou knowest he has a big job before him, so warm him up and send him on fire into the camp. He will have a Jericho job with us. He will have to go around us more than seven times before our wall of superstition gives way.

O Lord, grease our heels with the oil of energy. Put it on strong so that we may slip forward a little. Keep Thou all grease from off our toes; we want them dry and sharp, so they will hold fast to every inch of progress that our greasy heels have gained for us. O Lord, don't forget our dear professors. Oil their spines with Thy most precious oil, of Thy sunflower of light, and spank them with the paddle of energy.

May that oil run down both arms and purify their hands to that degree that they will not accept anything whatsoever that is handed down by tradition, unless it be the chemically pure gurglings from Thy great jug of wisdom.

Show them the cecum, the vermiform appendix; give them their uses, and speak to them as Thou didst to Abraham, "Put up your knife and let Isaac go; he has no appendicitis."

Now, Lord, we beseech Thee once in a great while to pummel our heads with the hailstones of reason. Make our eyes snap with knowledge like a toad's in a hailstorm. Be merciful to the beginners, for Thou knowest their feet of reason are tender and flat as the negroes' were before Abe Lincoln set them free. O Lord, the instep of the negro did rise with freedom, and Thou knowest the instep of the young osteopath will rise with his freedom from old theories. Amen.

*THE OSTEOPATHIC VIEW OF HEART DISEASE.

Guy E. Loudon, D. O., Burlington, Vermont.

SINCE osteopaths accept as a foundation law, that disease is a result of a local or general disturbance in the circulation, it follows that anything that may affect the circulation is of interest to us, as by recognizing the disturbing agent, the cause may often be removed, thus allowing the diseased condition to be overcome. One of the factors of most importance in circulatory disturbances, is imperfect heart action, while on the other hand, an imperfect condition of circulating media has an important bearing upon the heart per se.

There is probably no organ of importance in the human body which is so easily within reach of the osteopath's manipulations as the heart. Not directly, but by means of the nervous system. The cardiac nerve plexuses are formed by the intermingling of branches of the vagi and cervical sympathetic ganglia. The phrenic also has cardiac branches. The entire nerve supply is, then, superficial, and at our command.

*Read before the Vermont State Osteopathic Association, Oct. 22, 1902.

Since disease is perverted physiology, we will refer for one moment to the physiological action of these nerve factors. Stewart says in his physiology, that "the impulses are of two kinds: Inhibition, or diminution in the rate or force of the heart-beat, and augmentation, or increase in the rate or force, and that both impulses arise in the medulla, and perhaps a narrow zone of the neighboring portion of the spinal cord." The inhibitory impulses pass from medulla to heart via the vagus nerve, over nerve fibers supposed by many to have come originally from the inner branch of the spinal accessory. These impulses are constant in action, and depend for their maintenance upon stimuli brought to the center by afferent fibers.

It is thought that under ordinary conditions, the rate of the heart beat is maintained by the inhibitory center, and that only when this center becomes unable to control the rate, does the augmentser become active. Theoretically, this might easily be so, as the rate may be affected either by increasing the inhibitory activities, and lessening the augmentary; or by lessening the inhibitory and increasing the augmentary action.

The augmentary impulses, as you know, are transmitted over the sympathetic nerve strands, from the superior, middle and inferior cervical ganglia, and are not constant in action. They are also called augmentary because they not only increase the rate, but also the force of the cardiac pulsations. Arising from the first to the sixth dorsal nerves, but chiefly from the second and third, the cardiac sympathetic fibers enter their respective thoracic ganglia, pass up to the cervical ganglia, and then pass on to assist in the formation of the cardiac plexus.

As to the phrenic nerve, we know that it is closely connected with the sympathetic system both in the neck and in the thorax, and as it sends branches to the right auricle, and pericardium, may it not be of some, possibly great, importance in controlling the rhythm of the heart. It is known that ventricular systole is entirely dependent upon auricular systole for its rhythm, and in-as-much as the auricle might have its rhythm disturbed through faulty phrenic innervation, the whole heart might be involved as a consequence.

The remaining extrinsic cardiac nerve is the depressor. It is afferent in function, its fibres, arising within the ventricular walls finally enter the vagus, and ultimately reach the general or subsidiary vaso-motor centers. Now in case of increased ventricular pressure, the depressor fibers are stimulated, which, via the vaso-motor centers, produce vaso-dilatation in the splanchnic area thus reducing the blood pressure and slowing the heart.

Having considered the innervation of the heart, I desire to call attention to some of the most common lesions which we as osteopaths are to look for in examining a case of heart disease. I believe that the capable osteopath will be able to do more for the patient suffering from heart disease, than the most renowned specialists of the other schools of healing. I base this statement upon the belief that the vast majority of cardiac and vascular difficulties are

primarily due to lesions recognizable only by the osteopath, and curable, if not too far advanced, only after the lesions are removed. Take for instance the atlas lesions: Here we may have the cardiac inhibitory and augmentary centers and the general vaso-motor center in the medulla affected by, (a) irritation to the superior cervical ganglion; (b) by direct interference with the circulation by obstruction to the vertebral artery and vein; (c) by muscular contractions bringing pressure upon the carotid and jugular vessels; (d) by direct pressure upon the vagus nerve, and other cranial nerves taking exit at the jugular foramen. Now, what has been said concerning the atlas is more or less true of lesions to the second, third and fourth cervical vertebræ. The osteopath would naturally think of sympathetic ganglia in relation to these vertebræ; of the phrenic nerve, of the superior cardiac sympathetic nerves, and so on. Each vertebra in the lower cervical region, and on as far as the six upper dorsal with their respective ribs, may have direct bearing upon the cardiac nervous mechanism, and must receive consideration. Impediments to the flow of blood may be present, and be the main if not the only cause for irregular or imperfect heart action. For instance, the first rib might be displaced upward and thus obstruct the subclavian vessels; an inward and backward luxation of the sternal end of the clavicle would affect the carotid and subclavian arteries, and the brachio-cephalic vein; a flat chest would cause considerable obstruction to the intercostal circulation owing to the narrowed spaces between the ribs; a prolapsed diaphragm would compress the aorta and inferior cava. All these would interfere mechanically with the filling or emptying of the heart, and would naturally disturb its rhythm. Continuing briefly the effects of these lesions, we find that if the lesion to the vagus nerve should bring constant pressure, the inhibitory impulses would be lessened, permitting the augmentary impulses to become more potent, resulting in an excitable, rapid heart. If the lesions were intermittent in action, the heart would be irregular. If the lesion irritated the vagus, or as we say stimulated, yet not strongly enough to exhaust the nerve cells and result in inhibition, the heart might be abnormally slowed, producing the condition known as bradycardia. Not only may the the rhythm be affected, but the vagus being the trophic nerve to the heart, the nutrition is affected; then the contractions become less forceful, the ventricle dilates; the valvular leaflets fail to close the orifices; the cardiac cell loses tone, stretches, in some cases becomes fatty, and alas! we have a case of chronic heart disease. Here is the source of many cardiac murmurs, and the removal of the lesions is all that is required in many cases to establish a cure. Again lesion to the vagus may affect the depressor nerve, and so interfere with the afferent impulses which serve as the safety valve to the heart. The heart, being no longer able to reduce vascular pressure by means of depressor sensations to the vaso-motor centers, dilates and if unrelieved, suffers permanent injury from this source.

Bearing the idea in mind that the various osteopathic lesions are almost invariably present as the predisposing factors in heart diseases, I take up the

exciting causes under the following subdivisions: 1st, toxemia; 2nd, secondary disturbances; 3rd, heart strain.

Under toxemia we include the poisonous and foreign substances present in the blood as the result of acute diseases, and the presence of an excess of effete substances due to faulty oxidation and elimination from the tissues. The more important diseases liable to cardiac complications are rheumatism, scarlet fever, pyemia, diphtheria, Bright's disease, etc., which by means of their respective toxins, or possibly bacteria, produce irritation of the endocardium, and finally set up inflammation, which extending to the valves, may lead to thickening and stiffening and unless resolution takes place, causes chronic valvular trouble.

Under secondary disturbances which lead to cardiac disturbance, we note such diseases as chronic bronchitis, emphysema, and phthisis; chronic nephritis, hepatic cirrhosis, atheromatous conditions of the blood vessels, and in fact, any chronic disorder which offers considerable resistance to the onward flow of blood, resulting in increased blood pressure, and necessitating greater work for the heart to overcome. There is one disease to which I desire to call attention because it is very important, frequently encountered, and at the same time, often given very little consideration in the etiology of heart disease. I refer to *anemia* in its various forms, where the necessary elements to maintain the proper consistency of the blood are either deficient or present in abnormal amounts. The result is that the altered blood affects the capillary endothelium, thereby interfering with the normal interchange between intra and extra capillary circulation; lessening the velocity of the blood flow, and increasing blood pressure, which calls for more work for the heart to overcome, while at the same time the nutritive qualities of the blood are diminished. Modern investigation seems not only to support the above statements relating to anemic conditions, but suggests further that atheromatous arterial conditions are the result of the combined influence of the extra strain put upon the vessels by the greater cardiac pressure behind and the increased capillary resistance ahead, together with the irritating effects of the deteriorated blood, present to a greater or less extent in the above named diseases, upon the intima. Under this heading we might also include the osteopathic lesions of the obstructive type, referred to in a former paragraph, e. g., interference with the mesenteric blood vessels by contractions in tissues due to splanchnic lesions. The third division, or heart strain is occasionally responsible for acute dilatation of the ventricles. This is sometimes seen in persons who have overlifted or undergone some severe or prolonged physical exertion. Hare cites a case of a young athletic ice man who was seized by intense pain in cardiac region, radiating down the left arm, while attempting to throw a large block of ice along a sidewalk. "He fell breathless to the ground, had constant short cough, and percussing showed marked dilatation. Three days rest in hospital so improved him that he insisted upon returning to his work." This form of heart affection deserves consideration from the osteo-

path, as he is likely to experience sooner or later some symptoms of heart strain. If he is not careful he will find himself holding his breath for several seconds at a time over a patient and exerting a great deal of energy. This is very injurious if it has become a habit and is repeated frequently for the muscular effort not only forces the venous blood into the heart, but offers great resistance to the arterial blood leaving the heart. The heart is thus subjected to strain from both sides. If the respirations are rhythmical, the strain is greatly minimized.

As to the treatment of cardiac affections, it is scarcely necessary to say to the osteopath *to seek the cause*. That is always the first consideration. In acute diseases if the osteopath has charge of the case from the first, cardiac complication to any marked degree is very rare, but when it confronts him, he should treat the primary disease, paying especial attention to the emunctories, in order that the toxins present may be removed. At the same time he should examine carefully for lesions to the cardiac nerves, for obstructions to the vessels in the neck and at the apex of the thorax. It present, endeavor to correct. He should raise the ribs, and relax contracted tissues. He thus increases the nutrition of the heart; increases the resistance to the toxins; lessens the congestion and inflammation, and favors the return to a normal condition. From our standpoint, lesions exist in most of these cases which predispose the heart to complications; if not so, why does such a small percentage only, of our patients with acute diseases have serious cardiac involvement? This question may be partially answered possibly by the following statement by the eminent author, Dr. Hare. He says, "I have little doubt that heart inflammations have increased in frequency since the introduction of salicylates in the treatment of rheumatism; compared with the time when the alkaline treatment was more generally followed." Even here there is a personal element present, which we may say is an osteopathic lesion, for all patients, so treated, do not suffer cardiac complication. Another valuable suggestion of Hare, is to rest the heart as much as possible; the fact that the pleura, another unresting organ is so often involved is significant, as showing that rest may do much to lessen the susceptibility to plural and cardiac involvement, especially in rheumatism. Also avoid exposing the patients' body while making the examination, especially if cardiac complication is suspected or threatened. According to Hilton's law, exposure of the skin over the heart may reflexly affect the heart itself by nervous connections.

The treatment of chronic disease of the heart requires a longer time, as a rule, than the same disorder in the acute stage. Some cases cannot be materially helped; a vast majority may be greatly benefited after a thorough trial; while more than we might at first suppose can be entirely cured. I desire to quote at length from Hare relating to this point. He says "A chronic structural change in the heart resulting from an acute process is not always synonymous with chronic heart disease. Thus acute endocarditis occasions a variety of changes in the mitral and aortic valves which long may indicate

their presence by their characteristic murmurs, and yet in time these may wholly disappear. That many such cases outgrow the valvular trouble, especially mitral lesions, there can now be no doubt. The majority even of those in whom valvular murmurs permanently continue do not have their health unfavorably affected for years, and in many of these, the duration of life is not appreciably shortened." This statement from such an author gives the osteopath great encouragement; for add to those above referred to, which recover in time from all valvular trouble, the many cases of valvular insufficiency due to dilation owing to osteopathic lesions to the trophic nerve, and which may be cured by removing such lesions, we find that quite a percentage of cases are thus disposed of.

It is doubtless true also that the cases above mentioned having valvular thickening and vegetations could have been cured in quicker time and greater number had osteopathic treatment been given to tone the heart, upbuild the general circulation and increase the activities of the excretory organs. The importance of the lungs is often overlooked in the treatment of cardiac diseases. The osteopath's ability to expand the chest and increase the capacity of the thorax should be demonstrated in both cardiac and pulmonary troubles. It is said to be a universal law throughout the animal kingdom "that muscular power is directly proportional to the amount of oxygen consumed." Hence give the power, and have your patient live as much out-of-doors as practicable. Exercise should be moderate and always stopped short of fatigue. If necessary to raise the the patient's head in bed in order to facilitate sleep, etc., remove the casters from the foot of the bed and thereby avoid to some extent at least the acute bending of the neck on the thorax, and by so doing prevent the cramping, pressure upon and obstructing of the nerves and vessels in that region, and augmenting the difficulty. Proper dieting and bathing are valuable, and should be considered.

In conclusion let me say, all honor to the discoverer of osteopathy and this science of healing which is scientific.

*"OSTEOPATHY IS MASSAGE."

Charles Hazzard, Ph. B., D. O., New York.

THIS time honored assertion has "bobbed up" again. If by dint of much repetition a thing that is not so could be made so, surely by this time osteopathy should have become massage. That it is such is practically the conclusion arrived at by Dr. John Madison Taylor, of Philadelphia, in an article read at the meeting of the American Medical Association at New Orleans, June 1, 1903, and printed in the "New York Medical Journal and Philadelphia Medical Journal" for Dec. 19, 1903.

Describing the osteopath, he says, "His instruction involves a knowledge,

*Read before the Philadelphia Osteopathic Society, Jan. 5, 1904.

sometimes remarkably skilful, of massage and passive movements; hence the impression gains currency among physicians that he is not only a masseur of exceptional skill and dexterity, but that he can do no harm." The doctor also tells of two men, one a graduate of Doctor Clodhausen's Institute in Copenhagen, the other of the Royal Institute for gymnastics in Stockholm, who, he alleges, each took a course in Dr. Still's school at Kirksville, Mo., and graduated. Both applied to him for work in massage. They both assured him, he says, that they learned no facts of importance not already known to them. It is possible that Doctor Taylor may have been imposed upon by these men. The writer has been a member of the Kirksville faculty for some five years past, and knows most of the graduates of this institution for the last eight years. He cannot recall two such men. But granting the fact that they did graduate, what they told Doctor Taylor while seeking employment from him does not at all prove any relation between osteopathy and massage.

Doctor Taylor mentions these men, he says, for the purpose of setting the minds of the medical public at rest as to the mysterious powers osteopaths do or do not possess. As Doctor Teall, osteopath, points out, "Thus is the mind of the American Medical Association quieted by the unsupported word of two masseurs."

But osteopathy is not massage, and the sooner they learn this, the better it will be for them. If, as Doctor Teall suggests, the medical profession is hiding its head in the sand, hoping the storm will blow over, it is, indeed, in a much compromised position, from which it will soon be rudely straightened up by the application of a good, tough shingle, in the form of public opinion.

That such danger is imminent is evidently appreciated by Doctor Taylor, as his words show; "The half forgotten, and often unrecorded, lore of many lands furnishes enough, and more than enough, to serve as a text to show that by skill in applying even simple laws of anatomy and physiology, traditional laws of readjustments, of carefully regulated pressure, of stroking and passive movements, there can be accomplished great relief and often cures *where medical skill has as yet, signally failed. Why does medical skill thus fail? Why do not educated physicians more generally know and use these apparently simple means which again and again, even in our boasted scientific training, they neglect * * * ? * * ** It will require much type, however, for cavillers to set themselves right with *intelligent and critical patients.*"

Nor does the great light that has appeared to Doctor Taylor fail here, for he continues to warn the profession, and incidentally to make some very candid admissions regarding drug medicines, as follows: "The public has begun to catch the spirit of these doubting Thomases of the profession, and to exhibit a tendency toward drug nihilism out of all proportion to warrantable conclusions. Our medical practitioners are too prone to belittle the value of chemical remedies, because of *bewilderment produced by inexact knowledge of the physiological action of drugs*, and chiefly because of a *totally inadequate knowledge of the "Institutes of Medicine"* by which alone these may be interpreted,

Also, they are confused by the *dazzling array of new remedies* poured out in limitless variety from the *ultrascientific* research workers in medical laboratories, as well as by the tireless presentation of the great commercial houses. The public then, observing the *professional doubt, perceiving only too readily our practical limitations*, welcome false gods * * * ."

There can be no doubt that the doctor is right about it; that manipulative treatment often cures where medical skill signally fails; that medical men are ignorant of, and neglect, simple means of cure where drugs fail. Is this because of mental sloth, physical laziness, or because they don't care whether their patients get well? Is it because it is easier to give a pill or write a prescription than it is to go to work with fingers and brains, for the patient's sake, to accomplish a cure?

The doctor is right again when he says that it will take much type for cavillers to set themselves right with critical and intelligent patients. Thereby it will take more than "much type" to set them right with a long-suffering public. This is more than a war of words or of printer's ink, and round pills cannot be fashioned into cannon-balls for the slaying of the osteopathic hosts, as in times past they have slain their thousands after having lodged in their stomachs. Nothing but facts—accomplished cures—will convince a public, which is indeed intelligent and critical, and which does readily perceive the practical limitations of medical men, that the latter have not for this long time been gulling it instead of curing it.

Again, what an arraignment of the profession by one of its own number when he accuses them of an "inexact knowledge of the physiological action of drugs," and "of a totally inadequate knowledge of the "Institutes of Medicine." "!" In Heaven's name! who should know drugs, the very tools of their trade, if the drug doctors don't? and do they habitually give these drugs, concerning the action of which their knowledge is inexact? and what is this "dazzling array of new remedies poured out in limitless varieties" good for anyhow, except just to sell?

But drugs are not the only things concerning which the medical doctor's knowledge is inexact. Says Doctor Taylor again, "The members of the medical profession should bear in mind that they are themselves exceedingly ignorant in what constitutes high-class massage and remedial movements, few of them having learned the simplest rudiments of mechano-therapy, and that consequently they are rarely competent critics." Now, if this be true, what weight can be given to the opinions of medical men, who almost invariably say that osteopathy is nothing but massage?

Speaking of the osteopath, our medical friend says; "He is fully aware of, but not well instructed in, the significance of mechanical stimulation of the vaso-motor centers and the consequent alternation of the vaso-tonus, not only in the larger circulation, but in the lymphatics." Why should the doctor conclude that we are not well instructed in a subject, of which, as Dr. Teall observes, we derive our knowledge from the same books as the medical men?

Possibly the doctor thinks that physiology cannot be well taught except in a regular medical school, but we can well fear that the knowledge thus gained might be as inexact as the knowledge of the action of drugs, of which Doctor Taylor complains, and which is taught in these medical schools.

He is mistaken, the osteopath makes a thorough study and constant use of vaso-motor centers, vaso-tonus, blood and lymphatic circulation, and the means of controlling them. He evidently knows but little of the practical side of osteopathy, among the very fundamentals of which is embraced a comprehensive knowledge of these things, and, I may well add, in a special way that is certainly not known to medical doctors.

The simple fact is that the medical profession is in a dreadful fright over the tremendous progress osteopathy has made. In their panic, medical men and institutions are resorting to all forms of mechanical therapeutics, vibrating machines, and various other devices, in a vain attempt to convince the public that they are up to the times and that they can do what osteopathy can do. Think of it! medical men counterfeiting osteopathy!

But the real pebble that sticks in their craw is the fact that osteopathy stands as an independent system. Time and again have we been invited to be good and come in under the medical wing, when all the past would be forgiven.

In this article we have the remarkable spectacle of a doctor, presumably an authority in mechanical therapeutics, gravely assuring his colleagues that they should not be frightened, that, if they would but look into the subject of mechanical therapeutics, they could accomplish many things where now medical skill fails. Of this we are sure, as we are also of the fact that they could do still better were they to study osteopathy.

Says Doctor Taylor; "Osteopathy has so far come largely as a surprise and bewilderment to the medical mind." Is this indeed so? Can it be that we have for an instant disconcerted these keen logical minds, which at first affected only a proud disdain of the name of osteopathy? We can remember when a medical brother of Doctor Taylor described osteopaths as a "group of puddin'-headed loons," consequently it will be seen that we have made great progress to have gotten so far as to surprise and bewilder the medical men, and to cause them to assure each other that we have no mysterious powers (as they must have feared) but that they can themselves do many things that they are unable to accomplish by drugs, if they look into the question of mechanical therapeutics. Of course they can. Why don't they study osteopathy?

It is futile for them to imagine that there is any mystery or secrecy about osteopathy, for it is plain and open as the day. Ever has it been true that we have gained the confidence of our patrons by our plain and simple explanation of their cases, which is more than can be said of medicine. Our books are upon the market, our schools are open to any one who has the price of tuition.

Doctor Taylor is wrong where he charges that we are ignorant of the natural-history of disease, and therefore unsafe to handle disease in general, and likely to do harm by overlooking important conditions of disease. Our knowledge of pathology and of the symptoms of disease is gained in the laboratory, and from the text-books, and at the bedside, as is theirs. We are willing to abide by the test founded on results. Nor do we hide our failures, as he says, for we discuss these as frankly as our cures.

As an alleged instance of the harm that osteopathy might do by overlooking the real nature of a case, he supposes a case of tubercular knee-joint, in which, he says, rough handling might light up a general tuberculosis infection. He coolly assumes, in the first place, that we would fail in diagnosing such a condition, and that we would then treat the joint so roughly as to set up general infection. I need but to point out that this astonishing unfair argument is based upon assumption, not upon fact, no actual case being cited, and further I need only say that these very dangers mentioned by Doctor Taylor were pointed out by me in holding clinic over a similar case at the annual meeting of the American Osteopathic Association in Milwaukee in 1902. Care in diagnosis and in application of treatment is characteristic of osteopathy.

*THINGS DEPLORABLE.

Ethel Louise Burner, D. O., Bloomington, Ills.

I AM not presuming to present a carefully prepared paper. All I hope to do in the next few minutes is to bring up a few points, which to me seem vital and deplorable, to be discussed and later acted upon or dropped according to your pleasure. I shall try to be impersonal in my remarks wherever I can adequately convey my meaning without being personal.

How true it is that when anything is of real worth it is sure to be counterfeited. The very fact that "fake," "pseudo" osteopaths exist, deplorable as it is, carries with it a subtle compliment for the deep truths of our science. I may be mistaken but it seems to me that on the whole the committee on Education authorized by the American Osteopathic Association has well nigh broken their stronghold. At any rate in most communities where osteopathy is known at all the "fake" has hard sailing when a reputable graduate appears upon the scene. This point must be passed for the present. If any one has any new schemes for uprooting these impostors, let us not fail to hear from him during the discussion.

Worse trouble is being caused by the "traitors in the camp"—those regular graduate osteopaths who are lowering the high standard which the dear Old Doctor has set for us. We have graduates of the A. S. O. who advertise very largely through paid locals which have a sensational ring to them. "New Year's resolve to throw away drugs and try osteopathy" was seen in a daily

*Paper read at the meeting of the Fourth District of the I. O. A. in Bloomington, Ill., Jan. 4, 1904.

paper. Others are even more disgusting in their use of large display advertising—a la patent medicine firms. What is more nauseating than those half price and one-third price offers? These advertisers try so hard to convince the public that they have the welfare of the poor at heart. In reality they are only dogs in the manger. There are legitimate ways of helping poor people. Probably every osteopath here has some deserving person whom he treats for less than twenty-five dollars a month. I have heard several experienced practitioners express themselves along this line. Some charge for one month and then give a free month's treatment. Others punch a certain number of dollars credit on the card before treatment is begun so in case the card is lost no one will be the wiser—an instance of not letting the left hand know the good works of the right. One can easily devise ways and means to help the poor without a wholesale, general advertisement of cut prices which is certainly unfair as well as unprofessional.

Our proposed Code of Ethics refers to this in Chapter II, Article I, Section 6. "It is incompatible with honorable standing in the profession to resort to public advertisements or private cards inviting the attention of persons affected with particular disease; to publish cases in the daily prints, etc.—to adduce certificates of skill and success, or to employ any of the other methods of charlatans."

Chapter II, Article VI, Section 3 reads, "Some general rules should be adopted by the physicians in every town or district relative to the minimum pecuniary acknowledgement from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit."

With these improper advertisers may be classed those practitioners who although they were graduated under pure osteopathic teachings practice a mongrel science. They use hot air apparatus, x-radiance as a therapeutic agency, vibrators, all sorts of electrical contrivances, hydrotherapy, massage, and even drugs. Now as osteopaths we do not condemn all of these agencies. Some of them are very good. But if we practice pure, unadulterated osteopathy scientifically and skillfully we do not need these questionable adjuncts. Many of the practitioners using them say that their chief efficacy lies in the impression they make upon the public mind. Pray excuse me from such deceptions.

It is difficult to define just what we mean by improper adjuncts. I do not consider the use of a hot water bottle, an occasional enema, even a hot anti-septic douche in septic cases antagonistic to osteopathic principles. But I do consider it wrong to so conduct a practice that one's patients and the public receive the impression that the major part of the results is accomplished through hydrotherapy for instance instead of osteopathy. Hydrotherapy is good but osteopathy is infinitely better and unaided will do more than any other *one* therapy. I may be as the illiterate old Bible student said "straining at a g-a-t-e—(gnat,) and swallowing a c-a (saw) m-e-l (mill) in regard to

adjuncts but this is the interpretation I gleaned from the warm discussion at Cleveland and from Dr. George Laughlin's able articles.

It is impossible to advantageously combine the administration of drugs with osteopathic treatment except in the use of antidotes, and antiseptics and disinfectants. Still we have D. O.'s who are taking medical courses. There are many branches common to both schools which we could with great profit pursue in good medical colleges, but it seems unorthodox to be willing to assume the degree of Doctor of Medicine. When one receives a degree one surely endorses and accepts unreservedly the beliefs of the school conferring the degree. I can reconcile the degree of Doctor of Osteopathy following the degree of Doctor of Medicine but the reverse never unless the person is openly abandoning his osteopathic teachings.

The fact that we have "engine-wipers" is certainly deplorable. We have all met these D. O.'s who give general treatments for nearly every malady, not knowing how to do careful specific work. Yet these very persons hold out the idea to their patrons that real osteopathic superiority lies in the giving of long thorough treatments.

Then there are the few dissipated unfortunates who have crept into the profession just as they have into the professions of law and medicine. What are we to do with them? Personally I do not know. Help the individual while we abominate the class I suppose.

It is certainly bad form to allow personal differences between osteopaths to become the property of the profession at large. There are osteopaths who have settled grave professional differences amicably with the knowledge and advice of only a few friends. This plan is certainly much more commendable than that of the sensational serial story conducted the past months in one of our osteopathic publications.

The grave question confronting all thinking conscientious practitioners to-day is, "How are we to eradicate these deplorable conditions?" Surely these things will improve when our Code of Ethics is finally formulated and inculcated into the coming generation of graduates; when eligibility to membership in our various organizations depends upon a severer requirement than mere graduation from a reputable school. These miscreant osteopaths must be searched out and debarred from our district, state and national associations, so that they may not inform the public that they are acting with the seal of approval of the profession as they will do if they have half a chance. The field literature should contain articles showing that our profession stands for honest and strictly professional conduct.

All "true blue" osteopaths should join the various organizations as is urged in Chapter II, Article I, Section 3, of this proposed Code of Ethics. "Every physician should identify himself with the organized body of his profession as represented in the community in which he resides. * * * Such local societies, constituting as they do, the chief element of strength in the organization of the profession should have the active support of their members,

and should be made instruments for the cultivation of fellowship, for the exchange of professional experience, for the advancement of knowledge, for the maintenance of ethical standards, and for the promotion in general of the interests of the profession and welfare of the public."

I believe it lies within the power of these organized bodies to eradicate the greater part of these objectionable features. Let us all assemble at St. Louis next year and adopt a Code of Ethics seeing that it covers these things. Then let us live up to our high ideals and enforce others to do so if they expect to receive the approval of the profession.

THE OSTEOPATH AND THE PUBLIC.

Some Thoughts on Their Relations Each to the Other.

S. H. McElhanev, D. O., Newark, N. J.

THE time when people know nothing concerning their bodies, "the temple of the soul" is passing and rightly so. And the osteopath has done his share toward educating the people, making the mysteries of life comprehensible.

Many of us can recall instances when a doctor was called in sickness who gave the disease some mysterious name and as a remedy some drug, no one knew what the effect would be and only the doctor the effect expected. I say "no one" advisedly, it includes the doctor for "what is one man's food may be another's poison," and the action of any drug may differ in similar cases. Only a trial can demonstrate what its effect will be.

But it is usually different now, plainer terms are generally used to describe diseased conditions, and even medical doctors now often tell the patient what the remedy is and what its intended effect.

I know of an osteopath who pronounced a patient's trouble catarrhal inflammation of the mucous membrane of the eye. This greatly relieved the patient's anxiety, for a specialist, much to the patient's alarm, had told him his trouble was ophthalmoblenorrhoea. One used simple, the other technical language to denominate the same condition.

Remember, if we do not use technical terms in talking with our patients it does not indicate that we are unfamiliar with them, but that we prefer to use simple language.

Technical words are as often meaningless and a cloak for ignorance as they are an indication of learning.

Let us plant the seed of desire for information among our patients. It will grow. Encourage them when they consult us or any physician to always insist upon an explanation of their affliction. Inform them that if a physician understands a case himself he can describe it so that they can understand it, and if he don't understand it himself they had better consult another physician. Urge them never to take any remedy on faith.

Let them know that if the remedy be osteopathic, the osteopath will be glad of the privilege of describing to them their condition, its cause, and how he expects to remove it, and that the osteopath does not treat symptoms but directs his endeavors toward removing the cause.

These explanations, in non-technical language, of disease and its causes by osteopaths have already resulted in a wide-spread distribution of information which all should know, and have created a demand for more.

That "an ounce of prevention is worth a pound of cure" is another important truth the osteopath is leading the people to a realization of. The time when a person was necessarily very ill before a physician was consulted is rightly also passing.

Allopathy and homeopathy are commonly understood as only a method of cure—people should know that osteopathy is not only that but is of as great importance as a means of prevention.

When it is realized that at the beginning all ills usually are small, that small ills often afford the patient no evidence of their existence; that small ills are easily remedied; that small ills, unless remedied, always grow to be greater and possibly become incurable, then we realize that what the osteopaths have done in bringing about the condition where people come to them periodically for examination to ascertain if there are any little ills existing is of inestimable value to the public.

My attention was called in 1899 to a case of Bright's disease. The patient had experienced the accompanying symptoms of the disease in its incipency but gave it no thought until he was disabled by the disease. A physician was called and after a careful examination of the case was compelled to make the prognosis that two weeks time would terminate the patient's life. The patient lived ten days.

In Feb. 1903, I was consulted by a business man. Just previous to his call he had applied for a life insurance policy. The examination required by the company previous to issuing the policy disclosed incipient Bright's disease.

This man was what we sometimes hear called a "high liver." My examination disclosed a lesion at the twelfth dorsal and first lumbar. We of course understand how this lesion had weakened the nerve supply, and through the nerve the blood supply to the kidneys—the mode of life had also thrown increased work to be performed by these kidneys in their weakened condition.

Well, the first thing recommended was a more reasonable and restricted diet and the first thing done was toward reducing the lesion, which was duly accomplished. The Bright's disease has disappeared.

Had not attention been called to the condition of the kidneys in this case, no doubt the disease would have progressed to termination as in the former case. While in this case its discovery was quite by accident it shows that it is wise to keep a watch on the little things that can be discovered. Detect

disease in its incipency, remedy the cause and prevent suffering.

We are hearing much now-a-days about state homes, etc., for consumptives. I believe more benefit can be derived from the labor expended, by examining people and removing the causes of the disease early than in erecting sanitariums for its relief. I do not say not to prepare homes for consumptives but prepare also to find the disease in its first stages when it may be only a bad cold.

In some public schools every morning any pupil who feels sick or whom the teacher thinks is so, is sent to a room where there is a physician who examines the child and if he discovers any contagious disease takes the proper steps for the preservation of the health of the community—why not extend this to tuberculosis?

I believe that when the people take it upon themselves not to wait until they are sick and past relief, but periodically undergo an examination for signs of disease—then will much suffering be avoided. After all, the Chinese who employ a physician and pay him as long as they are well and who stop his payments while ill have taken a wise step in the solution of the problem.

Doctor means a teacher. I would urge all osteopathic physicians to continue to teach the people more about themselves; we have the knowledge and should impart it freely. In addition to this we should impress the people with the advantage of frequent examinations to detect the little things, the easily removed causes, the root of the big causes often irremovable and perhaps fatal.

OSTEOPATHIC PEBBLES.

J. F. Spaunhurst, D. O., Indianapolis, Ind.

Obey Nature's laws.

The best of machinery wears out.

Man is a delicate, complex, vitalized machine.

Osteopaths know the human body as an expert machinist knows his engine.

"Nature, the handmaid of God, delights only in perfect humanity."

Health is held cheaply till lost, then all will be sacrificed to regain it.

Nature tends to heal all disease as soon as the irritating cause is removed.

The value of osteopathy can be measured only by the vast amount of good it does humanity.

Osteopathy has given abundant proof that it successfully treats most diseases to which flesh is heir.

Osteopaths are anatomical and physiological machinists whose duty it is to correctly adjust mechanical disorders which lie back of most diseases.

The convincing argument for osteopathy is it cures; it has been weighed in the balance and found fully adequate to meet disease in open conflict and put the enemy to flight.

The resources of Nature are unbounded and the osteopathic physician assists his patients to recovery only when he studies Nature's efforts and aids her to correct abnormal conditions.

The most delicate, nervous and debilitated are attracted to osteopathy and find it a soothing, restorative tonic, neither uncomfortable, harsh nor painful; it is adapted to all conditions of ill-health from birth to old, infirm age.

Osteopathy shrinks from no reasonable test. Given a fair trial it proves a boon to suffering humanity, it sets Nature right.

Osteopathy makes staunch friends because it cures to stay cured, and the friends thus made, are the most potent means of disseminating osteopathic principles.

Osteopathy today is second only in number of students to the allopathic school, and its infallibility as a science towers above all others.

That mechanical derangements of the body machinery cause disease is a fixed truth and it is absurd to think that drugs put into the stomach can correct the wrong. Mechanical adjustment is required. To be able to discern what is wrong and properly adjust it requires proficiency in anatomy, physiology, and kindred subjects, trained hands and delicate technique.

The slavish dependence upon drugs is rapidly giving place to non-medical methods, not massage, nor Swedish movement nor an improvement upon the same, but just plain osteopathy—the modern drugless and knifeless way to health. If you know nothing about osteopathy, don't presume to advise that it is physical culture, magnetic healing, or Christian science, but be magnanimous enough to say you don't know.

Competent osteopaths do not rely upon misleading symptoms to diagnose disease; they make an exhaustive examination of the body, find the cause and know how to remove it; the pretender does not. If you contemplate taking osteopathic treatment assure yourself that the practitioner is a genuine osteopath who holds credentials from a reputable school. Beware of counterfeit osteopaths; they are numerous. Rid yourself of the folly that osteopathy consists of a few movements which any person could administer to another. Genuine osteopaths are proficient in all branches taught in medical colleges except drugs, are experts in diagnosis, independent in practice, administer their own treatment and are specialists in manipulative surgery.

The strain of competition brings the truth to light in every line of human effort and the dignity of plain truth is always certain to abash the narrow minded and the *false*. Osteopathy gets results that are confounding to the scoffer and convincing to the skeptic; its battles are being fought by the bedside; it is being upheld successfully against the shot and shell of ignorance, prejudice, and wilful misrepresentation; it withstands the showers of unjust criticism that the lower strata of medical doctors are pleased to hurl at it, and it stands proudly erect, fresh and vigorous, extending human happiness and extinguishing human pain. No one ever abuses the weak; it's the strong that receives the censure, hence medical doctors, unlike bees, do not lose their

sting but lose their money when they sting osteopaths. Investigate its claims and see its truth; take its treatment and enjoy its blessings.

When suffering do you resort to the use of deceptive drugs to smother the pain? Drugs may hide the pain for a time but they cannot remove its cause. Ill-effects follow continued dosage, attacks come with increasing frequency and severity until drugs no longer relieve. Then, with your nervous system shattered, digestion impaired, blood impoverished, circulation clogged and all hope of recovery about lost, some kind friend persuades you to try Nature's physician, the osteopath. He makes a thorough physical examination, finds the cause is an anatomical derangement of the human machinery, correctly adjusts it and the wheels of life again run smoothly and without pain. Upon these stubborn, chronic cases osteopathy has achieved remarkable success and is winning the world's approbation and recognition as Nature's safest and surest means of conferring health upon suffering mankind. Which do you think the more rational, to remove the *cause* of pain as the osteopath seeks to do, or to attempt to *smother* Nature's cry of disorder as the medical doctor does? Which appeals to your reason? Which will you choose in time of sickness?

Emerson said: "There is at the surface an infinite variety of things; at the center there is simplicity of cause." Osteopathy is a plea for simplicity; it has found simple anatomical causes always accompany disease of any type or name; its skillful application takes pressure off the nerves, relieves tension of ligaments and Nature regains her equilibrium and health ensues.

More About Osteopathy in Colorado.

DENVER, COLO., Dec. 28, 1903.

EDITOR JOURNAL OF OSTEOPATHY,
Kirksville, Mo.

DEAR SIR:

The editorial headed "The Status of Osteopathy in Colorado," appearing in your December issue, contains statements which, in justice to the profession in this state, should receive some explanation.

Denver is a city of 160,000 population and has 700 doctors—one for each 230 of its inhabitants. Osteopaths who have practiced in smaller places, or in the East, where they quickly became acquainted and soon had large practices, come here expecting the same experience; but they are lost in the throng of physicians and while bemoaning their fate, emit the pessimistic wails which you have been receiving.

There are just four "fake osteopaths" in Denver and only one of them pretends to do much business. There are about twenty

graduates of recognized colleges and one from the Ward school. The "fake D. O." referred to as belonging to our state association, learned what he knew of osteopathy through being associated with two different practitioners from the American School and two years ago, showed his good intentions by entering the Colorado College of Osteopathy, where he will graduate in January. Furthermore he has nothing on his sign to indicate that he is an osteopath and I believe him to be anything but a "faker." He joined the association at a time when our constitution provided for the admission of students from recognized colleges.

Our state association, which recently filed incorporation papers with the Secretary of State, contains about fifty of the seventy-five practitioners in the state and is receiving new members every month. Our constitution, a copy of which I enclose,

while not on the "trust" order, amply safe-guards the association against the admission of incompetent physicians. If the gentleman from whose letter you quote, had attended the meetings of the association a little more regularly, he would have known that the application from the correspondence school graduate was not accepted. A resolution was passed at a recent meeting *requiring* every member of the association and requesting non-members, to make a pledge of a certain sum, to be paid monthly for a period of one year, the same to be used exclusively for legislative purposes next winter. We expect to draft a bill in the near future for which we shall begin fighting long before the legislature meets. We expect to mail regularly to the hold-over senators and to all new members of the legislature, as soon as elected, suitable osteopathic literature and in all other ways possible, to prepare for the passage of our bill.

It is true, the medical men are more strongly organized now than ever and we will be obliged to fight for what we get. The time has passed when it was possible to secure the passage of a bill, declaring that "we are not what we are," for the mere asking. The very fact that it will require harder work to pass a bill now than ever before, proves that we have been making ourselves known.

The osteopaths of Denver recently formed a city association which is making a strong fight for recognition in the new charter for the city and county of Denver which is now being drafted. We hold meetings twice monthly for business and scientific purposes but those who are quickest to criticize are conspicuous by their absence. We invite them to come in and help us redeem ourselves.

As to the use of adjuncts, I have no apology to make and only reply to that part of the article because a question is involved which seems destined to surpass the "lesion" controversy in importance to the profession.

The lady whose side I am accused of baking, was carried through a severe attack of pneumonia, last spring, by a prominent osteopath of Iowa, but her right lung remained consolidated. After two or three

months without resolution, she was advised to come to Colorado. On examination I found a dorsal curvature, consolidated right lung, with no expansion and patient was having afternoon temperature of 102 degrees and over. Sputum analysis disclosed no tubercle bacilli but countless pneumococci and streptococci. I understand it is an axiom of osteopathic practice that, "given a pure blood supply to a tissue health must ensue." We well know that it takes time to correct a scoliosis of long standing and that being necessary to a normal circulation of blood to the lung, the patient might have died from the rapidly progressing disease before results could have been obtained osteopathically. Now, while not neglecting the osteopathic treatment, I applied a temperature of 500 degrees locally to the right side, the part was flooded with fresh blood, diseased tissue was oxidized and with the following contraction of the dilated vessels, great quantities of impurities were doubtless thrown into the general circulation for elimination by the emunctories, which were kept toned up by the osteopathic treatment. I am glad to report steady progress in the case from the first.

Allow me to cite another case.

Male, age sixty-seven, diabetic, suffered from suppurative otitis media with mastoiditis for two weeks. Previous doctors advised operation, as did I, but patient refused. He came to me with both hands around head to prevent jarring, shooting pains radiating from mastoid region, cervical and dorsal muscles extremely rigid and hyperesthetic, head drawn back, temperature high, vertigo, nausea, vomiting, all pointing to meningeal involvement. Slightest touch in cervical region of affected side seemed unbearable. How could I accomplish much osteopathically before it was too late? I applied hot air at a temperature of 400 degrees, to the involved ear and cervical region, for a half hour, when pain had almost disappeared. I then gave a thorough osteopathic treatment, repeating this procedure daily for two weeks, when I discharged patient cured. I firmly believe the hot air saved his life.

As to the vibrator, I use it principally on

parts that cannot be reached with the hand satisfactorily; especially do I use it in cases of chronic catarrhal deafness and with success. In the above ear case it would have been well to apply the vibrator with cup attachment, perhaps daily, during convalescence and healing of ruptured membrani tympani to prevent too great tightening of the membrane and consequent partial deafness from failure of same to vibrate properly. All osteopaths with whose methods I am familiar, use the fingers or hand to vibrate or oscillate the eye, ear, liver and other parts and why not do it effectively if at all. I suppose that if the gentleman who objects to those things were still on the farm, he would be ploughing with a crooked stick. To say that machinery can not do many things more effectually than the hand, is contrary to the experience of civilization.

The tendency of the present attitude of a certain state organization is toward the production of a schism in our ranks, which would be very unfortunate indeed, at this time, when we should present an undivided front to the common enemy.

It is a *principle* we are striving for, not details of applying that principle. What matters it whether a man cultivates his corn with a hoe or a sulky plow, except that the use of the plow would be a conservation of time and energy? If one person desires to perform a certain work with his hands, that is his business; but if I choose apparatus not in conflict with the principles involved, to accomplish the same end, it should be my privilege. Let us be more charitable, at least let us not ask a man to withdraw from our association for expressing his honest convictions, as was done in an eastern state recently, even if his views do differ from ours. He may possibly be right and he who fights against right must lose. The truth may be a trifle slow but it will prevail.

I am glad to state that I am not the only osteopath here using these methods. One of the writers from whom you quote has a vibrator in his office and I have already had the pleasure of "roasting" him several times in my oven.

As to the request that the national asso-

ciation send some one here to investigate, I will only say that the hot air apparatus I was using, belonged to an officer of the national association, at that time.

We would not only welcome an investigation committee but we are going so far as to try to get the whole national association here in 1905, when we will strive to prove that osteopathy in Colorado is neither dead nor dying.

Trusting you will give this the same prominence in your Journal as was given the editorial in question and thanking you in advance, I am

Yours fraternally,

F. J. FURRY, D. O.,

Pres. Colo. Ost. Assn.

Sec'y. Denver Ost. Assn.

514 Charles Bldg.

Yellow Fever.

It has been our lot to be here in Laredo, Texas, during the recent epidemic of yellow fever. While we have only attended to one case, and myself also having had the fever, yet we have been able to observe many cases and study the disease somewhat. The epidemic here was of a mild form, the death rate being about 10 per cent.

The onset of a typical case of yellow fever is not unlike an attack of La Grippe or Dengue fever with perhaps more abdominal manifestations. The patient has headache, pains in back and limbs and over abdomen, in fact aches all over, has slight sore throat, chilliness, and drowsiness. The fever runs up to 102 to 104 in a short time and remains fairly constant until the third or fourth day. During this period the eyes become slightly yellow, there is nausea, sometimes vomiting, and constipation. The kidneys are sluggish, headache severe, and sometimes mild delirium. On the third or fourth day the fever and other symptoms abate leaving the patient greatly prostrated. Now if proper care has been exercised the patient is over the fever, recovery to normal strength being very slow. If proper care has not been taken, from one to three days after the remission of fever a second paroxysm of fever begins with all the former symptoms increased, especially those of the kidneys

and stomach. Black vomit occurs, the eyes and skin get quite yellow, profound exhaustion and death or a very slow recovery results. Not all cases die that have black vomit.

There were but few cases here that had the second paroxysm of fever. The most fatal type being those that during the first paroxysm of fever went rapidly into black vomit exhaustion and death, the corpse being a bright orange yellow. The fever went very hard with those who had chronic organic trouble or who were addicted to the use of alcohol.

As to cause the mosquito has of late been said to be the *only* means of carrying the infection, that is, a mosquito bites a person with yellow fever drawing into its system the fever germs, these germs go through a certain propagation in the mosquito and in ten to twelve days the mosquito is capable of transmitting the fever germ to those whom it bites. This is the mosquito theory in a nut shell. I shall not discuss it it pro or con.

The infection having gained entrance into the body where does it propagate? In a sluggish portal and abdominal lymphatic circulation, that is, in the lacteals. I believe that if the abdominal circulation were perfect the infection would in due course of time be excreted from the body without doing harm, but in Southern climates the abdominal circulation is usually sluggish, the blood and lymph of this region being in a low state of vitality, furnish an abundant fallow ground for the multiplication of these germs.

Treatment. The pain in head, back, limbs, etc., can be controlled in the usual way by directing treatment to the nerve centers of the parts involved, also the fever can be controlled by the usual osteopathic treatment for fevers, that is, by treatment in the cervical, dorsal, and lumbar regions. Pardon the broadness of the last statement for, I believe, in yellow fever as in many other fevers you must equalize the circulation of the entire system. Especial attention should be given to the abdominal circulation, raise the lower ribs to free the lymphatic channels and treat the liver, stomach, etc., through the abdominal walls thoroughly but gently. The bowels must be relieved and if necessary enemas given,

also the kidneys must be watched closely as nephritis is a serious complication of yellow fever.

It is a good plan also to cause copious perspiration, using extra covers, hot water bottles, etc. This should be discontinued after the first day as it would weaken the patient and thus increase the general exhaustion in the latter part of the disease.

As to diet "lend me your ears" just a moment Give your yellow fever patient no food until the fourth day after the fever has subsided. Why? As we have said before the place of germ propagation is in the sluggish abdominal circulation. Now if no food is given the burden of this circulation will be removed, hence a better circulation and consequently a lessened breeding ground for the germ. Give plenty of water, hot or cold, but no food.

If the fever runs too high the osteopath can control that. If the heart is weak you can stimulate it. If the kidneys are inactive you can increase their action—all without introducing noxious substances into the stomach where they would do harm.

From my small amount of experience and from my observations during this epidemic of yellow fever, I would not hesitate to answer "yes" to the question, "Can an osteopath treat yellow fever successfully?"

S. H. RUNYON, D. O.
Laredo, Texas.

Osteopathic Legislation.

This being an off year, as you might say, for the reason there are so few state legislatures in session, our people should not make the mistake of feeling too secure or sleeping because there is not much to do. New York, one of the greatest battle grounds of the United States, has a legislative session this year, also New Jersey, Kentucky and Mississippi. In all of these states there is good ground for the right kind of work, and at present no osteopathic law. Your writer is not undertaking to outline the policy that should be followed in the several states, or to dictate what should be done in each, for he believes that the time has come when every state association or members of the profession are fully com-

petent and capable of handling their own affairs, but what we are saying is penned with the hope of arousing each individual osteopath to an active, energetic campaign in all states where there is work to do. In Ohio and Iowa where the legislatures are now in session we have good osteopathic laws. And we should not forget even in these states that eternal vigilance is the price of victory. Often times a very harmless looking little bill or amendment if it becomes a law may almost annihilate an existing law. Our state organizations, even in the states where we have good laws should have their standing legislative committees composed of their most active, energetic men and women and should keep a close watch on all so-called medical legislation. In states where our practice is fast becoming well established and we do not have independent osteopathic laws, as in some of the above named where we are either let alone or where we have won out in the supreme court as in New Jersey or Kentucky, I question the advisability of an aggressive campaign at present, at least unless our medical brethren of the older schools try to exclude us by some measure of their own. Simply watch them and be ready to defend ourselves and wherever they make a move to pass a law that in the future would give them control of our practice or shut us out entirely, then, be ready with a bill of our own as a controlling measure and fight for it until we get it. I believe the law we should ask for and the one we can ultimately get if we conduct our campaign as we should is independent board of our own, with the reciprocity clause which gives the board the power to regulate our own practice in each state and at the same time provides of the control of changing from one state to another. We believe the Missouri law is a good one to pattern after; it is fair and just, yet liberal and board. Never in the history of our practice have the opponents of our cause been more active than now. We should be up and doing.

1904 is here and fast slipping away, and while but few legislatures meet this year, nearly all of them meet next year, and this is the year that the men who compose

these bodies are elected. And while I would not even suggest the thought of our trying to control the elections, I would most earnestly urge that our practitioners everywhere lend their influence always to the good men of either party and do all in their power to make all the men elected our friends. Friends because of their honest belief in the justice of our cause, with the one sole end in view, justice, progress and the future good of osteopathy. Let vigilance be our watch word and equality our goal.

A. G. HILDRETH, D. O.

More Light on the Michigan Controversy.

In the January number of the JOURNAL OF OSTEOPATHY appears an article over the signature of A. D. Glascock, D. O. of Marshall, Mich., entitled "Osteopathic Situation in Michigan," in which the writer criticises the osteopathic practitioners of Mich., in general and Dr. Williams and the state board in particular. A few pages farther over in the same issue the JOURNAL management also takes the board to task for its seemingly arbitrary manner of conducting its affairs and etc. This criticism I believe is mainly due to the fact that the ones doing the criticising are not as conversant with the real situation in Michigan as is the osteopathic board. It seems easy to criticise, but when criticising the state board please remember that each member of said board is under oath to help conduct the affairs of the board in a lawful and impartial manner, to the best of his knowledge. This the board has ever done and will continue to do regardless of all criticism. Suggestions to the board, however, from interested persons will always be well received. Now the facts of the case concerning the Michigan law and the state board are, briefly stated, as follows:

Shortly after the appointment of the board in this state Secretary Williams of Lansing, set about to find out the duties of the board and on July 28th last asked the attorney general for an opinion concerning who were eligible to practice in Michigan without taking the examination. The attorney general was busy at this particular time on important railroad cases and could

not take the time to give an opinion. Dr. Williams then did the next best thing, just what anyone else would have done who wanted to get at the law in the case, consulted one of the leading attorneys of the state, a man well adapted to this kind of work and one whose opinion on such cases is respected by every attorney in the state of Michigan. His opinion after a careful investigation of the new law was plain and to the point, "All persons wishing to practice osteopathy in Michigan, who have entered the state since the passage of the act will be required under the law to take the examination."

This left nothing for the board to do but to order an examination, which was held at Lansing, on Oct. 9th and 10th, at which time a number of the best posted of the recent graduates, who had entered the state since the passage of the act, came up for examination, and allow me to add that a large percentage of these candidates passed a very creditable examination.

Things were now going along smoothly with the board and in order to give all a chance to get registered before the expiration of the time limit, Jan. 1st, we decided to hold another examination on Dec. 9th and 10th. I was busy preparing my questions for the same when I received a communication from David Mills, D. O., of Ann Arbor, enclosing an opinion from the attorney general which was practically opposite to the opinion before mentioned. Now mark you this opinion was received more than four months after it was asked for and nearly two months after the date of our first examination. It was now too late for the board to recede from its position if it had so desired as we had already examined a number of applicants and it was due them that other osteopaths whose cases were identical should be required to take a similar examination. There were other reasons, however, for the board maintaining its position in regard to the examination, namely: we believed we were in the right, we believed we were construing the act (with due respect to the opinion of the attorney general) in the manner the legislature and governor intended it to be construed and furthermore we believed

that our construction of the act was for the best interests of osteopathy.

The disputed point in this act is now in the hands of the supreme court for adjustment, its action will be final and win or lose the board will bear no hard feelings or antagonism towards the little band of insurgents who preferred fighting a good law to standing an examination.

Now as to the board trying to "freeze out" anyone would say that the board would like to see 500 osteopaths come to this state within the next two years, there is plenty of room for that number more than we now have, but we want osteopaths who are posted in their work and willing to abide by the laws of the state. We are trying to put osteopathy in this state, on the high plain to which it belongs and to that end we earnestly solicit the co-operation of all osteopaths having the best interests of the science at heart.

Faternally yours,

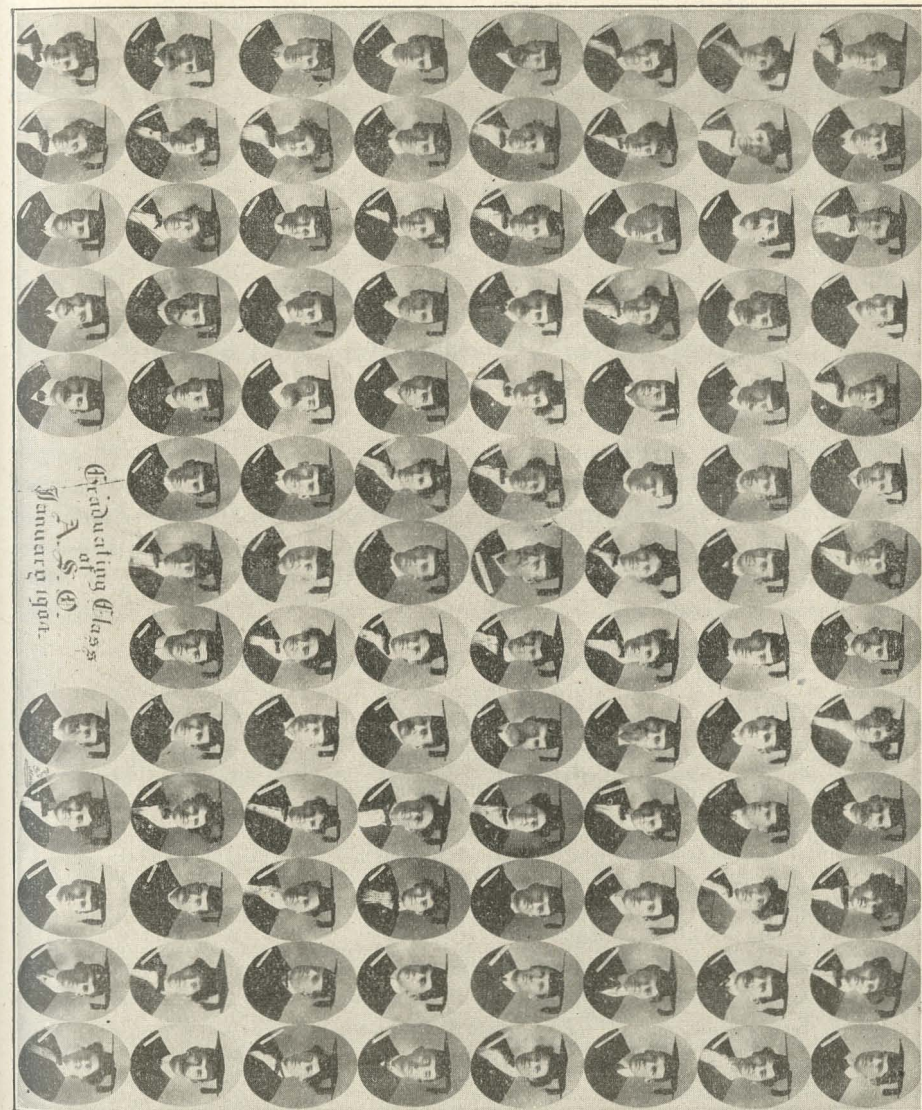
C. L. RIDER, D. O.

Philadelphia D. O.'s Entertain Dr. Chas. Hazzard of New York.

The last meeting of the Philadelphia County Osteopathic Society, January 6th, 1904, was a jubilee occasion, it being the privilege of the society to entertain Dr. Charles Hazzard of New York. In response to an invitation tendered on behalf of the society by its president, Dr. C. J. Muttart, Dr. Hazzard reached Philadelphia about noon. The meeting was called for 7:30 p. m. at the Philadelphia college building, where Dr. Hazzard gave us a talk and a clinic. The company then adjourned to Hotel Flanders for the banquet which had been arranged for. Here Dr. Hazzard read a short paper and between courses he answered questions. Doctors Novinger of Trenton, Vastine of Harrisburg, and Pressly and O. J. Snyder of Philadelphia, also gave us short talks. The occasion was most enjoyable and we look forward to more such good times.

Doctors Dowling of York, Vastine of Reading, Mack of Chester, Patterson of Wilmington, Novinger and Murray of Trenton, and Vastine of Harrisburg, were with us from out of town.

GENE G. BANKER, D. O., Sec'y.
Philadelphia, Jan. 16, 1904.



COMMENCEMENT WEEK AT THE A. S. O.

Doctorate Sermon by Rev. W. C. Templeton, Sunday, January 23.

Class Day Exercises, Wednesday, January 27, 9:30 a. m.

—PROGRAM—

MUSIC	ORCHESTRA
PRESIDENT'S ADDRESS	H. A. McMains
MUSIC	ORCHESTRA
CLASS HISTORY	C. R. EDWARDS
SOLO, "From Hovel to Mansion,"	E. A. PLANT
CLASS POEM	B. AGNES ALLEN
CLASS PROPHECY	J. L. CALLOWAY
MUSIC	ORCHESTRA

Graduation Exercises, Thursday, January 28, 8 p. m.

—PROGRAM—

MUSIC—"Popular Medley,"	NEWLAN' ORCHESTRA
ADDRESS—Class Representative	E. G. HOUSEMAN
MUSIC—"A. S. O. March,"	ORCHESTRA
ADDRESS BY FACULTY REPRESENTATIVE	DR. W. R. LAUGHLIN
MUSIC—"Cupid's Garden,"	ORCHESTRA
ADDRESS AND PRESENTATION OF DIPLOMAS	DR. A. T. STILL
MUSIC—"Uncle Sammy March,"	ORCHESTRA

Roster of Graduating Class, January 1904.

Allen, Mrs. B. Agnes,
Barnes, Noah Bryan,
Beets, John C.,
Bragg, James Albert,
Beckwith, Miss Annette H.,
Bywaters, John W.,
Bywaters, Mrs. Mary Frances,
Callaway, John Lane,
Carlson, Edward A.,
Cobb, James Ennis,
Cobb, Mrs. Ethlyn McBurney,
Conard, Miss Lulu F.,
Cromie, George Hart Jr.,
Dawes, Willard Crockett,
Dinsmoor, Gordon,
Dooley, Miss Lourana Willet,
DeLong, Miss Laura,
Downey, Chas. N.,
Durrett, John M.,
Edwards, Charles Richard,
Ervin, Wilbur Berry,
Farrington, Miss Adelaide P.,
Farrington, Mrs. Mary Estella,
Floyd, Miss Minnie Bell,
French, Amos George,
Galbreath, Mrs. Annie Morgan,
Garring, Charles Kittredge,
Glasecock, Harold W.,
Graham, Robert H.,
Hamilton, R. Emmet,
Harwood, Joseph Franklin,
Harris, Miss Frances Walton,
Heinemann, Miss Sophia Michel,
Hoggins, Josephine Hay,
Holbert, Edwin Duffield,
Holloway, James Lemuel,
Houghton, Miss Alice Elosia,
Houseman, Evan G.,

Howard, Edward W. S.,
Hubbard, William,
Hunter, Mrs. Eva M.,
Irwin, Lloyd S.,
Jones, Frank Edwin,
Kellogg, Harry R.,
Kartowitz, Miss Ida B.,
Kelsey, Calvin C.,
Kerr, Franklin Elmer,
Lee, Harry Thomas,
Lewis, Miss Mary Louise,
Loving, Arthur S.,
Lyons, Willis Eugene,
Lyons, Mrs. Amy Scott,
Mawson, Miss Gertrude B.,
Maxey, Mrs. Oattie Morgan,
Miller, Mrs. Libbie Underwood,
Murray, Charles Henry,
McMains, Henry A.,
McMains, Mrs. N. Grace Ramsey,
McKone, Michael,
McPike, Mrs. Mary Susan Young,
Noble, Arza J.,
Oneland, Miss Sarah C.,
Overton, James Henry,
Parks, George W.,
Pauly, Walter Frank,
Peet, Truman J.,
Peet, Mrs. H. Capitla,
Pennock, Lewis Norman,
Platt, Miss Frances,
Phalen, Mrs. Ruth Ardella,
Polly, Philemon W.,
Pontius, George Allen,
Poole, Isaac Chester,
Pratt, Miss Mary Eliza,
Purnell, Miss Emma,

Ray, Mrs. Ella Powell,
Rector, Miss Emma,
Robinson, Mercen Clarence,
Robison, Mrs. Lou Mackey,
Russell, Mrs. Maud Graham,
Ryals, Henry Baker,
Schaeffer, Miss Laila Rambo,
Schmid, Edward L.,
Sickels, Norman John,
Snively, Perry Burl,
Spiegel, Miss Bertha,
Smith, Miss M. Elnora,
Smith, Mrs. Anna McKone,
Stryker, Miss Anna K.,
Switzer, Robert H.,
Sylvester, John Wesley,
Talbott, Mrs. E. Elizabeth,
Talmadge, Mrs. Katharine A.,
Terrell, Clarence Monroe,
Thompson, Miss Nora Lee,
Walsh, Frank K.,
Webster, George V.,
Wells, Miss Emma Ruffner,
Wilcox, Harold Hatch,
Woods, Miss Leva,
Worrall, Joseph Ellis,

Post-Graduates.

Baughman, Jacob S.,
Baughman, Mrs. Nannie R.,
Bickford, Edward Storrs,
Bliss, Charles Wilmarth,
Brown, Miss Edna Blanche,
English, Merton Alden,
Keller, Miss Ada B.,
Seitz, Mrs. Anna E. Kerlin,

The Journal of Osteopathy.

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OF THE

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KIRKSVILLE, MISSOURI.

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Editorials.

THERE are 109 members of the graduating class of January, 1904.

* * *

THE Missouri State Osteopathic Board held its regular meeting at the A. S. O. in Kirksville, Jan'y. 24th and 25th. The Board is composed of Dr. A. L. McKenzie, president, Kansas City; Dr. J. H. Crenshaw, secretary, St. Louis; Dr. C. E. Still, Kirksville; Dr. Chas. E. Boxx, Plattsburg, and Dr. Wm. Traughber, Centralia. All the members of the Board were present and over 100 licenses were issued.

* * *

THE members of the State Medical Board of Iowa are considerably agitated over the prospect of an osteopath being appointed as a member of that body. In Iowa the State Board of Health and the State Examining Board are identical and for this reason the proposition that they offered to make as a compromise seems rather ridiculous. They have agreed that they will submit to an osteopath being appointed as a member of the State Examining Board but not of the State Board of Health. If the Governor of Iowa, as is his privilege,

sees fit to appoint an osteopath on the State Board he will not only be a member of the State Examining Board but of the State Board of Health as well as the law in no way provides for a separation of these offices.

* * *

Drs. H. T. Still and Ira W. Collins, graduates of the A. S. O., have recently established an Infirmary of Osteopathy at El Paso, Texas. This institution like the one in St. Louis is a branch of the A. T. Still Infirmary of Kirksville. It is located in the Hotel Angelus Annex. The climate at El Paso is particularly adapted for patients suffering from any form of lung trouble and osteopaths over the country are invited to send patients there for treatment who desire a change of climate.

* * *

ELSEWHERE in this issue will be found a communication from Dr. C. L. Rider of Detroit, a member of the Michigan Osteopathic Board. In this communication Dr. Rider presents the Board's side of the controversy which has been going on in that State for sometime between the Board and a number of practitioners who have recently located in that state. As the point in question, whether or not certain osteopaths shall be granted licenses with or without examination, has been referred to the Supreme Court of that state for settlement, we trust that there will be a ready compliance with the Court's decision and that the present controversy will be speedily and good naturedly settled. Later: The Supreme Court, all members concurring in the opinion, decided that the State Osteopathic Board shall issue without an examination a license to any regular graduate osteopath who was engaged in the practice in Michigan at the time of the passage of law regulating the practice of osteopathy. The Court held this date to be Sept. 17, 1903, and not May 28, 1903, the latter date being the one contended for by the Board.

* * *

IN this issue of the JOURNAL will be found the able and courteous reply of Dr. Furry of Denver in answer to our editorial

in the December issue of JOURNAL on the "Status of Osteopathy in Colorado." It seems from Dr. Furry's letter that osteopathic affairs in Colorado are not in as bad condition as we might have concluded from former communications. We judge from his letter that the Colorado D. O.'s are making an effort to advance the interests of osteopathy in every possible way. There are, no doubt, many differences of opinion, not only among the Colorado osteopaths but among osteopaths elsewhere as to the best methods of doing this, particularly in reference to the use of adjuncts in the practice. The position of the JOURNAL is well known in regard to that practice and we are sincere in what we advocate, as, no doubt, is Dr. Furry in his advocacy of their use. The fact that Dr. Furry resorted to the use of adjuncts in the treatment of the two particular cases mentioned in his letter is a candid admission on his part that osteopathy alone was not sufficient to handle the cases in question. Admissions of this kind by osteopathic practitioners is certainly no argument for osteopathy, the science that cures by readjustment, as an independent system of healing. The fact is that we have treated and have seen treated successfully by straight osteopathy a number of cases similar to the ones referred to in Dr. Furry's letter. The osteopath who would become highly proficient in the art of adjusting misplaced tissues must keep everlastingly at it and not depend upon the use of some adjunct to cover up his lack of osteopathic skill.

In an editorial in our January issue of the JOURNAL we stated, in summing up the osteopathic achievements of 1903, that that year had been an off year as far as legislation was concerned. At that time we had in mind the latter half of the year only but our attention has been called to the fact that early in 1903 osteopathic laws were passed in Arkansas, Oklahoma, Minnesota, Michigan and Missouri. As all of these laws provided for the appointment of independent state boards, the fact is that 1903 was really a banner year for osteopathic legislation.

At the present time only two states so

far as we know are trying for osteopathic legislation—Mississippi and Kentucky. The fight in Mississippi is in charge of Dr. R. L. Price of Jackson and we understand that the prospects for the passage of a bill in that state are good. In Kentucky the osteopaths are trying for an independent osteopathic board of five members. The bill has already been drafted and the osteopaths are prepared to make a hard fight as much opposition is expected from the medical profession.

The Louisville Times of recent date says: "There will doubtless be a great deal of interest by the medical profession of the State in the bill which has been offered in the House entitled, 'An act to regulate the system, method or science of healing known as osteopathy, and creating a board of examination and registration for the regulation of the same.' The advocates of the measure say it can in no wise merit the disapproval of the medical profession, as the system of osteopathy is not 'the practice of medicine or surgery within the meaning of an act to protect the citizens of the Commonwealth from empiricism.' The bill was drafted for the leading osteopaths of the state by Attorney John K. Todd, of Shelby county, and presented in the House by Representative Frazier, of that county. It provides for the appointment by the Governor of a State Board of Osteopathic Registration and Examination, consisting of five persons, who shall be regular graduate osteopathic physicians."

The same paper also states that, "Among the lobbyists in Frankfort in a good cause is one fair one, Dr. Sue Epperson, of the city of Louisville. Dr. Epperson is an osteopath, and she, together with others, has been at Frankfort for several days past looking after the interests of that branch of the medical profession in a legislative way. The osteopaths have a measure in their interests which they will have offered in the Senate within the next few days. The bill is in the hands of Senator Carroll, of Bullitt. Dr. Epperson is interesting the members of the Assembly in it. She is a relative of State Senator Farris, of Garrard and of Attorney J. T. O'Neal, of Louisville. She stands high in her profession among the osteopaths of the State."

The World's Fair A. O. A. Convention.

The local committees have been forced by circumstances which they could not control, to change the dates of our A. O. A. meeting, putting it one week later; beginning Tuesday, July 12th. The Fair management found they could and they did change the date of our "Osteopathic Day" to July 12th, the opening day of our convention. Bear this in mind, and not only be there yourself, but have your friends come with you.

We are glad to announce that we now have all our local arrangements in tangible form. We have our hall assigned for the 12th, 13th, 14th, 15th, and 16th. We have these days set apart and so published in all the World's Fair literature, with July 12th, as "Osteopathy Day." We have our hotel selected, one of the greatest on earth; 2,257 sleeping rooms; with the largest dining room in the West; plenty of parlors; all the committee rooms we want, with simply acres of broad comfortable verandas on which to rest and cool off; situated in the midst of a magnificent forest just at the edge of one of the most beautiful parks on earth, and surrounded by buildings and displays of such magnitude and such beautiful designs that it is simply impossible to even attempt to convey an idea of its great magnitude and beauty.

No osteopath on earth can afford to miss this convention. Every one should come that can possibly afford to. The educational feature alone will pay you; besides we are going to have the greatest osteopathic convention on earth. Such a gathering as will make our dear old Father Still's heart glad. We should all be there.

Remember one thing and be sure and attend to it at once. Your certainty of the right kind of entertainment depends upon yourself. We have all arrangements made to accommodate you. Your accommodations will be first-class if you secure them now. There is absolutely no going back on it, if you will only do your part and engage your rooms *at once*. Before the publication of this article every osteopath on earth will have received the booklet of the "Inside Inn" hotel. It will tell you how to reserve your accommodations and what

they will cost. Keep it for your guide. Cut out the application blank at once and send it in to the hotel people, with \$5.00 money order or a draft, (not checks) thus making yourself safe on accommodations for our great gathering.

Remember we have a contract in black and white with the "Inside Inn" people, saying, that when you arrive, if you do not like your accommodations or surroundings, and if they cannot please you, your five dollars paid will be *refunded*. What more can you ask? So now help us to make your comfort a certainty by securing your rooms now, and oblige,

THE CHAIRMEN OF LOCAL COMMITTEES.

Ohio Osteopathic Society.

The Ohio Osteopathic Society met in its 5th annual session at Columbus, January 9, 1904. Attendance was large and representative of the best in the state. The program was interesting and instructive, and the absent ones are much the losers.

A paper on "The Liver; its Relation to Diseases" was presented in a masterly way by Dr. C. C. Hazard, of Washington Court House. Discussion by Dr. J. F. Bumpus, E. Liverpool; Dr. J. A. Vance, Chillicothe; Dr. C. M. T. Hulett, Cleveland; Dr. E. R. Booth, Cincinnati; Dr. J. W. Dixon, London; Dr. H. H. Gravett, Piqua.

Dr. W. B. Linville, of Middletown, lead in a general discussion of "Osteopathy in Acute Diseases," relating very encouraging success in this line of work. Dr. E. R. Booth incidentally mentioned the fact that there are no sequelae resulting from grippe when handled osteopathically.

The address delivered by president Dr. D. C. Westfall, was a masterful expression of the osteopath's relation to the public. The author is enthusiastic and very sanguine of the triumph of the science which he represents.

An instructive part of the program was "An Oral Statement of an Interesting Case." The following persons took part: Dr. A. J. Bumpus, Steubenville, Pott's Disease; Dr. Effie B. Koontz, London, Cancer of the Liver; Dr. C. M. T. Hulett, Cleveland, Bright's Disease; Dr. C. J. R. Rhotemmel,

Lancaster, Scarlet Fever; Dr. M. F. Hulett, Columbus, Tuberculosis of the Cerebellum; Dr. Laura J. Wilson, Urbana, Insanity; Dr. D. C. Westfall, Findlay; Dr. J. F. Reid, Warren; Dr. E. E. Tucker, Akron; Dr. W. N. Coons, Medina; Dr. W. J. Keyes, Chillicothe.

The following resolutions on the loss recently sustained by our fellow member were offered and unanimously passed:

"Whereas our fellow member Dr. W. A. Gravett has been sorely bereaved in the loss of his wife and child,

"Resolved, that we hereby extend our profoundest appreciation of his great loss, and all the comfort and support of the profoundest sympathy of associates and friends."

The Ohio society is thoroughly in sympathy with the movement to secure a three-year course, as evidenced in the following expression unanimously approved:

"Resolved, that we heartily endorse the action of the American Osteopathic Association and the Associated Colleges in adopting a three year membership requirement, and we note with pleasure the action of the several schools in making announcement of a three year course in September next.

"Resolved, that the Osteopathic Examining Committee of Ohio be instructed to cooperate in this matter by refusing to recognize any schools which may not conform to this action of our national association."

Dr. E. R. Booth, having just completed his term as member of the Osteopathic Examining Committee, was recommended for re-appointment.

Officers for the ensuing year were elected as follows: President, Dr. F. J. Bumpus, Steubenville; vice-president, Dr. C. J. R. Rhotehamel, Lancaster; secretary, Dr. M. F. Hulett, Columbus; treasurer, Dr. H. H. McCartney, Xenia; executive committee, Dr. A. W. Cloud, Canton; Dr. E. W. Sackett, Springfield; Dr. O. G. Stout, Dayton; Dr. R. C. Dugan, Marion; Dr. H. J. Dann, Norwalk.

Fifteen new members were added to the roll at this session of the society.

Oregon Osteopaths Meet.

Dr. Hezzie Purdom Moore of Portland, Oregon, Secretary of the Oregon Osteopathic Association writes:

"We have just held a most successful meeting of the osteopathic physicians in Oregon. We feel that we have accomplished a great deal. There were about thirty present from all over the state and much enthusiasm was shown, especially in wanting the A. O. A. meeting to be held in Portland in 1905, during the Lewis & Clark Exposition. We feel sure should we be able to have the convention here that we could have an osteopathic day secured for us. The position of the medical doctors was discussed and we are confident that next year is the time to secure a law in Oregon. The constitution and code of ethics were revised. Several papers were read. One by Dr. J. E. Anderson, one by Dr. G. E. Hain and one by myself.

"The following officers were elected for the coming year: President, Dr. F. E. Moore, La Grande; first vice-president, Dr. R. S. Graffis, Portland; second vice-president, Dr. L. B. Smith, Portland; secretary, myself, and treasurer, Dr. F. J. Barr, Portland. Trustees, Dr. R. S. Graffis, Portland, chairman; Dr. Caryl Smith, Portland; Dr. W. W. Christie, Portland; Dr. H. E. Penland, Eugene, and Dr. R. B. Northup, Portland. Legislative Committee, Dr. J. E. Anderson, The Dalles, chairman; Drs. W. A. Rogers, Portland; L. B. Smith, Portland; P. T. Starr, Albany, and Lilybelle Patterson, Portland. Programme committee, Drs. H. V. Adix, Portland; Anna Barr, Portland, and G. E. Hain, Portland.

"There are now twenty-seven members belonging to the State Association."

The regular monthly meeting of the Greater New York Osteopathic Society, held Jan. 15, was made a gala night by a dinner given in honor of Dr. Chas. E. Still and wife at the Fifth Avenue Hotel, Manhattan. Covers were laid for 35 and nearly filled by members from New York, New Jersey and Connecticut. The tables were beautifully decorated with candelabra and cut glass and a profusion of American beauty roses, carnations and laurel. After coffee and cigars were served the president introduced Dr. Guy Wendel Burns who gave welcome to the guests. Dr. Charlie responded in his usual candid manner but

aroused great enthusiasm when, in speaking of the plans of the American School of Osteopathy, he announced the preparation for a three years course of study. He also said that the stand of the Greater New York Society of Osteopathy for pure osteopathy had exerted a great influence among the profession in that direction. He was followed by Dr. Hazzard in behalf of the "Old Doctor." Dr. Novinger reported an osteopathic victory in the supreme court in the state of New Jersey. The following resolution was presented by Dr. Hjarde-maal and unanimously adopted.

"The Greater New York Osteopathic Society, at the regular meeting assembled, acting under Section 4, Article 2 of its constitution, which authorizes that honorary members may be elected for distinguished services in the osteopathic field, unanimously extend this courtesy to Dr. Arthur G. Hildreth, believing him entitled to this honor, which as yet has been given to but one man, by this society, the venerable and beloved founder, Dr. Andrew Taylor Still. Be it resolved, that the secretary be instructed to forward a notice of this action to Dr. Hildreth with assurance of continued confidence in his ability, loyalty and discretion in the work of extending the legislative regulation of osteopathic practice. Be it further resolved, that the secretary be instructed to send a copy of these resolutions to the various local osteopathic societies, also that the Journal of the American Osteopathic Association and the Journal of Osteopathy be requested to publish the same."

Drs. Sand offered a resolution relative to securing a special train from New York to St. Louis at the time of our national convention next summer.

After the dinner an informal reception was held in the parlors of the hotel. Among the guests was Mrs. A. L. Conger, of Akron, O., who was spending some time in New York and was the recipient of many pleasant attentions.

C. C. TEALL, D. O.

Never send a patient to the office of an osteopath who uses electricity, vibrators and all the adjuncts that he can find. Tell

the enquirer of doctors who do not use anything but the straight genius of a doctor who cures by his knowledge of anatomy and physiology which is the sum total of all cures. I say to my clerks, never say yes in answer to a letter of inquiry when you know that the D. O. has his office filled with adjuncts, send such prospective patients to D. O.'s who can and who do cure their patients with the up-to-date skill of the osteopath who knows that a well adjusted system will cure and that adjuncts are only used by feeble-minded persons who never did nor never can reason. I am tired of getting letters asking if I can recommend such as good osteopathic doctors. I say *no* now and forever, keep away from them. A. T. STILL.

To Cull the Facts of Osteopathy is YOUR Business But to Know Who Writes Them is MATTHEWS' Business.

When you want specific, reliable, competent information on medical literature, it is wise to go to an authoritative source, then why not call on L. S. Matthews & Co., Medical Books exclusively, of St. Louis, Mo. It's their specialty. When you want to know some one thing or everything about a book on Osteopathy or Medicine or on sciences allied to medicine, published anywhere, by anybody, at any time, it is all there and you are welcome to it.

PERSONAL MENTION.

Dr. Ina B. Barker recently located in Libertyville, Ia.

Dr. J. C. McGinnis has changed his location from Morris to Aurora, Ill.

Born, to Dr. and Mrs. D. L. Conner of Phoenix, Ariz., on Jan. 1, a daughter.

Married, at Glenwood, Ia., Jan. 10th, Dr. D. M. Clime and Miss Louella Wolfe.

Dr. Blanche Weston formerly of Chillicothe, Mo., is now located at Long Beach, Calif.

Dr. W. R. Byars has recently changed his location from Redlands to San Bernardino, Cal.

Dr. Florence B. Stafford is associated in the practice with Dr. F. R. Heine at Pittsburg, Pa.

Dr. W. E. Reid is located in Kent, Ohio, instead of Boston, Mass., as given in our recently published directory.

Dr. A. S. Loving of the January class, 1904, has entered into partnership with Dr. G. S. Skeen of Jacksonville, Ill.

Drs. Rosebrook and Coveroy of Portland Me., announce their removal from 766 Congress street to 633 Congress street.

Drs. Maddux of Burlington, Ia., will open an office in Fairfield, Ia., about Feby. 1st, for the practice of their profession.

Dr. Claude Smith has changed his location from Marceline to Carrollton, Mo., where he will practice with his father, Dr. J. M. Smith.

Dr. Kathyrine M. Severson has recently formed a partnership with Dr. H. L. Childs at Auburn, N. Y. Their offices are at 118 Metcalf Bldg.

Dr. C. A. Campbell of the June class, 1903, has formed a partnership with Dr. D. W. Davis for the practice of osteopathy at Beaumont, Texas.

Dr. and Mrs. J. Homer Dixon of Canon City, Colo., announce the removal of their offices from 422½ Main St., to rooms over Baker & Biggs' store.

Dr. C. L. Fagan has changed his location from West Plains, Mo. to Jonesboro, Ark. Dr. J. S. Cotterel of Willow Springs, Mo. has succeeded him in the practice at West Plains.

Drs. Chas. C. Reid and F. I. Furry of Denver, Colo., recently took the examination before the State Medical Board of that state. Both passed the examination successfully.

Dr. Ethel Burner of Bloomington, Ill., accompanied by her mother, spent the last two weeks of December in New Orleans and Ocean Springs, Miss. She reports a delightful trip.

The association in the practice of osteopathy of Drs. Schackelford and Fout, at 204 E. Franklin street, Richmond, Va., was dissolved January 1st, 1904, by mutual consent. Dr. Geo. E. Fout will continue in practice at 204 E. Franklin St., while Dr. E. H. Shackleford will remove to 201 E. Franklin street, corner of Second street.

Dr. C. V. Kerr of Cleveland informs us that he is planning to make a trip to the Pacific coast where he expects to remain about six weeks and take a much needed vacation from his practice.

Dr. U. M. Hibbetts of Grinnell, Ia., informs us that he has a number of bound volumes of the JOURNAL OF OSTEOPATHY for sale. Anyone desiring same should write to Dr. Hibbetts for particulars.

Drs. James E. and Anne H. McGavock have recently located in Detroit, Mich., with offices in the Valpey building. Dr. J. E. McGavock formerly practiced in Bay City and Dr. Anne H. McGavock in Saginaw.

Drs. Herman & Neal have sold their practice in Port Huron, O., to Dr. Raymond E. Tuttle of the Still College of Osteopathy. The former are now permanently located at 909 New England Bldg., Cleveland, O.

FOR SALE—In an eastern city of 65,000 inhabitants, an osteopathic practice and office furniture. Have the best of reasons for selling, will explain to anyone meaning business. Address A. B. C., care of the Journal of Osteopathy.

Dr. Chas. Muttart has resigned as professor of anatomy and secretary of the Philadelphia College of Osteopathy and will devote himself entirely to private practice with offices in the Mint Arcade Bldg., which will be known the Philadelphia Institute of Osteopathy.

The Atlantic College of Osteopathy at Wilkes Barre, Pa., has moved to Buffalo, N. Y. The college will be located at 1331 Main St. Dr. J. W. Banning will remain as president and Dr. E. D. Heist as secretary. Drs. C. W. and Alice M. Proctor, A. B. Clarke, F. C. Lincoln, Joanna Barry and others will be members of the faculty.

The following alumni visited the A. S. O. during the last month: Drs. T. H. Woodson, Carmen, Okla., Mary E. Noonan, San Antonio, Tex.; J. A. Grow, Memphis, Mo.; E. E. Giltner, Osceola, Ia.; A. G. Hildreth, St. Louis, Mo.; E. F. Harding, Ridgeway, Mo.; C. A. Campbell, Wymore, Nebr.; F. A. Englehart, Shawnee, Okla.; H. N. Baker, Cainsville, Mo.; Dwight Crawford, Denison, Tex.; A. N. Ovens, Mason City, Ill.; Wm. Thorington, Memphis, Mo.; Sophronia Kelso, Fulton, Mo.; B. E. May, Crawfordsville, Ind.; Magdalen Stravens, St. Charles, Mo. and John W. and Sarah Snavelly, Albia, Ia.