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THE JOURNAL OF OSTEOPATHY

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PROLAPSED ORGANS.

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Prolapsus of various organs or tissues is among the very common ailments that afflict all classes. Prolapsus of the stomach, a kidney, the uterus, or the rectum is probably a familiar term to every one. But, when this condition may rest with the intestines, the liver, an ovary, or even the heart, surprise to many will quite likely be forthcoming.

Outside of injuries, congenital weaknesses, and so-termed surgical disorders, there are commonly two constant forces predisposing to prolapsed organs, viz: gravitation and weakened innervation; the one, of course, is a constant factor in either health or ill health, the other is dependent upon acquirement. In this article, the latter, or acquired nervous weakness, will demand our attention.

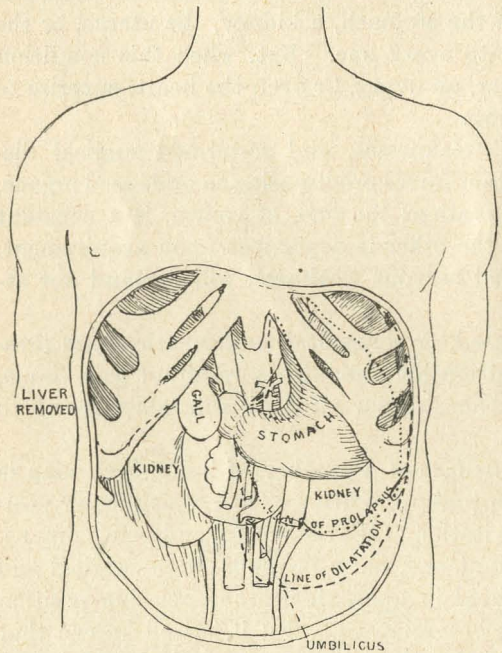
Where tissues are torn or lacerated, or congenital malformations are present, or tissues are weakened from ulceration and with a resultant scar tissue, or certain tumors are manifested, the disorder must be amenable largely to surgical measures if at all.

Unfortunate for the physical welfare of a number of individuals man is so constructed that it is necessary to walk uprightly. The perpendicular position of the body favors a decided gravitation of the abdominal and pelvic organs. This gravitative effect being a constant one, many methods, both surgical and mechanical, have been devised to hold in approximate and relative position certain organs and tissues that may be prolapsed. But it is well known that outside of a certain few instances where surgical measures are clearly indicated the prevalent usage of braces, bandages, supports and the like are poor makeshifts.

The one great feature in these cases is that tonicity to organs and supporting muscles and tissues is more or less impaired. The tissue atony may vary from mere weakness to actual tearing and separating of fibers. The indications in the cases we are about to describe, are to stimulate a lowered nerve supply and to increase a lessened blood supply; if this can be accomplished,

supporting muscles, ligaments and other tissues will be able to restore the prolapsed organs to normal positions, thus improving functions and eliminating disease symptoms.

The restoration of prolapsed organs is no exception to the osteopathic rule. The keynote of osteopathy being perfect alignment, position, and relation of all tissues and organs, coupled with right living, we find in these cases that normal nervous equilibrium and blood equilization can be maintained only through perfect freedom of nerve and blood supply both locally and generally. Here, it may be emphasized, rests the key to the palliation and cure of a large majority of diseases—perfect circulation through keeping the anatomical intact. Medical writers freely admit that “the back-bone of medicine is the absent factor” and “a fundamental frame-work to afford a fixed nidus for each discovery, wherein its true relation to other discoveries would at once become evident, is lacking.” Unquestionably, osteopathy will be the back-bone of future medicine therein furnishing the fundamental frame-work.



Dotted lines below the stomach show the extent of its prolapse and dilatation in some cases.

may occur independently.

Prolapse of the stomach means simply a downward displacement of the organ. This is apt to take place in those cases where all of the abdominal organs have gravitated. There is likely to be at least some dilatation of the organ, although not necessarily.

Weakness of the abdominal walls and of the supports of the stomach constitute the principal causes of the prolapse. Spinal deviations that impinge

In discussing the prolapse of the following organs, perhaps it should be noted here that all of the abdominal organs may be prolapsed as a whole. The intestines, stomach, liver, kidneys, etc., may actually prolapse together. This is more apt to occur in persons whose abdominal walls are thin and flabby. In women pregnancy is a common cause. When the abdominal organs have gravitated, the pelvic organs, also, are very likely to be disturbed and displaced; in fact, the pelvic organs are frequently disordered this way.

PROLAPSE AND DILATATION OF THE STOMACH.

Dilatation of the stomach is a much more common and serious affection than prolapse of the stomach. Often the two are associated, although the two disorders

or obstruct the nerve strands, or obstruct the blood and lymph supply to these strands, to the supporting stomach tissues is the most frequent cause of the ailment. General debilitating diseases as anemia, cancers, etc., are indirect causes of weakened organs with consequent displacements.

In DILATATION of the stomach the condition may be either acute or chronic. The former is found where immense amounts of food or drink have been introduced.

One of the principal causes of chronic dilatation is due to some obstruction to the opening from the stomach into the intestine, so that the stomach contents do not pass readily into the bowel. This leads to chronic disturbances of the stomach walls, and the food remaining in the stomach somewhat indefinitely weights down and stretches the walls of the stomach. The obstruction may be a tumor, a dislocated kidney, some stricture or adhesion from scar tissue resulting from ulceration or inflammation. The treatment of these cases comes within the province of surgical interference rather than other methods.

The second principal cause of chronic dilatation is due to muscular weakness of the walls from poor nerve supply. This is a common cause and osteopathy is very successful in curing these cases. The splanchnic nerves, the nerves supplying the stomach walls from the dorsal spine, are below par, usually from a slight lateral or posterior spinal curvature. The nerve force to the walls of the stomach not being normal causes atony of the muscles and dilatation results.

This nervo-muscular atony, also, results from a chronic catarrh, or from a general nutritional disorder as tuberculosis or anemia. The treatment of the former would imply direct correction of nerve and blood supply with attention to diet; the latter can be cured only through relieving the nutritional disorder of which the stomach condition is a symptom.

Dilatation of the stomach is most common in people of middle age or older. The disease is usually easily diagnosed. The symptoms may not be indicative of the trouble beyond showing that the stomach is disturbed. Indigestion, uneasiness, and nausea are common. Vomiting of large quantities of material from the stomach is likely to occur. The patient is generally emaciated, his skin is dry, the bowels constipated, and the urine scanty.

The DIAGNOSIS, as a rule, is not hard to make. Through the media of inspection, palpation and percussion, the careful physician will have little trouble to determine the size of the stomach.

This is a disease that osteopathy has been particularly successful in not only relieving distressing symptoms but in actually curing the disorder. I refer to the nervo-muscular atony type, for where there is obstruction due to stricture or tumor of the channel between stomach and bowel, resulting in stomach dilatation, the treatment, from the very nature of things, must be largely surgical.

The essential point to understand is the nerve supply to the stomach-walls is below normal, and a cure depends upon re-establishing a sufficient

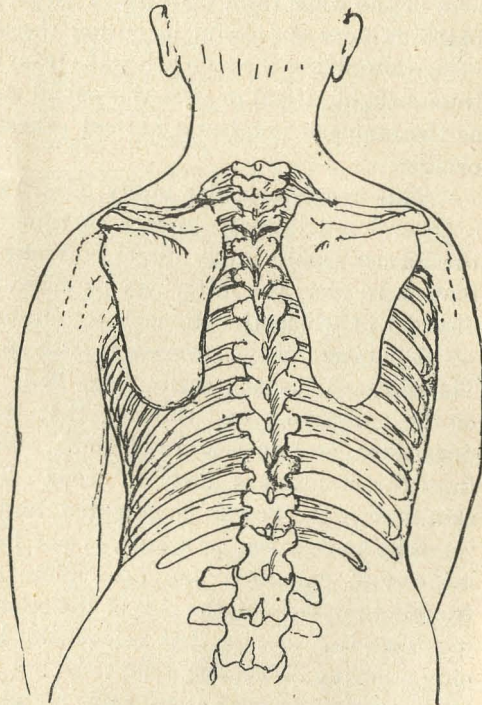
nerve force to the muscles of the stomach, so that the muscles will contract and through their tonicity the stomach regains a normal size and shape. This has been done time and time again in osteopathic practice. Stomachs that have been dilated several inches have, through osteopathic treatment, been entirely restored to function and organic integrity. To cure these cases is a matter of stimulating nerve control and blood supply to the stomach tissues, and, often of greater importance, removing spinal impingements to the stomach nerve fibers, thus allowing nature to fully assert herself. In reality, outside of so-termed surgical cases and other cases where the stomach dilatation is merely a symptom of general nutritional disorder, the primary treatment, by far, is the spinal one; this means readjusting vertebral malalignment and relaxing spinal muscles so that the stomach nerves will have full control.

Treatment over the stomach is a decidedly beneficial treatment; it aids materially in toning both abdominal and stomach muscles; still this treatment is mostly a secondary treatment.

Dieting is an essential. Careful dieting lessens the tendency to catarrhal inflammation and reduces the work of the stomach to a minimum. Still, nourishing food is necessary and the dieting can easily be carried to an extreme. Liquids should not be taken freely. Fatty and starchy foods should be eliminated. Give the patient food at short intervals. Various nutritious meats are excellent.

CASE A.—This is a case of a man forty-five years of age. A clergyman by profession. Had suffered for five years from stomach trouble. Nausea, vomiting, and emaciation were pronounced. Severely constipated, frequent headaches, and a constantly furred tongue. He had been a hard worker and took but little outdoor exercise.

An examination revealed that the stomach was dilated to about one half an inch below the umbilicus. Probably one-half an inch of this apparent dilatation was prolapsus. However, the stomach was dilated an inch and a half beyond normal measurements. (The lower border of the stomach is normally about an inch and a half above the umbilicus). From the fourth to ninth the spinal column was deviated about one-fourth inch to the right. The mus-



A swerve in the spine. A common cause for prolapsus of abdominal organs.

cles in this region were severely contracted.

Here was a case of stomach dilatation and prolapsus of a nervo-muscular atony type, and due to splanchnic nerve weakness from the slight spinal curvature.

It required five months' treatment, averaging two treatments a week, to tone, contract, and replace the stomach to normal function and position. The spinal readjustment was by far the principal treatment, then manipulation over the stomach, and dieting, out door exercising, and careful living completed the treatment. This was purely and simply a problem of toning and retracting atonized and apathetic stomach walls, its supports, and the abdominal parietes.

CASE B.—A lady fifty years old. Suffered from indigestion for seven years. Symptoms and physical signs revealed a typical case of stomach dilatation. The stomach was dilated to about two inches below the umbilicus.

The constipation was especially marked, owing to extreme stomach catarrh; the excessive mucus of stomach and upper intestines preventing the food from acting as a normal stimulus to stomach and intestines.

At the end of a year's treatment the stomach was retracted to about three-fourths of an inch above the umbilicus. Most of the symptoms were eliminated.

The progress of each case depends very materially upon the general health, the physical status of other tissues, constitution, inheritance, environment, age, etc. Some cases will yield in two or three months, others will require two or three years in order to obtain the greatest possible benefit.

THE PROLAPSED KIDNEY.

A prolapsed kidney is often termed a floating kidney, or movable kidney, or dislocated kidney. It is of common occurrence, especially in thin persons. Some authorities state that one woman out of every four has a floating kidney. It is more common in women than in men, and among the working class than other classes.

The condition is usually an acquired one, following severe strains from lifting, falls, injuries, etc. It is claimed by some that a floating kidney arises from congenitally weakened and relaxed tissues about the kidney, that is, the tissues that keep the kidney normally at anchorage. Thus a congenital looseness of the kidney would easily be a predisposing cause whence mechanical violence, repeated pregnancies, an enlarged liver, or tight lacing would act as an exciting cause.

Undoubtedly in some instances there is a congenital predisposition, the peritoneal fold attaching the kidney to the spine being loose and the capsule of fat retaining the kidney being scanty, but osteopathic experience has amply demonstrated that the tissues anchoring the kidney may become atonized and relaxed from lower dorsal spinal lesions. Rarely is a case presented to an osteopathic practitioner that does not exhibit two apparent characteristic causative features, viz: spinal irregularity in lower dorsal spine, and constriction of the zone about the waist, i. e., dropping and constricting of floating ribs. Furthermore correction of these lesions will almost invariably lessen the mobility of the palpable kidney.

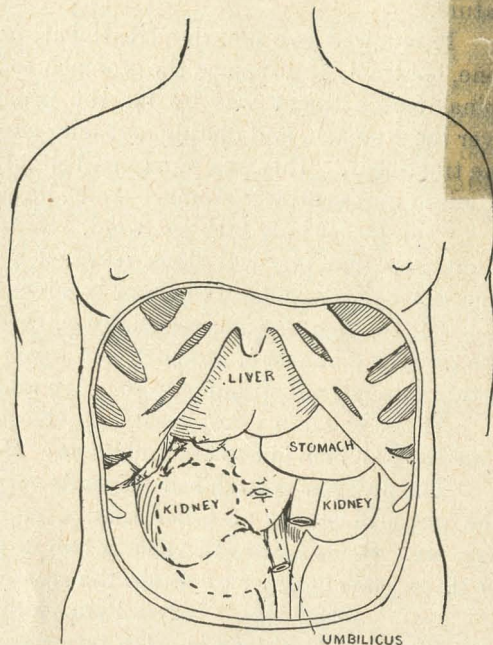
The symptoms of a floating kidney are many and variable. The kidney may be slightly movable or it may be so loose that one can easily grasp it through the walls of the abdomen. Most of the symptoms are of a nervous reflex nature. Indigestion, which is likely to be very persistent, flatulency, heart palpitation, painful menstruation, irritable bladder, etc., are the most common symptoms. Still, blueness, depression and morbidness are frequently present. The most distressing direct disturbance is the feeling of weight in the abdomen, especially on standing, running or lifting. Sometimes the ureter becomes twisted and severe pain, colic and even collapse occurs.

The DIAGNOSIS of a dislocated kidney is not a particularly difficult matter. A little experience coupled with the delicate sense of touch that the osteopath has acquired will readily detect abnormal mobility of the kidney. A point to always remember is that the kidney normally descends about one-half an inch with each inspiration. Care should be taken not to mistake a floating kidney for a movable spleen, although this is not likely as the shape of the spleen is different. The detail methods of examination hardly come within the province of this article owing to the necessity of technical description.

The TREATMENT of a movable kidney under osteopathic measures is usually successful. In the first place a number of cases require but little attention, simply toning up the general health, and especially directing attention to the abdominal walls and organs; there are a number of cases where the kidney prolapsus is incidental to general abdominal laxness and weakness.

In more severe cases, treating the spine, raising the floating ribs, carefully manipulating over the abdomen, keeping the bowels open, and lessening liver congestion should it arise, will suffice; in fact, will remedy a good percentage of the cases.

With others, a well fitting, medium width, elastic bandage with pad underneath will be necessary. In these cases the patient should be taught how to treat the abdominal organs, to manipulate the abdominal walls, and to replace the prolapsed kidney, particularly after going to bed; this can be done successfully by the patient and I have found it a wonderful help in obstinate cases.



The dotted line shows the position of a floating kidney. The kidney on the opposite side is seen in proper position.

I believe surgical measures for fixing the kidney should seldom, if ever, be resorted to. If the patient will live a careful life, avoid unduly straining himself, keep the bowels normal, and have the anatomical lesions corrected, he will come very near being entirely relieved, if not absolutely. Surgical measures are very often a failure. Surgeons are not operating for this trouble nearly so often as in years gone by.

CASE A.—Young lady twenty years old. For two years had a severe dragging pain in lower left abdomen. She was troubled with painful menstruation, obstinate constipation, and severe pain along inner side of left leg. Also, some palpitation of heart, headaches, and nausea.

Surgeons insisted that the trouble was due to a diseased ovary, and thought it best to operate.

Upon an osteopathic examination the left kidney was found very freely movable. The prolapsus was so marked that undoubtedly it caused congestion of left ovary and tube, for this congestion cleared up after a few weeks' treatment. Still, spinal lesions may have accounted for the ovarian disorder.

The spinal column from ninth dorsal to fifth lumbar was posterior. The eleventh and twelfth floating ribs, were displaced downward.

Two months' treatment to spine and over abdomen eliminated all symptoms and fixed kidney in normal position. The young lady has been remarkably well now for the past three years.

CASE B.—Man forty years of age. Suffered from floating kidney for ten years. The cause of the movable kidney was severe lifting. He had been to many physicians, several of which advised operation. The liver was greatly congested. Severe constipation. Considerable flatulency and catarrh of the stomach. Frequent headaches. Constant dragging sensation in right lower abdominal area. Patient was depressed and morbid.

The spine showed a short left lateral curvature from ninth dorsal to first lumbar. Floating ribs on both sides depressed.

It required two years' treatment of two or three months' periods, then resting from treatment for about the same period, to practically cure the case. Considerable of the success depended on his faithfulness in treating himself nightly as described under treatment. He wore an abdominal support.

LIVER PROLAPSUS.

This is commonly termed a floating liver. There is prolapsus of the organ as well as its being abnormally movable. It is not of frequent occurrence, women suffer from it much oftener than men.

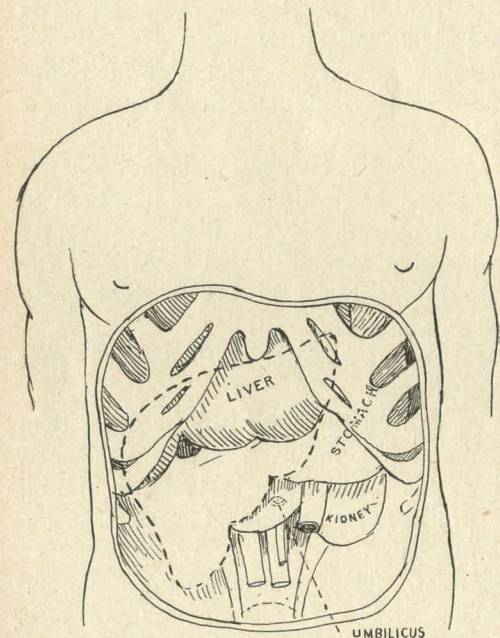
Normally, the liver is partially held in place, in the concavity of the diaphragm, by a number of peritoneal folds. The attachment of these ligaments is to the spine and the diaphragm, their principal function is to prevent extended lateral movements. Of greater importance in supporting the liver in a normal position is the integrity of the abdominal walls, and the position of the stomach and intestines. If the abdominal walls are of normal tone the liver is very apt to be in correct position. And the rest of the abdominal organs,

especially intestines and stomach, act as a cushion support. Often when the liver is displaced the remaining abdominal organs are, also, out of normal position and relation to each other; in fact, general prolapsus of the abdominal contents is a frequent cause of liver prolapsus. An additional support of the liver is a certain cohesion of the liver and diaphragm, and the elastic traction of the lungs.

Foremost among the causes that would predispose to inelastic and atonized abdominal walls are spinal irregularities, deviations, and curvatures, which impinge nerve force and obstruct blood supply to the abdominal parietes. Then these same lesions would weaken the ligamentous supports of the liver and lessen tonicities of the other abdominal organs, so that local or general displacements would readily be forthcoming. Strains, injuries, frequent pregnancies, etc., also act as causes that weaken the supports of abdominal tissues and organs. In a word it is very often the pendulous abdomen that is the immediate cause of a floating liver.

It is not common to find the liver displaced to the lower region of abdomen, the symphysis pubis. The ptosis is usually somewhat slight. The organ generally rotates on descent, the right lobe being the lowest portion, owing to the attachment of a ligament, the ligamentum teres, to the umbilicus. Probably in some cases there is a congenital tendency to relaxation of the ligaments, and, thus violent exertions and atonic and flabby abdominal walls are secondary but important factors.

The principal SYMPTOM of a floating liver is a tumor in the right side which may be very low down. Palpation will usually determine this. Then the abdominal walls are flabby. Pain and bearing down of the right side are common. There is apt to be considerable indigestion. Various reflex symptoms are often present.



Case of extreme prolapsus of the liver shown by dotted line.

The floating liver will seem larger than normal, as the liver is below the costal arch and much of it can be felt. Percussion will be of value in determining the extent of the disorder.

Much can be accomplished in treatment, especially where the displacement is of a lesser degree. Correcting the spinal lesions, toning up the abdominal walls, and replacing the displaced organs will be extremely effectual.

The abdominal bandage may be of service. Certainly abdominal exercises will be beneficial.

A point to remember is, stimulation over the abdomen beneath the right costal arch will cause the liver to contract and retract. This is of considerable osteopathic note. The liver will often recede at least a half an inch. This is a liver reflex (Abrams).

Surgery has attempted (of course) to correct displacements of the liver, but on the whole it is as yet experimental.

CASE A.—Lady forty years old. Had suffered from severe indigestion for four or five years. There was a constant pain and a dragging sensation in the right abdominal area. A slight jaundice was present at times. Obstinate constipation.

The abdominal walls were flaccid. The spinal column presented a slight posterior curvature from fifth dorsal to first lumbar.

The liver could be palpated about three inches below normal. Percussion over area between the lung and liver revealed a merging of resonant into tympanitic sound; the usual liver dullness over normal liver region was lacking.

This was a case of practically toning up a pendulous abdomen,—correcting flaccid walls and stimulating displaced organs.

After six months' treatment the liver had retracted two inches, and the digestive functions were restored.

A number of cases of lesser degree of displacement could be cited, but it seems hardly necessary to cite them here. Most of these are usually readily cured, provided there is no organic disease or dropsical tendency.

PROLAPSED INTESTINES.

Prolapsus of the bowels, as a whole, or, more frequent still, of a part, is undoubtedly the most common form of organ prolapsus we have to deal with. The intestines are so situated that they readily feel the effect of gravitative influences, of atonic and anemic states, and of weaknesses and disorders of other abdominal organs.

Spinal irregularities come first as potent causes of bowel prolapsus. Here the spinal nerves to the supports of the intestines, to the muscular coats of the intestines, and to the abdominal walls are hindered in their normal activity, and consequently those tissues are affected to which these nerves are distributed.

Wasting diseases as anemia, consumption, cancer and the like predispose to intestinal atony.

Then severe mechanical wrenches, strains, frequent pregnancies, tight lacing, heavy skirts, large abdominal tumors, obesity cause more or less general or local weakness.

The pendulous abdomen, from wrong or careless posture, and exclusive of other causes, is a common source of general bowel displacement. This form of disorder, besides being unsightly favors abdominal stoutness. I have known of a number of instances where simply voluntarily holding or "sucking" the

abdomen in place, until it becomes strong enough to support itself, reduced one's weight by five, ten or fifteen pounds. These were cases where most of the adipose tissue was about the abdomen. Thus exercising and toning the abdominal organs by keeping them in normal position rectified a dormant blood and lymph circulation, which was followed by absorption of the abdominal stoutness.

Congenital weaknesses are to be considered in a number of cases. The muscular ligaments may not be developed, the mesentery attachments may be too long, and various other abnormalities may result from congenital disturbances.

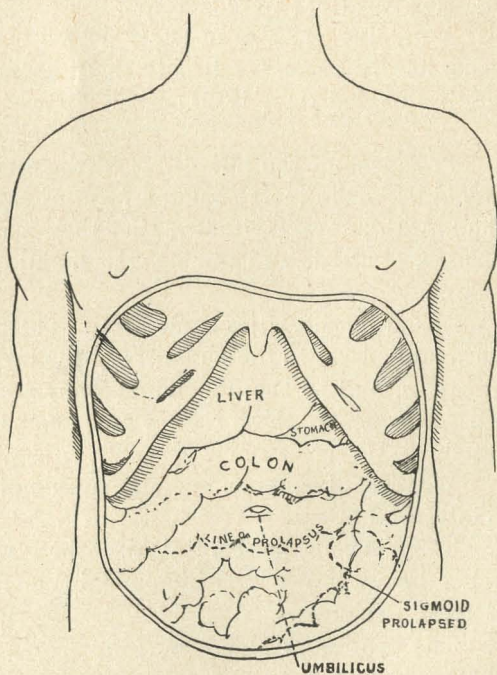
Of particular local interest to the osteopathist, outside of the bowels dislocating as a whole, are; first, the hepatic flexure, second, the ileo-cæcal region, third, the sigmoid flexure, fourth, the rectum, and fifth, hernias. Each of these sections are of separate interest and will be considered presently.

The SYMPTOMS are extremely variable. Constipation, a feeling of discomfort in the bowels, nervousness, depression, lassitude and anemia are frequent. Colicky pains in the intestines, indigestion, hysteria at times, are, also, among the symptoms. In reality a great variety of symptoms may be present. The patient is likely to be emaciated. In some cases exhaustion is marked.

DIAGNOSIS as a rule is not a difficult matter. The various neurasthenic symptoms in a lean patient with constipation, indigestion, and stomach and intestinal distress would lead one to suspect intestinal displacement.

The outline or contour of the abdomen will often reveal the character of the trouble. The atonic, thin and relaxed walls of the abdomen may readily give view of the displaced organs. Then careful examination by palpation and percussion will help very materially in the diagnosis.

THE HEPATIC FLEXURE:—This is a curve of the large bowel beneath the right costal arch. The bowel (colon) ascends from below upward to beneath this arch and then angles sharply into the transverse colon, which extends directly across the abdomen to the left side. The ligaments that support this flexure are apt to become weakened or stretched and allow a descent of this section of the bowel, which is followed by consti-



Prolapsus of transverse colon and sigmoid flexure.

ipation, indigestion, etc. The ligament especially involved here is called the colo-hepatic ligament.

THE ILEO-CÆCAL REGION:—This is a section of bowel low down in the right "corner" of the abdomen. It is an area that readily becomes congested and catarrhally inflamed, especially from constipation or impaction at this point. The section often becomes atonic and prolapsed with resultant clogging of fecal matter. Owing to the close proximity of the vermiform appendix the well known disease, appendicitis, frequently results from the above condition.

The osteopath can do much in these cases of appendicitis.

Lesions are invariably found in the lumbar vertebræ or the floating ribs are depressed. Immediate and almost universal good results are obtained in these cases.

THE SIGMOID FLEXURE:—This is a part of the descending colon, located low down on the left side, that empties into the rectum. It is shaped like a reversed letter S. The fecal mass frequently becomes impacted here, owing to a settling or prolapsus of this part. In some cases the prolapsus is so marked that it extends to the rectum below and drags on the splenic flexure above.

Lumbar and innominate lesions are the usual causes, although, it seems in a number of instances, that relaxed walls of the abdomen caused a "contraction of the diaphragm resulting in kidney displacement and followed by intestinal prolapsus." The vertebral lesions, I am inclined to think, first weaken the muscular coat of the bowel, then, second, the bowel supports (other than its own inherent tonicity) and the abdominal walls.

THE RECTUM: Prolapsus of the rectum is of such separate importance that we will but partly outline it here. As stated above a source of rectal displacement arises from the section of the bowel above settling downward and ultimately causing invagination of one or more coats of the rectum.

The dislocations of the coccyx in various directions is a potent cause of rectal disorders of several kinds. Lumbar lesions, especially twists between fourth and fifth, and fifth and sacrum are common causes of rectal weaknesses. Slips of the innominata are other sources of prolapsus.

Osteopathy has had marked success in rectal prolapsus. Cures may result from the single treatment to readjust the coccygeal displacement or temporarily relieve excessive physiological activity by dilating the rectal sphincter, to the treatment demanding a number of months work in correcting general abdominal prolapsus.

HERNIAS:—A hernia is "The protrusion of a loop or knuckle of an organ or tissue through an abdominal opening." Every one knows that two of the common hernias of the intestines are inguinal and femoral. These conditions are most often acquired from severe straining, so that a loop of the bowel protrudes through a weakened and stretched area of the abdominal walls.

Mention of hernia is here made because, in a way, it is a form of bowel prolapsus, that is, a limited form; and, secondly, osteopathy contains certain possibilities for a successful treatment. I desire to mention three cases of hernia,

two femoral and one inguinal, that have been greatly relieved by osteopathic treatment. They are given simply for whatever they may be worth. Heretofore hernia has always been looked upon as purely a surgical disorder, i. e., remedial to surgical measures only. If a truss fails to give relief surgical interference must be resorted to.

These three cases were subjects of osteopathic experiments as far as the hernia was concerned. The hernia was treated incidentally to other troubles. The first was an incipient femoral hernia in a man sixty-two years old. This was of about one year's standing. Through careful abdominal exercises, massage to the tissues about the hernia, careful attention to the bowels, spinal nerve stimulation corresponding to the weakened tissues, and avoidance of strains, six months of treatment strengthened the relaxed tissues and eradicated all signs of a hernia.

The second case is a man of sixty-five years old with well developed femoral hernia. Had worn a truss for ten years. This case was treated eighteen months, more or less irregularly, for an anemic condition. He fully recovered his general health. At the end of this time the hernia had disappeared and truss was discarded.

The third case was in a man fifty-two years old. Had worn a truss for inguinal hernia for three years. At the end of four months' treatment hernia had disappeared. His primary treatment was for constipation and general toning of the system.

These cases as has been stated are given for what they are worth, certainly not with the supposition that all hernias are amenable to osteopathic treatment. But it shows the possibility of curing a certain percentage, at least where the system is "run down" and the rupture is due to a certain laxness and prolapsus of a section of the abdominal walls and intestine. Of course, strains would bring back the condition again. But I see no reason why bracing up the displaced intestines and toning the stretched muscles at fault will not help materially in a number of cases.

Two cases of considerable interest that have come within the experience of the writer might be mentioned. They are out of the ordinary, although of the character of a hernia. These are two cases in women of bowel obstruction due to a loop of the intestine prolapsing into the space back of the uterus. The symptom that led to the vaginal examination was a heavy dragging pain low down in the center of the abdomen. The vaginal examination revealed an incarcerated loop of the bowel into the cul-de-sac back of the uterus. Careful lifting of the loop by pressure within the vagina and traction from above with a hand outside, when the patient was on her back with the buttocks elevated, gave very speedy relief.

TREATMENT OF INTESTINAL PROLAPSUS:—The treatment of the prolapsed bowels represents those measures that will replace and keep into position the displaced organs. Naturally, the spinal and abdominal treatments come first; this strengthens intestinal ligaments, tones intestinal muscles, and contracts

the abdominal parietes, and at the same time the bowels are regulated, digestion and nutrition improved, and the general health built up.

In some cases abdominal supporters will be of value. Right living, which is represented by proper diet, sufficient out door exercise, regular habits, is invaluable.

The really specific treatment is to correct spinal, rib and innominate deviations and abnormalities. But direct local work will be in many instances necessary. General abdominal manipulation is good, but this should be supplemented by careful local treatment. The hepatic flexure requires a direct stimulating and replacing treatment. The ileo-cæcal section should be raised, stimulated and emptied of the fecal mass. Direct upward manipulation of the sigmoid flexure in the left iliac fossa and of the splenic flexure beneath the left costal arch is extremely efficacious. Care must be taken not to bruise the parts. Getting beneath the prolapsed area and gently and intelligently raising the bowel so that it is emptied, toned up, and vascular congestion relieved, are the indications. This requires careful work and the necessity of gentleness can not be emphasized too much. Still in all of this treatment we should never forget the absolutely essential spinal readjustment.

Rectal prolapsus requires local internal treatment, external tissue re-education, especially the coccyx, an innominatum or the lumbar spine, and, of much importance, deep, careful and thorough work over the sigmoid section.

Cases of bowel prolapsus are so common and such an every day experience with the osteopath that it does not seem necessary to cite any cases. The osteopathic treatment is of great value in these cases and a successful issue is very often the result. Cases of a pendulous abdomen, of obstinate constipation, of chronic indigestion, of many nutritional disorders, of feeling pain, weight or dragging, locally or generally, in the abdomen are very apt to be suffering from prolapsed intestines.

A number of cases of bowel prolapsus are associated with general prolapsus of the abdominal organs, that is, displacement of the stomach, kidneys, liver, spleen, etc. This general condition is termed enteroptosis or Glenard's disease. It usually requires many months to treat it successfully. These patients are neurasthenic, mal-nourished, and often hysterics. The symptoms from which they suffer are innumerable. Mechanical weaknesses, lowered vitality, poor innervation and blood supply, and auto-intoxication are causative factors.

THE PROLAPSED UTERUS.

"Falling of the womb" is of common occurrence. The prolapsus may be incomplete or complete; the latter when the organ is presented to the external world. Of special interest to us here are those affections or producing causes exclusive of surgical diseases. Prolapsus of the abdominal organs upon the pelvic organs is a common cause of uterine prolapsus. The abdominal prolapsus crowds uterine space, congests the uterus, weakens the ligaments, and drives the uterus downward as a wedge.

Lumbar spinal curvatures are frequent causes of prolapsus as well as other displacements of the uterus. In this region vaso-motor nerves, nerves that control the circulation, to the pelvic organs make their exit, and, consequently congestions, inflammations, and weaknesses of supports are results. Also, slips of the innominate disturb the pelvic circulatory balance.

Weakness of the womb support from below, vaginal walls and perineum, most often arises from lacerations at child-birth. Still the vaginal walls may become relaxed through other causes. Tumors and extreme congestions are causes of prolapsus. Heavy lifting is quite a frequent source of uterine displacements.

Osteopathy is very successful in uterine prolapsus, in fact any displacement of the uterus not of a surgical character.

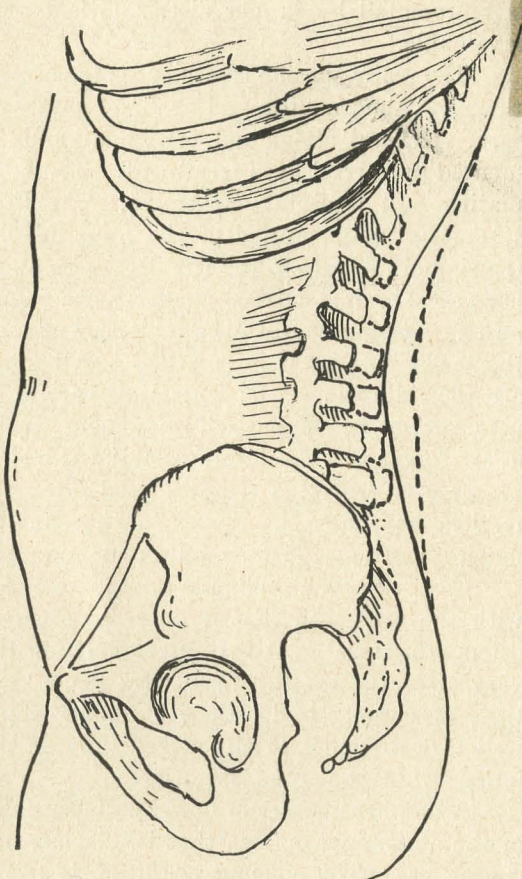
Correction of the external causes is first necessary. Then local treatment to replace, tone, and relieve congestion, and break up adhesions is necessary. Still the external treatment is usually the primary treatment. Local work is not always even necessary. Lacerations and other surgical indications, of course, require surgery.

The two causes of special note are lumbar spinal irregularities and abdominal organ prolapsus.

OVARIAN DISPLACEMENTS.

The ovaries may be prolapsed, the left much oftener than the right. When prolapsed it drops backward, downward, and inward.

Ovarian congestion, tumors, retroverted or retroflexed uterus, tubal disease, and pregnancy are among the principal causes. Back of these congestions, tumors, and uterine displacements are the osteopathic causes, particularly spinal and rib lesion from the ninth dorsal downward. Specific lesions at the ninth and tenth dorsals and corresponding ribs affecting directly ovarian



Dotted lines show a posterior condition of the lumbar spine. This abnormal position of the spine is frequently found in cases of weakened abdominal muscles.

tissues, and lumbar lesions and abdominal prolapsus causing uterine and tubal tissues, are the most frequent osteopathic causes.

A retroverted or retroflexed uterus is often found in these cases. These uterine displacements drag down upon the ovary and cause its descent, and, also, disturb ovarian circulation.

As has been stated the left ovary is more apt to be displaced than the right. This is owing to the absence of a valve in the ovarian vein on the left side, and, also, this vein opens at a right angle into the renal vein; this anatomical feature easily leads to passive congestion of the ovary, and thus to diseases of the organ. Then the rectum is on the left side and large fecal masses are apt to crowd against the ovary, which tends to its displacement.

Thus it is readily seen that osteopathic treatment is very applicable to ovarian displacement unless the indications are surgical. A more or less constant burning or sharp pain in the ovarian region with probably some feeling of weight, profuse and painful menstruation, depression, irritableness, etc., are diagnostic. However, a local examination will readily reveal the status of the ovarian position and congestion.

The same treatment as in other organ prolapsus is indicated; toning weakened tissues, relieving congestions, replacing the organ, with careful attention to the bowels and the general health.

There are no tissue disorders, no matter of what part of the body, wherein osteopathy is more thoroughly indicated and the results more generally satisfactory than in prolapsus. And especially should it be remembered that many vague intestinal and pelvic disorders and even urethral and bladder disturbances may be traced to bowel dislocations and excessive kidney mobility in which osteopathic measures are often successful.

OSTEOPATHY AND SURGERY.

WILLIAM W. BROCK, D. O., MONTPELIER, VT.

After reading the numerous letters of congratulation on the inauguration of the three year course in the February Journal of Osteopathy it does a man good to read Dr. McConnell's letter and the common sense way in which he looks at the subject. The numerous arguments to devote the third year to surgery seem rather ridiculous to me after thinking back over my six and a half years' practice and recalling the cases, where if I had been a surgeon I might have used surgery and the comparison of results.

The first case I remember, which might be called surgical, was a baby three weeks old. The nurse in turning the child over in her lap, caught the arm and dislocated the acromial end of the clavicle. It was very sore as the arm had been examined and handled a number of times and hurt in this way, and therefore considering the age, a very hard case to treat.

After adjusting the clavicle, by the use of splints and bandaging the arm in place, obtained good results.

The second case was the fracture of the neck of the femur in a man over

seventy years old, caused by a fall on an icy sidewalk. He had been in feeble health for many years. After he began to walk the shortened leg produced a curvature. An extra thick sole on the shoe to make up for the short leg and a little osteopathic work and he gets around very well, and no pain. A good surgeon said, "As good result as could be expected at that age."

The next case was an abscess of the parotid gland in an elderly woman, whose general health was such that even the osteopathic treatment could not right. I turned the case over to a surgeon. In opening the abscess he severed the nerve supply to the muscles of the cheek. It was a long time in healing. I saw the case after, and was glad it was not my work.

Fourth case, boy with fractured radius, charity case. Sent case to surgeon.

Fifth, case of appendicitis, boy. Surgeon was called and said appendicitis and peritonitis. Wanted to operate. Said patient would not live twenty-four hours. Made special call to see the father to tell him this fact. That was January, 1902. He is well and strong today and has never had another attack. I treated the case just a week. No operation was necessary.

Sixth, appendicitis, male, weight, two hundred and forty pounds. Age about forty. February, 1902. and no other attack since.

Seventh, fractured rib. Strapped the side with surgeon's plaster. The rib is now all right.

Eighth, hemorrhage in the eye-ball. Surgeon called, left boracic wash. Pain was extreme. Called me. In less than an hour had pain entirely stopped.

Ninth. About three weeks ago was asked to examine fracture of the radius, which I sent to a surgeon.

Tenth, hemorrhage of the retina, could not read large script type in my diploma four feet away when I took the case. In a week's time he could read the whole diploma, signatures and all. Surgeon who had treated the case did not know that he had had any osteopathic treatment. Said he never saw such improvement in that length of time.

Eleventh case: Boy three years old, inflammation of the cornea. Results good. I corrected the condition in less than three weeks with the best of results. In treating this case, I found as I finished my treatment each time, if I made the child cry a little, and there was a good free flow of tears, it washed the eye free from all discharge in good shape. The year before, this same child lost the sight of the other eye from the same cause in the hands of a competent surgeon, who treated the case a number of months.

You will notice in this discussion, that I have not made mention of any gynecological cases. We get so much better results than a surgeon that I do not think comparison is necessary. Out of the eleven cases that I have mentioned, I obtained good results in eight. Of the three sent to the surgeon, one was a charity case, in the second it was impossible to get good results, and the third was the only one I did not treat, in the eleven cases in six and a half years' practice where good results could have been obtained. In the other eight cases, saved patient's life and operation in two and no attack in three

years. Third case, stopped pain that surgeon could not, and fourth, surgeon acknowledged that I absorbed hemorrhage faster that he had been able to. Fifth, saved the eye in less than two months treatment. Eye all right today. Surgeon lost sight of other eye and treated the case for months. Other three cases, best of results. Perhaps others have had more opportunities but these are the facts in six and a half years of my work. How would I have been any better off had I been a surgeon? If it were known that I were a surgeon, I might have had more surgical work but if I had had double that number of cases it would not be four cases a year. It would not pay for one's equipment. It would not give practice enough to make one an expert in his work.

Now do not take it that I do not believe in surgery. I do. But I don't believe that the time is ripe for the osteopath in general to take up surgery. There is not a large enough percentage of the general public who know what osteopathy is. The demand is not great enough at the present time. In going to an osteopath one makes a departure from the old well trodden paths. Going to the osteopathic surgeon is a step few would take at the present. Such a step will come in time. In the large cities where there are many D. O.'s. to supply you with cases it would be different.

Instill in the student's mind the real foundation principles of the science, keep him at it long enough until he knows what osteopathy can do and what he himself can do as an osteopath and not go over things lightly in a general way so that when he goes out as a practitioner and does not get results because he cannot diagnose his cases, because he does not know what a lesion is, because he does not find the cause of the trouble, so what else could you expect?—wants an M. D. degree, electricity or that hammer machine of a vibrator, for the very reason that he never understood the principles of osteopathy. When the time comes and a good majority of mankind understands what osteopathy is, what a D. O. can do and the results that an osteopath can get, not from hearsay, but from their own personal experience, there will be a demand from those patients for the D. O. to do their surgical work. The percentage that do know what osteopathy is, is increasing every day and at the present rate it would be not so very many years before the majority will know, which will create the demand and that is the time I believe for the osteopath is general to take up surgery, and until then I do not believe he could earn his salt except in the larger cities through the kindness of his brother D. O's.

These fellows who want to broaden out seem to me a good deal like the fellow who gives a general treatment, first one side of the spine, then the other, but never gets any results with a case, because he never gets deep enough to find the cause of the trouble.

Since writing this, I have successfully treated a case of appendicitis and saved an abscess formation while the M. D's. here in the last month or two have had a number of cases of about the same severity and in almost every case they have operated and have had one or two deaths. I have three cases now that when I took them had a good deal of pain and soreness in the right side and constipation, which if allowed to continue without treatment might have resulted in appendicitis, but are all improving and nearly righted.

PATENT MEDICINES.

REUBEN T. CLARK, D. O., NATCHEZ, MISS.

In Leslie's Magazine of March, 1905, issue under the heading "The Making of a Medicine Man," Mr. Philip Loring Allen handles this subject in a comparative way the force of which is easily comprehended by the average layman.

Quoting from this article in part the author says: "\$59,611,355 worth of dosing a year. You can get at its magnitude by comparing it with other commercial enterprises of importance. Take all the cocoa and chocolate in this county in a year, add all the blacking and bluing, the flavoring extracts and axle grease. Take next a year's product of that beet sugar industry, which was important enough to hold up a great treaty for two years in the congress of the United States.

"Throw on all the glue, the refined lard, the castor oil, the perfumes and cosmetics and the kindling wood. Finally put on top of the pill, the entire output of ink and mucilage. The total value of this accumulation will still be less than that of a year's product of what we call 'Patent Medicine.'"

Probably the popular use of so many medicines can be better understood after reading the report by the Massachusetts State Board of Health, giving the percent of alcohol in each.

The analysis is as follows:

Percent of alcohol by volume:

Lydia Pinkham's Vegetable Compound.....	20.0
Paine's Celery Compound.....	21.0
Dr William's Vegetable Jaundice Bitters.....	18.5
Whiscols.....	28.2
Goldens Liquid Beef Tonic.....	26.5
Ayer's Sarsaprilla.....	26.2
Hood's Sarsaparilla.....	18.8
Peruna.....	28.5
Vinal, Wine of Cod Liver Oil.....	18.8
Dr. Peter's Kuriko.....	14.0
Howe's Arabian Tonic.....	13.2
Jackson's Golden Seal Tonic.....	19.6
Parker's Tonic.....	41.6
Burdock Blood Bitters.....	25.2
Hortshorn's Bitters.....	22.2
Warner's Safe Tonic Bitters.....	35.7

Glance again at this array. What! You don't like it? Well then go after the Massachusetts State Board analysisist.

I wonder how many good brothers and sisters would "swap" their bottle of private brew for a bottle of "Blue Ribbon" or "Budweiser" which contains less than three per cent of alcohol?

When an advertisement sells a medicine rather than its merits, then the

purchaser is the party Mr. Barnum was referring to when he said that the American people like to be buncoed, for there is no case on record that has ever been cured by reading about Tonics, Bitters, Nervines, etc., yet many a one has been made to believe himself sick by reading these same advertisements about spots before the eyes, backache, that tired feeling, etc.

A clever remark by a local wit, "Oh! these doctors—the Surgeon will knife you, the M. D. drug you, the Electrotherapist will tickle you, the Hydrotherapist will wash you, and the Osteopathist will rub you. It's a wonder we are not dead."

If you would be well and keep well take lots of fresh air and more exercise, all other pursuits of life in moderation.

But should you become sick, then seek out the therapeutic measure which will most help nature in its reparative work. The Almighty has set up within the body the most perfect chemical laboratory, the forces of which cure. While the most that any physician can do is to assist the efforts of nature by centering one's recuperative force to the diseased part. This the osteopathist does by his manipulation based upon a thorough knowledge of the human machine.

"Function makes structure." Pathological structure produces symptoms by which the patient knows he is sick and the physician recognizes the disease.

If you wait until every other school of medicine fails with your case and then consult an osteopathic physician, this delay puts him at a disadvantage,—still "where there's life there's hope."

OSTEOPATHIC BRIEFS.

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

Wisdom is to the mind what health is to the body.

* * *

He who squanders health is the spendthrift of happiness.

* * *

The best thing to put away for a rainy day is good health.

* * *

All medicine in the world cannot be substituted for exercise.

* * *

Skilled osteopaths not only cure and prevent disease but they teach the art of keeping well.

* * *

Osteopathic treatment never forces but removes barriers and obstructions from Nature's pathway.

* * *

The skillful osteopath plays upon the different parts of the human anatomy as an adept musician upon his harp, tuning it and making all the parts respond and act in harmony.

If you would escape that annual attack of hay fever anticipate the season and begin osteopathic treatment.

* * *

Save your kidneys and heart through osteopathic treatment and thus avoid constipation, rheumatism and kindred troubles.

* * *

For twelve years osteopathy, skillfully applied, has been transforming broken down nerves and mental wrecks into sound, healthy and vigorous types of manhood and womanhood.

* * *

After the hens have stopped laying is no time to begin saving the eggs, neither should you wait till health is lost and you are bedfast to begin osteopathic treatment.

* * *

There are more sheep in the practice of medicine than one would imagine, not that they are often shorn, but that miserable disposition to leap after the other fellow, right or wrong.

* * *

Nature's way of doing things is always the best and whatever assists her most in ridding the human body of disease is the sane and right way and she demonstrates it plainly through her hand-maid, osteopathy.

* * *

Never get angry; it is not worth while. Never worry; it does no good. Learn to be merry; this is one of the parts of true beauty. Let the peaceful smiles of joy chase away ugly wrinkles and physical blemishes.

* * *

An old time saying, "It takes a rogue to catch a rogue" applies to internal drugging. The rogue is seldom if ever caught and the sufferer is burdened with two rogues instead of one to hamper Nature and retard recovery.

* * *

Osteopathy replaces weakness, languor, despair with strength, energy and hope; it revives the tired, befogged brain; banishes gloomy forebodings and brings back the force and power of youth. The dull, listless eyes become bright; the pale, sallow cheeks grow ruddy and glow with health.

* * *

Remember while in quest of health that osteopathy is Nature's best helper. If you have health you are blest, but for the sake of suffering friends you should investigate osteopathy and carry the good news to them. If you are afflicted, seek at once and unceasingly, with all the hope you can muster, to restore proper structural adjustment through osteopathic treatment and health will follow.

* * *

"There is a tide in the affairs of men, taken at the flood, leads on to fortune." Today your case may be amenable to osteopathic treatment; tomorrow may be too late. The human nature of it is to delay. Time, tide and

health wait for no man, and there are no exceptions to the rule. Take steps at once to fortify against disease.

* * *

The instinct of repair is in every living thing but the power of repair is often deficient. What is needed to recover is not greater power to live but more power with which to live. The power that created life is the force within; the producing power is the only healing force in Nature and this recuperative force is set free and properly distributed by genuine osteopathy which is based upon the infallible laws of Nature.

* * *

As competent osteopathic physicians we are convinced of the utter absurdity of trying to restore health by using as a remedy anything which will derange physiological action or lessen the general vitality. It is the purpose of osteopathic treatment to aid the remedial efforts of the body to throw off all hurtful matter and resist any developing of disease within it. The system revolts in reaction against the injurious presence of drugs that it may rid itself of this its greatest enemy to health and life, hence it is our opinion that all therapeutic endeavor should consist of only such means and measures as are in keeping with Nature and that these same means which will maintain and promote the health of well people will remove disease if that at all be possible. Therefore we hold that the theory of disease as being some external thing, substance or cause that attacks its victims and must be overcome and destroyed by drug medication is on a false basis. The osteopathic theory is that disease is due to obstructions caused by anatomical derangements to which the body structure is subjected in the process of life; that each organ makes remedial effort in its own peculiar way and that the enemy, especially drugs, is thrown out in the line of least resistance and that the only curative power lies within, not outside the individual, and this healing power can only be assisted by supplying conditions that the vital forces can use in the process of purification and rebuilding. This is common-sense and in accord with the laws by which the health of those already well is regulated and maintained.

"Mrs. Leffingwell's Boots."

ST. GEORGE FECHTIG, D. O., NEW YORK CITY.

One of the greatest educators has always been the stage. From it the world receives its fashion and on it many of the most serious questions of the day, philosophy, politics and religion are held up to view and criticism.

Mr. Augustus Thomas in "Mrs. Leffingwell's Boots" has given to the New York public an explanation and demonstration of osteopathic adjustment that has quite startled it.

The N. Y. Telegram says:

"Whether he believes in osteopathy or not is not a matter of very great importance, but he certainly drew from the disputed science a dramatic situation that in its novelty and its insinuating possibility overmastered an apparently incredulous audience. Had Sardou written the scene in which, before the full view of the audience, the man is treated for an injury that has caused him to be morally wrong for years there would have been agony piled on agony, and the nerves of the witnesses would have been almost rent

in twain. In 'Mrs. Leffingwell's Boots' the scene was led to quietly, convincing almost imperceptibly, and when it was over the audience looked as though it had enjoyed as much of a reality as one can enjoy when looking into a three sided room.

"That was one of the daring things Mr. Thomas did last night. One of the others was to end what was called a farce comedy with a line that gave the whole play a reason and a purpose and a poetry that placed it among the finest American comedies of the day."

Mr. Thomas by using the incident around which the play is built up has demonstrated his faith, his belief, in osteopathy. The science is treated with the greatest consideration, and facts which in less capable hands might have lent themselves to pure comedy, are received with respectful attention by all.

The osteopathic part of the play is taken from the history of a case recounted by Dr. Charlie before one of Dr. Clark's classes last spring. It has been skillfully used by America's greatest dramatist, and cannot fail in advancing an interest in and knowledge of osteopathy.

The Lyceum Theatre is one of the best in New York. The cast chosen is each specially fitted for the part,—beautiful women, beautifully gowned and night-gowned (the second act showing them just out of bed), witty dialogue, keen humor, comedy almost ending in a farce offer one of the most enjoyable entertainments in the city.

The villain, Dick Ainslie, whose sister Mabel is engaged to Walter Corbin, the hero, had been injured while in College, which resulted in complete change of his character. Corbin who had been his chum and friend became his special aversion, and the target for his mischievous spite. To this end, in a hotel at Bar Harbor, Dick places Mrs. Leffingwell's boots in the fireplace at Corbin's window, thus leading Mr. Leffingwell to suspect his wife's fidelity and incidentally brings about the complications in the play.

Mr. L. had used every means to hush up the scandal, with the usual result. Mabel has broken her engagement with Corbin. This is the situation when all the interested meet at Mr. Bonner's the night of a blizzard.

Dr. Ramsey, father of Mrs. Bonner, and an old medical doctor, tells Corbin how he was cured of insanity by osteopathy and later went to Kirksville when the first classes were formed to study. The history of his case as related to Corbin was as follows: He had a family horse which he was in the habit of giving a lump of sugar each morning before driving. One morning the horse having on her blinders, suddenly turned her head, and with it struck the doctor's head, causing a lesion of the atlas and axis. It resulted in insanity for which they dosed and blistered him in the usual medical way, but without success. He grew steadily worse, and was advised change of climate and scene as a last resort. His wife was taking him to California to place him in a sanitarium, when through a railroad accident they were detained in a small Missouri town. The heat was intense. The patient became violent and it became necessary to have a medical attendant. The doctor came, a tall typical figure, who, instead of dopping the patient, made a physical examination—discussed the lesion and in a few moments had corrected it.

Cured—the happy man filled with gratitude returned east and spread the good news of the new treatment among his friends.

After hearing this story, Corbin tells Dr. Ramsey about Dick's injury, and asked his opinion as to the possibility of a cure. The doctor tells him all depends upon the cause, and says he will be glad to make an examination.

This is very difficult—seemingly impossible as Dick's aversion to Corbin causes him to avoid meeting him. Fate, however, plays into their hands.

Dick in his effort to get money attempts to rob the house, or rather take some jewels from his sister, which she had refused earlier in the evening to give him, and is caught by Corbin and the doctor—bound and treated per force. The relaxing treatment of which they speak is given off the stage but the actual adjustment is made in full view of the audience.

The cure is almost instantaneous. The evil deeds which were but the outcome of a disordered mind are explained, and all are happy.

Program of Meeting of the Greater New York Society Held at the Fifth Avenue Hotel, March 18th.

Meeting called 8:20 o'clock.

Report of the Secretary, Evelyn K. Underwood, Manhattan.

Innominate Subluxations, W. L. Buster, Mount Vernon, N. Y.

Discussion led by Frank F. Wilcox, Plainfield, N. J.

What is a Contractured Muscle? Fred Julius Fassett, Boston, Mass.

Legislation and a Report of the Hearing at Albany March 1st, and Trenton, March 7th. Charles Hazzard, Manhattan, Forrest P. Smith, Montclair, N. J.

* * *

The Indiana Legislative Situation Improved by Reciprocity.

DR. GEO. M. LAUGHLIN,

Kirksville, Mo.

DEAR DOCTOR AND FRIEND:

In behalf of the Indiana Osteopathic society, I wish to thank the A. S. O. for the help they so readily extended us in our legislative fight, by sending Drs. Young and Hildreth to appear before the health committees. While, as you know ere this, we failed to get what we wanted, we have given the M. D's. a "run for their money," and the publicity given osteopathy by the press all over the state has been a great educator for the laity. Our law secured the right to be examined for license, to those now practicing in the state, and gives the osteopaths a member on the existing medical board. The governor has just appointed Dr. J. E. P. Holland, of Bloomington, as the representative from our school. The medical law grants the applicant for license the right to choose the member of the board from whom he shall be examined in four or five of the subjects, all other subjects to be in common with all schools of medicine. I enclose you a letter received by me from Dr. Gott, secretary of the examining board. You will see that osteopaths practicing in Michigan, Wisconsin, Iowa, Nebraska, Kansas, Kentucky, Ohio, and Illinois under license from their state board, may come to Indiana under the reciprocity clause of the Indiana law, providing they have practiced one year in the state from which they received license.

We hope another time to be able to report a better law, but we are gratified to have more than held our own with the medics this time.

The new three year course receives commendation on all sides, and when in operation will be of much assistance in securing osteopathic legislation. I trust the A. S. O. will lead the others in making the additional year of practical benefit instead of merely "doing time" one year more.

FRANK H. SMITH, D. O.,
President.

Kokomo, Ind., March 17th.

Dr. Gott's Letter.

CRAWFORDSVILLE, IND., Feb. 10, 1905.

DR. FRANK H. SMITH,

Kokomo, Indiana.

DEAR DOCTOR:

In reply to your letter of the 6th inst., I have to state that Indiana reciprocates with the states of Michigan, Wisconsin, Iowa, Nebraska, Kansas, Maine, Kentucky, Ohio and Illinois. The last two named states reciprocate on the basis of an examination only; I mean by this, they will not reciprocate upon certificates issued on diploma by any other state. The other states mentioned will reciprocate either upon the basis of an examination, or upon diploma.

Very truly yours,
W. T. GOTT, M. D.,
Secretary.

* * *

Dr. Holland Issues Circular Letter.

Immediately following his appointment Dr. Holland sent out the following circular letter, to every osteopath in Indiana, pledging himself to faithfully support the interests of the osteopathic profession:

BLOOMINGTON, IND., March 18, 1905.

MY DEAR DOCTOR:

As you no doubt know ere this, I have been appointed by the governor as the osteopathic member of the state board of medical registration and examination.

I wish to assure every reputable osteopathic physician in the state that I pledge myself to give him or her a square deal. I take this stand for those outside the state society as well as for those who are members. I also take this means of thanking all

who so ably supported me in getting the appointment. For those who worked for others than myself, I assure you that I hold no malice, and the most earnest consideration will be given them.

I will make it a vital point to be present at every meeting of the state society, and will ever be ready to explain my actions and to receive advice.

Let me urge every unlicensed osteopath to take the state board examination. We need you all in the state, and I conscientiously believe the state board will give you all a square deal.

I would like to see every D. O. in the state present at our next meeting, May 5, at Indianapolis, in order that we may all understand our law, and that we may go over this matter vital to all of us.

I am ever ready to answer all questions relative to this matter that you may see fit to ask. With best wishes, I have the honor to be,

Fraternally yours,
J. E. P. HOLLAND, D. O.,
Secretary I. O. S.

* * *

The New Indiana Law.

A bill for an act in regard to the State Board of Medical Registration and Examination and concerning eligibility to examination before the Board.

Section 1. Be it enacted by the General Assembly of the State of Indiana that within sixty days after this law goes into effect, it shall be the duty of the Governor to appoint an additional member of the State Board of Medical Registration and Examination which board shall thereafter consist of six members; each of whom shall serve a term of four years, and until his successor shall have been appointed and qualified. The additional member so appointed shall be a reputable practicing physician, and a graduate of a reputable school or college of the system by which he practices, and shall belong to some school or system of practice other than those which are now represented upon said board, and his successors shall in the future always be of some school different of that of the remaining members: Provided that any osteopathist now practicing in and resident of the State of Indiana, and

holding a diploma from a reputable college of osteopathy, as determined by the State Board of Medical Registration and Examination, shall be eligible to an examination on proper application to the said Board, and should he pass the examination, he shall be granted a certificate for a license to practice osteopathy in the State of Indiana.

* * *

No Opposition in New Mexico.

A bill to create an independent osteopathic board has passed both houses of the legislature in New Mexico without a dissenting vote. The bill which we publish in this issue of the Journal was framed by Dr. C. H. Conner, of Albuquerque, who has been engaged in the practice of osteopathy in New Mexico for the past three years. The Albuquerque Daily Citizen of recent date says:

"The appointment of an osteopathic board by Governor Otero marks another epoch in the history of osteopathy in New Mexico. Only three years ago Dr. C. H. Conner established the first permanent office in the territory, which was possible only that the doctor, prior to his osteopathic education, was a graduate of the medical department of the Washington university of St. Louis. One year later through his friends and patients the first bill legalizing osteopathy was passed unanimously, making it possible for other osteopaths to locate in the territory.

"Osteopathy is now legalized in twenty-seven state in the union, and the law recently enacted in this territory is conceded to be one of the best of its kind, creating a board of the following well known osteopaths:

"Dr. Chas. H. Conner, Albuquerque; Dr. Chas. H. Wheelon, Santa Fe; Dr. A. M. King, Roswell."

Dr. Chas. H. Wheeler of Santa Fe, one of the members of the new board, writes in regard to the new law:

"To my mind this is a very good law. It gives us the same rights and standing as the M. D's. and prevents illy equipped osteopaths from coming into our territory. There are a number of towns in the territory that would support an osteopath, although he would not make any big money. We expect to form an association in the near future."

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The special edition for April will be especially good for field distribution. Orders will be filled throughout the month or as long as the edition lasts.

* * *

The Missouri State Osteopathic association will hold its annual meeting this year at Springfield, June 8th and 9th. Dr. T. M. King, the president, informs us that from present indications there will be not less than one hundred Missouri D. O's. in attendance. The program has almost been completed and promises to be one of the best ever given at any osteopathic convention. The local committee at Springfield has secured the Springfield Club House in which to hold the convention and is working hard in every way to make the meeting a grand success.

* * *

WHENEVER and wherever an M. D. legislative committee offers to compromise with osteopathic forces you can bet your last dollar there's something wrong—people who hold top hands don't as a rule have any compromises to offer. In our legislative fights, in almost every case where osteopaths have agreed to some compromise coming from medical men they have been fooled. These political doctors are a treacherous bunch and it don't pay to have anything to do with them. We should stand for our rights—no more, no less—and fight it out on that line.

YOUR attention is directed to Dr. Hildreth's article in this issue relative to our Alumni association meeting to be held at Denver next August. Every A. S. O. graduate should co-operate with Dr. Hildreth and his committee in making this meeting a grand success. A move is on foot, and a good one too, to secure and maintain for our association a better organization. It can be done, in fact, it should be the most powerful organization in osteopathic affairs. All the association needs to make it the backbone and balance wheel of the osteopathic profession is organization. Therefore, let us organize.

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THE osteopaths who have been conducting legislative fights in Indiana, Texas, Colorado, New York, New Jersey and other states should write to Dr. C. H. Conner of Albuquerque, New Mexico and get his receipt for that M. D. tamer he has been using. We admit we don't know what it is and can't understand it, but the facts are two years ago Dr. Conner, single handed, got a bill through the legislature there without a dissenting vote, and again this year with the aid of several other D. O's. of that territory, he secured another law, a better one, without a dissenting vote in the legislature. Write him before the present session of your legislature closes.

* * *

SERIES number three of the "Case Reports" issued by the American Osteopathic association and edited by Dr. Edythe F. Ashmore of Detroit is at hand as a supplement to the March issue of the A. O. A. Journal. In this pamphlet the cases are classified under proper headings and a complete index is given, making the "Reports" very accessible for reference. As a rule the cases are well written and are of real value as the tendency, too common in the past, to make big foolish claims with no evidence to support them except chewed wind has been eliminated from these reports. In fact, our clinical reports are improving in value to the honest practitioner right along and series number three are the best we have yet seen.

Much credit is due Dr. Ashmore for the able manner in which she has conducted this work, she deserves the support and co-operation of every member of the profession.

Any one who knows how really difficult it is to edit clinical reports, will all the more appreciate the work she has done.

* * *

We are in receipt of a text on "Human Physiology" by Dr. L. Landois, professor of Physiology in the University of Greifswald. Translated from the German by Dr. Eshner, and published by P. Blakiston's Sons, Philadelphia. This work which was published during the past year, and is the tenth revised edition, is one of the latest, most accurate, and exhaustive texts on the subject with which it deals, and is growing in popularity as a standard text in the progressive colleges. It is a recognized text of the A. S. O.

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The St. Louis Sanitarium.

We do not believe that the profession as a whole thoroughly understands what this institution was created for, nor the motives behind the movement when undertaken by the A. S. O. It was started in no sense as competitor for the local practice in St. Louis, but with that broader, better desire to create in one of our centrally located and most accessible cities, a sanitarium with all modern conveniences, up-to-date in every respect—a place where the profession of this entire country could send their complicated cases and know they would be properly cared for and receive genuine osteopathic treatment.

The height of our ambition is, as the growth of this institution demands it, to increase its capacity until in the end we may have for our own profession, a Mecca where all those who need rest or change away from home duties and cares and osteopathic treatment can have it under the most favorable conditions.

While it is true that we have a nice local practice and always answer calls and attend to quite an extensive office practice, yet our object in locating here was that broad, good one of supplying the needs of our profession with an institution that would do credit to the same. We are now well established and are prepared to handle all kinds of cases that need our services—and to those osteopaths in the field, who desire to send patients here, we will always try our best to do credit to them and the best possible for

the patient. Our success the past two years has demonstrated the wisdom of the move—and to them who have so liberally patronized us, we are grateful, and assure them we will not only try but expect to do eminently better work each year.

A. G. HILDRETH, D. O.

* * *

In Other States.

The legislative fight in New York is not yet over as was reported by mistake in the last issue of the Osteopathic Physician.

A letter dated March 25th from Dr. S. W. Hart of Albany states:

"The Judiciary Committee of the Senate has reported favorably on our bill as has also the Public Health Committee in the Assembly. Our bill comes to a vote next week in the Senate. We have every hope of getting our bill this time. The M. D's. are fighting us hard but so far we have them bested."

In Massachusetts, the proposed osteopathic bill failed to make much headway as it was not supported by but a part of the profession of that state. It was defeated in the house, and no further effort will be made toward securing legislation this year.

In Pennsylvania, the osteopathic bill introduced by Senator Fox, February 15th passed the senate, March 13th, 36 to 1. It was reported out of the general judiciary committee of the house unamended, March 29th. It still contains the four year clause. It will be up for first reading in a day or two. The legislature adjourns April 16th.

Dr. J. T. Bass of Denver, Colorado writes:

"We got a hearing before the senate committee on the medical bill on the 22d of March. This committee recommended all the amendments we asked for, but with the amendments the medics would rather have no law at all so they have set in to kill the bill but we will try to pass it anyway, however, the time is so short it is doubtful if we will be able to do it as the legislature will adjourn on the 4th of April."

In Texas, our bill after having passed the senate is being held up by the committee to which it was referred in the house.

In Utah, we succeeded in getting a bill through the legislature but the governor of the state has vetoed it. Our bill two years ago suffered the same fate in that state.

Nebraska to Have Member on State Board.

At the beginning of the present session of the legislature at Lincoln, a bill known as House Roll No. 165 was introduced in the House of Representatives purporting to be an Anti-Christian Science measure. This bill was hurried through the House and the M. D's. hastened to announce to us that it did not affect the osteopaths as we were given protection by previous special legislation. But upon careful perusal and assimilation of this bill we found that technicalities were prevalent which would have invalidated our present license and prevented others from coming into the state. The bill provided that before a candidate from any school of healing could be eligible to apply for examination before the state board he must first comply with certain statutes which specified that the candidate must be a graduate of a reputable school of medicine of four separate years of six months each.

When the bill was sent to the Senate we went to work—about a half a dozen of us, and called the senators' attention to this treacherous clause and soon found that the Senate as a body was nearly unanimously with us and its members promised to see that we should have fair play. We also called the medical lobby's attention to this section of the bill and they declared in very religious terms that the bill did not affect us but was aimed at the Christian Scientists. Nevertheless we demanded an amendment to this bill and insisted for it—and therefore knowing that we were in earnest about the matter and that they would be hopelessly defeated unless they abided by our demands they very graciously added the desired amendment in the medical committee (this committee is made up entirely of M. D's. and druggists.) The bill has recently passed the Senate with our amendment but has to be taken up in the House again as amended. The Christian Scientists almost succeeded in defeating the bill in the Senate as it only received 17 votes—a barely constitutional majority—there being 33 members composing the Nebraska Senate.

Some of the D. O's. being alarmed after this bill first passed the House and before it was amended in Senate, caused the introduction in the Senate of a purely osteopathic

bill which gave us the right to practice and required an examination in certain branches before the State Board. This bill passed the Senate by the following vote, 26 yeas—no nays. It passed the House with 87 yeas and no nays and has been signed by the Governor.

A law passed several years ago specifies that each school of healing whose candidates are required to take an examination shall have representation on the State Board of Health and the Attorney General informed me that it was his opinion that we are entitled to representation. The present State Board however are gentlemen of the highest character and have always treated us fairly.

Later: Bill number 165 passed the House as amended but has been vetoed by the Governor.

E. M. CRAMB, D. O.

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Maine Osteopaths Hold First Annual Banquet at Portland.

Thirty-one plates were laid at the first annual banquet of the Maine Osteopathic association, which was held at the Congress Square Hotel, Saturday, February 25th, and a like number of doctors enjoyed an evening of speeches and good cheer, after the business session and discussions of the afternoon.

The following post prandial exercises were carried out, in charge of a committee consisting of Drs. D. Wendall Coburn, Florence A. Covey and Viola D. Howe:

Dr. Goodwin Ransden, Toastmaster, Bangor, Maine.

Invocation, Dr. Benjamin V. Sweet, Lewiston, Maine.

Our National Association, Dr. Florence A. Covey, Portland, Maine.

Our State Association, Dr. Viola D. Howe, Portland, Maine.

The Best Medicine, Dr. Francis A. Cave, Boston, Mass.

My First Month in Practice, Dr. J. Oliver Sartwell, Augusta, Maine.

Seven Years an Anatomist, Dr. Howard T. Crawford, Boston, Mass.

Address, Dr. Charles C. Teall, Brooklyn, New York.

THE AFTERNOON SESSION.

The annual meeting in the afternoon was opened with an address by the retiring president, Dr. D. W. Coburn of Portland, who spoke interestingly on the work of the asso-

ciation since its organization a year ago and outlined the work of the association for the coming year.

The following program was then carried out:

Paper—Constipation, a Disease; a Symptom, Dr. B. V. Sweet.

Paper—Polysarcia, Dr. S. T. Rosebrook. Clinic, conducted by Dr. C. C. Teall.

Reports of Interesting Cases Treated, Dr. V. D. Howe, Dr. C. H. Tuttle, Dr. F. A. Covey, Dr. G. Ransden.

A short discussion of each paper followed the different speakers.

The following officers were elected for the ensuing year: President, Dr. George H. Tuttle, Portland; vice-president, Dr. V. D. Howe, Portland; secretary, Dr. S. T. Rosebrook, Portland; treasurer, Dr. B. V. Sweet, Lewiston. Board of Trustees: D. W. Coburn, D. O., Portland; F. A. Covey, D. O., Portland; O. J. Sartwell, D. O., Augusta.

* * *

FOR SALE:—My practice and office furniture at Wilmington, N. C. Practice worth \$4,000 per year. Reasons for selling—wish to take post-graduate course.

J. W. KIBLER, D. O.,
514 Princess St.

* * *

Minnesota for Union.

In response to a request from the assistant secretary of the A. O. A., asking for the early election of delegates to the next annual meeting of the A. O. A., and in view of the proposed closer union between state and national bodies, the M. S. O. A. appointed a committee of five, consisting of the president and secretary of the state association and the secretary of the examining board, the chairman of the legislative committee and one other, for the purpose of formulating a plan of union acceptable to the M. S. O. A. The committee reported the following resolution, which was unanimously adopted by the state association February 3, 1905:

RESOLVED:

That the Minnesota State Osteopathic association send 'instructed' delegates to the next annual A. O. A. meeting, said delegates to be required to work for the formation of a national osteopathic association, composed of all the state associations whose

members are legally licensed osteopaths in states having laws and osteopathic examiners regulating the practice of osteopathy, membership in the state association to carry with it full membership in the national body; and in states without laws membership to be subject to approval of the national association, all membership to be on a basis of absolute equality in association rights and privileges.

Among the objects of said national association shall be:

First: A devising of ways and a providing of means to secure and maintain uniform merited legal recognition in every state and territory beneath the stars and stripes.

Second: The elevation and advance of the science and practice of osteopathy, which requires a gradually advancing standard of educational qualification.

It is the belief of the M. S. O. A., that the future interests of osteopathy would be best served by so changing the constitution of the A. O. A., as to enable it to become a national association of, for and by the qualified osteopathic practitioners as herein suggested.

H. H. MOELLERING, D. O.,
Chairman of Committee.
H. C. CAMP, D. O.,

Secretary of Committee.

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To the Alumni of the A. S. O.

At our last Alumni association meeting held at Kirksville, Mo., January 24, 1905, it was the consensus of opinion that we owe it to our alma mater and to ourselves as well as to the profession—to do something in the way of stirring up more enthusiasm and creating a stronger and better organization.

We realize fully how busy each graduate becomes in the field and how hard it is for each one to leave his practice and travel half way across the continent each year to attend the meeting. We also know the value of organization and the value of meeting and exchanging ideas—taking these things all under consideration the Alumni association decided that it would be better to call a meeting of all its members at Denver, some evening during the National association meeting, where we hope to have a large gathering of our people—in fact every man and woman who possibly can afford to go cannot afford

to miss these meetings. They are the best osteopathic tonics in the world—and when you once attend and imbibe the enthusiasm you will never miss another. We decided that it would be fitting and good for us all to hold an Alumni association banquet and have just a good old-fashioned love feast as of yore at Kirksville—and with this end in view, a committee was appointed of which the writer was chairman to arrange for and talk up this matter. We would like very much to know how many of our people will join us in this undertaking. We would also appreciate any suggestions that may be used to further the success of this undertaking from members in the field.

We earnestly hope that every A. S. O. graduate will attend this meeting and join us in having the greatest alumni meeting ever held by A. S. O. graduates.

Let us hear from you.

A. G. HILDRETH, D. O.,
Chairman Committee on Arrangements.

* * *

Montana Gets Needed Amendments.

The osteopathic law providing for a board of examiners in this state was passed and approved in Feb. 1901. Since then it has been seen that in several respects it could be strengthened and it was thought best to try for the amendments at this year's session of the legislature.

The amendments asked for were, 1st, in regard to minor surgery; 2nd, the three year course; 3rd, privilege of reciprocity with other boards; 4th, using the title osteopath, etc., evidence of practice.

The amendment relative to the three year course provides that after April, 1907, applicants for a certificate to practice must have had at least three years of nine months each in a reputable osteopathic college. The two year classes which matriculated in February, 1905, will graduate in February, 1907. The month of April was named in order that, in case of fire or other accident to college buildings a little leeway would be given the school management to get out the February class in time that its members would not be barred for application. As to the reciprocity clause; it gives the osteopathic board the right, in cases where they are convinced that a thorough examination has

been given the applicant elsewhere, to recognize the certificate from the board having given it.

Relative to the use of the title, osteopath, the letters D. O., etc., in any manner, as being considered evidence of practice, it has been found difficult, without the employment of a detective agency, to prove that certain shrewd charlatans were practicing osteopathy, even though they did advertise to do so. When arraigned they simply, through their attorneys, represent that they have several forms of treatment, and it is left for the prosecution to prove that out of these osteopathy had been practiced. The amendment simplifies the case very materially as the mere fact of his putting up a sign as an osteopath, or a card in the paper, is declared legal evidence that osteopathy has been practiced, and it is not necessary to wait for patients that he has treated, to be used as witnesses against him.

Each of these amendments covers something which I think should be a part of all laws governing osteopathic practice. The amended bill was introduced in the house by Representative E. C. Mulroney of Missoula, Mont., one of the most popular and able men of the session. It passed the house with but little trouble; but in the senate encountered at first decided opposition owing entirely to a misunderstanding on the part of some of the senators as to what it was we were asking for. By heart to heart talks with these men our friends among the senators soon explained the import of the amendments and when the bill came up for final passage it went through unanimously.

Governor Toole signed the measure Wednesday, March 1, 1905. The friends of osteopathy throughout the state from the time of its introduction until it was safely passed gave their earnest support and influence.

I think the Montana law now comes nearer embracing what is best in a legislative way for osteopathy and its friends than any other law in the country. It is strict, but does not discriminate against nor prohibit any who are truly qualified. During the session a Board of Health bill was introduced by Representative Dr. Landstrum of Helena, which had it become a law would have prevented osteopaths from taking

charge of any contagious disease or being eligible to serve on any health board. Its obsequies were held in the senate with but scant ceremony. ASA WILLARD, D. O. Missoula, Mont., March 25, 1905.

* * *

Win and Lose in Delaware.

MARCH 22, 1905.

DR. GEO. M. LAUGHLIN,

Kirksville, Mo.

DEAR DOCTOR:

The legislative situation in Delaware is one of practically complete victory, and then lose it all.

As I stated in my former letter we opposed the medical bill and I went to Dover with my attorney and succeeded in inducing the House to recall the bill from the Senate, reconsider it and re-commit it for a hearing. The next day the doctors came to me to know what I would have to have and I told them I would have to have an amendment to the bill exempting the practice of osteopathy; and after they had had meetings of both medical societies they told my attorney to prepare an amendment, that would be satisfactory to me, which we did.

The amendment would have been virtually a law in itself and would have amply cared for the osteopaths, in that they would have been on exactly the same basis as the medical doctors.

In the meantime, a certain optician who has some sort of a school in Dover, who teaches the correction of errors of refraction of the eyes, took advantage of my having held the bill up and held the bill up himself after the doctors had settled with me, so that he could amend the bill to enable him to confer the degree of "Doctor of Refraction."

The doctors would not agree to his amendment and the bill passed the House, not amended. The Senate amended the bill however, in a way which would be favorable to the optician, and the doctors had the bill recommitted which virtually kills it. So it leaves me exactly the same basis that I was on before legislation was attempted, except that it is virtual recognition of osteopathy by the medical doctors of Delaware.

I have felt very much elated over the progress that I made in this legislation, being

the only osteopath in the state and having to fight it out alone, and now feel disappointed to lose it all after such a victory.

ARTHUR PATTERSON, D. O.

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Osteopathic Bill Passes Tennessee Senate.

The sanitary committee of the senate after a lengthy discussion recommended the osteopathic bill for passage. There were ten members of the committee present, eight voted for us; the chairman and one other member not voting. Senator Wikle, who has our bill in charge, said he would try to get it through the senate this afternoon. Will notify you as soon as action is taken. It was very amusing, yet disgusting to hear some of the medics' description of osteopathy, but was fortunate for us for it only worked in our favor.

J. R. SHACKLEFORD, D. O.
Nashville, Tenn., March 28, 1905.

Later: Senate passed bill 20 to 6. Prospects in house fair. J. R. SHACKLEFORD, D. O.

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New Jersey Bill Passes Senate.

Our bill, introduced in the New Jersey legislature on Feb. 20th, came up for committee hearing on March 7th in senate chamber at Trenton. There were about two hundred people present, thirty-five members of New Jersey Osteopathic society and many friends of osteopathy.

The medical fraternity of the state, represented by five speakers, in opposition, were heard first.

Dr. John W. Bennett, president of State Board of Examiners, was the first speaker. Among other things he remarked that, "this is a progressive age and not an age of retrogression; were you to permit this bill to become a law you would be taking a step backward. We now require a man, before he can practice in this state, that he should have a high school education and receive a degree from some literary college, or equivalent; after that he must study medicine for four years, of at least seven months in each year. The osteopaths claim they do not give medicine—a great many physicians do not give medicine. It requires more knowledge to know when not to give than when to give. The more poorly equipped your physician is, generally, the more medicine he gives. It requires a great deal more

knowledge to know when to withhold the medicine than it does to prescribe it indiscriminately. The osteopaths claim they do not give medicine, but I have come in contact with quite a few cases where they have given medicines"

The whole gist of all the arguments of the opposition was along similar lines; that we were not qualified to practice, either in preliminary education, or in the main subjects that go to make up the practice of medicine.

Our cause was ably defended by Doctors Hildreth and Teall; we undoubtedly had the best of the argument; the claims of the medical people were in every case met and successfully answered, and, had the committee passed judgment at that time, they could not have failed to have reported favorably on our bill.

The following week, when we hoped to see our bill come out of committee, one member of same was taken sick, thus delaying matters. In the meantime the medical people sent the chairman of the committee a petition of several thousand names, asking that the bill be not reported out. When we finally called upon the committee, the chairman informed us that the committee would not, under any circumstances, report the bill favorably in its present condition—that it would die where it was. Upon questioning him we learned that they objected to the separate board proposition; we were told that, if we would reconstruct our bill, asking for representation on the state board, they would then report same out, when it would probably pass the senate.

We reconstructed our bill, keeping all the privileges asked for in the original measure, and asking for a representation of three members on state board of examiners with all the rights and privileges enjoyed by the other members of said board. Osteopaths to be examined in theory and practice by the osteopathic members. This increases the board to twelve members, composed as follows: five allopaths, three homeopaths, one eclectic and three osteopaths. The minor schools could, by uniting on any issue, control the board against the allopaths.

The bill, as reconstructed, was reported out of committee on March 28th and passed

senate March 29th, only two senators voting against it.

It is now in charge of a competent lawyer, a member of the assembly, who will do his utmost to pass the bill in the short time left before adjournment of legislature, which will probably take place on March 30th.

F. P. SMITH, D. O.

Later: Legislature adjourned March 30th without taking any action in the House on this bill.

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Personal Mention.

Dr. Carrie P. Parenteau, of the last graduating class, has located at 6334 Woodlawn Ave., Chicago, Ill.

Dr. Emma O. DeVries, of the last graduating class, has located at Washington, D. C. She has offices in the The Farragut.

Dr. S. R. Meaker, of Auburn, N. Y., has opened a branch office in the Rawlins Blk., Skaneateles, N. Y.

Dr. A. M. Oswalt, of the last graduating class, has located in South Bend, Ind. He has offices in the McDonald Bldg.

Dr. Clara T. Gerrish, of Minneapolis, Minn., has been re-appointed as a member of the Osteopathic State Board of that state. She was unanimously endorsed by the state association for this appointment.

Drs. H. A. McMains & Frances Platt, of Crawfordsville, Ind., have dissolved partnership. Dr. Platt has returned to Kirksville and is taking a post-graduate course.

Dr. J. W. Elliott, of Griswold, Ia., has been appointed local examining physician for the Michigan Life Insurance Co. He enjoys the honor of being the first osteopath appointed to a position of this character in his state.

Drs. Tucker & Tucker, formerly of Springfield, Mo., have changed their location to Port Arthur, Tex. Dr. Pearl Nicholson, of the last graduating class, will be associated with them in the practice at Port Arthur.

We stated by mistake in our March issue that Dr. Hugh W. Conklin, of the last graduating class, had located at Alma, Mich. He informs us that he is only there temporarily and that he will locate in the near future in a western city.

Dr. Joseph H. Sullivan, of Chicago, will

move May first from the Champlain Bldg., to the fifth floor of the Trude Bldg. Dr. Sullivan has practiced in Chicago for nine years. He was seven years in the Masonic Temple and two years in the Champlain Bldg., his present location.

Dr. J. A. Grow, of Memphis, Mo., was a recent visitor at the A. S. O. Dr. Grow's visits are much appreciated by the students as he is always invited to address the classes and his speeches are thoroughly enjoyed. He is an enthusiastic osteopath and a good talker.

The following alumni visited the A. S. O. during the past month: Drs. Jesse S. Barker, LaHarpe, Ill.; Phoebe A. Smith, Hutchison, Kan.; Louise Lewis, Carlsbad, N. Mex.; James H. Jefferson, Des Moines, Ia.; A. F. McMillan, Connellsville, Mo., and M. A. Hoard, Cherokee, Ia.

Married, at New Castle, Ind., March 23rd, Dr. Walter N. Dobson, of Middletown, Ind., and Miss Adaline Hunt, of New Castle, Ind. Dr. and Mrs. Dobson will make their future home at Hartford, Ind., where the Doctor has recently located for the practice of his profession.

February Graduates, Attention. The Osteopathic Publishing Company wants to learn your new location and will send you an art calander if you report your correct address to them promptly. Address 171 Washington Street, Chicago, Illinois.

Owing to the growth of their practice, Drs. Still and Hazzard, of New York City, have found it necessary to provide more space for its accommodation, and have opened new and commodious quarters in the Astor Court Bldg., 18 West 34, St. This is one of the most select buildings in the city, and the location for practice is unexcelled. Their quarters consist of six treatment rooms, office, reception room, and private office, all conveniently arranged and tastefully appointed. They will be here amply provided with room in which to care for the business that their marked success in practice is bringing them. For the present, they will retain, also, their old quarters at 19 East 38 St., where Dr. Still will be in charge. Dr. Hazzard will be found at the new location, where, after October 1st, he will be joined by Dr. Still, and where, after that time, all their business will be conducted.

Born, to Dr. and Mrs. H. A. McMains, of Crawfordsville, Ind., Feb. 14th, a daughter. Born, to Dr. J. H. and Mrs. Wallace, of Blackwell, Okla., March 7th, a son.

Died, on March 7th, at Fairbury, Neb., Dr. A. S. Cramb, a graduate of the February class, 1905. Dr. Cramb had been in poor health for some time but his death which occurred suddenly was not expected. The cause of his death is reported as neuralgia of the heart.

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Removal Notices.

Dr. R. E. Smith, from Condon, Ore., to Portland, Ore.

Dr. L. D. Hickman, from Santa Barbara, Calif., to Princeton, Ill.

Dr. Floyd J. Ganoung, from Olean, N. Y., to Belleville, Kans.

Dr. H. P. Whitecomb, from San Diego, Calif., to 301 College Ave., Burlington, Vt.

Dr. H. M. Dawson, from Greenville, Miss., to Seymour, Ind.

Dr. M. R. Ely, from Joplin, Mo., to 1313 Peters Ave., New Orleans, La.

Drs. Van Doren, from Leechburg, Pa., to 810 Arch St., Allegheny, Pa.

Dr. Elizabeth Jackson, from Kokomo, Ind., to 112 S. 5th St., Goshen, Ind.

Dr. Wm. Foster, from Beverly, Mass., to 168 Lafayette St., Salem, Mass.

Dr. Ed. Albright, from Minneapolis, Minn., to 630-148 St., New York City.

Dr. G. T. Monroe, from Buffalo, N. Y., to Warsaw, N. Y.

Drs. Tucker, from Springfield, Mo., to Port Arthur, Texas.

Dr. J. F. Reid, from 111 Harmon St., to the Trumbull Blk., Warren, Ohio.

Dr. Arthur Kew, from Oxford, N. C., to 117 N. Peach St., Philadelphia, Pa.

Dr. B. O. White, from Titusville, Pa., to 1116 Liberty St., Franklin, Pa.

Dr. Harriett Rice, from Paris, Ill., to Gross Bldg., Eureka, Calif.

Dr. A. L. Wilson, from Vinita, Ind. Ter., to 158 W. 22nd St., Los Angeles, Calif.

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Every one Should Read Confessions of an M. D.

A postal card will bring descriptive circular. Address, Dr. E. D. Barber, 405 Hall Bldg., Kansas City, Mo.

POST GRADUATE COURSE FOR TWO-YEAR GRADUATES.

The American School of Osteopathy will institute a seven months' post-graduate course for two-year graduates to begin Sept. 4th, 1905. The length of this course has been arranged so as to give our practitioners, together with the twenty months they have already had, a twenty-seven months' course, or a course equivalent to three years of nine months each.

Since the American Osteopathic association has demanded a three years' course and all our recognized colleges have complied with that demand by instituting a three years' course, and since three-year laws have been recently passed in several states, and, without doubt, all future legislation regulating our practice will be upon that basis, the advantages of this course are self-evident.

The practice of osteopathy during the past few years has made rapid strides towards a more scientific basis—much of error has been eliminated and much of truth incorporated. It is our intention to give in this course practical instruction along osteopathic lines with special attention to diagnosis and treatment so as to more completely equip our graduates to conduct a general practice.

Our new hospital will be in operation by Sept. 1st so that post-graduate students can and will be given special instructions in the treatment of surgical and acute cases. The course of instruction is as follows:

Applied Anatomy.....	Dr. Clark
Pathology and Bacteriology.....	Dr. Hoffman
Clinical Osteopathy.....	Dr. G. M. Laughlin
Surgery and Physical Diagnosis.....	Dr. Young
Dissection.....	Dr. Young
Physiology of Nervous System.....	Dr. Gerdine
Gynecology and Obstetrics.....	Dr. Clark
Skin and Venereal Diseases.....	Dr. Young
Diseases of the Eye.....	Dr. Young
Diseases of Children.....	Dr. Clark
Medical Jurisprudence.....	Dr. Hoffman

SEVEN MONTHS' POST-GRADUATE COURSE.

Schedule of Classes:

	8 to 9	9 to 10	10 to 11	11 to 12	1:15 to 2	2 to 3	3 to 5
Applied Anatomy 5 mo.		Dissection, 5 mo.	Physical Diagnosis, 1 mo.	Gynecology 4 mo.	Clinical Osteopathy 7 mo.	Pathology & Bacteriology 7 mo.	Laboratory & Practice Periods
Diseases of the Eye, 1 mo.		Obstetrics, 2 mo.	Surgery 4 mo.	Diseases of Children, 1 mo.			
Diseases of Skin and Venereal Diseases, 1 mo.			Physiology of the Nervous System 2 mo.	Medical Jurispru- dence, 2 mo.			

The tuition for this course is \$150. There are no extra expenses of any kind for laboratory fees or dissection, and the student is permitted to attend all cases and operations at the hospital without extra charge.

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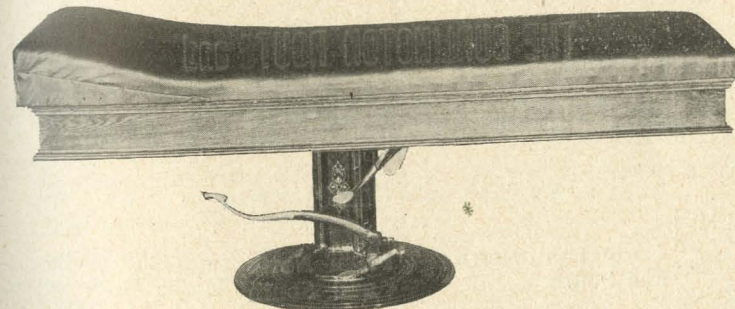
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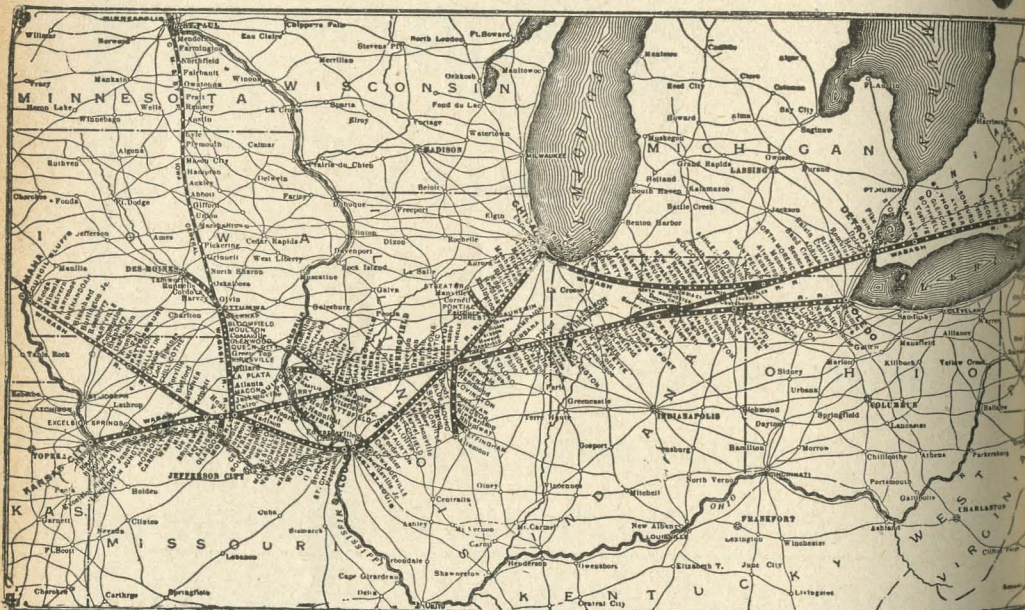
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