

The Journal of Osteopathy

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THE JOURNAL OF OSTEOPATHY

KIRKSVILLE, MO., JANUARY, 1905.

LEGISLATIVE TACTICS OF MEDICAL DOCTORS.

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

We wish to disclaim any feeling save that of friendship for all conscientious, industrious, medical doctors whom we both respect and esteem. We count among them some of our warmest personal friends and what we might say in the discussion of this question without fear or favor is not intended as the slightest reflection on the honor and integrity of the reputable, broad-minded medical doctors of this country—the able physicians who are not engaged in petty warfare against fellow citizens. It is gratifying to know they take no part in creating restrictive, tyrannical measures, nor connive to log-roll them through the legislature.

The creatures we are after are those professional wolves; the narrow-minded, lower strata; those office seeking hangers-on who pollute an honorable profession by their political conniving that they may gain prestige and swell their private purses. It is a shame that these ringsters have forced osteopaths to appeal to the legislature to suppress them from outrageous persecution and discrimination; from fleching the osteopaths' title and from restricting their privilege of rendering assistance in the cure and prevention of disease.

Osteopaths have no desire to use the title, M. D., neither do they wish to convey the impression that they practice any system of dosage. They are proud of the fact that they draw the line distinctly against internal drugging and desire to be known as drugless doctors and manipulative surgeons. They administer no drugs, neither do they presume to advise their use nor call themselves medical doctors, and they justly claim that drug doctors have no right to call themselves osteopaths until they have earned the title. Do you blame osteopaths for wishing to legally defend their title against cheats and counterfeiters? Those who steal or wear a title they have not earned legally should be treated as any other thief. Competent, graduated osteopaths have earned and are entitled to fair, just and reasonable protection from frauds, fakirs and shysters. Their legislative attitude is pure, peaceful, progressive. They make no war on any school neither do they wish to antagonize any one or any system while they protest for their rights, deery discrimination but do not trample on

the rights of others. Osteopathy does not need protection of the law in itself, for TRUTH is mighty and will prevail; however, it is but fair to the public that those who presume to practice a system of healing about which they know nothing should be restrained and punished accordingly.

Those who hold diplomas purchased, not by application as students, but by money, abound in the osteopathic field, and under the guise of genuine osteopaths obtain customers and prey upon the unsuspecting public. Their lack of skill and knowledge is a menace to life and besmirches the good name of osteopathy. This protection and the privilege of an examination to show fitness is denied osteopaths by the hostile medical board because it is to their pecuniary interests to aid in bringing the osteopathic profession into disrepute.

Do you wonder that osteopaths revolt against such gross injustice and tyranny and ask for fair play? Is there no chance for osteopaths to rid their profession of these cheats and ignorant pretenders? Without a member on the State Board of Registration and Examination the osteopathic school is powerless to protect itself or give the needed protection to the public. We think a land like ours which founds its policy upon justice will not continue to tolerate enforced law in the pecuniary interests of a privileged class, neither will the Indiana legislature knowingly provide wolves to protect sheep nor hawks to protect chickens.

Obliteration and annihilation of the osteopaths is the object of the dominant schools. Adherents of osteopathy among the cultured and intellectual are everywhere on the increase and they are forcing drug doctors to tolerate rather than persecute; now comes respect, and assimilation is their design. It behooves us as custodians of the great TRUTH and principles at the basis of our system to be vigilant. Vigorous action is warranted and should be taken without delay.

It is the thinking progressive people who revolt against the tyranny of medical tactics, creeds and dogmas. They demand a more liberal, natural method of relieving diseased mankind, hence they are the first to adopt osteopathy and turn their backs upon a system that is worn thread bare and proved in the balance to be wanting. Yesterday they listened to fine spun theories; today they are clamoring for results. They care nothing about science, false or true; they want a remedy that will cure them. They have found osteopathy to be that remedy and they will not be deprived of it and tie themselves to drugs, but the drug doctors are slow to accept the people's verdict that drugless doctors cure them, hence they arrogate to themselves the right to dictate to the people and say, "Thou shalt not employ an osteopath in the hour of sickness or the moment of death."

This arrogance is justly resented by the people and they demand the privilege of securing the most effective help within reach when sick. They are becoming distrustful of drug doctors and are in advance of the medical profession. Did a fad or an ism ever give genuine or lasting satisfaction to a sick world?

It is the duty of the state to say to those who presume to treat diseased conditions that they shall possess such qualifications as honesty, intelligence and skill in the therapeutics of the school they represent. Further than this the people will not tolerate interference from drug doctors. They want osteopathy and will have it and ask the incoming legislature to so amend the law that they may choose their physician in security and without molestation. It is to be hoped that this exposition of the facts relative to the tactics of the drug doctors will somewhat instruct the people that they may see the true intent and purpose of the construction and enforcement of the present law by the medical board is to restrict the practitioners in the field to four medical schools and to limit the number they license to suit their judgment which seems final.

THE EFFECTS OF UNJUST MEDICAL LEGISLATION.

- 1.—It is contrary to progress and liberty.
- 2.—It curtails rather than expands the means applied to alleviate human ills.
- 3.—It restricts the citizen from employing the physician of his choice.
- 4.—It protects certain schools to the exclusion of others equally meritorious.
- 5.—It can but shackle and obstruct, hinder and smother newer, saner more rational modes of treatment.
- 6.—It protects those who administer poisons against competition with superior, natural, drugless methods.
- 7.—It limits personal liberty in the interests of drug givers.
- 8.—It is class legislation of the worst type, builds a fence around medical doctors and gives them exclusive license to practice unmolested.
- 9.—It creates a medical monopoly and excludes from practice some of the most skillful, progressive, painstaking, conscientious practitioners our country has produced.
- 10.—It is against common justice and equal rights.
- 11.—It cuts off the entire public from the freedom to choose their doctor except he gives medicine and wears the collar of the state medical board.
- 12.—It fosters quackery and fraud in the osteopathic field by declaring osteopaths incompetent without examination or evidence of their fitness and by permitting those who have not earned the title to practice.
- 13.—It is ignorance clad in authority.
- 14.—It is aimed not at failure but at success.
- 15.—It is taxation without representation; restrictive, oppressive, unjust.
- 16.—It cannot stand the light of day nor a searching investigation.
- 17.—It is a violation of individual liberty and an insult to the intelligence of a free people.
- 18.—It furnishes the means whereby medical trust methods are made effectual in regulating demand and supply by absolute control.
- 19.—It permits no physician, however learned, reputable and zealous to practice his profession without enlisting in one of the four medical schools.

20.—It is against the opinions of judges and juries and twenty-three state legislatures of this fair land of liberty.

21.—It is a fraud upon society; clothes four schools with legalized monopoly; its influence is so restrictive and oppressive, its effects upon civilization so debasing that liberty loving citizens cannot help but evince the most loathsome contempt for its promoters and beneficiaries.

ARRAIGNMENT OF POLITICAL DRUG DOCTORS.

1.—These petty, political ringsters have bitterly opposed osteopathy and persecuted osteopaths from the time they first entered the state. They have made it their business to call physicians of other schools quacks, frauds, humbugs. They have assailed osteopathy with abundant exaggeration, sarcasm, venom, trickery and jobbery, and hurled at it the epithets of fad, fake, faith cure, rubbing, massage, etc., but osteopathy cannot be sullied by falsehood or hypocrisy and its true worth, success and popularity with the people are compelling reasonable drug doctors to tolerate and accept it, while others connive to kill it through the legislature.

2.—Legislative interference with the individual right of employing the physician one may choose is antagonistic to individual liberty and makes man a machine that looks like a man, but is not a man. Liberty is the only criterion to progress, and I am sorry to say this board is too prejudiced and intolerant to be progressive, neither do they respect or esteem the priceless jewel—liberty (of the other fellow). Osteopaths have been busy using their energy and skill in extinguishing human pain and vanquishing human ills, hence they have not been vigilant in legislative matters and have not as a consequence retained their liberty; nor have the people of Indiana guarded their inalienable right to employ the physician of their choice when sick. "The price of liberty is eternal vigilance."

3.—To force people to choose a doctor they do not want is to interfere with their liberty and individual rights. When human liberty is restricted for any pretext whatever there is danger and trouble ahead. It brings the majesty of the law into disrepute, demoralizes the community in which unjust laws are enforced and incites a rebellious spirit.

4.—Freedom of practice is imperatively necessary for advance and improvement. This board gives osteopaths no quarter, extends no courtesy or sympathy and leaves no trick unturned to drive them from the state, but the important truths the osteopaths represent have made the intrinsic value of osteopathy so clear to the people that they have invariably seen to it that the competent, graduated practitioner of osteopathy is given free opportunity to apply his skill and exercise his rights of citizenship; consequently osteopaths live and continue their beneficent ministrations to the sick and deformed in spite of the harrasing persecution and outrageous opposition of their enemies whose legislation was conceived in trickery, born in iniquity and is only a bugaboo to weaklings who dare not defy it.

5.—After a chartered osteopathic college qualifies and graduates men and

women as doctors to practice osteopathy the supreme law of the land recognizes them as professional citizens whose rights and privileges in common with other citizens must and shall be maintained; and no state legislature may violate and destroy or tax those rights and privileges with impunity. As construed by the medical board of Indiana and applied to osteopaths this law is unconstitutional and void and never has possessed any legal force, according to Judge Cooley, yet it works a hindrance to osteopaths by preventing them from practicing as legally qualified physicians and because it takes from them their legal title and besmirches the cause they represent.

6.—No exigency has been shown by the medical board for declining to examine legally qualified osteopaths, yet they collect the fee of twenty-five dollars, retain it, and refuse them the necessary privilege to show their fitness on the pretext that the curricula of the osteopathic colleges do not comply with that of medical colleges. In this they misapprehend the character of osteopathic practice, give it no place or consideration in examination while osteopaths reject medical therapeutics; therefore an examination of osteopaths by the State Medical Board whose members are wedded to the drug theory is manifestly unfair and cannot be a test as to the qualification to practice osteopathy. As well require allopaths to be examined by osteopaths, or doctors to take an examination by lawyers, so far as the welfare of the state is concerned. It is inimical to both interests involved and osteopaths are wronged and sinned against when they are subjected to an examination by a body of men whose education, professional bias and pecuniary interests are all arrayed against them and their system of practice. In the language of the supreme court of Kentucky, "such a law protects the medical doctors of a state rather than the people."

7.—Declining to examine osteopaths, though the board be incompetent, and retaining their money is taxation without representation and the American people declared long ago they would not tolerate such a system of unfairness and tyranny. This deplorable condition has been foisted upon the people at the behest of the petty, political drug doctors who sought to secure advantage under the pretext of safe-guarding the public health and welfare. They lobbied, log-rolled and by chicanery rail-roaded it through and now we are infested with a law construed in the pecuniary interests and protection of these same administrators of poisons against the competition of drugless methods, and not for the benefit of the public health or welfare.

8.—Legislators, what think you of a law of the people, by the drug doctors and for the drug doctors? We apprehend you will not accept as final the statements of this medical board with "an axe to grind." Under the guise of philanthropy and the public good, the people are required to patronize a privileged class of drug dosers, no matter how distasteful. These administrators of poisons are energetic in attacking anybody who may appear to infringe upon their title or their exclusive right to administer to the sick. They claim the schools they represent to be the only conservators of public health, that they are the

only possessors of scientific knowledge relating to disease and have tried to place a stigma upon the acts of all others who do not conform to their dictates. They restrict investigation within the narrow confines of their schools and decide that they know all that is knowable and have exhausted all science in the treatment of disease. They bitterly oppose those who protest for their rights with abundant criticism, venom and trickery.

9.—They have only a glimpse of the truth and brand osteopaths as incompetent without investigation or evidence. They arrest progress by binding the people to drug treatment, kill research, force idleness upon active brains, brand with iniquity original thinkers who revolt against servile imitation of the medical code and refuse to follow their dictates like sheep unquestionably. Human health is priceless and far too valuable to be jeopardized in the interests of hostile prejudiced monopolistic schools. Human rights are far too precious to be so shamefully trampled on without protest, therefore osteopaths ask for equal recognition, equal representation on the board, equal privileges with other schools to exercise their inalienable right to pursue their calling without discrimination or molestation.

10.—That this state of affairs exists is a disgrace and most deplorable. This revelation should cause legislators and the public to think of the political drug doctors' lust of power and lust of gain. Doubtless none of them ever supposed that such outrageous injustice was practiced, or imagined that such shocking discrimination was made against a large number of cultured, conscientious, philanthropic citizens in Indiana. This appalling situation warrants immediate action, and osteopaths demand a full investigation by the incoming legislature, and adoption and application of a corrective amendment to the present medical law adequate to meet this unrighteous condition. Is the instinct of liberty blunted and suppressed in the state of Indiana? What style of liberty is that which denies the people a free choice in selecting one to administer to them in time of sickness? This is a question that involves not only health, but life, liberty and the pursuit of happiness. The fundamental law of our land guarantees to the citizens these rights. Do you prize them? Will you enjoy them?

* * *

"WHERE ARE WE AT?"

C. M. T. HULETT, D. O., CLEVELAND, OHIO.

The article by Dr. Hildreth in the November Journal under the above title, is, like most of his utterances, straight to the point. He makes clear a deficiency in our profession that will be a serious handicap just so long as it is permitted to exist. Inaccurate diagnosis with consequent misapplied treatment, will impair our professional standing and discredit our professional claims more quickly than anything else. They constitute a set of serious lesions in the professional body, reducing its vitality and rendering it susceptible to the invasion of the destructive germs of outside criticism and disparagement, and the only remedy is correction of the lesions.

His first case illustrates one bad lesion, the great error of overworking the "dislocation" idea. This particular case may have been an error of judgment to which we are all liable when conditions are not clear, but the osteopath who attempted to reduce a dislocation which did not exist is not alone in his theories of diagnosis. Our teaching in the past was filled with the indiscriminating use of the words "dislocation" and "luxation" and the students imbibed the idea that they must always try to find a gross displacement of joint surfaces. Not enough care was exercised to teach them to differentiate between this occasional condition and that which constitutes the distinctive osteopathic lesson, viz., disturbance of articular or structural equilibrium with resultant disturbance of associated and related function, but without gross displacement.

Another lesion in the professional body is illustrated by his second case. An abdominal tumor may be any one of so many different things that we need every scrap of knowledge of etiology, pathology, symptoms, course, possible terminations, and prognosis, that nature has yielded to us, to enable us to know what we are dealing with in any given case, and to give the best advice under the circumstances. A case I had four years ago illustrates this: A lady, teacher, came to me for advice in regard to an abdominal tumor. I could not determine its nature. I could not promise anything, but advised several months treatment, the alternative being an operation. She lived in another city and disliked being away from home six months to a year, so decided to consult a surgeon. His diagnosis was probable fibroid, and operation was advised. When the abdomen was opened the tumor was found to be a dermoid cyst filled with broken down tissue, pus, etc. The cyst wall was so friable that it ruptured while being removed. Recovery was complete and the woman has been well since. I am always congratulating myself that I was not permitted to treat that case, with the probability of rupturing that cyst into the abdominal cavity. Then I should have had a job on my hands. There was too much dead and rotten material there to be absorbed into the system and excreted, if that could have been brought about. Operation afforded less risk. Fibroids sometimes become stationary or heal spontaneously, so we need careful observation of a great many cases, before we can reach definite conclusions. Nature brings us all her crippled, disease-stricken and suffering children and says, "I want your help to save these patients. But I want intelligent help. I expect you to know what you are doing. Usually the help I want is such as will enable me to restore a diseased part to normal again. But sometimes the disease has gone too far for that and there is a lot of dead material; or there is malignant growth, which is tissue that has broken away from systemic control and is growing wild; in either case cut it away and I will heal up the wound and save the life. But know your business. My directions are there. You have some of them. Use these and find the rest as fast as you can. I've had a lot of fellows at different times to offer their help before you osteopaths came around, but they could not or would not follow my directions, but insisted on changing them to suit themselves. I hope you will do better. Dr. Still has

given you the right idea, simply remove the obstruction, with hands or knife, according to the case, then I will take care of the rest." If we do this we will cease to be obsessed by the "old school" bugbear. We will forget all about "schools." We will know only one school, osteopathy, and that it stands for the cure of all disease. Otherwise we are not a school of practice. We are only an adjunct. We can't learn too much of anatomy, physiology, physiological chemistry, pathology, symptoms. The human mind will go on in an unceasing quest for nature's secrets throughout life unless we deliberately permit it to become lazy or fall into a rut. Dr. Still is a brilliant illustration of this truth. He discovered and developed the science of osteopathy after he was fifty years of age, and now at an age when many men think themselves excusable in being mentally sluggish his mind leads in the investigation and assimilation of new truths.

Dr. Hildreth's article emphasizes again the need of thorough preparation and training of those who, commencing at the beginning of these things are to become responsible for the issues of life and death in the sick room, and the remedy for the defects he points out is indicated in Dr. Hazzard's article in the same Journal. One man in a thousand would spend "hours, yes, years, if need be," alone and unaided, without any school or other help, in qualifying himself, but the nine hundred ninety-nine need systematic direction and help. A young man who graduated two or three years ago said to me that when he went out he expected that "at the wave of his hand disease would disappear like a morning mist." If his enthusiasm had been tempered by fuller and more accurate knowledge he would not have received such a jolt as actual conditions in practice gave him.

Dr. Hildreth touched on the subject of opiates. I should like to read an article from his large experience on the terrible wrecks of humanity caused by morphine and similar drugs.

Another lesion emphasizing his question from a different angle is indicated in the recent utterances of Dr. H. B. Sullivan. Perhaps I am not the one to discuss this subject, for I must admit that it will require evidence to convince me that Dr. Sullivan is sincere in all he has written since the meeting at St. Louis, unless, indeed, he be sincere in his determined effort to cause disruption in the profession by working on the passions of men. As long as he spoke as an individual, I purposed to say nothing, as I believed the distorted and intemperate character of his diatribes were their own sufficient refutation. But when he uses the official position of president of the Alumni association, bestowed upon him by the suffrages of his professional brethren, to add force to his misrepresentation and abuse of those who put him in that position, it is time to call a halt. Such prostitution of official position in civil life would be punished by impeachment, and removal from office with dishonor. Who appointed him censor of the loyalty of his brother practitioners?

He grows frantic over the strenuous efforts which he and those who agree with him (if there be any) are compelled to put forth as a sort of "salvage corps"

to save from utter wreck the good name and fame of Dr. Still. This is pure rot. It bears very familiar earmarks. The peculiar position of Dr. Still in osteopathy, with his well known kindness of heart, has caused a perennial crop of fawning sycophants and self-seekers to attempt, always ineffectually, to gain some selfish end and bolster themselves up by disparaging others. Not one of these has ever developed into a reliable exponent of osteopathy and they never will. They are not built that way. The Doctor's conception of honoring Dr. Still seems to be that of a fulsome adulation which is offensive. He would have Theodore Roosevelt put "President" on his hatband. He would hang a placard about Dr. Still's neck with the words "I am Dr. Still."

He severely criticises Chap. II, Art. 1, Sec. 1, of the code. Let's see. He says, "Since medicine began, domatic experimentalism has held it in bondage. * * * The truths underlying osteopathy are God's own truths, and, limited though the humanity of Dr. Still and osteopathy may be, these truths are as limitless as space itself * * *." Exactly! Just what the code says in better form. We should not base our practice on a dogma, as that has been the bane of the healing arts "since medicine began." A dogma is simply a human utterance, and even when pronounced by Dr. Still is limited by his "humanity." Even osteopathy, as the Doctor correctly says, is "limited" inasmuch as it comprises only what we know. But the "truths underlying osteopathy are God's own truths * * * , as limitless as space itself." Those "fundamental therapeutic laws of nature," a system of divine, not of human, devising, are the basis of our practice. But the Doctor wants labels on everything. "This is a cow."

He persists in reading "medicine" into everything that does not suit him. This is simply mendacity. In all the reports and standards adopted by the A. O. A. there is not one word tending toward "medicine," "materia medica," or "medical practice." The whole trend of his argument on this line is toward one of two conclusions. Either that he thinks that osteopathy, if studied too much, will be found to lead inevitably into medicine; or that osteopaths are such weak-kneed creatures that when they learn all there is to be known about the human body in health and disease they won't have stamina enough to stand by their colors; therefore osteopaths should be limited in the amount of knowledge they are permitted to acquire. And he is going to "attack the present law in Michigan requiring a three year course." That would help with a vengeance toward a legal recognition in other states! I am of the opinion that we will not get a law in another important state, especially with an independent board, on our present basis of a two year standard. And not because of opposition of the old schools, but because the great American public believes in thorough education.

In his discussion of the abortion question he reaches the climax of misrepresentation. He arraigns the A. O. A. as a band of murderous villains. The plain facts are these: There was no professional utterance of any kind on the subject. The whole matter was wide open. But abortion is universally

held to be wrong in some cases. I read not long ago of one woman who boasted of having had thirty pregnancies stopped during her married life. What a moral graveyard her heart must be! To express the opposition of the osteopathic profession to such work, the code prohibits "any treatment or operation that may endanger life," and to leave no loophole, "even foetal life." If it had stopped at that point it would suit Dr. Sullivan. But there are cases in which good men would differ with him. Let us suppose some situations to which an osteopath may be called:

First.—A pregnant woman with antepartum eclampsia, or persistent profuse hemorrhage from placenta previa or other cause. Treatment has no effect. If something is not done quickly she will die.

Third.—Labor begun, tonic contraction of uterus, normal foetus, maternal pelvis with conjugate diameter of two and three-fourths inches.

Fourth.—Labor begun, tonic contraction of uterus, twins, partly born, interlocked. The time, the surroundings, or the condition of the woman, preclude Cæsarian section or symphyseotomy. In all osteopathic literature not one word tells us what to do under such circumstances. In all the oral teaching which I heard during my five years at Kirksville there were no definite instructions unless it was to get up and run and let a better man, an M. D., who did know what to do, come in and take charge. If sacrificing the foetus in these cases is murder, then the great heart of the people would have so branded it by enactment into law and by punishment of the murderer. But they have not done so. No state in this union has such a law. The difference then is one of conscience, and it would be exceeding the prerogative of the Code of Ethics to attempt to impose upon one portion of the profession the conscientious scruples of another portion. It therefore excepts from its sweeping prohibition, quoted above, such conditions as the four named, and similar ones. They are left exactly where they were before we had any code. If Dr. Sullivan's conscience requires him to let those four women die, and the conscience of his brother practitioner requires him to save the woman even at the sacrifice of the foetus, neither of them is required by the code to have his convictions overridden by the other man's conscience, but each is free to do what he thinks is right. The only possible quarrel Dr. Sullivan can have is that his conscience is not permitted to regulate this matter for the whole profession.

The code as a whole was regarded as an acceptable statement of the professional duties, responsibilities, and privileges of osteopaths. Dr. Sullivan will recall that the only material change made in it was one presented by the "opposition" and vigorously opposed by the committee, which, it was frankly stated, was intended to permit osteopaths to play second fiddle to medical men, to sneak in at the back door, and treat a patient who was under the care of one of them. That is exalting osteopathy to a finish. This was done at a session at which a small number were present. I want to believe it does not represent the sentiment of the profession generally.

Dr. Sullivan indulges in many flings toward the educational committee.

I just want to say that this committee has always tried to observe its proper place, to put in systematic form that which the thought of the profession had worked out and was demanding. Any exceeding of this limit can be easily punished at any time by the A. O. A., by simply turning down the report and discharging the committee.

Since the above was written The Journal of Osteopathy for December has come to hand with the announcement that the A. S. O. would establish the three year course in September, 1905. This will rejoice the heart of every true osteopath, and as the A. S. O. can hardly be accused of leaning toward medicine, it ought to effectually silence those who have opposed the longer course, on the unwarranted assumption that it must mean the teaching of something beside osteopathy, as though osteopathy were too small a thing to spend three years upon. The most superficial application to osteopathy of the laws of pedagogics, of teaching, apart from the thing taught, could lead to no other conclusion than that the three year course was an absolute necessity. It was a matter of deep concern to all who realized how fully the future progress of our science depended upon the speedy adoption of this advance step, to note during the past year the unbroken silence of the A. S. O. after Dr. C. E. Still's declaration at Cleveland. This was explained at St. Louis when he stated that it was due to financial complications.

But this announcement is evidence of the successful correction of the financial lesion, and the caprice of money loaners is no longer a factor in retarding the progress of the profession. For which "again I say, rejoice." Our forces are now all in line for more vigorous, united, and effective work in the advancement of osteopathy than ever before.

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A PLEA FOR THE APPENDIX—OSTEOPATHIC THEORY VERIFIED BY ENGLISH SCIENTIFIC RESEARCH.

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There is perhaps no line of activity touching human welfare in which there is less individual thought exerted by the layman than in that affecting his own health. He has for so many generations been accustomed to surrendering completely his physical welfare into the hands of his physician that he has apparently never learned to ask even himself the question, "Why is the Dr. doing thus and so?"

This complete and unquestioning submission on the part of the public has among other things made possible the growth, in the healing profession, of what may be termed a mania for surgical operations. This has so grown that it is now the exception to glance through a daily paper without reading of one, or two or three prominent people who have undergone an operation. Removal of the vermiform appendix is one of the most frequently noted. Few are the people who haven't some relative, or friend or acquaintance who has submitted to the knife and later learned that there was really no threatening condition of

the appendix. Nevertheless it was removed because the surgeon said it is a rudimentary organ and so far as he knew plays no part in the functioning of the body.

In the midst of all of this attempt on the part of those who would improve on nature, it is comforting to hear the clarion note of warning from one who in their own midst holds a position of authority.

Macewen* in his recent Huxley's Lecture gave a remarkably lucid and thoughtful address on "The Function of the Cæcum and Appendix."

Taking as his guide and standard Huxley's own creed, "Sit down before fact as a little child, be prepared to give up every preconceived notion, follow humbly wherever and to whatever abysses Nature leads, or you shall learn nothing," he asks this question, "Is this body of ours so very imperfect that we require to submit it to the numerous rectifications which are sometimes recommended to be carried out after it comes into the world?"

A belief in its imperfections is shown in different ways. The Arab compresses and flattens the baby's head. The Chinaman compresses and arches the foot. While "we smile and call these 'improvements' distortions," we nevertheless go on and remove the tonsils, the appendix, and some of the more ardent of the improvers on nature do not stop with the appendix but advocate the removal of the entire colon as well.

They say that through the process of evolution the appendix has become a rudimentary organ and therefore has no duty to perform in the physiology of the body. Again, it has been removed when in a healthy condition and the person continued in apparently good health. Such a conclusion could be as logically reached about many of the other organs of the body which have on various occasions been removed with similar results. But do these statements warrant the conclusion that the appendix is functionless?

While the physiologists have done a great amount of work on the subject of digestion, their efforts have been directed almost entirely to the upper part of the alimentary canal. Only since the beginning of the vast amount of recent surgical work in this region has there been any thought directed to the physiology of the cæcum and appendix.

Comparative anatomy discloses the fact that in the lower forms of animal life such as fish and reptiles the alimentary canal is a continuous tube, with no cæcal appendages, while in the higher forms of life there are widely varying conditions dependent upon the kind and amount of food eaten. In the carnivora like the cat and dog, the cæcum is small or absent, the glands abundant, and digestion practically complete in the upper part of the canal. In the herbivora the cæcum is large and in some the ruminants—there are two or three—the principal part of digestion being cæcal.

Man being both a carnivorous and herbivorous animal has stomach, intestine and cæcum, digestion being participated in by all three of them.

He cites many observations made on the alimentary canal following taru-

*Sir William Macewen, M. D. F. R. S., Regius Professor of Surgery in the University of Glasgow. Lecture delivered at opening of Charing Cross Hospital Medical School, London. Lecture appears in the British Medical Journal and The Lancet of Oct. 8, 1904.

matism and surgical operations. Varying conditions follow the escape of food-stuffs from the alimentary canal dependent upon the location of the fistula—the nearer the stomach the more serious the result.

Inanition and loss of weight follow when it is from the distal end of the ileum or the cæcum. No such results are noted when the opening is from the descending colon or sigmoid. These facts point to one conclusion that digestion is not completed until near the region of the sigmoid.

Defects in the abdominal and cæcal walls have afforded many significant observations. In cases of the former, the bowels being normal, it was noted that the cæcum underwent various changes, broadening and shortening and occasionally a sort of churning movement. Many of these movements began in the appendix passed to the cæcum and traversed the colon.

He says, "Observations on the interior of the cæcum seen through defects in its walls showed that there were differences in the amount and fluidity of the secretion exuding from its mucous surface. When irritated mechanically the flow of exudate was greater and more fluid. At a variable interval after each meal—one or two hours—peristaltic effects in the colon ensued, resulting in the extrusion of its contents, and shortly after a clear, thick fluid was poured from the secreting cæcal surface, and in some instances was seen to exude in considerable quantity from the appendicular orifice. As far as could be ascertained, there was no cause for this flow other than a reflex action which was possibly stimulated by the presence of food and the exudation from the upper part of the small intestine."

In another case where the anterior wall of the cæcum had been removed by accident he says, "First, it was seen that there was a considerable flow of glairy mucous from the appendix and the cæcal surface, which did not constantly exude or at least did so to a greater extent shortly after food was introduced into the stomach, and to a marked extent just before food began to pass through the ileo-cæcal valve. On one occasion quite a stream of fluid poured from the appendix just before the chyme began to pass through the ileo-cæcal valve. This fluid from the cæcum and appendix was invariably alkaline."

It appears from his observations that the flow of chyme through the valve is slow and in small quantities enabling it to become smeared and thoroughly mixed with the exudation of the appendix and the cæcal cavity. It seems there is a reflex control over the flow through the ileo-cæcal valve similar to the acid reflex which Pawlow has demonstrated exists at the pyloric orifice of the stomach, and that this flow is so regulated that the material becomes thoroughly mixed with the cæcal and appendiceal juices.

When this reflex or agency is interfered with there results either a diarrhoea of partly digested matter or the collection of masses of matter in the cæcum "causing constipation with subsequent fermentative action of a kind which is apt to result in irritation of the mucous membrane and appendix."

He calls attention to the fact that not only the lining membrane of the cæcum but of the appendix as well is studded with the glands of Lieberkuhn,

that they are far more numerous and are larger, deeper and broader than they are in the small intestine, the absorptive surface being thereby proportionately lessened. These facts strongly indicate that the cæcum and appendix have a function and that that function is largely digestive.

This conclusion is further strengthened when it is remembered that the secretion of these glands, the succus entericus, is a most powerful factor in intestinal digestion. Pawlow considers it the "ferment of other ferments." "So powerful is this kinase that while pancreatic juice alone took six hours to dissolve fibrin in a thermostat, and had not even attacked white of egg after ten hours, the addition of some succus entericus to the pancreatic juice dissolved the fibrin in from three to ten minutes, and the coagulated white of egg in three to six minutes."

Another element of intestinal digestion in this region is the micro-organisms which are found in great numbers in the cæcum and appendix. And a still further probable function of the appendix is the maintenance of cultures of these organisms, controlling their multiplication and growth and keeping them in condition to properly act on the contents of the cæcum aiding in its final disintegration.

The appendix is regarded by those who believe it functionless as a sort of diverticulum of the cæcum, a shrunken vestigial portion of it. True its musculature is the same, the circular muscles and longitudinal bands being continuous with those of the cæcum. On the other hand its blood and nerve supply are more a part of that of the small intestine. Its nerve supply being a continuation of the terminal branches of those fibers supplying the small intestine. Stimuli from the small intestine cause reflex action in the appendix. It can therefore be seen how easily the appendix through this intimate nervous relation to the small bowel initiates the larger movements of cæcum and colon, as well as having in readiness its proper amount of exudation for the reception of the chyme. It can further be seen how any interference with this relation may result in cæcal disturbance.

The bearing that a disturbance of these functions has upon the etiology of appendicitis then follows. "If from inhibition of the appendicular and cæcal movements, or the want of exudation of the succus entericus, or if the cæcum receives material which the succus entericus cannot digest, a stasis occurs in the contents of the cæcum and constipation which is so often a feature of appendicitis ensues. At a later stage fermentative disintegration of the fecal contents, with absorption of toxins and damage to the walls of the parts is apt to ensue. These are followed by diarrhœa which is sometimes curative. Doubtless the appendix and cæcum are affected together, but just as pyogenic organisms affecting the throat spread by continuity of structure to the middle ear and mastoid cells and produce serious damage there, long after the throat has healed, so the appendicular inflammation, once started may continue to produce serious effects within the appendix after the cæcum has recovered from the primary effects."

These conclusions that have been so favorably commented upon by the Medical Press are the very theories that Dr. Still has advocated these many years.

So far as he has gone Sir William Macewen is in direct accord with the osteopath in his belief and teachings regarding the function of the cæcum and appendix and also in accord regarding the usefulness of every other organ of the normal body.

But in regard to the causation of the diseased condition of the appendix he stops too soon. He believes that the cæcum and appendix have functions. So does the osteopath. He believes that those functions are dependent upon the normal condition of the organ's vascular and nervous systems. So does the osteopath. He believes that any interference with those functions will result in a pathological condition. So does the osteopath. He points out the baneful effects of hurried eating and improper mastication. To all of that the osteopath enthusiastically subscribes. But instead of making only a general statement regarding interference with function the osteopath goes farther and seeks the causation of that interference. He accepts in toto Huxley's creed and wants to "follow wherever Nature leads."

"If," says he, "function is dependent upon the blood and nerve supply, then an interrupted function means an interference with either one or both of these supplies" and so he follows the trail until the cause of that interference is located.

This line of investigation leads him directly to the spine, the alignment of which he examines with the greatest care. The function of a joint is motion. Motion makes possible misplacement. Misplacement however small or however gross, means a derangement of the muscular and ligamentous tissues about that joint. In the region of the spine this derangement is bound to affect the blood vessels and nerves passing to and from the spinal cord.

Now, just as paralysis of a limb is produced by a lesion of the spine affecting the nerve supply to that limb, so is the function of a viscus affected by a lesion interfering with its nerve or blood supply. And thus the osteopath locates one of the causes interfering with the proper movements of the appendix and cæcum, and with the reflex agency controlling the ileo-cæcal valve.

This same lesion may also affect the vaso-motors, and the secretory fibers to the glands of this region thereby interfering with the normal flow of the succus entericus. Hence a stasis of material in the cæcum resulting in constipation, fermentation and inflammation of the cæcal and appendiceal tissues.

Then again the lesion may affect the trophic fibers to this region, lessening the resisting powers of the tissues, thereby forming a nidus for the activity of the germs that are ever ready to invade weakened tissues.

This or another spinal or a rib lesion may so weaken the bowel supports that enteroptosis results, the cæcum is crowded into the pelvis, it becomes impacted and inflammation follows.

A lesion lower down the spine may affect the origin of the fibers of the in-

ferior mesenteric plexus and through it the colon from the splenic flexure to the sigmoid and even the rectum, resulting in constipation. This in turn may so block and impede the action of the cæcum that inflammatory processes are brought on. In this instance the direct blood and nerve supply to the cæcum and appendix may have been normal originally but were not sufficient to overcome the effects of the constipation brought on by a lesion affecting another part of the bowel.

Again, these spinal and rib lesions may so lessen the tonicity of the entire bowel that constipation results, followed ultimately by inflammatory processes.

Statistics show that a large per cent of the DISEASED appendices that have been removed contained fecal concretions. The very presence of these concretions points to the correctness of the osteopathic theory. Just here it is not unwise to look again at the anatomy of the appendix.

Lined with a mucous surface over which flows the exudate of a wealth of glands, and supplied with longitudinal and circular muscles, vascular and nervous systems, all are agreed that it possesses the power of emptying itself. Is it other than good logic then to conclude that nothing but an interference with that blood or nerve supply (or both) would permit even the beginning of an accumulation there, let alone its growing to any considerable size?

These are some of the additional factors the osteopath recognizes in the causation of appendicitis.

Does he then offer any further alternative to the wholesale use of the knife which both Macewen and he so deprecate?

He does. Did he not, his recognition of these causes would prove futile. Briefly stated his procedure embraces.

- 1st. The immediate emptying of the bowel.
- 2nd. The removal of the lesion or lesions causing the interference with the vascular and nervous mechanisms of the intestinal tract.
- 3rd. (A continuation of the 2nd) The inducing of a free and vigorous flow of blood through the diseased tissue—this is of the greatest importance.
- 4th. Rest.

The technique of this procedure is obvious to every osteopath.

As seekers after truth, well may we with Macewen and Still subscribe to Huxley's creed, "Sit down before fact as a little child, be prepared to give up every preconceived notion, and to follow humbly wherever Nature may lead."

THE OSTEOPATHIC CURRICULUM.

A Glance Behind and a Glimpse Ahead.

CLARENCE VINCENT KERR, D. O., CLEVELAND, OHIO.

Some knowing wag has said, with, perhaps, a greater show of wit than display of elegance, that in the field of argument "there are lies, damned lies and statistics." Of course an osteopath would scorn refuge in either of the first two counts of the wag's syllabus of argument, but, as he is nurtured on superlatives in the literature of his profession, I am sure no apology is due for resort-

ing to the wag's superlative of argument-statistics. Hence the following interesting figures, gleaned from the June, 1904 report of the Committee on Curriculum of the National Confederation of State Medical Examining and Licensing Boards. So much has been said recently about the curricula of the osteopathic colleges that I am prompted to offer the following statistics and present some interesting comparisons. By way of preface it may be well to state that the standard curriculum, adopted by the National Confederation as a minimum requirement for the degree of M. D., exacts at least 3600 hours work, divided into clinics, lectures, recitations and laboratory work. I have before me the quarterly catalogue of the American School of Osteopathy and find that about 1670 hours are employed, exclusive of all laboratory and some clinical work, in the course of 20 months. The catalogue further sets forth that about 970 hours are devoted to laboratory work, thus bringing the total number of hours up to 2640. The report of the committee on curriculum of the National Confederation, covers 124 of the foremost medical colleges of this country and by reference to that report I find that the total number of hours employed by the American School of Osteopathy during 20 months is greater than the following medical colleges during their entire course of four years:

- School of Medicine, Univ. of Kansas, 2382 hours.
- Medical Dep't. of Bowdoin College, 1340 hours.
- Willamette Univ., Medical Dep't., 1876 hours.
- Meharry Medical College, Walden Univ., 2071 hours.
- Univ. of the South, Medical Dep't., 2361 hours.
- Physio-Medical College of Texas, 958 hours.
- Univ. of Virginia, Medical Dep't., 2471 hours.
- Medical College of Virginia, 2388 hours.

Of this number we find six colleges are in affiliation with universities, so it is quite probable that additional work is required in other departments of the university for which credit is given in the medical department.

Anatomy is one of the foundation stones of osteopathy and it is therefore, fitting that we should do as much work in this branch as our friends of the powder and potion. Exclusive of dissection and other laboratory work, required at the American School of Osteopathy, I find that 400 hours are employed in the study of this wonderful subject. This exceeds the number of hours required by 34 of our leading medical colleges INCLUSIVE OF LABORATORY WORK AND DISSECTION. Among the prominent colleges I find the following:

- Denver and Gross College of Medicine, 240 hours.
- College of Homeo. Med., Univ. of Iowa, 198 hours.
- Maryland Med. Col. of Baltimore, 272 hours.
- Boston Univ. School of Medicine, 388 hours.
- Tufts College of Medicine, 308 hours.
- Starling Medical College, 390 hours.
- W. Pennsylvania Med. College, 288 hours.

In the department of Physiology the American School of Osteopathy re-

quires 200 hours of class work, including laboratory demonstrations. This is a higher standard than that set by 41 of the 124 medical colleges upon which report was made. Among the most prominent colleges, requiring a less number of hours work, I quote the following:

- Dearborn Medical College, 175 hours.
- Coll. of Phys. and Sur., Baltimore, 180 hours.
- Homeo. Med. Coll., Univ. of Mich., 128 hours.
- Marion-Simms-Beaumont Coll. of Med., 180 hours.
- Jefferson Medical College, 174 hours.
- Wisconsin Coll. of Phy. and Sur., 192 hours.

Pathology is a subject that has been given unusual attention the past few years in all the medical colleges of the country. The searching eye of the microscope has uncovered varied and wonderful facts relating to the modifications of function and the changes of structure caused by disease. Exhausting the antiquated theories and exposing the old fallacies, the older schools of medicine grasped at the new pathology with tenacious fingers. From groping in the dark they emerged into the light of the first, real, tangible base, upon which to reconstruct and build their system of therapeutics. In the face of all this the osteopathic schools could hardly hope to boast that they devote a greater number of hours to this branch than even one of the medical colleges, yet such is the astounding fact.

Thae Dallas Medical College and the American School meet on equal terms in this branch, each requiring 80 hours work. The following colleges have a lower standard:

- Georgia Coll. of Eclectic Med. and Sur., 72 hours.
- St. Louis Coll. of Phy. and Sur., 78 hours.
- Willamette Univ., Med. Dep't., 48 hours.
- Univ. of Tenn., Med. Dep't., 56 hours.
- Meharry Med. Coll., Walden Univ., 55 hours.

Gynecology is an important subject to the osteopathist for it is in this particular that he often-times achieves his most remarkable results. However, the gynecologist is recognized as one of the most advanced specialists in the field of surgery, and it is hardly to be expected that we osteopaths can find as much time in two years to devote to this branch as our medical friends do in four. But here a small surprise is in store for us for we are not behind by any means. The Yale Medical College and the American School are tied in this subject, each requiring 60 hours work.

The following colleges fall below that mark:

- Georgia Coll. of Eclectic Med., 48 hours.
- Detroit Coll. of Medicine, 50 hours.
- Amer. Med. Coll. of St. Louis, 56 hours.
- Univ. of Neb., Med. Coll., 32 hours
- Coll. of Med., Syracuse Univ., 52 hours.
- Physio-Medical of Texas, 52 hours,

The osteopathic course in Chemistry covers about 200 hours, which I find exceeds the requirements of the following institutions:

- Med. Coll. of Georgia, 192 hours.
- Med. Dep't. of Bowdoin Coll., 166 hours.
- Maryland Med. Coll. of Baltimore, 128 hours.
- Amer. Med. Coll. of St. Louis, 112 hours.
- Med. Dep't. of Creighton Univ., 180 hours.
- Pulte Med. College, 182 hours.
- Physio-Medical College of Texas, 78 hours.

In Physical Diagnosis, the American School requires twenty hours work. This seems too little time to devote to this important subject but it must be borne in mind that "osteopathic diagnosis is in reality a special and very thorough form of physical diagnosis," and many hours are devoted to this subject in the classes in Principles of Osteopathy, Practice of Osteopathy and in the clinic. So the twenty hours in Physical Diagnosis are limited to demonstrations of the practical use of the various physical methods of examination, including inspection, percussion, auscultation, etc. But with only twenty hours in this department the American School equals two of the medical schools, the Oakland College of Medicine and Surgery and the Meharry Medical College of Walden University.

The remarkable success of osteopathy with nervous diseases should make the subject of Neurology one of the most important in the curriculum. By reference to the American School catalogue I note that this fact is recognized and twenty hours is devoted to this special work. More time could be well spent in this department but notwithstanding this fact the American School outrivals three of the medical schools in Neurology.

- Coll. of Phy. and Sur. (Mass.), 17 hours.
- Univ. of Oregon, Med. Dep't., 15 hours.
- Univ. of Tenn., Med. Dep't., 10 hours.

I have no way of arriving at the actual bedside work done by the osteopathic students in Obstetrics but the American School requires attendance upon such cases and exacts 50 hours class work. This is below the average set by the medical schools though somewhat in advance of the Med. Dep't. of Bowdoin College, where 46 hours cover this branch.

In Medical Jurisprudence the American School with ten hours work equals two and leads five of the medical colleges, while in the dep't of Genito-Urinary diseases it equals one and leads six with 20 hours work. It would indeed be an unfortunate conclusion if, from what I have presented in this article, the inference were drawn that we should "stand pat" on our present curriculum. These statistics are unquestionably flattering to the American School, especially when we consider that all the medical colleges included in the report to the National Confederation require a four years course with a general average of seven months plus to the year, but they undoubtedly point to the fact that the osteopathic students are carrying too much work for the time allotted them. Even

around an osteopathic banquet board there is such a thing as gorging to the end of defeating assimilation. We need the additional third year in our colleges if for no other purpose than an equalization of the work now being done. The announcement of the American School that another year will be added to the course, beginning Sept. 1905, is the best bit of news that has come from Kirksville in many days. In the light of what we have seen, by reference to the statistic compiled by the National Confederation of Examining Boards, it means that the osteopathic schools are going to forge ahead and outrival most if not all of the medical colleges in every department where they meet on common ground. From an editorial in the December number of the Journal of Osteopathy I glean this thought: "There are other reasons, aside from those financial, why we have not been in a hurry to require the third year. What would we teach?" Bless your heart, Mr. Editor, are you teaching all now that you can about the several subjects in the curriculum? I don't take it that the addition of the third year means you are to run in a lot of new subjects but rather to afford you more time to DEVELOP AND MAKE PRACTICABLE the subjects you are teaching now. When the new hospital is completed give the students a lot of practical bed-side work. Turn them loose in the physiological and pathological laboratories and give them a chance to follow up the experiments and make the explorations that will do more toward making osteopathy a demonstrable science than anything else in the world. A few months ago some of the Atlas Club men carried on special dissections in a case known to have succumbed to nephritis. After demonstrating the morbid anatomy and verifying the diagnosis the dissections were carried upward along the course of the renal nerves to their segment in the cord. At this point attention was directed toward the bony articulations in this region and distinct lesions, luxations, were found that proved beyond question that the first cause of the nephritis was due to displacement of tissue. This suggests that the department of pathology can be broadened and wonderfully developed. So far as the diseased tissues are concerned they won't look any different under our microscope than they will under those of the medical students but we can and must prove that the morbid conditions, which we recognize clinically, arise from tissue displacements and obstructions. Encourage in every way this sort of research and eventually we will present to the world a deeper and broader pathology than any that has so far been evolved. In the physiological laboratory continue the experiments outlined by Dr. Fassett, preserving every record and tracing that substantiates osteopathic principles or affords new insight into the operations of nature. In the department of Osteopathic Practice considerable time should be devoted to the technique of the treatment. In the absence of this specific work, the result, no doubt, of an effort on the part of some of our institutions to encourage individual endeavor and forestall the possibility of osteopathy drifting into a mere movement cure, I firmly believe that the tendency, on the part of certain practitioners, to champion a lot of adjuncts, arises. They establish a diagnosis in a case in accordance with osteopathic principles but often

lack the practical ability necessary to a reduction of the lesion, in which event it is recalled that oftentimes it is natural for some individuals to have spinous processes of unusual prominence and ribs of great deflection. Then theorizing gains the ascendancy and they are soon lost in a maze of vibratory stimulation, suggestion, etc. It is not so much the fault of the individual as it is of the college that sent him forth, unprepared. Not every one of us is born with a genius for mechanics, though we may have a genuine talent for ministering unto the sick and afflicted. In the failure of instruction in the mechanics of osteopathy we will find our theory of little avail when it comes to the test of application. The fact that osteopathic treatment consists largely of "anatomical engineering," as the late Dr. Patterson so tersely phrased it, is good and sufficient reason for the student giving considerable time to osteopathic technique. In the department of Surgery I think we need more practical experience in the treatment of fractures. It may not be feasible to produce fractures in room thirteen in order that they may be treated in room fourteen but in every case possible the students should be in attendance when a fracture, no matter how slight, is reduced. There is an appreciable difference between bandaging an unbroken arm of one's room-mate and the badly fractured limb of a hack driver. By way of conclusion I have it in my heart to congratulate my Alma Mater on the super-excellent work she has accomplished in the twelve years of her existence. When we consider the many obstacles that early beset the child-mother, the educational progress made is nothing short of marvelous. The addition of a third year to our course will mark a new and glorious epoch in the history of osteopathy.

* * *

A NEW EPOCH FOR THE SCIENCE OF OSTEOPATHY.

Twenty years ago the prophet did not live to foretell the future of osteopathy. In those days only one man saw, and dimly at that, the wonderful progress that the science he had discovered was to make as a system of healing diseases.

Time, intelligence and opportunity have revealed that development for osteopathy that few if any other innovations in the scientific world have experienced in so short a time, and whose founders have lived to see the truths of their teachings so generally accepted by an intelligent people. Only the dreamer of twenty years ago could have predicted that on January 1, 1905, the science of osteopathy would be taught in ten well equipped colleges in the United States, that it would be practiced in every state and territory of the Union and many foreign countries, that it would be recognized by twenty-seven state legislatures, that its student body would exceed in number all other schools of practice except one, that the American School of Osteopathy would rank as the second largest school of medicine in the United States, that the science would be represented by nearly 4000 practitioners, and that Dr. Still, the founder of the science, would live to see all this and still be actively engaged, at the age of seventy-six, in teaching his discoveries

to the hundreds of students who annually assemble at the parent school at Kirksville over which he presides as president.

What a glorious record!

And all accomplished by the pure force of merit—against the opposition of powerful influences, without money except that which was earned by hard work, and without personal influence except that which came from those who had seen or experienced the beneficent operations of the science.

“Every tub must stand on its own bottom.”

Dr. Still discovered a truth, he demonstrated it, he clung tenaciously to it, he fought his way up to success. He asked no quarter for his science nor gave none to those who opposed him. He fought theories; he wanted demonstrations—results. When he found that there was a world demand for the science that he had demonstrated to be true, when he found that his practice was larger than he could attend to, he founded the American School of Osteopathy at Kirksville, Mo., the place where the struggled, where he succeeded.

The possession of a truth in the mind of such marked and forceful personality as Dr. Still's has made osteopathy what it is today, and his place as the central figure in the science is secure for all time to come.

The foundation is laid, the superstructure is yet to be built. A curative principle has been discovered, but we have just begun to learn how to apply it.

The American School has grown since 1892, the date of its founding, from a school of less than a score of students and a course of study embracing but a few fundamental subjects, to a school of seven hundred students, fifteen professors, a course of study embracing all the fundamental branches of medical science, with laboratory equipment in every department, and clinical advantages in keeping with the progress made in the other departments.

What a glorious record!

Accomplished by Dr. Still and those who have ably and faithfully assisted him; accomplished by every practitioner of the science who has done his duty.

But a new epoch in the history of osteopathic progress is at hand.

Great things are yet to be accomplished and great preparations must be made:

More responsibility—more and better preparation to meet them. The time is at hand when osteopathy is not only to be recognized by the public but by the scientific world as well, and its place in the scientific world made secure and respected. Another decade and the fight on osteopathy from the medical profession will be a matter of the past. More and better professional training for the osteopath is to bring this about and September, 1905, the time of the beginning of our three year course, will introduce into the osteopathic world a new epoch in osteopathic progress.

With the aid of Dr. Still who has devoted his entire fortune and life work

This cause, with additional equipment for laboratory and clinical work, with a new hospital for the use of the school, the A. S. O. expects to make the third year a factor that will make osteopathy more useful, more respected, and one that will greatly assist in bringing about what we have predicted for our new epoch.

* * *

The Use of the Knowledge of Chemistry to the Osteopath.

A knowledge of chemistry gives the student of osteopathy to understand that by chemical union all substances that appear in the body have been compounded and are prepared by the laboratory of the body from crude substances taken into the body when the work begins with the food and proceeds to atomize, separate, combine and form a compound of all elements that enter into the structure of man's body. That compound, blood, contains bone, muscle, nerve, hair and teeth. The how and why is beyond man's power of reason and he fails to be able to make any compounds that make a tooth, bone, muscle or hair, a drop of blood, nerve or fat. The laboratory of life makes and uses all but we cannot even imitate an atom of that great manufactory of blood and flesh. One says, why study chemistry if we cannot use it? We teach chemistry in our school hoping that the knowledge the student gets by studying chemical affinity and action will help him to know that living man is only a chemical laboratory in action, from birth to death, and its good work is life and health and its bad work is sickness and death, and if the doctor keeps the laboratory in good shape to do its work, then he can hope for good results. But if he has no knowledge of elementary chemistry, he fails to be successful as a manager of the machinery of the physiological laboratory. Thus he fails to be able to relieve many cases that would be easily cured if he knew how the body formed blood and other substances and how the blood was taken to and from each part of the body. Some would tell you that you must learn chemistry in order to pass state examinations. That is not why we teach chemistry, but to make successful thinkers, so you can get the good of the machinery that the body has in it for its preservation and repair. You are

not supposed to be the makers of blood, bone and flesh any more than a locomotive engineer is supposed to make wood and coal. Your job is to put wood or coal in the furnace, open the supply and drainage pipes, fire up, light your pipes, stand back and look and listen. If it runs right you can do no more than to feed and water.

A. T. STILL.

* * *

The Eastern Iowa Association.

The Eastern Iowa Osteopathic association held its November session at the Leggett House Parlor, Fairfield, Iowa, Nov. 17, 1904. There were not so many present as had been anticipated, but what they lacked in number was made up in enthusiasm. Dr. W. S. Maddux called the meeting to order, and read letters from Drs. Bechely, Crow and Beaven. After a few preliminary remarks the president called on Dr. E. S. Bond for his paper on “Constipation.” It was an excellent paper and covered the ground comprehensively, and was enthusiastically discussed. A paper on “Osteopathy Vs. Surgery in Biliary Complaints,” written by Dr. Crow, of Muscatine, was then read by Dr. Maddux. The paper showed careful preparation, and experience along the line of gall stones eliminated osteopathically. The convention then adjourned for dinner. At two o'clock we assembled again and were given several very profitable clinical demonstrations by Dr. Harry W. Forbes, of the Still College, Des Moines. Also by request, Dr. Maddux demonstrated his method of diagnosing and reducing the lesions of the innominate. Dr. Mary C. Kieth presented a very excellent paper on “Uterine Displacements and Resultant Disorders.” Every paper was enthusiastically and exhaustively discussed, and proved a source of much benefit by the in-

terchange of ideas. By a unanimous vote the next meeting will be held the second Saturday of April at Mt. Pleasant. Dr. Westfall was chosen president; Dr. E. S. Bond, vice-president; Dr. Mary Kieth, secretary. Those in attendance were Dr. E. E. Westfall of Mt. Pleasant; Dr. Mary C. Kieth of Mt. Pleasant; Dr. E. C. Bond of Montezuma; Dr. J. C. Walker of Burlington; Dr. H. W. Forbes of the S. C. O., Des Moines; Dr. Ina Barker of Sigourney; Dr. F. M. Barker of What Cheer, and Drs. W. S. and Mary T. Maddux of Fairfield.

It seems strange that more of the osteopaths within range were not with us. We had an excellent program, one of the doctors remarking that one point he learned was worth the cost of the trip. We hope to see two or three dozen at the next April session, and you osteopaths within range will never realize what you have missed until you attend one of these meetings. Nearly all present expressed themselves that this was better than any state meeting they ever attended. Dr. Westfall gave the convention a most excellent discussion on "Pelvic Hyperæmia."

Osteopaths of Southeastern Iowa, put the date of the next meeting in your hat and let neither flood nor fire hinder your attendance.

MARY KEITH, D. O., Secretary.

* * *

A Case of Albuminuria.

I was called to see Mrs. S., on Sept. 10th, and found on arrival a woman sitting up in her chair with three or four women around her. On examination and inquiry, I found that it was a case of dropsy and pregnancy. The woman was thirty-eight years old, had been married fourteen years and it was her first pregnancy. Her feet and legs were swollen about one-third larger than the normal, her heart was beating 120 times to the minute. I asked her when she was expecting to be confined and she said in three or four weeks. I asked for a sample of her urine, and when I applied the nitric acid test it was so full of albumin that it coagulated like cheese and would scarcely run out of the test tube. Not being satisfied with my own test I took a sample to a chemist and when he reported he said it was the worst case of albuminuria he had ever examined, and I ought to be

careful what I promised in the case. I expected to have the husband call on me, he did not. I told him the danger I considered his wife in and I thought it very doubtful if she could be saved. He said the medical doctor had told him the same. Patient had not been able to lie down in bed for three weeks, had slept sitting up in her chair. After talking the case over with the husband he insisted that I take the case, and with the understanding that I would do what I could for her, I took it. I found a marked lesion at the tenth dorsal (posterior condition). I found that about the time her trouble commenced, four weeks before, she had caught her foot in the carpet and had fallen very hard on the floor. I treated her every day and had her increase the use of water by drinking three quarts per day. In ten days she could lie down and sleep some. On Sept. 21st, I was called at midnight to come as she was having labor pains. I arrived at the house at one o'clock. The pains were weak and after an examination I concluded to wait. At six in the morning the pains had not increased very much but I thought best to do some work so I commenced work in the lumbar region, particularly at the second lumbar. With my work the pains commenced to increase. In an hour and three quarters I delivered her of a dead fetus, which had evidently been dead for three weeks from appearance. I called on her until Sept. 28th, having given her only seven treatments after delivery. In a month from that time patient called at my office and said she was feeling as well as she had ever felt in her life.

J. T. BASS, D. O.,

Denver, Colo.

* * *

Florida Osteopaths Organize State Society.

The Florida Osteopathic association has been recently organized with the following members: President, J. W. Phelps, Jacksonville; vice-president, A. E. Berry, Tampa; secretary, and treasurer, C. E. Bennett, Pensacola; E. B. McElwain, Jacksonville; A. G. Moseley, Gainesville; J. C. Herman, Dayton. We hope to get Florida in line with an osteopathic bill in the near future.

C. E. BENNETT, D. O.

The Journal of Osteopathy.

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Editorials.

UNITED osteopathic forces have never been defeated.

* * *

EVERY osteopathic law should contain a reciprocity clause.

* * *

ORGANIZATION, unity of action, and harmony of sentiment are necessary to win a legislative battle.

* * *

THE independent osteopathic board seems to be the most satisfactory form of law for the regulation of our practice. In attempting new legislation it seems to us that wherever practiced, at least, this form of legislation should be demanded. In observing the operations of the various laws regulating osteopathy, the independent board appears to be by far the most satisfactory.

* * *

WE are grateful to note the universal approval of our announcement in regard to establishing the three years' course. We have gone about this work in good faith, every promise we have made, both in regard to the extension of our course and additional equipment for teaching, we expect to fulfill to the exact letter of the promise. More and better osteopathy is what we shall strive for. The assurances of support contained in hundreds of congratulatory letters received since our announcement make us feel certain that an era for greater osteopathy is at hand.

THE article of Dr. Guy E. Loudon on "Bright's Disease" in the December number of the A. O. A. Journal is without doubt the most valuable production on that subject that has appeared in our osteopathic literature. Dr. Loudon's discussion of the subject shows that he has given the matter thorough study; the statistics he compiled are valuable. If our literature contained more articles of this character it would be more valuable to the profession. We desire to also call special attention to an article on "Tuberculosis" by Dr. W. B. Keene in the same issue of that Journal, and an article in the January number by Dr. S. A. Ellis on "Do We Advise Surgery Too Often?" These articles all have the right osteopathic ring to them, and furthermore present conclusive evidence that they were written by men who know what they are talking about.

* * *

A Happy and Prosperous New Year to our readers!

With this number, the JOURNAL OF OSTEOPATHY begins its twelfth volume, and although perhaps in times past in our overzealousness in championing what we thought to be for the best of the profession, or from some error in judgment, we may have precipitated acrimonious discussion on points relative to our teachings and practice which resulted in unpleasant personal feelings, it is our desire and hope that all unpleasant personal feelings, if any still exist, between individual practitioners or schools be buried with the old year. We expect to continue to advocate the same principles we have stood for in the past; our position towards adjuncts in the practice of osteopathy is unchanged, but at the same time our position towards those osteopaths who use them will be dignified and courteous.

A word in regard to other schools of osteopathy—we extend to one and all the hand of fellowship. Our policy in advancing the interests of the A. S. O. is to elevate it by improving its efficiency for teaching and not by attempting to stifle competition. We pledge our best efforts towards building up and unifying the profession and our every effort will be directed to that end and against disruption. Ten schools of osteopathy are

none too many—may they all succeed.

Differences of opinion will continue to exist—we profit by them. But in the discussion of them let us all manifest that spirit of honesty and fairness and magnanimity that characterizes temperate and large-minded men and women. In advancing osteopathy, may all its representatives stand shoulder to shoulder, with none but the most friendly personal feelings for each other, moving forward as one man, is our wish for the new year. Again, to all osteopathic practitioners, to all schools, to all publications, we extend a cordial Happy New Year.

* * *

LEGISLATION, regulating the practice of osteopathy, to be secured from this time on, should be carefully considered lest a hardship be imposed upon certain members of the profession. Conditions have changed and the new laws to be secured for our practice will necessarily be different from many now in force, but new legislative changes should not be too abrupt. It takes time to put into force the elevation of standards that we are pledged to maintain and this condition of affairs should be taken into consideration in proposing new legislation raising the minimum requirement for the course of study to be pursued by osteopathic physicians. For illustration, the A. S. O. begins the three years' course September, 1905, therefore it will be June, 1908, before there are any three-year graduates, except the few graduates who may take the additional year in the meantime or the very limited number who will graduate before that time from schools already giving a three years' course. Now in justice to the 3000 or more two-year graduates in the field and to students now in school who will graduate on the two-year plan, no law should be passed making the three years' course a minimum requirement that becomes operative in this one respect before June, 1908. Or, in other words, a law requiring a three-years' course should apply only to graduates who complete their course of study on or after June, 1908. We believe it right and proper for osteopaths practicing in a state where a new law is passed to be licensed without an examination, even though an examination may be required of those who

locate in that state later, but it is not just to create a law demanding certain requirements as to time of study for those outside of the state that do not also apply to those practicing in that state. Any law containing provisions contrary to the above is certain to work a hardship on a large number of practitioners, such laws restrict competition and are created in the interests of a class. It is an injustice for any set of osteopaths to create requirements for their fellow practitioners that they are unable to meet themselves. Legislation creating additional qualifications for those yet to be entered as students in our schools is manifestly just as it cannot work a hardship to any one and such legislation is intended for the elevation of the profession.

* * *

The A. T. Still Osteopathic Sanitarium, St. Louis, Mo.

The fact that we are receiving both at Kirksville and St. Louis so many inquiries regarding this institution, calls forth this brief explanation for the benefit of the public and our osteopathic practitioners.

We have established what might be termed a private sanitarium and yet it is not private in the sense of excluding any deserving patient whom we can benefit. We are making a departure from old schools sanitariums and hospitals in this—we are getting away from the idea of bare floors, cheerless surroundings and medical odors, and in their stead trying to create more of the air of a large, well regulated home, in fact, we quite often speak of it as our "Osteopathic Home." Our patients frequently speak of our sanitarium as the "Osteopathic Home" and themselves as the "Osteopathic Family."

So many coming here have made this remark, "Do you know I actually dreaded to come, thinking the conditions would be so different."

We want our patients to have pleasant surroundings, and we do all we can to make every one happy, not only by our treatment but added to this, want them to have everything conducive to this end in the way of the right kind of surroundings. Another thing, we perform no surgical operations in this institution, which takes away—not only the odors of antiseptic dressings but it relieves

the patients in the house from the constant dread of the death of some critically ill person either by the knife or disease. We have, however, arrangements made with one of the most thoroughly competent surgeons of this city, who owns a hospital within one block of us, who will not only perform our necessary operations for us or for any of our friends in the field, but he gladly welcomes our aid in handling the patient, both before and after the operations. We mention this so all osteopaths in the field can send as many patients here as necessity compels them to, and rest assured they will get every attention needed. But mark you, we of the St. Louis Osteopathic Sanitarium, believe in preventing surgery by the better method of correct osteopathic treatment, bloodless surgery if you please, and only recommend operations when we believe that it means the saving of a human life, and there is no other way.

We appreciate and thank our friends both locally and throughout the United States for their cordial support. We are truly indebted to our brothers and sisters in the field, for their liberal patronage and their confidence expressed by the many people sent to us.

We are compelled to charge a reasonable fee for examination on account of the amount of that kind of work we are obliged to do. We shall at all times try to be reasonable and to aid the osteopathic physician as well as the patient.

We are glad to report splendid progress, both as to patronage and osteopathic results. We have in the house now patients from Pennsylvania, Mississippi, Texas, Arizona, Wyoming, Iowa, Virginia, as well as a liberal patronage from Illinois and Missouri.

A. G. HILDRETH, D. O.

* * *

Indiana D. O's. Propose New Law.

The annual meeting of the Indiana Osteopathic society was held at the Hotel Denison, Indianapolis, Ind., Nov. 11th last, Dr. Geo. Tull president, in the chair.

There was a lively discussion as to the advisability of mandating the Indiana State Board of Medical Registration and Examination to examine osteopathic physicians and grant them certificates to practice. It was de-

termined in the negative in view of our contemplated legislation this coming January.

The proposed bill for presentation to the legislature was then discussed and finally the following was adopted as that most wanted by the osteopaths of this state: That we be represented by an osteopathic physician on the present State Board of Medical Registration and Examination; that all in the state at the time of the passage of the bill be granted certificates to practice without examination, that the requirements to obtain certificates after the passage of the bill, be, that the applicant shall be examined in the following branches, to-wit: Anatomy, Physiology, Chemistry, Principles of Osteopathy, Theory and Practice of Osteopathy, Histology, Bacteriology, Pathology, Neurology, Physical Diagnosis and Medical Jurisprudence. After the year 1908 all applicants must have had three years of study in a regular osteopathic college in good standing with the American Osteopathic association, no two years of study given in any one year.

The society also named five persons, members of the society, one of whom is to be appointed by the governor as the additional member of the state board should the bill be passed.

The legislative committee was appointed as follows: Drs. Spaunhurst, O. E. Smith, J. W. Catheart, D. Ella McNicoll, E. C. Crow and Geo. Tull, with the officers of the society as members ex-officio.

The society also adopted a complete set of By-Laws and Constitution which will have an addendum in the shape of a roster of our members which will be revised every year.

The next business of importance was the election of officers for the ensuing year which resulted as follows: Dr. Frank H. Smith, president; J. B. Kingsinger, vice-president; J. E. P., Holland, secretary; J. F. Spaunhurst, treasurer.

The meeting was one of the most profitable of the society and we feel that we have excellent prospects of having our bill passed which will make Indiana a state good for reputable osteopathic physicians.

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

Secretary.

Legislation in Indiana.

TO THE EDITOR OF THE A. S. O. JOURNAL,
Kirksville, Mo.

DEAR SIR:—I wish to set forth a few points in regard to the legal state of affairs regulating the practice of osteopathy here in the state of Indiana.

You probably have a copy of the law before you. It requires a course of four terms of twenty-six (26) weeks each—making some twenty-six (26) months in all—the minimum requirement for practice here.

After making application in due form and paying the fee (\$25.00) to the State Board of Medical Registration and Examination for an examination, my application was turned down on the ground that neither I nor the school from which I had graduated had complied with the minimum requirement of this board, and therefore I was not entitled to an examination.

At the time I matriculated in college, Sept. 1901, no osteopathic college maintained a longer course of instruction (20 months) than this one at Kirksville, Mo. (A. S. O.) It was the best course I could get in osteopathy. The Kirksville school is the oldest college of osteopathy—the parent school of all others, and is conceded to be the best of its kind.

Why then should any graduate of this school be debarred from practicing on Hoosier soil when the course of instruction at the time of matriculation of those graduates whom it affects, was the very best that could be secured? In such cases we are barred from legal recognition and forced into unpleasant situations in order to maintain our just rights and overcome this unwarranted discrimination, while we are not responsible for, nor able to, alter the circumstances leading up to this condition. Legal regulations are intended to preserve the rights and privileges of every citizen, and when those laws exist which work a hardship to even a limited number of citizens they should be abrogated.

Then, too, I am sorry to say that the State Medical Examining Board have shown a disposition to be unfair in dealing with the osteopathic physicians of this state. Men in these positions should be as large as their offices. The test of greatness is the use it

makes of its liberty and power.

When my application for an examination was refused it seems that in all fairness, the fee for the examination should have been returned to me—a thing which did not occur. The board claim they are entitled to the fee for passing as a board on my application. Now any state that will uphold such a claim as that should have its acts put in a glass case, have it hermetically sealed, and sent to Washington for preservation as a model for unborn generations yet to come!

Suppose one should go down town and order and pay for a set of harness, but the saddler, when he had received the money, should say, "No, I cannot let you have the harness, but I will just keep your money for telling you so." That person would not lose any time in getting either the money or a set of harness. And on the same principle the medical board does business in Indiana.

Then again in order to avoid having any trouble with the board, I went to see its Secretary, Dr. W. T. Gott, of Crawfordsville, and asked to make some arrangements whereby I could make up the discrepancy in time between the two schools and agreeing to do the work in their college. But a flat refusal and the information that I would have to take a four year course in their college—allowing me no credit for the work done in my own college,—was what awaited me. I chose to do nothing of the kind, but rather to return to Indianapolis, open an office, and settle it in the courts if it became necessary.

I am not the only graduate that has been similarly dealt with at the hands of this board. Two other graduates from the same school (A. S. O.) are known to me to have undergone this unprofessional castigation at the hands of this board. Others graduates in the state hearing of this kind of treatment have left the board alone, to work out their own salvation as best they could when their cases came to trial rather than undergo this humiliation administered by the board. There are some thirty or forty graduates in the state who have not been licensed.

The situation has reached a stage where reformation is indicated—a house cleaning is in order—mold and dirt have accumulated. As a means of relief we will ask of the legislature this coming winter for representation

on this Examining Board and the right to an impartial examination for graduates of all reputable osteopathic colleges.

If there are more students of osteopathy to-day than of homeopathy, and the homeopathic schools are represented on this board, is there any reason why osteopathy should not have a representative here also? With the American people, the right to be taxed carries with it the right to be represented. The American colonies gave their mother the chastisement of her life, while they were yet wearing knee-pants, because she insisted on disputing this right with them. And has this stock of colonial days run out? Not that any body knows of!

Osteopathy is becoming more popular each year—is going forward with leaps and bounds—and only time can set its limitations. Those who read the signs of the times in advance will not be slow to recognize the drift of popular opinion and see the right side of a great truth. Laws are made, indirectly, by the people and sooner or later all those opposing factors who stand in the way of their desire will be removed.

Osteopathy has come to stay. The people want it—and will see to it that they get it.

OREN E. SMITH, D. O.,
Member of Osteopathic Legislative Committee,
Indianapolis, Ind.

* * *

Rouse Ye Indiana Osteopaths!

The Indiana legislature convenes within a few days. Securing common justice to osteopaths is the issue that confronts us. It behooves us to bestir ourselves if we would live. Success depends largely upon the individual efforts of every Indiana osteopath, whether his duty be to join his state society, contribute funds, distribute literature, enlist patients and friends to use their influence in our behalf, a letter to, or an interview with the legislator of your district, you should cheerfully bear your part. Now is the time to get busy and keep busy till we succeed in getting a "square deal."

The time is ripe to rid ourselves of wolves that have been provided to protect sheep, hawks to protect chickens. What think you? Are you willing for administrators of poisons to continue prohibiting from our

title, besmirching our cause and trampling upon our rights as citizens of a common interest—working for the common good of humanity? Me thinks I hear all acclaim, Never! thrice, Never!!! If that be the word, get busy and exert all the influence you can possibly muster in defense of our inalienable rights of life, liberty and the pursuit of our calling without molestation. It is only by concerted action and combined effort that we can successfully meet the enemy, hence it behooves every Indiana osteopath to become actively identified with his state and national societies and take a hand in upholding the rights and merits of the safest and best system of healing ever given to the world.

The crisis is at hand—the die is cast. Will you help us, Doctor, or will you suffer us to succeed without your assistance? We expect to win and you will be sorry if you fail to contribute your best effort in the gallant fight we shall wage for a just and righteous cause. What say you? Let's be there with a strong pull, a sure pull and a pull all together and success is ours. This is our last appeal to every osteopath in the state and we expect you to get busy Now. Do your utmost for the success of our cause in your community. Inform us how your legislators stand that we may know how to make up our estimate.

Yours for osteopathy, first, last and all the time.

J. F. SPAUNHURST, D. O.,
Chairman Legislative Committee,
Indianapolis.

* * *

Straight Osteopathic.

Straight osteopathy was taught to us by Dr. Still. We went out and practiced that because we needed nothing else.

Nearly all the old graduates are still doing business at the same old stand and they are not accused of being masseurs now and never were. They did not massage their patients, they gave them osteopathic treatment. No one ever accused Dr. Still of being a masseur.

The cures made by straight osteopathy multiplied the number of patients also the number of students who wanted to "get in

the game" so rapidly as to run away with Dr. Still's capacity to care for them. He called to his assistance the best obtainable aids, and some of these aids as well as those who wanted to start establishments of their own tried to improve on the Old Doctor's discovery. The result is that a large number of those who claim to be osteopaths have never "Grasped the Idea."

In the early days we seldom heard of long and short treatments. Who ever saw Dr. Still give a long treatment? He did not have time to give long treatments.

In those days we did not need vibrators, electric machines to bolster up our weak points. Osteopathy was all right then, it is all right now, but there are a lot of people pretending to be osteopaths who would put Dr. Still to shame. It really is a shame, it is worse, it is a crime for people to mislead the confiding sick and give them massage, etc., and call it osteopathy.

Up to a few years ago when I got patients who had been treated by other osteopaths I gave them an examination and treated them and that was all there was to it. Now I almost dread to have people come to me who have had treatment elsewhere.

Here is a case that came in only a few weeks ago: A lady, who used to be well acquainted with those stalwarts in osteopathy, the Wheelers, McIntyres and Sherburnes, when they all lived in Vermont long before they studied osteopathy. This lady fell into the hands of an osteopath who treated her nearly one hour each day. Now he sent her to me telling her I could cure her in a few more treatments.

Of course it was somewhat of a shock to the patient to get along with only two treatments (of a few moments each) per week at \$3.00 per, just long enough to do specific work on the third cervical and the second and third dorsal. I got just as much for two short specific treatments per week as the other fellow got for six long general treatments, and I am certain secured more satisfactory results for the patient. If we do not want to be called masseurs we must quit giving massage, and make our work more specific or in other words osteopathic.

WALTER J. NOVINGER, D. O.,
Trenton, N. J.

Personal Mention.

Drs. Chas. Hoffman and Geo. Still of Des Moines, Ia., were recent visitors at the A. S. O.

Married, on Dec. 21st, at Jackson, Mich., Dr. Asa D. Cain and Miss Eva Bell Buchanan, both of Jackson.

Married, on Dec. 28th, at Kirksville, Mo., Dr. E. H. Laughlin of Marysville, Kan., and Miss Jennie Gardner of Kirksville.

Married, on Dec. 25th, at Fredericktown, Mo., Dr. Frank M. Geeslin of Jackson, Mo., and Dr. Florence L. Magers of Fredericktown.

Dr. W. C. Hall, of the June class, 1900, A. S. O., has located at Indianapolis, Ind. He has offices at The Buren, No. 310 N. Delaware St.

Dr. Ida Ellis Bush, of the last graduating class, has opened an office for the practice of her profession at No. 1135 Colorado St., Idaho Springs, Colo.

Dr. J. F. Holsclaw of Albia, Ia., has purchased the practice of Drs. J. W. & Sarah Snavely of that city. Dr. Snavely will locate at Davenport, Iowa.

Married, on Nov. 25th, at Milwaukee, Wis., Dr. Hiram H. Straight and Mrs. Lyda May How. Dr. and Mrs. How will make their future home at Minneapolis, Minn.

Dr. T. E. Reagan announces that he has opened an office for the practice of osteopathy at Knightstown, Ind. Dr. Reagan is a graduate of the A. S. O., June, 1900.

Dr. F. N. Grimsley, formerly of the firm of Drs. Martin & Grimsley of Decatur, Ill., has opened offices in the Powers Bldg., of that city, where he will continue the practice of his profession.

Dr. Nettie Olds Haight, of the A. S. O. faculty, recently gave a lecture at the Still College at Des Moines on "The Future of Osteopathy." The lecture was largely attended and well received.

Married, on Oct. 4th, to Independence, Kas., Mr. Fred Eberle and Dr. Cassandra Hubbard, both of Independence. Mr. and Mrs. Eberle will make their future home at Seattle, Wash.

Born, on Dec. 9th, to Dr. and Mrs. F. C. Heyer, of Toledo, Ohio, a daughter. In a recent letter from Dr. Heyer he informs us

that the child was delivered by Cesarean section, and that both the mother and child were doing well. The wife being, at the time of his writing, entirely out of danger.

In the December issue of the Journal we announced, by mistake, that Dr. C. A. Campbell had dissolved his partnership with Dr. N. R. Lynd at Beaumont, Texas. The latter name should have read Dr. D. W. Davis. Dr. Lynd is located at Houston, Texas and has practiced there since the time of his graduation.

Dr. T. W. Sheldon, who has successfully engaged in the practice of osteopathy at San Francisco, Cal., for the past four and a half years, announces that he has changed his office location in that city from No. 927 Market St., to the James Flood Bldg. The doctor's change of location was made for more ample room for his increasing practice.

The following alumni visited the A. S. O. during the last month: Drs. C. E. Ross, Fort Smith, Ark.; J. F. Holsclaw, Albia, Ia.; Esther Whittaker, Springfield, Ill.; P. B. Snavely, Albia, Ia.; D. W. Starbuck, Montgomery City Mo.; J. O. Woodmansee, Leon, Ia.; Joseph Wenger, Mt. Vernon, O.; Agnes Landes, Chicago, Ill.; Mattie Mae Coleman, Crete, Nebr.; R. E. L. Sevier, Monrovia, Cal.; E. L. Manatt, New Castle, Ind.; Nellie A. Runyon, Seward, Nebr. and J. F. Walker, Quincy, Ill.

Osteopathy In Mexico City.

MEXICO CITY, Nov. 28, 1904.

DR. GEO. M. LAUGHLIN,

Kirksville, Mo.

DEAR DOCTOR:

I presume that you will be surprised to hear from me from this part of the country. I left El Paso, Texas, and came to Mexico as you see. I sold out to Doctor Christensen, who is continuing my business there. I shall remain in the City of Mexico until spring anyway and perhaps longer. It will depend upon circumstances whether I shall remain here or not. I find that they are trying to make me some trouble in regard to practicing here, but I have come with recommendations to some of the highest officials and have been assured that they will use their influence in my behalf. The doctors have it in for osteopathy here in Mexico even more than they have in the States, and especially

the Mexican doctors, who are very bitter against American practitioners, and the Mexican doctors are the influential class. If one gets in jail here, he never gets out. I have an office here and have three or four patients, but have been warned not to put out a sign. If I did that they would get me. You will please change my address to "First Corpus Christi, Avenida Jaurez, Mexico City, D. F." I thought they had a better climate down here than I found. It has rained every day since I have been here, and is cold and chilly. They are not fixed for cold weather, which makes it disagreeable for a tenderfoot. I think I shall be able to get along, as I have gotten in with some of the high officials, and having spent two years in studying Spanish I am able to make my presence felt among the Mexicans which stands one in hand. I hope I shall have no serious trouble.

I remain, fraternally,
HOMER WOODRUFF, D. O.

Greater New York Society Honors Dr. and Mrs. C. P. McConnell.

At the regular meeting of the Greater New York Osteopathic society, Dec. 17th, a dinner and reception was given Dr. and Mrs. C. P. McConnell at which nearly 100 osteopaths gathered from New York and vicinity.

It was a most charming affair and was greatly enjoyed by all present. The toasts were bright and the speakers in good form. Dr. McConnell gave a most thoughtful address which carried conviction. He expressed his pleasure at the harmonious good fellowship which exists in this section and highly commended the work being done by the society, by Dr. Bandel, its president, assisted by the other officers. The following is the program as carried out:

TOASTS.

CHAS. C. TEALL, Toastmaster.

Invocation—R. M. Colburn.

Some Things to be Thankful for—Charles Hazzard.

The Emersonian Osteopathist—Ada A. Achorn.

Does the 'Skeeter Cause Malaria or Malaria Cause the 'Skeeter?—Hardy W. Carlisle.

The Anatomical Wedding—Helena Ferris Smith.

The Limitations of the Osteopathist—Carl P. McConnell.

* * *

Seventh Annual Meeting of the Ohio Osteopathic Society, Chittenden Hotel, Columbus, Ohio, January 7, 1905.

PROGRAM.

Morning.

10:00—Reports.

10:30—Obstetrics, Dr. E. H. Cosner, Upper Sandusky. Discussion opened by Dr. H. E. Worstell, Canton.

11:00—Goitre, Dr. Jennie B. Neal, Cleveland. Discussion opened by Dr. Effie B. Koontz, London.

11:30—Marasmus, Dr. Clara J. R. Rhohamel, Lancaster. Discussion General.

Afternoon.

1:00—President's Address, Dr. J. F. Bumpus, East Liverpool.

1:30—Neurosis of Hip, Dr. E. R. Liffing, Mansfield. Discussion General.

2:00—Address and Clinic, Spinal Curvatures and Lesions, Dr. Harry W. Forbes, Des Moines. Iowa, Professor of Symptomatology and Practice of Osteopathy, Still College of Osteopathy.

4:00—Election of Officers. Selection of Member Osteopathic Examining Committee.

7:30—Address, Preventive Medicine, Dr. C. P. McConnell, Chicago, Ill., President American Osteopathic Association.

M. F. HULETT, D. O.,
Secretary.

* * *

Oregon D. O's Will Meet January, the 7th, 1905.

The third annual meeting of the Oregon Osteopathic association will be held at the Imperial Hotel, Portland, January 7, 1905. There will be three sessions during the day; the morning session will be devoted to the opening addresses, various reports, unfinished and new business. In the afternoon the following program will be given:

Paper—"Osteopathy in Gynecology," Dr. Gertrude L. Gates, Portland.

Discussion led by Dr. J. E. Anderson, The Dalles.

Paper—"Pott's Disease," Dr. R. S. Graffis, Portland.

Discussion led by Dr. Caryll Smith, Portland.

Paper—"Gastric Catarrh," Dr. H. E. Penland, Eugene.

Discussion led by Dr. C. E. Walker, Portland.

Clinics—Dr. R. B. Northrup, Portland.

The evening session will be taken to complete unfinished business and election of officers.

We trust to have a large attendance, and that this may be our most successful year.

HEZZIE CARTER PURDOM MOORE, D. O.

Secretary.

* * *

Removal Notices.

Dr. Dale H. Craig, from Kansas City, Mo., to Harrisonville, Mo.

Dr. Henry Snedeker, from Neosho, Mo., to Cincinnati, Ia.

Dr. P. W. Polly, from Hatfield, Mo., to Emmett, Idaho.

Dr. F. H. Warren, from Stamford, Ct., to No. 277 Belleville Ave., Newark, N. J.

Dr. Geneva Green, from Washington, Mo., to No. 1317 Admiral Bld., Kansas City, Mo.

Dr. Clara B. Wilcox from Everett, Mass., to Ozark, Mo.

Dr. Geo. Parks, from West Plains, Mo., to No. 1502 Locust St., Des Moines, Ia.

Dr. R. L. Starkweather, from Shelbyville, Ind., to Cason-Neal Bldg., Lebanon, Ind.

Dr. L. M. Beaven, from Salt Lake City, Utah, to Vincennes, Ind.

Dr. W. C. Beaven from Fulton, Mo., to Vincennes, Ind.

Drs. E. A. and Myrtle E. Carlson, from Sedalia, Mo., to No. 419 East Main St., Madison, Ind.

Dr. Lytton G. Ament from Washington D. C., to No. 70 Bradford Bldg., Charlottesville, W. Va.

Dr. Retta Collicott, from Jackson, Mo., to Fredericktown, Mo.

* * *

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THE history of the American School of Osteopathy is little less than the history of the growth and development of the science itself. And say that the science of osteopathy is unique in the rapidity and stability of its growth only calls attention to the fact that the American School has likewise made phenomenal progress since its founding in 1892. At that time its faculty consisted of one man—the founder,—its student body a half dozen men and women, its home, a room in a cottage. During the past year over SEVEN HUNDRED students have been in attendance, presided over by the founder, Dr. A. T. Still, assisted by a corps of FIFTEEN able instructors, and cared for in a building twice enlarged and costing with its equipments, over \$100,000.

That the school has become established in the full sense of the word is evident from all view points. In its equipment and facilities for teaching it occupies first rank. The laboratory method of teaching, so popular at the present time in all scientific institutions, has been pushed to its farthest workable limits. Hence in the anatomical department the student becomes familiar not so much with the printed page as with the actual form and substance of the body by means of skeleton, manikin and models, as well as examinations of the living body and dissections from an abundance of material. The physiological laboratory is furnished with a very complete outfit of apparatus for the purpose of demonstrating the various functions of the organism. It is equally true of the other departments including those of chemistry, histology, bacteriology, x-radiance and theory and practice of osteopathy. Students are expected and required to substantiate what has been taught didactically by direct experimental work. Clinical advantages are excellent.

The American School teaches genuine osteopathy pure and simple—no adjuncts are advocated. Its faculty, equipment, and teaching facilities in general are unequalled elsewhere. Prospective Students should bear in mind the following important facts: 1. The A. S. O. is presided over by Dr. A. T. Still the founder of the science. 2. It is the largest and best equipped osteopathic college in the world. 3. Its faculty is the largest, ablest and most experienced in teaching and practice. 4. Anatomy is taught in every term and dissection is required. 5. A. S. O. is the recognized headquarters for genuine osteopathy—the parent school. 6. Its graduates are uniformly successful in practice. 7. The true, genuine osteopathic spirit pervades the teaching in every department.

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The course of study covers a period of two years, divided into four terms of five months each. Classes are formed in September and February of each year at which time new students may matriculate.

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A Notice To Prospective Students

In looking over our letter files we find that sometime in the past we have had some correspondence with you in reference to taking up the study of Osteopathy at the American School at Kirksville, Mo. We presume you are still interested in the subject and therefore desire to give you some new facts in regard to the remarkable growth of the science of osteopathy and some information in regard to the American School that may be of interest to you.

1. Osteopathy is legalized by legislative enactments in two-thirds of the states in the Union, and its practice is prohibited in none.
2. There are about 4000 graduates and recognized members of the profession in the United States and Canada.
3. Absolutely no other profession has so few failures in it—the field is broad, the demand for osteopathy is great, there are too few practitioners to supply the demand. We have many requests for practitioners that we are unable to fill.
4. The practice is remunerative—it deserves to be.
5. The professional training the osteopath receives in this school is equal to that given in the average medical school.
6. Our school has over 700 students per annum, among that number are many who have been successful physicians, trained nurses, college professors, public school teachers, ministers, lawyers, students, farmers, clerks, mechanics, merchants, etc.
7. The school is open to both sexes. Last year about one-third of the students were women.

What we desire to call your especial attention to at this time is the length of the course of study. Heretofore our course of study has consisted of four terms of five months each. Teaching ten months each year, two years were required to complete the course. Beginning with September, 1905, our course will be increased to three years. But our next class which will be received February 1, 1905, will be given the two years course as heretofore. This will be our last class to be taken in on the two years plan and therefore your last opportunity to complete the course in two years.

We also desire to announce that we will immediately add to our equipment for teaching by erecting a new \$25,000 hospital for the use of the school.

Write for sample copy of the JOURNAL OF OSTEOPATHY or our annual catalogue of school. We shall be pleased to hear from you further if you are still interested in the study of the science.

Respectfully,
WARREN HAMILTON, Sec'y.

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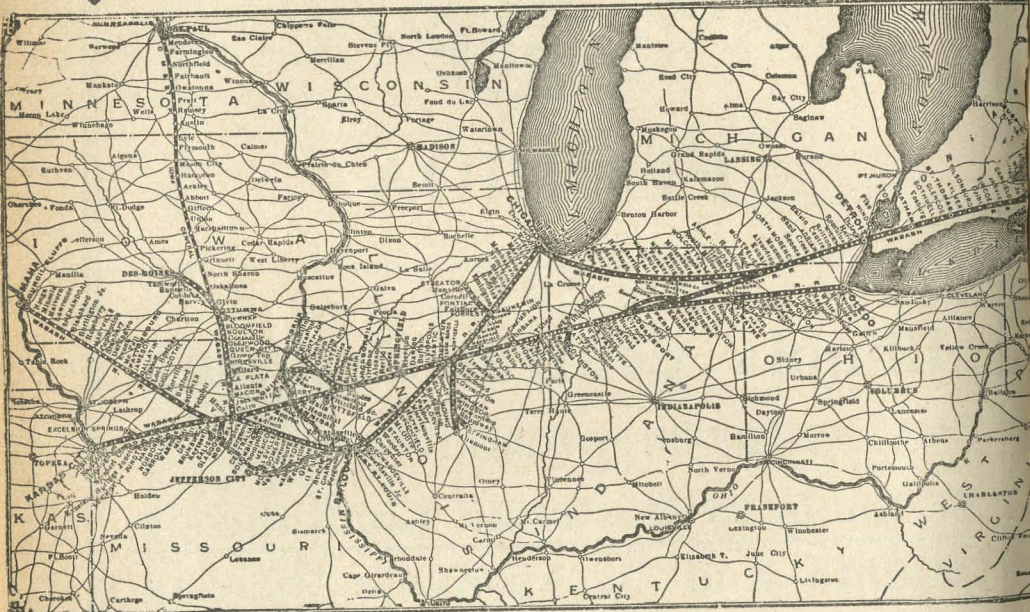
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