

# **The Journal of Osteopathy**

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# THE JOURNAL OF OSTEOPATHY

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## \*OUR ALMA MATER.

J. D. CUNNINGHAM, D. O., BLOOMINGTON, ILL.

It is with peculiar pleasure that a human being revisits a spot which has some time in his life been the scene of activity for all his powers—a spot which has a thousand strong associations connected with it, that spring up in the form of vivid memories. Hard work, active recreation, ardent enthusiasm, strong interests, in short, full and active life in a place, make that place forever after interesting and sacred. It is with such anticipations of reliving old pleasures in seeing again the place of their occurrence, that we alumni of the A. S. O. have come back to our alma mater today.

Not without reason has a school been called a mother. Nurture, admonition, development, expenditure of energy are her lot. Returns which most of all she wants are the successful careers of her students. She measures her life by the success of theirs.

What did it mean to the world that the American School was founded? A mighty truth had got hold of the mind of a big thinker—a truth so stupendous that he pondered it long and silently before he trusted himself to act—a truth which if he had understood it aright would revolutionize the 2000 year old practice of medicine. For nearly twenty years he worked it over—in his own fertile mind first, in his practice next—and with ever increasing confidence in the discovery.

Sir Isaac Newton, when he completed the calculations which proved the law of gravitation, is said to have been overcome with the magnitude of the principle found—not less must have been the tumult in the heart of the founder of osteopathy when he thought over each day the additional proof that its labors had brought for his big idea, and thought of what the idea would mean to the world of ill and ailing, men, women, and children. It was a duty to spread the truth abroad—and from a handful of disciples gathered nearby to an established school which should in definite course instruct and graduate increasing classes, was a logical step. The school meant a place for the idea before the public eye; it meant investigation, challenge, attack, all of which meant attention—and the idea, the principle, needed only to draw attention to

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begin its leavening work. With what care and anxious thought the course must have been planned, which was in itself and much more in its results through its graduates to preach the new gospel. In the words of a lay believer in osteopathy, "One dreads to think out to its conclusions the loss to the world if anything had happened to Dr. Still at this time,—if his discovery had not received the attention and the spread that could only be given it by the founding of a school in which it should be taught."

As the institution grew, and sent out practitioners and literature, it was inevitable that its hold on the imagination should take shape in the other schools—that there should be keen and daring pioneers who for love of humanity or for love of the new science, or for love of doing things or for personal profit—for one or two or all of these reasons perhaps—looked the sections of the United States over and saw where to plant a school, and adventured it—until now there are in our associated colleges ten different schools. The A. S. O. is literally the parent of these schools. It furnished the idea, the training, and the assurance that made their founding possible. What do they owe to it? First of all their existence; secondly, their success. For the knowledge and the skill that organized and inaugurated the new schools was gained either directly or indirectly through the A. S. O.; and furthermore the name, the standing, the solidity of the parent school constitutes a reserve fund, a guarantee, that the younger schools can bank on. The reputation of the A. S. O. is no small part of the capital of any of the newer schools. That all are working harmoniously together can be inferred from the dignified and friendly editorials in which the A. S. O. in the December and January Journals announced its change to a three year course and wished New Year happiness to all its fellow-schools.

But of graver concern than the debt and duty of the various colleges to the parent institution, is the question of the debt and duty of the profession at large to the school—or rather of that part of the profession who can call it their alma mater. To begin with, it made us. We are what we are, because of it. The knowledge that makes it possible for us to help a suffering public, the principles of practice that are the foundation of our work, the confidence in our vocation that impels us, the fine example and encouragement of the skill and enthusiasm and grit of the faculty that stimulates us, the benefit of an established profession, high in the public esteem, resting on the reputation of our grand old man and our grand old school and its earlier children,—these are capital given us by the school. Have we a duty toward the school for all this? Yea, verily.

FIRST:—To support the policies of the school as the fountain head and accredited standard-bearer of the science. It is undeniable that the school does so stand in the public eye; it is the fountain head of the science; it does promulgate each new idea in practice, each discovery in the application or extension of the principles. It is the accredited power house of osteopathy. That we should conserve the interests of the profession by carefully investigating and intelligently supporting the policies of the institution is but fair and reason-

able. We can trust its policies to be wise and just; but we must study them to render an intelligent support.

SECOND:—To faithfully practice pure osteopathy. If an osteopath loses confidence in his power to treat diseases osteopathically, he should brush up a little by taking a post-graduate course, and not identify himself with other schools of the healing art by the use of adjuncts or by mixing,—weakening himself as an osteopath in the minds of his patients and placing osteopathy before the people at a disadvantage. To my mind the non-orthodox osteopath is a bar to progress,—only a temporary bar, however, for sooner or later he (as a class) is likely to become convinced of his mistakes, and furthermore, the final success of the simon-pure science is inevitable. "By their fruits ye shall know them." A vibrator can no doubt be so adjusted as to play upon the very nerve center that needs changed action, the very muscle that needs manipulation; and it will no doubt many times furnish relief and further benefit through stimulated nerve action and quickened circulation. But after all it is only a machine and cannot enter into successful competition, for mastery over disease, with the trained, intelligent, sensitive finger tips of the osteopath,—finger tips that read and report to a mind that as instantly and exactly adjusts the manipulation to the revealed conditions. No adjuncts can accomplish what scientific study and practice can achieve. All schools of practice confess that the remedial agents are forces already within the body—that nature does the work—that drugs and manipulation only assist nature—and in osteopathy we are down to rock bottom in the way of principles. Speed the day when every osteopath in the land shall be an enthusiastic, persistent student contributing to the discovery of new stones for the superstructure.

THIRD:—We owe it to our alma mater to secure wise legislation. There should be legal protection for the public from such restrictions as prevent their freely employing competent osteopaths; and also protection from those persons whose preparation for practice has been so inadequate as to render them sources of harm. There are here and there men working under the name osteopath whose preparation and right to use it are about such as would come from catching sight of a flagstaff on the top of one of our colleges as they pass through town. We have to fight for legislation and the kind of law which we stand for needs the most careful consideration. The giants of the old American School have been through every kind of legislative fight—have worked and planned and advised with legislative committees; they have clear knowledge of what kind of laws we need and of successful ways to advocate them. They tell us, and we know, that our bills proposed should be thorough-going—no compromises that shall merely attach us to the chariot wheels of the other schools of practice—no sneaking in at a back door—but straight out and out demands for justice for ourselves and the public. We deplore the harm done to the public and to our profession by the pseudo-osteopath. The remedy is legislation. It is only a question of time until the public that suffers at the hands of quacks bearing the name of osteopath will be as eager for legislation as we are,—will



learn to discriminate here just as it has done in the case of the M. D., and demand qualifications and equal rights for all practitioners. Like the non-orthodox osteopath, the pseudo-osteopath will merely have his day; and in the latter case, we need only to be persistent and sincere in working for legislation.

And finally, we owe it to our alma mater, to imitate the persistence, scholarly habits and single-heartedness of the "Old Doctor." "Graduate under the founder" is the proudest of osteopathic titles. Professionally and financially, it is a valuable asset; morally, it is even greater. This sublime, heroic old figure, dauntless in the face of general contempt and persecution at first, as unspoiled later by success as he was unshakeable by difficulties at first, this big heart sacrificing its all to find a way to relieve suffering, this penetrating intellect facing unblinkingly the vision of a God that made a marvelous body, more marvelous than any conception of any other school of practice, this will of iron to match the big heart and the scholarly intellect—this bluff exemplar of purposeful living and apostle of truth—what finer example, what greater inspiration does merely human history afford? The school, the profession, the world owes a debt here that time is all too short to pay; and for ourselves, the alumni of the A. S. O., there is a tender joy in the thought that we can serve him by faithful performance of our duty. May the A. S. O. live forever—and may the dear Old Doctor long be spared to be its crowning glory.

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#### \*THE FUTURE OF OSTEOPATHY.

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

What could one have foretold ten years after the birth of the telegraph or the telephone, of their progress, their influence, their usefulness? Even ten years after their discovery, can we imagine the world doing without them?

So it is with osteopathy. From the time of the first misplaced rib, bone setters have occupied a more or less important place in history, but it was not until Dr. A. T. Still had systematized his work that the eyes of the world were focused upon them. From a class of twelve a few years ago, we now have the second largest class in any medical school in America. Our graduates are gradually encircling the globe. Barriers of ignorance and prejudice are being thrown down and the osteopath is welcome for what he is, what he can do.

What can he do? That is the question important. Rather we might ask, what can he NOT do, as the field is being constantly broadened? From the bone specialist who was called at rare intervals—often doubtfully, distrustfully, he is now employed regularly as family physician, and as family physician he must make his success.

The early practitioners naturally had only the chronic cases to treat, and as an office practice offered more financially, the acute outside work was not sought. But this has been gradually changing as the number of osteopaths has increased; the people have gotten a better idea of osteopathy. Osteopathy

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has made itself a place and it does not require a very vivid imagination to realize the time when it shall be recognized by all as the most rational method of administering to the sick.

What have we accomplished, what may we expect in the near future and what, if any, are our dangers?

We have revolutionized the science of healing; we have made a new pathology, we have changed the prognosis of very many different diseases. We have introduced an entirely new factor in the etiology, giving for the first time a reasonable predisposing cause to take the place of the old idea of diathesis and neurosis.

An illustration of this is our success with nervous disorders, which have heretofore been supposed to have come from degenerated fibers.

And we can take a typical case of pneumonia, and in a few treatments so spoil its character that it could not be recognized by its closest friend.

Our study of anatomy has been with the end in view that we may recognize abnormalities, and thus be able to apply our adjustment; and our study of physiology to understand how the functions of the body are interfered with through obstruction to nerve and blood supply to the organs, so that we might remove that obstruction.

Our practice demonstrates our success. Where drug medicine requires weeks to relieve acute disease, osteopathic treatment requires days, and the period of convalescence is proportionally shortened.

The fact that we have laws in two-thirds of the states regulating the practice, shows that the people appreciate our work.

Our first great difficulty is from within, not from without. Notwithstanding our success there are some within our ranks who feel that osteopathic practitioners do not occupy a recognized position,—say that we are not on equality with medical men and that we should measure ourselves by the medical standards and take the medical state board examination. Our first great danger is the desire of so many of our practitioners for the empty honor of being thought as good as a medical man; of having M. D. as an appendix.

This insidious poison is also working its way into our schools, and among the upper class men an important question is, what shall I do, where go to finish, when I leave here? They see places of honor in schools and associations given to medical men and wonder why.

The people want specialists; men who can do some ONE thing well, and if they want drugs they will call in some regular doctor. They have less use and less respect for the hybrid now than ever. We often hear that about the only way we differ from the regulars is in therapeutics, but such statements are not borne out by facts.

There can be no limit to our expectations so long as we remain true to our principles and we need have no fear as to the future of osteopathy. The class of patients we attract is the best. The thinking people are the ones who are willing to break away from the idea that medicine is the only curative agent,



and try a new system. The ignorant too often prefer to take a dose of medicine and trust to Providence. Many good sized towns and small cities are without practitioners, and the demand for good osteopaths exceeds the supply.

Our greatest and continued success must depend on our working together. The great law of nature is harmony of action; disharmony involves disease and death. We must try and develop a fraternal spirit among practicing osteopaths, and the more people know and believe in us individually the greater our success as a body will be.

To most of us the question of financial success seems most important in starting out, but we must be careful not to make it so. Osteopathy does offer better returns than almost any other profession, and as we become better fitted for the work we shall have less dread of competition.

Medical men are beginning to understand us, and the policy of silence towards them and their systems, which few of us understand, seems wise to me.

We may expect legislation in the doubtful states before long. Probably during 1905 laws satisfactory to us will pass in New York, Massachusetts, Pennsylvania and New Jersey.

The future of osteopathy is bright, it rests with us osteopaths to make it what we will.

#### CONSTIPATION AS A CAUSATIVE FACTOR IN APPENDICITIS.

W. B. KEENE, A. B., D. O., PHILADELPHIA, PA.

In fourteen cases of appendicitis, occurring in our practice, including both the acute and chronic varieties, there has not been a single case in which constipation did not exist, and it is through the constant observance of this condition, with the finding of corresponding lesions producing it, that we are prompted to select the above subject for this paper. In summing up the causes for inflammation of the vermiform appendix we conclude that they are as follows: (1) Constipation, (2) falls, (3) blows. The two latter conditions frequently cause constipation by producing lesions, either rib or vertebral, affecting the nerve and blood supply to the intestines, thus interfering with their function, so that we may go further and state that traumatism is the real underlying first cause of appendicitis. We grant that many cases may come under our observation in which it may be impossible to find even a remote history of traumatism, but when we consider that such a trivial lesion as a depressed last rib is frequently found in this condition (the correction of which is followed by resolution) it is not to be wondered at that the patient is entirely unaware of the time or place of the occurrence of the initial injury.

In support of our assertion that constipation or rather the factors causing constipation are important predisposing conditions in the causation of appendicitis the following reasons are submitted:

FIRST:—When the cæcum becomes clogged with fecal matter and its walls distended, the orifice leading into the appendix is forced open through the

mechanical action of the distension and feces are driven into the appendix by pressure consequent upon the accumulating mass. The return of fecal matter into the cæcum is prevented by this same accumulation in the cæcum, which acts as an obstructing wall to matter coming from the appendix. Furthermore, the muscular activity of the appendix, which has a tendency to expell its contents in one direction, namely from its interior outward into the cæcum has been greatly impaired by either vertebral or rib lesions affecting the nerve supply to the organ, thus preventing the expulsion of the foreign matter.

SECOND:—The fecal matter lying stagnant in the appendix encourages the development and multiplication of bacteria which would promote an inflammation either of a mild catarrhal character, or of a severe and grave type tending to the rapid formation of pus and presenting all the manifestation of an acute infection owing to the absorption of toxins by the highly developed lymphoid system of the mucous coat. In fact, it is only in this way that the bacterial causation in appendicitis has any basis.

THIRD:—Fecal concretions are encouraged to form, from the stagnant fecal mass in the colon, and, as the appendix is similar in anatomical construction to the rest of the intestinal tract there is also a tendency to the formation of fecal concretions within that organ, itself, in fact this may occur more readily owing to the greater immobility of the contained mass. In glancing over statistics we find that women are less liable to appendicitis than men, there being only one fifth as many cases occurring in the female sex. When we consider that females are, by far, the most liable to have constipation, it would seem that this is an argument against the constipation theory in the causation of appendicitis. To this, answer may be made as follows:

FIRST:—That in woman the pelvic cavity is much roomier than in men, thus permitting greater distension of the cæcum without forcing open the orifice of the appendix.

SECOND:—That woman is more temperate in her selection of food, eats more at her home table, and thus is less liable to the introduction of decaying matter which is less liable to set up short putrefactive changes in her digestive tract.

THIRD:—She is not given so much to the consumption of alcoholic beverages, which have a tendency to set up congestive processes in the abdominal organs.

There are a great number of patients, who, upon interrogation, will answer that they are not constipated, and even in some there may be a history of diarrhoea.

The question here arises: Is the practitioner correctly informed? The patient's conception of constipation is frequently of a very vague character. When upon more careful questioning, we will elicit the fact that constipation really exists. The practitioner must bear in mind the condition of constipation with diarrhoea, in other words the walls of the bowels may be lined with a hard collection of fecal matter and the patient may have a daily semi-fluid



evacuation, which has really tunneled the existing mass. Then again, the evacuation every morning of a few hard rocky masses requiring considerable effort for their expulsion is held to be an evidence of regularity, by the patient. Moreover, temporary attacks of constipation of long or short duration are overlooked or forgotten by the patient.

In those cases that have come under our observation and treatment the most constant lesions were to be found in the lower dorsal and lumbar regions. Rib lesions predominated, especially the eleventh and twelfth on the right side, there being usually a dropping of these structures.

In some instances the lower ribs on both sides were depressed, permitting the diaphragm to sag, and interfere with the freedom of circulation through the abdominal aorta and the vena cava. In one case the coccyx was bent anteriorly and correction of this lesion seemed to be the active factor in promoting resolution.

In two cases (females) there existed a retroversion of the uterus inducing a mechanical obstruction to the passages of fecal matter, a correction of which has evidently removed the cause of a recurring appendicitis in each case.

While the adjustment of lesions is the main curative treatment in appendicitis, yet much can be done for the patient in the relief of the acute attack of pain, and in relieving the congestion and inflammation. For the pain, deep inhibition over the lower dorsal region continued from five to ten minutes is usually productive of great relief. Deep and careful treatment around the inflamed appendix relieves the congestion—although great care must be observed in treating over the appendix for fear of rupturing an abscess. In fact, in those cases where actual fluctuation is elicited, indicating the presence of pus, no local treatment is advisable.

Following are the reports of two cases, one acute and one recurring case, showing constipation to be a causative factor:

Case 1. Mrs. H., age twenty-four. History of constipation for three years preceding the attack. I was summoned hurriedly and found patient lying upon left side with the legs flexed upon thighs and thighs upon abdomen. Face had an expression of intense agony with drawn and rigid muscles. Upon examination of abdomen found muscles rigid, especially the right rectus. The entire abdomen was painful, with circumscribed tenderness upon palpation in the region of McBurney's point. The last rib on the right side approximated the iliac crest. There was a posterior prominence of the entire lumbar region. Either of these lesions would have been active in causing the constipated condition thus predisposing to inflammation of the appendix. In this case no tumor could be discerned. The temperature was 102 degrees, pulse rapid and patient experienced periods of coma.

TREATMENT:—First inhibited strongly from the ninth to the twelfth dorsal as it is from these points that sensory nerves pass through the sympathetics to supply the intestines down to the upper rectum. The pain was controlled in this way, and in less than ten minutes the features were relaxed, the ex-

trémities were extended, and all pain was reduced to a minimum. At this point I was enabled to palpate more deeply over the appendix, and no tumor or pus was evident, but great tenderness existed. I then gently attempted to raise the depressed right rib and was partially successful in restoring it to its normal position. I did not attempt to reduce the lumbar prominence until the acute manifestations had entirely subsided. An enema was then administered and the bowels emptied. I remained with patient for about two hours directing the application of an ice bag over the appendix until my next visit. The following morning I saw the patient, found her general condition good and that she had passed a fairly comfortable night. The methods employed in the first treatment were repeated twice on the second day and after six treatments the patient was able to walk about and in another week came to the office and had the lumbar lesion corrected. There has been no recurrence of the attack for two years and the bowels have been regular. Mrs. H. has since given birth to a healthy baby boy and enjoys good health. This was a case of acute appendicitis in which the causation pointed strongly to a constipated habit, and in which adjustment of the lesions causing the constipation was instrumental in curing the appendicitis.

Case 2. Mr. F., age twenty-five. History of recurring attacks of paroxysmal abdominal pain with localized tenderness over McBurney's point. I was called to see patient in his third attack and found him suffering from all the manifestations of inflammation of the appendix with elevation of temperature. Upon examination found the abdominal muscles contracted and upon deep palpation discovered a tumor over the site of the appendix. Upon questioning the patient I found that he had suffered from constipation for years. Upon examination of the spine the following lesions were apparent: The eleventh and twelfth dorsal vertebræ were subluxated to the right. There was tenderness from the sixth to the twelfth dorsal vertebræ, also at second lumbar vertebra.

TREATMENT:—I first proceeded as in Case 1, i. e., inhibited over the right splanchnic and lumbar regions, followed by gentle deep treatment over the appendix. No fluctuation could be found. Upon my second visit, after an interval of three hours, during which time an ice bag was applied and an enema administered, the patient was quite comfortable, the tumor and induration was less marked. In this case three treatments were given in twenty-four hours and so continued until ten treatments were given at patient's house covering a period of as many days, at which time the patient was able to come to the office for correction of the dorsal lesions. In one month from the first visit, the constipation had been arrested and the patient was well in every respect. Over a year has now elapsed and no recurrence has taken place. This was a case of chronic appendicitis in which it was demonstrated that a removal of the lesions causing constipation was instrumental in curing the inflammation of the appendix.

I am convinced that a large percentage of cases of appendicitis are caused



by constipation, but of course further tabulation of clinical cases is necessary before we can draw definite conclusions, and so time and experience only will demonstrate the truth.

If constipation is found to be an important predisposing cause of appendicitis then osteopathy has within its domain the power to prevent many cases of appendicitis. In fact, the great problems of the hour, are not so much the questions of function or when to operate, as that of how to prevent appendicitis.

Of the fourteen cases treated by the writer not one required the use of the knife and when we as a profession are able to produce clinical reports of a thousand or more cases we can then judge of the real virtue of osteopathic science in coping with this common ailment.

### IF SICK, USE YOUR REASON.

S. C. MATTHEWS, D. O., NEW YORK CITY.

Strange as it may seem, the one subject of greatest importance to mankind—Health—has received the least consideration of real reason.

We ask Why, and How, and What about everything else except sickness.

About everything else we demand a reason, but with sickness and distress we seek only relief.

Relief, of course, is sufficient, and if mere desire for a thing was all that was required to secure it, all our hopes would be realized.

But desired results follow only when the right means are employed.

Sickness comes upon us, but there is always a cause for it. Recovery follows not from our desire to be well, but from the employment of those means which lead to a removal of that cause.

Osteopathy is attracting attention throughout the land because, in the treatment of the sick, superstition has been left entirely out of the account.

Osteopathy knows that the body is an electrical machine; that every part has a pure blood pipe running into it, and an impure blood pipe running out of it, that messages are flashing out from the brain over nerve threads which control completely the calibre of these blood pipes as well as all other processes and parts of the body.

Osteopathy knows that those same changes in the atmosphere which cause the mercury in the thermometer to expand, contract and climb up and down the glass tube—are also working on the muscles and ligaments of the body. And from these, and also from slips, falls, strains, lifts, jerks, jars, awkward positions and a thousand other causes, the parts of this human electrical machine get out of their perfect relation, one to the other, and then the machine doesn't run right.

We say, it is sick. It is, in fact, simply out of order. Therefore, if you are sick, use your reason. Do not put something into your stomach for a pain which is caused by a twisted ligament.

Do not apply a liniment or plaster to your back for a vertebra which has been drawn out of alignment.

Do not imagine that there is any subtle power in electricity that is able to adjust a defective joint or muscle.

And again, do not imagine that your rheumatism, your constipation, your dyspepsia, your weakened lungs, your irregular heart, or your defective sight, or any other so-called disease or defect that you may have, is the result of some mystery. These all mean imperfect circulation of blood, brought about by a disturbed relation of certain parts, one to the other.

Congestion means an excess of blood in a part, and this can only follow the dilation of the artery which takes the pure blood into that part or the constriction of the vein which takes the impure blood out of it.

All congested conditions are cured, not by drugs, but by removing the pressure from the vaso-motor nerves which control the calibre of the blood pipes running into and out of the parts.

Remember, that germs can find a lodgment only in tissue which is weakened by excess or deficiency of blood. If germs caused disease, every child exposed would take diphtheria, and every person who drank water containing typhoid germs would contract typhoid fever.

But this is not the case. Only a small percentage of those exposed contract a disease, and these are always those whose physical condition is imperfect.

Appearance is often deceptive. A man who is seemingly in perfect health drops dead in the street.

It is a mistake to say that "Mrs. A. is complaining all the time, but there is nothing really the matter with her. It is in her mind. She only thinks she is sick. It is imagination, etc."

We hear these expressions every day, but they are not true. If Mrs. A. complains, there is something wrong with her. Some part in her complicated electrical mechanism is out of adjustment.

Some rib, vertebra, muscle, ligament, or other part, has had its relation to its neighbor disturbed. The stomach or liver has fallen from its true position. The bowels have fallen perhaps two inches—have crowded themselves to one side or down into the pelvis. The womb is an inch lower than it should be, pressing on the rectum or the bladder, or both.

And now, in some one, or perhaps all of these conditions, a "strain" or a "pressure" or a "pinch" is brought to bear on one or more nerve threads, and they try to give the alarm—they call for help.

Mrs. A. complains, but because she looks well receives no sympathy. Even those nearest to her tell her to "forget it." "It's in your mind," etc.

Finally, she goes to the doctor. He looks at her tongue, prescribes some drug, and tells her to "sing and be cheerful." She takes the drug. She does her best to obey the doctor. She smothers her feelings and tries to be cheerful—even tries to sing—but, alas! the nervous, heavy, unnatural feeling still clings to her; and so, through months and even years, she suffers and endures,



without help and without even one word of real sympathy or cheer. Finally, a day of extra exertion, a night of agnoy—the weakened link snaps, and then poor Mrs. A. is at last free from pain. The hearse backs up at the door, and her friends realize finally that Mrs. A's. trouble was not "in her mind." Some deranged structure or organ made her life miserable, and finally caused her death. But because her friends could not see this internal defect, they said "Her trouble is all imaginary."

Your nervous system was made by God, and made for a purpose. It is involuntary in its action. It is not under the control of the will. It never lies, and it is never mistaken. A part slips or is drawn a hundredth part of an inch from its true position, and from the nerves which control that part, messages are at once sent to the brain, notifying the mind that "something is wrong."

That part remains out of place and the nerves continue to send the same messages. "Something is wrong!" "Something is wrong" is cried into the mind continually for months and years, and yet if one dares to speak of it while he is able to sit up he is told that his trouble "is in his mind."

The womb may, and, often does, fall four inches. With all the ligaments and nerves and blood vessels attached to it and surrounding it, stretched and twisted, would not the nerves which run into the brain from that organ carry the message.

#### "SOMETHING IS WRONG."

The intestines may, and often do, as a whole, fall six inches and crowd down into the pelvis. Would not "Something is Wrong" be the message sent to the brain from them in that condition? The kidney may, and often does, get four inches from its true position, when it is called a "floating kidney." The stomach may turn on itself and fall several inches. The liver may fall an inch or more. Ribs may, and often are, drawn up or down a full half an inch from where they should be. A vertebra in spinal curvature may be two inches from where it should be. A single vertebra may be a full fourth of an inch from its perfect position. Dislocated hip and shoulder bones may be two inches or more from their true position. The heart, liver, kidneys, spleen and certain glands may be greatly enlarged, disturbing surrounding nerves and blood pipes. So it goes throughout the body. The parts and organs which enter into its composition may be drawn or thrown out of their true position from the slightest fraction of an inch in the spine to six inches or more in the intestine.

These statements can all be proved and demonstrated any day in the week in any busy osteopathic office. And yet it is hard for people to realize that their bodies can be in the condition we here describe unless they have been in a runaway, a street car collision, a railroad wreck, or sustained in some way a violent injury. Runaways, wrecks and collisions do often disturb the order of the body, but the percentage of those whose structures and organs become deranged from such violent accidents as these is indeed small when compared to those whose derangements are due to other causes. Perhaps not one in ten

thousand who are today suffering as the result of some structural defect, has ever been in a wreck or collision or sustained in any way a violent injury. The business man says "My work is all mental. I have never been injured. I have no bone out of place." The business woman says "I have never been in a wreck of any kind. There is nothing structurally wrong with me." These people think that the body must always be perfect structurally unless it has had some violent injury, accident or strain. They forget those silent forces which are ceaselessly at work on the body. They forget the constant changes in the atmosphere and the effect of these upon the tissues of the body. They forget the terrible effects of constant positions, either sitting or standing. A person sits at a desk, his head forward, his arms forward, the chest cramped, the abdomen compressed. The entire spine is in a strained position. The deep structures of the neck become tense and hard in their effort to hold the head forward. The deep structures all along the spine share in the tension.

These positions are assured day after day, for weeks and months and years. Certain muscles and ligaments become drawn, hard and tense from use. Others are scarcely used at all, and are soft and weak. The result is, certain spinal joints become cramped and tight and certain vertebræ are drawn out of their true position—sometimes an eighth of an inch, sometimes an inch, or in humps and curves as much as two inches or more. Yet this process comes about so gradually that it is not realized at all.

A man at forty may be so round-shouldered and humped over that his friends all speak to him of it. A dozen vertebræ may be pulled out of their true alignment, but he cannot believe his spine or neck is wrong because he has never been injured.

A cramped or irregular spinal joint means a "pinched nerve" and this means a disturbance of the caliber of those internal blood vessels which that nerve controls. The membranes which hold the intestines, liver, stomach, womb, etc., become weak as soon as the blood supply to them becomes disturbed. By their own weight these organs fall downward and become displaced in various ways.

Injuries play a very small part in deranging the structures of the body when compared with those forces which we have mentioned—forces which work slowly, silently, but constantly. Therefore, if sick, use your reason. Whatever is wrong, there is a cause for it. Seek to have that cause found and removed.

Do not put drugs and poisons into your system. The human electrical machine needs going over and having its parts put in order. When perfect order is re-established, perfect health will follow. No truth is more firmly established than this.

Use your reason about regaining your health the same as you do about other things, and you will be successful.



## THE LEGISLATIVE SITUATION.

## Dr. Hazzard Writes on the Legislative Situation in New York.

As to our bill, it is a thoroughly good one, and its chances of passing are the best they ever have been. We can win out, we think.

Of course no one can get into New York without passing before the Regents, which means simply presenting the evidences of a good high school education or its equivalent.

Regarding the three year provision becoming operative at once, it would not in any way affect any one graduating in June next, if he were to come here at once.

I note what you say regarding opposition from the students, and, while I have had nothing to do with drawing up the bill, I have called that matter to the attention of those having it in charge, especially the officers of the state society, and everything possible will be done regarding that matter. At the same time, no one would wish to sacrifice a good law if same could not be made to take care of some several future generations of students. Obviously, in such a case, it is the interests of the science and of the profession as a whole, and of those practitioners in the state who have fought and bled and sacrificed time and money which must be weighed against the desires of few students who would, of course, like to have the state remain open until they get in.

We must have a law here, and need it now very badly, or the fakes will get the science into such bad repute that we will be done for. If the state stays wide open another year or two, it is questionable if we can ever get a law, largely on this account. It means more for osteopathy, and for all good osteopaths, that we should succeed this time, than it could possibly mean to a few students, or many, so far as that is concerned, that they should get in without examination.

You will see that this law builds no Chinese wall around the state, and can keep no qualified osteopath out. The worst it can do, even if so construed by the courts or attorney general as to mean that each newcomer must have personally spent three years in the study (to my mind an open ques-

tion), would be to require that the few students who would otherwise graduate in two years, shall have to stay an additional year in school. This might be hard for some, hardly so for all, and can scarcely be regarded as an injustice to them, who are not here spending time and money in the fight, especially when you consider the welfare of those who are here, and of the science itself.

Surely the interests of the local osteopaths and of the science are paramount to theirs. It seems to me that the contemplated opposition by students is based on very low and sordid grounds. I believe that if such opposition is made it will be readily rendered ridiculous in the eyes of the legislature. In my opinion, if they cannot be actuated by high and unselfish motives enough to aid us in the fight, they should at least keep hands off; we fear no such opposition, and for their own good, if they are unwilling to help, hands off is their best policy.

You may make what use of this letter you see fit. I enclose you a letter the M. D's. put upon each legislators desk, and the reply of our men to it in the same manner. It's all right. CHAS. HAZZARD, D. O.,  
New York City.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

ALBANY, N. Y., Feb. 1, 1905.

SIR:—

At the annual meeting of the Medical Society of the State of New York the following resolutions were adopted and it was directed that a copy be sent to you.

WHEREAS, Information from reliable sources has been received that certain people employing as therapeutic agents, methods to which have been given the names of massage, therapeutic gymnastics, Swedish movements, osteopathy, mechano-neural, sometopathy, sei-motherapy vibration, vi-brassage, and others terms, desire at hands of the legislature the legal right to diagnose and treat diseases of the human body; and

WHEREAS, We believe that the greatest latitude consistent with the necessary and

proper protection of the people, should be given all who practice the healing art, and that the medical laws of the State of New York are elastic enough to permit the practice of any and all methods which have or can be desired for the prevention or relief of disease.

THEREFORE, Be it resolved that this society deprecates these efforts of incompetent people to secure the privilege to prey upon the community and respectfully petitions the legislature to refuse to sanction any efforts such as herein enumerated.

RESOLVED, That the Medical Society of the State of New York petitions the legislature to refuse to enact any laws which will in any way discriminate either for or against any class of people who claim to have any peculiar methods which may or may not be valuable for the treatment of diseases or of errors and anomalies of the human body.

RESOLVED, That a copy of this resolution, signed by the president and secretary of this society, be placed in the hands of every member of the legislature, including the Governor and Lieutenant Governor.

Very respectfully,

H. D. WEY, Pres. F. G. CURTIS, Sec'y.

NEW YORK OSTEOPATHIC SOCIETY.

To the members of the Legislature of the State of New York:—

Gentlemen:—Your attention was called on Friday of last week, by a circular letter from the New York Medical Society, to pending legislation looking to the regulation and control of the practice of osteopathy, by the state, through the Board of Regents.

Replying to this letter we submit the following:

WHEREAS, The measure referred to (Senate Bill No. 298) does not in any way affect or interfere with the existing laws governing the practice of medicine, nor the practice of any other system of treatment except that of osteopathy, and actually prohibiting the osteopathist from administering drugs or performing surgery; the enactment of such legislation concerns only the legislature in the interest of the people of the state;

WHEREAS, The practice of osteopathy is established as an independent system of

treatment, as complete as the allopathic, homeopathic and eclectic schools, and is legally represented in this State by the New York Osteopathic Society (Incorporated); it becomes necessary for the protection of the public that it be regulated by the state in a similar manner to other schools of practice, that the people may be protected from fraud and chicanery.

WHEREAS, The education required by the osteopathic physician is equal to that of the practitioner of medicine, consisting of an exhaustive college course covering three years of nine months each, a minimum requirement of twenty-seven months, against a four year course of the allopaths with a minimum requirement of twenty-four months in a medical college. Such osteopathic course of study, including the study of anatomy, physiology, histology, pathology, chemistry, obstetrics, gynecology, the theory and practice of osteopathy and its application in all forms of disease.

WHEREAS, An effort is made to confound osteopathic practice with massage, Swedish movements and therapeutic gymnastics, with which it has absolutely nothing in common, it being the only non-medical form of treatment which is developed as a complete science, and which has received the approval of the legislatures of twenty-six states, and is represented in this state by a legitimate practicing profession of over three hundred members, with a clientele of over a half million people.

WHEREAS, The opposition to this measure comes not from the public, but solely from the New York Medical Society, which is not interfered with by the provisions of this bill; and,

WHEREAS, This measure affects no other profession or system of treatment, but simply seeks to place the control of this practice where it belongs, under the Board of Regents; therefore,

The legislature of the State of New York is petitioned to consider this measure on its merits, in the interest of the people at large, rather than in respect to the efforts at domination by the New York Medical Society.

THE NEW YORK OSTEOPATHIC SOCIETY,  
H. L. CHILES, Secretary.  
RALPH H. WILLIAMS, President.



**From North Carolina.**

I wish to send a word of thanks to the management of the A. S. O. for so kindly giving us the services of Dr. Young. While we did not accomplish what we wanted, we did accomplish a great deal. We have paved the way for another time.

On the merits of the bill we would have gotten our law easily, but when a committee says, "Don't argue the case, our minds are made up" as soon as they take their seats it is pretty hard luck, but we have succeeded in keeping the M. D's. from putting in their bill. The legislature will adjourn March 7th and I don't think they will have anything up.

I wish to thank you again for your kindness in the name of the N. C. O. S. and assure you that we will take pleasure in doing what we can for the A. S. O.

H. W. GLASCOCK, D. O.,  
Raleigh, N. C.

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**A Letter from Delaware.**

DR. GEO. M. LAUGHLIN,

Kirkville, Mo.

DEAR DOCTOR:—

A bill has been introduced in the state legislature here which will forbid any osteopath from practicing in the state.

It had already passed the house before I knew anything of it, so quiet have they kept it. I have retained Mr. Herbert H. Ward, ex-attorney general of Delaware to represent me and I will do everything in my power to kill it, although I am at a very great disadvantage, being alone in the state and the M. D's. having such a start of me.

Mr. Ward is the best attorney in the state and is a personal friend of mine besides. My intention is to not give it up until I have given them a good "scrap" at any rate, even though I may be beaten in the end.

I will keep you posted as it goes along. Mr. Ward goes to Dover on Monday to get a time set for a hearing which may be in a few days.

ARTHUR PATTERSON, D. O.,  
Wilmington, Feb. 18, 1905.

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**Florida to Get in the Procession.**

The prospects for osteopathic legislation in the State of Florida are good, but from what I can learn the medical men will bitter-

ly oppose any legislation looking to the relief or advantage of osteopaths.

Gov. Broward is a friend to osteopathy as are also the leading members of the senate. If we are not strong enough to secure an osteopathic bill at the next meeting of the legislature (April) we WILL have enough supporters to protect us from any unjust medical laws.

I feel sure that if one-half dozen good workers will be in Tallahassee at the opening of the session we can get our bill passed.

I trust that in the near future we may see Florida on the osteopathic map.

C. E. BENNETT, D. O.,  
Pensacola, Florida.

\* \* \*

**A Hard Fight in Texas.**

DR. GEO. M. LAUGHLIN,

Kirkville, Mo.

DEAR DOCTOR:—

I have your letter of the 22nd. It gave me great pleasure to know that you approved of my \*article. The man to whom I replied, Dr. Paschal, is the president of the State Medical association, lives here, and has an office in the same building with us. I have had a hundred compliments on the reply, many coming from a distance, and many from people whom I have never met. The

people generally seem to approve of it. Nothing is too low for the opposition to stoop to in their fight to defeat us in the legislature. Their own ground is uncertain, and they are making a death struggle to bolster up their cause, and bar everything from the people, except their own practice. Much good work has been done for osteopathy before the state legislature, our bill passed the senate by a vote of 13 to 11. The house committee reported "unfavorably," but there is a hope of getting it out of the committee, or getting it recommitted. Dr. Hildreth was in Austin last week, up to Friday night, when he had to leave for home, he thinks there is yet a good fighting chance, and feels some encouragement. Perhaps the bill can be gotten before the house this week, if so it is thought we have friends enough there to pass it. It is Dr. Hildreth's opinion that they can't pass a law against us, at least, thinks they can't pass the bill for a "mixed" board. By the combined efforts of the 6000

M. D's. of the state, and their misrepresentations, legislators are inclined to be misled. They can't fight osteopathy openly before the people, hence they try to control it through a "medical" board, they even go so far as to state that the "board" or the M. D's. might specify the diseases which osteopathy might be permitted to treat. If that isn't gall?

We may not be able to pass the bill in the house, but everything is being done that can be done along legitimate lines, and we can only hope for success. The osteopaths of Texas are very grateful to the A. S. O. for valuable assistance rendered to them in their fight for recognition in the state. In a few days now we hope to be able to report to you the final result of the effort made at Austin. Again thanking you, and wishing you success, I beg to remain.

Very truly,

W. E. NOONAN, D. O.,  
San Antonio, Texas.

February 27th.

\*Article referred to is an answer to an attack on osteopathy by the president of the Texas state medical board. It is reprinted in this issue of the Journal.—Ed.

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**"Horse and Horse" in Washington.**

The fight in this state is over for this session, result "Horse and Horse."

We had a bill introduced in the house asking for separate board (H. B. 127).

The M. D's. had a bill introduced in the senate giving us one representative in state board (S. B. 81).

The senate committee to which S. B. 81 was referred was composed entirely of M. D's, the author of that bill being a member. It was railroaded through the senate by a handsome majority partly because many of our senatorial friends thought it was our bill. Before it came up for action in the house the president and secretary of the state medical board also the medical members of the house committee came to us with a proposition for a compromise which would allow all of those from reputable schools in active practice on or before Jany. 1, 1905, to get licenses without an examination and providing that we should sign birth and death certificates, etc.

The compromise proposition was submitted to the state association at a special meeting and met with the approval of the association by a heavy majority (Dr. Grace Nichols of Spokane and myself being the only ones at the meeting who stood for a separate board or nothing) and a compromise committee was appointed to meet the enemy and draft a substitute bill which was done, but on the day when the matter would come up for action by the house committee sufficient pressure was brought to bear on the medical members of that committee and the state board to compel them to go back on their promises and they refused to consider any compromise whatever. We then turned our entire energy to defeating the "Medical Bill" (S. B. 81) in the house. And this was done on the 15th by indefinite postponement with hardly a dissenting vote.

It was, however, decided that we would not press our own bill (H. B. 127) any more because we all felt that even if we got it through the house that it would be impossible to get it passed in the senate.

The members of the legislature had been so overwhelmed with letters, maps, petitions, circular letters, remonstrances, etc., that many of them intimated that unless the M. D's. and the D. O's. got together and got up a bill that was satisfactory to all concerned that they would not pass anything.

We hope next time to get what we want.

ROGER E. CHASE, D. O.,  
Tacoma, Wash.

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**Situation in Indiana.**

Our bill for an Independent Board of Osteopathic Examiners was introduced in the senate and referred to the health committee which consists of four "regulars" and three laymen. To say this bill had rough sledding in the hands of these enemies is putting it mildly. We were assured time and again of a minority report by each of these laymen. In fact this report was made out by one layman and placed in the hands of another friend (?) layman, with the understanding that the bill would be reported Monday but it was held up by the chairman of the committee, Dr. Hancock, until the "medics" could do further "fixing" and after holding up our bill for a week unanimous



practitioners in this territory being present, together with several from New York. In the evening there was a banquet which filled to overflowing the capacious hall of the hotel. Dr. H. T. Crawford, of Boston, was toastmaster, and the following toasts were responded to:

An Osteopath from Maine, Dr. Florence A. Covey, Portland, Me.; New Hampshire D. O's., Dr. Willard D. Emery, Manchester, N. H.; Vermont Osteopaths, Dr. Fred J. Fassett, Boston, Mass.; Osteopathic Rhode Island, Dr. Clarence H. Wall, Providence, R. I.; Our Science in Connecticut, Dr. L. C. Kingsbury, Hartford, Conn.; Massachusetts Osteopathically Considered, Dr. Warren A. Rodman, Boston, Mass.; The Women's Osteopathic Club, Dr. Ada A. Achorn, Boston, Mass.; How we do Things in Philadelphia, Dr. O. J. Snyder, Philadelphia, Pa.

The convention resulted in the permanent organization of The New England Osteopathic association. The following permanent officers were elected: President, Dr. Frank C. Leavitt of Boston; first vice-president, Dr. Guy E. Loudon, Burlington, Vt.; second vice-president, Dr. Clarence H. Wall, of Providence, R. I.; third vice-president, Dr. L. C. Kingsbury of Hartford, Conn.; secretary, Dr. Margaret Carelton of Keene, N. H.; treasurer, Dr. Tuttle of Portland, Me.

MARGARET CARLETON, D. O. Sec'y.

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#### An Even Break In West Virginia.

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

DEAR DOCTOR:—Your letter of the 23rd came to hand. In answer will say that the M. D's. had the committee on medicine and sanitation in both houses of the great Virginia legislature. An M. D. was chairman in each committee. The majority of each committee was against us. The M. D's. introduced a bill hostile to our interests which was approved by the committee and referred to the house "That it do pass." We introduced a bill very similar to the Kentucky law asking for a homeopathic, eclectic and an osteopathic physician on said board. This was rejected by the committee, but found favor by a majority of the senate body. The medical bill was referred back to the house committee indefinitely.

We then introduced a straight independent osteopathic bill. This we never got out of the committee. So you see our cause stands in statu quo yet in West Virginia. As the state board of health, the state medical association and the local medical societies backed the medical bill, you see, the eight osteopaths opposing them had a terrific fight on their hands. A better day, I think, is dawning in West Virginia as the people under the enlightened teachings of osteopathy, are beginning to do a little thinking and acting for themselves independent of the medical profession.

W. J. SEAMAN, D. O.,  
Feb. 26, 1905. Huntington, West Virginia.

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#### Daring Attempt to Influence Votes on the New Medical Bill.

The following clipping taken from the Denver Times, of February 23rd, illustrates the corrupt methods employed by the medics in their fight against osteopathy:

"Never since the legislature convened has more disgraceful activity on the part of the lobby been displayed than this forenoon, when Dr. S. D. Van Meter, secretary of the state board of medical examiners, showing his absolute contempt for the rebukes and the scourging which members of the house have given lobbyists, rushed onto the floor and even while the count was being taken by the clerk of the house, sought to pull into his seat a member who was voting contrary to the wishes of the physician.

"For the past ten days a corps of lobbyists under the direction of Dr. Van Meter has maintained headquarters in the house of representatives where the medical bill had been under consideration. A former bill introduced in the interests of the same classes who are behind this bill was defeated by the house and the lobby determined if work could accomplish it that the present bill would not suffer a like fate.

#### BILL IS PASSED.

"After talking for a week a vote was taken this forenoon on the bill, resulting in its passage by a vote of 32 to 29.

"Speaker Dickson arrived early in the house this forenoon and was soon actively engaged with the members of his party who are

opposed to his medical bill. Mr. Dickson personally visited nearly a dozen of the members, laboring to explain away their objections to his bill.

"His movements were jealously watched by the friends of the osteopaths, Representatives Church, Frewen, Breckenridge and Alexander, and they constituted themselves into a committee which followed the trail of the speaker.

"When the house went into committee of the whole an amendment offered by Mr. Alexander yesterday was taken up and put to a vote. The amendment excluded osteopaths from the provisions of the bill, and a viva voce vote was ordered. Division was called for, but before the count of members was taken the debate was again resumed and continued until 12 o'clock.

#### LOBBYISTS SCORED.

"During the course of the debate Representative Breckenridge delivered a hot scourging to the lobbyists. 'We have been harassed and impeded in our work for more than a week by a lobby of physicians standing around the members' desks,' he said. 'I think it is a shame and a disgrace that this thing is allowed to continue. I for one want to see an end put to the practice. I am with Governor Folk of Missouri. I believe that when this legislature rids itself of the lobby that the people will have some show for the enactment of just and equitable laws, and not until then.'

"Mr. Breckenridge's words were warmly applauded, especially from the Democratic side. A minute later the vote on the Alexander amendment was put, resulting in a tie, which Representative Garcia, acting as chairman, declared lost by voting against it. It was during this vote that Dr. Van Meter rushed over to Representative Wolaver of Weld, who was standing recording his vote for the amendment, and argued with him to take his seat and not register his vote for the amendment. His act was seen by a number of the representatives and a chorus of angry cries was leveled at him. He was not a bit daunted, however, but continued his course, moving from one seat to another, urging the passage of the bill. When the vote was finally announced he left the house with a triumphant grin on his face."

#### A Victory In Nebraska.

About six weeks ago a bill was introduced, and its passage attempted, in the house of the Nebraska legislature, supported by the medical profession, for the purpose of requiring all practitioners of whatever faith to be licensed by the state medical board. The medics announced that the bill was directed against the Christian Scientists and would not affect the osteopaths who have an independent law regulating their practice, it having been passed in 1901. But a careful reading of this adroitly written bill shows clearly that it was intended to debar osteopaths from locating in that state as it would, if passed, repeal the law under which osteopaths practice. When the true intent of the bill was explained to the legislators it was amended in a manner agreeable to the members of our profession. We have here another illustration of the dark-lantern and gum-shoe methods so often employed by the medical monopoly in its fight to maintain its supremacy.

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#### The Colorado Press With the Osteopaths.

Dr. J. T. Bass, president of the Colorado Osteopathic association, writes us that the legislative fight in Colorado is on to a finish and that the leading newspapers of that state are taking up the fight for the osteopaths. The advocates of the medical bill are using every means possible to secure its passage and are maintaining a lobby that is a disgrace to the fair name of Colorado. The situation as described in Dr. Bass' letter is as follows:

"Our bill was introduced first as No. 97 in the house while the medical bill is No. 148, both bills went to the same committee, and there without any one to represent us a compromise was supposed to have been made and the medical bill ordered out favorably as satisfactory to all schools, but it was not satisfactory to us so we have been fighting it. But with only one amendment and that no good for us it passed the house February 3rd on second reading after a debate of six days on a vote of 29 to 29, the speaker deciding with the medics. It will be up for third reading and final passage next week. We still hope to get enough votes to



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#### The Colorado Press With the Osteopaths.

Dr. J. T. Bass, president of the Colorado Osteopathic association, writes us that the legislative fight in Colorado is on to a finish and that the leading newspapers of that state are taking up the fight for the osteopaths. The advocates of the medical bill are using every means possible to secure its passage and are maintaining a lobby that is a disgrace to the fair name of Colorado. The situation as described in Dr. Bass' letter is as follows:

"Our bill was introduced first as No. 97 in the house while the medical bill is No. 148, both bills went to the same committee, and there without any one to represent us a compromise was supposed to have been made and the medical bill ordered out favorably as satisfactory to all schools, but it was not satisfactory to us so we have been fighting it. But with only one amendment and that no good for us it passed the house February 3rd on second reading after a debate of six days on a vote of 29 to 29, the speaker deciding with the medics. It will be up for third reading and final passage next week. We still hope to get enough votes to



kill it on third reading. If not we will go to the senate and there try for such amendments as we want."

**Osteopath Hits Back at his Medical Critics.**  
(From the San Antonio Gazette)

Editor Gazette:

Sir.—In a report of the proceedings of the Fifth district medical society, held in this city last week, there appeared in the Gazette the following libel upon the profession of which I am a member:

Dr. Frank Paschal, chairman of the committee appointed to consider the practices of the drugless doctors, presented a strong report in which he emphasized the great harm being done to the public health by these dangerous practitioners. He demonstrated the fact clearly that all the so-called systems used by the various branches of this fraternity of frauds have been in use under different names for time out of mind.

Dr. Frank Paschal, as chairman of this committee, assumed to make a "report" on the "practice of the drugless doctors," emphasizing the "great harm being done by those dangerous practitioners," calling them a "fraternity of frauds." I, as an osteopath, am surprised that a body of professional men should resort to such low usages against competitors. In making such slanderous statements they show a lack of knowledge of the subject that is amazing. Men who come in contact with the public as they do should at least have a fair knowledge of the various branches of the healing art.

The courts of Missouri have decided that medical practitioners are incompetent, even to testify in court, where the practice of osteopathy is involved. Is it not likely that Dr. Paschal and his associates assume too much for their scope of knowledge?

It is not the purpose of this article to wholly deny the efficacy of drugs, nor to detract one iota from, nor to call in question the integrity, skill and conscientiousness of that vast army of men engaged in the practice of medicine. I speak merely in defense of one of its branches.

The chairman "reports" that "our practice is dangerous to public health." He failed, so far as I can learn, to specify where-

in any lives have been lost, or any injury resulted through the practice of osteopathy.

I defy them to submit such evidence.

Not so much may be said for the profession which Dr. Paschal represents. He cannot deny the dangers attending the administration of drugs, to say nothing of the chronically invalidated, habitual drug fiends, annually produced by the system of drugging, which should make the thoughtful shudder. Note, if you please, that it is all done in the "most legal fashion," too.

Now the people are seeking relief from the dangers attending drug administration (the doctor must know this) and are turning to "drugless" safer methods. Now, my dear doctors, if your patients get tired of poisonous nostrums and seek other methods of relief that are more safe and sane, don't resort to abuse of your competitors. Don't let professional jealousy or mercenary considerations blind your reason and justice. Don't permit yourselves to become inflated with the idea that you are in possession of all the knowledge worth having, while you must be conscious of the weakness of your own cause. Perhaps no one is more positive than yourself that drugging at best is uncertain and often dangerous.

The idea of men who deal in a hundred varieties of poisons, shouting to the public: "Beware of dangerous drugless doctors."

Shame on men who will take refuge in misrepresentation!

So long as the misguided conceptions of osteopathy are aired in your society, only, I have nothing to say, but, sirs, when you give out to the public press abusive and slanderous statements concerning my profession I demand public redress.

Don't think because we are weak in numbers that we can be slandered with impunity.

Now, sirs, according to my way of thinking, you owe an apology to your society for making a "report" to that body without due investigation and an adequate knowledge of the subject matter, after which you owe the following procedure to the public:

1st. Admit frankly that you went entirely outside your realm of knowledge to "report" on "drugless methods."

2nd. That you lack the elementary knowledge, even, to enable you to make an intelli-

gent "report" on said subject.

3rd. Admit the weakness and limitations of your own science, and the element of danger in it.

4th. That your "report" might have been prompted by a little spark of professional jealousy.

5th. That mercenary considerations rather than a desire to seek the truth prompted you in your strained effort at "reporting."

6th. That all men may make mistakes—medical men as well as osteopaths.

7th. That an error in the administration of a poisonous drug may prove fatal, and that such mistakes have occurred.

8th. That loss of life will not result from osteopathic treatment.

9th. That osteopathy is now recognized by the laws of some twenty-seven states and territories.

10th. That osteopathy has been upheld and sustained by courts and juries all over the country, and that this alone should contradict a statement to the effect that the practice of this method is "dangerous."

11th. That the American medical association, with all its power, has been unable by force, misrepresentation and persecution to throttle this "New Richmond" of therapeutics, nor blind, nor prejudice the people to its virtues.

12th. That your onslaught was unprovoked, uncalled for, unjust and unbecoming gentlemen of your standing.

It can injure no man to accept a truth, no man to be just. Men as bright as you ever were, perhaps even in your palmiest days, have quit the practice of medicine and taken up the study and practice of osteopathy. Open your eyes to reason. Let us get down close to nature and thereby to truth. Above all "Let's be cheerful." Don't be afraid of encroachment on your (?) field.

There will be sickness and distress after you and I quit. Even osteopathy may not be able to relieve it all, as much as you fear its development and rapid growth.

You seem to overlook the fact that there are systems of medicine really dangerous. The public, perhaps, may have in mind several sudden demises in our city within the past few years not chargeable to osteopathic practice. Did anyone of you ever hear of

the "fatal dose?" If the little white monuments out on yonder hill could tell their story your statements might be painfully reversed. Serious and sober thought must come with the contemplation of this phase of the picture.

All men are liable to make mistakes, osteopaths may, so may medical men.

The mistake of the osteopath will not cost life.

Men who carry to the people poison-laden phials should not constitute of themselves a "danger" signal to warn the people against the "dangers" (?) of the drugless doctors.

Respectfully yours,

W. E. NOONAN, D. O.,  
San Antonio, Texas.

February 14, 1905.

\* \* \*

**Dr. W. A. Hinckle Withdraws from the Illinois Osteopathic Association.**

To the President, Trustees and Members of the Illinois Osteopathic Association:

At the district meeting of the Illinois Osteopathic association which met in Peoria, Jan. 21, 1905, your president and district president asked for my resignation as a member of said society. The charges made against me were that in my work as a physician, in my efforts to save human life and relieve human suffering I have and do use certain therapeutic measures of which you are ignorant and are prohibited by law from using. More specifically, I was asked to resign because I have and do use medicine in my practice. At the time I refused to comply with this request but further consideration suggests the advisability of reconsidering my purpose and of giving my reasons for so doing.

To the charge of using non-osteopathic measures, I did not then, nor do I now make denial. As a physician who places facts above theories and cures above creed, as one who realizes that the whole is greater than any part thereof, I cannot in justice to my patients or myself be limited to any branch of therapeutics and refuse them the benefits of the good in other systems. Being a physician and not a sectarian practitioner I am heir to and privileged to make use of any or all therapeutic measures which the accu-



mulated knowledge of centuries has shown to be of value, or that which future learning may place within my reach regardless of its source or character. This privilege you would deny me.

All the discoveries of science and all empirical knowledge may be mine to know and to use and this right and this privilege of free thought and action so essential to unbiased development and greater usefulness are dearer to me than fellowship in any society however worthy and intellectual its members may be.

I must be free to drink to the extent of my capacity from the river of knowledge instead of only from one of its small tributaries as you would have me do. The guide who knows but one path up the mountain side may lead the weary traveler to the top; but when storms are rife and weather foul that guide is preferable who knows the several routes and is free to choose the one that serves his purpose best.

It is noteworthy that my skill and ability in that branch of therapeutics which your society was organized to promote is not questioned, the charge being merely that I make use of certain measures with which you are not conversant and are not privileged to use, albeit these same measures are and have been by public and legal consent recognized as the chief of all therapeutic measures from time immemorial.

The all efficiency or deficiency of osteopathy, and the efficiency or inefficiency of other methods of cure need not enter into a consideration of the principle for which I am contending. I consider it axiomatic that the highest aim of the physician should be to heal the sick. This aim should be paramount to any desire he may have to advance any particular system or method of obtaining this end. To do this he must be unlimited by creed and be free to accept all things which tend to the desired results. He need not practice all systems but he must be free to do so if he is to serve the interests of his patients instead of his creed. To deny me the privilege of using means other than those peculiar to your system is equivalent to saying that within its narrow confines is found all that is of value, or that your chief concern

is not to cure the sick but to advance your system.

Positive qualifications along certain lines are usually required for admission to any society and to fellowship with its members. Sufficient preparation and a proper conception of his duties as such will qualify a physician for admission to any medical society with no questioning as to whether he will limit himself to what others practice. Positive qualifications are their requisites. Your society however makes the things one does not know and cannot and does not do as requisites for fellowship rather than the things he does know and can do. Negative qualifications are your requirements.

You make much ado over the narrowness and intolerance of the medical profession, but your conduct shows that you seek toleration and freedom only for yourself and those who think as you think. You seek freedom to serve God according to the dictates of your own conscience and freedom that others may serve God according to the dictates of your conscience also.

Every physician must decide from his own experience and from the experience of others as to the relative value of the curative measures at hand and on the breadth of his learning, the accuracy of his judgment and his freedom to choose will depend his status as a physician. This freedom your president informs me is neither desired nor permitted in your society. I am given to understand that you prefer to fellowship only with those who choose a half truth to the whole of it, who choose narrowness to breadth, who accept limitation rather than freedom. As a membership in your society can therefore be purchased only at the price of intellectual liberty I hereby present you my resignation, preferring rather the glorious isolation of unfettered thoughts and activities than the company of those who are slaves to creed and dogma, I remain with best wishes.

W. A. HINCKLE, D. O., M. D.  
Peoria, Illinois.  
February 7, 1905.

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Every one Should Read Confessions of an  
M. D.

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

## The Journal of Osteopathy.

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THE new February class at the A. S. O. numbers 130. There are also ten post-graduates.

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THE sophomore class is to be commended on its position with reference to class rushes. We believe that the action of this class in refusing to participate in a class fight will do much toward breaking up the bad precedent that each class must engage in one of these non-sensical contests. The action of the sophomore class has the hearty approval of the A. S. O. faculty.

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THE attention of our readers is called to our post-graduate announcement in this issue of the Journal. This course has been arranged so as to give as much practical information as possible in the length of time to be given to it. When desired arrangement can be made to substitute a part of the branches in this course for equivalent subjects in the regular course. We also publish in this issue, for the first time, an announcement of our three years' course to be instituted next September.

\*\*\*

THE Missouri State Osteopathic association will hold its annual meeting at Springfield, at some date in June, to be announced later. This meeting should be well attended

as Missouri has more osteopathic physicians than any other state in the Union. The status of osteopathic practice in this state is all that could be desired from a legal and social standpoint. We have an independent state board, and are on an equal footing in every other particular with the older systems. A splendid program is being arranged for, which will be published in our April issue. Every Missouri osteopath should begin now to make his arrangements to attend this meeting.

\*\*\*

WE publish in this issue of the Journal the letter of resignation of Dr. W. A. Hinckle, of Peoria, Ill., from the Illinois Osteopathic association.

This letter is published at Dr. Hinckle's request, and, of course, the sentiments contained therein in no way represent our views upon the matter under discussion. It cannot be denied that theoretically many of the principles for which he contends seem sound and appeal to one's sense of justice, but on the other hand they do not work for the best interests of the profession or the people when practically applied. Dr. Hinckle is mistaken when he assumes that the osteopath takes the position that there is no good in other systems—there is much of good in them, no doubt. There is also, especially in drugging, much of evil. The point is here: A mixer as a rule is a poor doctor. A physician is less proficient if he scatters his forces in attempting to learn many systems than if he devotes his best energies in a special line.

We agree with him however when he says that a physician should always look to the interests of his patients rather than to the interests of himself or profession, but really the two interests in the long run are identical.

The question at issue seems to be: Can a physician best serve his patients by practicing from several systems, some of which are diametrically opposed in theory and practice, or by confining his practice to a single system?

The answer it seems to us is obvious.

\*\*\*

### The Murray-Bunting Imbroglio.

Again the profession has been treated to an airing of personal difficulties. This time the contestants are Dr. Chas. H. Murray and



Elgin, Illinois, and Dr. H. S. Bunting of Chicago. Murray, having no paper of his own, resorted to the circular letter form of attack and won honors in the first round, he got behind genuine osteopathy and made the defense of that system the impetus for his attack.

Here's where Bunting scores—he has a paper. The last number of the "O. P." was full of mighty "intestin readin," but is the profession any better off for the whole affair? Bunting, no doubt, feels better, for he landed so hard on Brother Murray that the last named gentleman is still "taking the count."

The truth of the whole matter, as we see it, is simply this: Dr. Murray didn't want Dr. Bunting to sell Osteopath Health to an osteopath practicing in the same town with him who gave drugs, electricity, lymph, etc., in connection with his osteopathic practice.

Bunting said he would if he wanted to and that he didn't propose to be dictated to by any man—if the profession said quit, all right, but not so for just Murray.

The point is here: Why carry these personal matters to the profession for a vindication?

We suggest that the bout be continued under the Marquis of Queensbury rules and that the profession be relieved of any further harangue about the matter.

\* \* \*

#### That Missouri Decision.

The newspapers of late have circulated a report that the supreme court of Missouri had rendered a decision to the effect that osteopaths are neither surgeons nor physicians under the laws of Missouri, and that a judgment had been rendered against Dr. C. E. Still for malpractice. Both of these reports are wholly incorrect.

About seven or eight years ago a child by the name of Goldie Granger was treated by Dr. C. E. Still for hip disease. As a result of the ravages of this disease the child was left with some deformity which is the rule in cases of this character. Several years later the child's mother instituted suit against Dr. Still, alleging that the child was injured by the treatment. When the case came to trial in the circuit court, it was dismissed by the Judge of the court after the

plaintiff's evidence had been introduced.

The court held that the plaintiff had failed to make a case, and that the medical doctors who had testified were not competent as they were from a different school of practice than the defendant. The case was appealed to the supreme court.

The case was reversed on some technicality and a new trial ordered, although the supreme court sustained the opinion of the circuit Judge on the ruling of the incompetency of doctors of one school testifying against doctors of another as to proper treatment wherein a difference in their methods of treatment can be established. The case will again come up for trial and there is little doubt but that the result will be the same as at the first trial—a verdict for the defendant. The decision in no way affects the legal status of osteopathy in Missouri, anyhow that was never the point at issue. Osteopathy is regulated by an independent law in this state, and the legal status of our science is just as secure as that of the practice of medicine.

\* \* \*

#### A New Anatomy.

Another addition has recently been made to osteopathic literature, an anatomy, "The Nutshell," by Dr. W. R. Laughlin, of the faculty of the American School of Osteopathy.

Dr. Laughlin, some years ago published a small quiz compend on anatomy, which he called "Anatomy In A Nutshell." This book met with great favor among the students, because of its contents being arranged in an easily accessible manner. Since that time he has been at work arranging his present compilation, which has also much original research work in it, and now presents a work the equal of the average anatomy and much more readable.

The Nutshell is arranged in the manner anatomy is taught by him in the class, hence, differs very materially from the ordinary arrangement of other texts, which is the only possible excuse he can have for calling it a "Nutshell," for it contains all that any work on anatomy contains, and from an osteopathic standpoint much more.

Dr. Laughlin has had many years experience in studying the needs of anatomy

students, and has arranged this book to conform to, and fill these requirements, hence its unique arrangement.

If he takes up a bone, viscus or any part of the body, he gives all that is known on that part of the anatomy in one chapter or under one heading, and in as brief manner as possible to describe it fully, as opposed to the method ordinarily used of putting every division under separate heads and in different parts of the book.

For example, the femur is described with all its eminences, tuberosities, fossæ, and depressions, its articulations, nutrient arteries and from where derived, centers of ossification, muscles attached, with origin and insertion, blood and nerve supply of same, and a description of arteries and nerves in relation with this group of muscles.

It has 290 original engravings and cuts, made under the supervision of the author, which fully illustrate the text, making a book of 616 pages, printed on coated paper.

The text and illustrations are accurately indexed so that every part is readily accessible. It is bound in half morroco and will make a valuable addition to any library. Price \$6.50.

\* \* \*

At the regular February meeting of the Massachusetts Osteopathic society, the subject at the scientific session was Diseases of the Kidney. Dr. R. K. Smith read the paper, which was discussed by Dr. F. A. Denette. The following new members were voted in: Drs. J. J. Howard, Kendall Achorn, Arthur E. Were, L. C. Turner, Frank M. Vaughn, Ada M. Bearse, Lincoln R. Bolan, Ellen B. Nott, Mary A. Small, all of Boston; and Norman Atty, of Springfield; Georgiana Watson, of Haverhill; Franklin Hudson, of Springfield; and Sherman Kimball, of North Adams.

\* \* \*

SITUATION WANTED:—Young man, age 29, graduate of the American School of Osteopathy, June class, 1904, desires position as assistant, or to take full charge of office. References A 1. Will go to any city or town in the U. S. State salary you can pay. Please give this your prompt attention and oblige. Address, "Doctor," Suite 398-399 Quincy Bldg., Chicago, Ill.

#### How We Stood in Oregon.

Our bill was introduced in the senate, Jan. 19th, by Senator Brorwell, and was referred to the medical committee. Dr. Kuykendall, an allopathic physician was president of the senate, and the medical committee was composed of three allopathic physicians, so our bill did not fall in very propitious surroundings. The committee treated us with uniform courtesy, but when called upon for a report of the bill were always prepared with plausible excuses. After our bill had remained in their hands for three weeks we decided that our only hope was to have it introduced in the house. We succeeded in having it passed in the house by a vote of 35 to 16, nine being absent, five of them pledged to vote for us. We then renewed our fight in the senate but were defeated, the bill being indefinitely postponed. We believe that our bill is one of the best that has been offered up to the present time, and have confidence of success the next time. Our bill provided for an independent board of five members.

J. E. ANDERSON, D. O.,  
The Dalles, Oregon.

\* \* \*

#### The Wisconsin State Meeting.

The seventh annual convention of the Wisconsin State Osteopathic association, at La Crosse, Feb. 23rd and 24th, proved one of unusual interest and profit. The following were the most important features of the program: Theory of Osteopathic Lesions and Their Treatment, by Dr. J. Martin Littlejohn, Chicago; Lecture and Demonstration, Congenital Dislocation of the Hip, by Dr. H. W. Forbes, Des Moines; Diseases of Women, by Dr. M. E. Clark, Kirksville; Osteopathic Obstetrics, by Dr. Ella D. Still, Des Moines. A banquet was given at Hotel Stoddard, Thursday night, Feb. 28th.

Milwaukee was chosen as the next place of meeting, and the following officers were elected: President, Dr. Warren B. Davis, Milwaukee; vice-president, Dr. Ella F. Bissell, Madison; secretary, Dr. Harriet A. Whitehead, Wausau; treasurer, Dr. Eliza M. Culbertson, Appleton. Member of legislative committee, Dr. A. U. Jorris, La Crosse; member of executive committee, Dr. O. U. Williams, Wauwatosa; delegate to A. O. A. convention, Dr. S. J. Fryette, Madison;



alternate to A. O. A. convention, Dr. H. A. Whitehead, Wausau.

HARRIET A. WHITEHEAD, D. O.,  
Secretary.

\* \* \*

#### Osteopaths Meet at Ames, Iowa.

The second annual meeting of the Central Iowa Osteopathic association met Jan. 31, 1905, at the office of Drs. Proctor & Stewart of Ames.

Dr. V. M. Browne-Rumbaugh opened the meeting at 2 p. m. by a pleasing address.

Dr. McAlpin of Boone presented a clinic of unusual interest, after the examination of which a discussion of exophthalmic goitre became general. There was too much enthusiasm to permit a formal following of the program, but after Dr. Proctor presented a clinic and gave a talk on paralysis, excellent papers were read by Dr. Miller, Cedar Rapids; Dr. C. W. Johnson, Boone; Dr. F. W. Beckley, Guthrie Centre; Dr. F. H. McCall, Eagle Grove.

Dr. Chas. Spencer of Des Moines gave some very concise demonstrations in correcting bony lesions.

Dr. C. E. Still of Kirksville was present during the afternoon session and gave a talk on school work.

All were delighted by an unexpected visit from Dr. Blanche Thoburn, who is at present connected with Ames College.

After a delicious six o'clock dinner at the home of Dr. Proctor, the convention reassembled and elected Dr. S. B. Miller, president, and Dr. Frances Stewart, secretary and treasurer.

The following resolutions were adopted:

1. Resolved, that we heartily endorse the three year course and pledge our loyal support to the schools.

2. That we express our thanks to Dr. C. E. Still for his aid in the convention, and to Dr. C. H. Spencer for his excellent demonstrations in correction of lesions.

3. That we also express our thanks to the outgoing officers for their efficient service and to Drs. Proctor and Stewart for their successful entertainment of the convention.

LAURA DYSART, }  
S. B. MILLER, } Committee.  
C. M. PROCTOR. }

The convention adjourned at ten o'clock

p. m. to meet next year at the office of Drs. Dysart of Webster City.

IDA McCALL, D. O., Sec.

\* \* \*

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

Meeting called 8:15 o'clock.

Report of Secretary—Evelyn K. Underwood, Manhattan.

Osteopathic Art in Obstetrics—Horton Fay Underwood, Brooklyn, N. Y.

A Review and a Forecast—C. M. Turner Hulett, Cleveland, Ohio.

Some Comments on Pathological Conditions from the Osteopath's Viewpoint—Geo. W. Riley, Manhattan.

Reading of Special Notices and Business.

\* \* \*

#### Louisville Association Elects Officers.

New officers of the Louisville Osteopathic association, installed Friday, Feb. 3, are:

Dr. Frank A. Collyer, president; Dr. Silas Dinsmoor, first vice-president; Dr. F. P. Bush, second vice-president; Dr. R. H. Coke, secretary; Dr. Laura B. Dinsmoor, treasurer.

Dr. H. E. Nelson, Dr. C. W. Barnes, Dr. M. Pearson, trustees.

R. H. COKE, D. O., Sec'y.

\* \* \*

#### Removal Notices.

Dr. Mabel Pickens, from Canal Dover, Ohio, to 1036 Oak St., Columbus, Ohio.

Dr. O. E. Bradley, from Kahoka, Mo., to Butler, Pa.

Dr. M. A. Morrison, from 705-17th St., Denver, Colo., to Greeley, Colo.

Drs. J. B. & L. M. Schrock, from Shawnee, Okla., to Dinkelspiel Blk., Bedford, Ind.

Dr. Sophronia Kelso, from Fulton, Mo., to Marshall, Mo.

Dr. Jas. Jefferson, from Des Moines, Ia., to Oskaloosa, Ia.

Dr. R. B. Wood, from Salisbury, Mo., to Fulton, Mo.

Dr. Arthur Roberts, from Rockford, Ill., to Taylorville, Ill.

Dr. E. J. Mosier, from Walnut, Ill., to Houle & Chesley Bldg., Kewanee, Ill.

Dr. David Mills, from Ann Arbor, Mich., to 232 Woodward Ave., Detroit, Mich.

Dr. A. G. Moseley, from Gainesville, Fla., to 110 Rose Dispensary Bldg., Terre Haute Ind.

Born, to Dr. and Mrs. Elmer Martin of Decatur, Ill., on Feb. 18th, a daughter.

Married, at Garden City, Kans., Feb. 8th, Dr. R. H. Cowgill of that city and Miss Zoa E. Cooper of the junior class of the A. S. O.

Married, at Independence, Kans., Feb. 18th, Dr. William Hubbard of that city and Miss Hazel Meeks of Kirksville, Mo.

Died, at Spokane, Wash., Jan. 28th, Dr. W. A. Gervais. Death was due to chronic nephritis. Dr. Gervais was a graduate of the A. S. O. June class, 1898.

Died, at Marquette, Mich., Jan. 25th, Mrs. J. L. Shorey, wife of Dr. J. L. Shorey, of that city. Dr. Shorey is a graduate of the A. S. O., June class, 1901.

#### Personal Mention.

Dr. N. D. Laughlin, formerly of Burlington, Kans., has recently located at Kansas City, Mo. He has offices at 605-605 A. New Ridge Bldg.

Dr. Joseph H. Sullivan, of Chicago, announces that he will move his offices May first, from the Champlain Bldg., to the fifth floor of the Trude Bldg.

Dr. J. E. Cobb, formerly in partnership with Chas. H. Murray at Elgin, Ill., informs the Journal of the dissolution of his partnership with Dr. Murray and that he is now located in the Y. M. C. A. Bldg., for the practice of his profession in that city.

Dr. W. B. Van de Sand has located in Kansas City, Kans., for the practice of his profession. During the past year Dr. Van de Sand has been studying in Chicago, doing special work on diseases of the eye, ear, nose and throat.

The following alumni visited the A. S. O. during the past month: Drs. A. M. Keith, Greenville, Ill.; N. D. Laughlin, Kansas City, Mo.; Ida M. Fox, Springfield, Ill.; Charles McCoy, Ogden, Utah; H. L. Riley, Hartford, Conn.; Adalaide Farrington, Adrain, Mo.; N. A. Johnson, LaBelle, Mo. and F. L. Ganoung, Olean, N. Y.

Dr. H. M. Loudon, who has been associated in the practice with his brother, Guy E. Loudon, at Burlington, Vt., for the past two years, has located at Enosburg, Falls, Vt., where he will conduct an independent office. Dr. Loudon is a capable practi-

tioner and we predict for him success in his new location.

Dr. J. Emmett Gable, who has been practicing in Joliet, Ill., for the past two years and Dr. Carrie A. Bennett, who recently located there, have formed a partnership for the practice of osteopathy and will open offices in the Goodspeed Bldg., March 1st. Dr. Gable has an independent office in Chicago and Dr. Bennett in Wilmington.

\* \* \*

#### Located.

The following are members of the February class, 1905, who have announced their locations:

Dr. Clyde Gray, Horton, Kans.

Dr. G. P. Long, Benbow Arcade Bldg., Greensboro, N. C.

Dr. A. E. Freeman, 186 N. 3rd St., San Jose, Cal.

Dr. C. E. Willis, Pittsburg, Kans.

Dr. Ella L. Myers, Partee Blk., Bluefield, W. Va.

Dr. Arthur Kew, Oxford, N. C.

Drs. C. R. & Anna Darrow, 1173 N. Clark St., Chicago, Ill.

Dr. Mason M. Pressly, Land Title Bldg., Philadelphia, Pa.

Dr. W. H. Richardson, 324 Hardiman Ave., Macon, Ga.

Dr. M. A. Smoot, Aberdeen, Wash.

Dr. Harry Long, Aberdeen, Wash.

Drs. D. T. & Nettie Spicer, Boonville, Mo.

Dr. Frank Ayers, McPherson, Kans.

Dr. C. V. Fullam, 2-3 Times Bldg., Frankfort, Ind.

Dr. Frank L. Martin, 1584 Market St., San Francisco, Cal.

Dr. A. V. Hedegaarde, 3642 Lindell Boul., St. Louis, Mo.

Dr. J. M. Smith, Sutton, Neb.

Dr. E. O. DeVries, 521 W. Adams St., Muncie, Ind.

Dr. W. E. Coleasure, Beardstown, Ill.

Dr. Jas. Robertson, 407 So. Broadway, Brainerd, Minn.

Dr. G. S. Duncan, Carmen, Okla.

Dr. S. Ellis Wright, Marion, Ind.

Dr. E. A. Plant, 1950 Barnard Park, Los Angeles, Cal.

Dr. F. H. Avery, 490 Merrimac St., Oakland, Cal.



Dr. P. H. Miller, Mt. Morris, Pa.  
 Dr. Laura Newcomer, Liberty, Mo.  
 Dr. W. H. Marshall, First Nat'l. Bk. Bldg.,  
 Uniontown, Pa.  
 Dr. Lena Snedal, Denison, Texas.  
 Dr. Nellie Hassell, 130 Crofton Ave., San  
 Antonio, Tex.  
 Dr. S. Hassell, 130 Crofton Ave., San An-  
 tonio, Tex.  
 Dr. Julia Sarratt, Waco, Texas.  
 Dr. E. E. York, 694 Sutter St., San Fran-  
 cisco, Cal.  
 Dr. E. C. Ray, Nashville, Tenn.  
 Dr. Ida McKone, Connersville, Ind.  
 Dr. Maude Sheridan, Sterling, Colo.  
 Dr. H. W. Conklin, Alma, Mich.  
 Dr. J. E. Wheelock, Dixon, Ill.  
 Dr. F. C. Cook, Poughkeepsie, N. Y.  
 Dr. T. L. Davis, Strother, S. C.  
 Dr. W. C. Stephenson, Westport, Ind.  
 Dr. Harriett Stephenson, Westport, Ind.  
 Dr. Florence Waddell, Eagle Grove, Ia.  
 Dr. Ray L. Davis, Moulton, Ia.  
 Dr. Ralph Myers, Mt. Vernon, Ohio.  
 Dr. Truman Wolf, Hillsboro, Texas.  
 Dr. C. S. Green, 136 Madison Ave., New  
 York City.  
 Dr. F. M. Henderson, Stronghurst, Ill.  
 Dr. Gid Johnson, Omaha, Neb.  
 Dr. Ida Moore, Ft. Wayne, Ind.  
 Dr. T. S. McCall, Elgin, Ill.  
 Dr. Gertrude Oliver, Johnstown, Pa.  
 Dr. E. L. Pool, Dexter, Mo.  
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 Dr. N. H. Woods, Cleveland, Ohio.  
 Dr. Rodney Wren, Gunnison, Colo.  
 Dr. L. P. Meaker, Auburn, N. Y.  
 Dr. Edward Mattocks, Riverside, Calif.  
 Dr. G. E. Rosecrans, 240 Ohio St., Chica-  
 go, Ill.

\* \* \*

#### A Mark Twain Anecdote.

The following story comes from York  
 Harbor, Me.: "Say, yer know the literary  
 chap that hed the Furness cottage up on the  
 hill, two years ago last summer—Mark  
 Twain, I b'lieve they called 'im? Gee! ya'd  
 never think ter look at 'im that he could write  
 books!

"Wal, he uster come over ter my house  
 an' set fer hours to a time while I spun  
 yarns an' told 'im abaout York folks an'  
 things. Seemed to be reel sociable like—  
 liked ter smoke an' talk an' joke with an old  
 fool like me.

"Wal, one day he come ter me so  
 kind o' worried like, an' his hair was all  
 ruffled like he'd been aout in a stiff nor'eas-  
 ter, an' he sez: 'Cap'n Brooks, can yer tell  
 me if there is an osteopath at the Harbor?'  
 'Wal,' sez I, 'the' mebbe, but, I ain't never  
 ketched one on 'em, an' I've been fishin'  
 here nigh onter forty years.' He looked at  
 me kind o' queer, an' then sed he guessed  
 he'd go up ter the drug store an' enquire.

"Wal, I went home an' told the old woman  
 abaout it, an' she sez: 'You big fool, Jed  
 Brooks, 'tain't no fish; 'tis a bird.' So then  
 I went inter the best room an' took daown the  
 cyclopedium my boy Steve hed when he was  
 ter Harvard College, an' I'll be durned if it  
 wan't no fish at all, nor no bird, neither, but  
 a new-fangled kind of a doctor!'—Harper's  
 Weekly.

\* \* \*

#### Philadelphia Osteopaths Entertain Dr. E. R. Booth.

The third annual banquet of the Phila-  
 delphia County Osteopathic society and  
 the first mid-year banquet of the Alumni  
 association of the Philadelphia College and  
 Infirmary of Osteopathy, was held at the  
 Colonnade Hotel, 15th & Chestnut Sts.,  
 Philadelphia, Friday evening, Jan. 27th, 1905.

The guest of honor was Dr. E. R. Booth of  
 Cincinnati, Ohio, being entertained by the  
 Alumni of the college. Dr. Booth deliver-  
 ed the Commencement address to the  
 graduating class the night of the 26th.

After partaking of the banquet the fol-  
 lowing toasts were responded to: Dr. C. J.  
 Muttart, Toastmaster.

1. The Occasion, Dr. Iva S. Frame, presi-  
 dent Alumni, P. C. I. O.
2. The P. C. O. S., Dr. Chas. J. Mut-  
 tart, president.
3. Our Guests, Dr. E. M. Downing.
4. Our Alma Mater, Dr. C. W. McCurdy,  
 dean, P. C. I. O.
5. The Field of Practice, Dr. D. S. B.  
 Pennock.

6. Our Youngsters, by one of them, Dr.  
 E. M. Coffee.

7. The Ladies, Dr. H. Alfred Leonard.

8. The Battle Royal, Dr. J. Ivan Dufur,  
 secy, P. C. O. A.

9. Our Father National, Dr. Jas. M. Mc-  
 Gee, vice-president, A. O. A.

10. The Stylus Magnus in History and  
 Education, Dr. E. R. Booth, historian.

After Dr. Coffee's response, the recent  
 graduating class rendered the song, "Battle-  
 Hymn of Osteopathy," written by Dr. Coffee  
 and sung to the tune of "Battle-Hymn of  
 the Republic," which was exceedingly well  
 done and much appreciated by those present.

Among the out of town guests were Dr.  
 Mack, of Chester, Pa., and Dr. Downing,  
 of York, Pa. ABBIE JANE PENNOCK, D.O.,  
 Sec'y.

\* \* \*

#### Illinois D. O.'s Meet at Charleston.

The fifth district of the I. O. A. met Sat-  
 urday, January 14th, in the office of Dr. J. E.  
 Francis at Charleston. Attendance was fair  
 considering the severe weather.

Paper on "Uterine Reflexus," prepared  
 by Dr. Emma R. Schmidt was read by Dr.  
 J. J. Schmidt, discussion followed.

The legislative situation was thoroughly  
 gone over. The meeting was an interesting  
 and profitable one. Following the meeting  
 refreshments were served by Dr. and Mrs.  
 Francis. The next meeting will be held at  
 Clinton, March 25th.

W. E. DAVIS, D. O., Sec'y.

\* \* \*

#### Disease-Proof Man of the Future.

It has already been suggested, says the  
 British Medical Journal, that the appendix  
 should be removed from every infant as a  
 routine measure. But this is clearly in-  
 sufficient. The surgery of the future must  
 include far more than this. The tonsils,  
 and turbinate bones of the nose must be cut  
 out, because they may harbor germs. What  
 Mr. Arbuthnot Lane calls the "human cess-  
 pool" (that is, the large intestine), must be  
 removed along with a considerable part of  
 the upper portion of the alimentary canal,  
 because it won't be needed when we begin  
 to live on M. Berthelot's tabloids and pills.  
 The too readily decaying teeth will be pulled

out in early life, and the germ proof store  
 variety inserted. The failing human eye  
 will be anticipated by spectacles in early  
 youth. Deficient moral sense and degener-  
 eracy will be treated by ventilation of the  
 brain and removal of the offending areas.  
 "Thus protected against the perils of civ-  
 ilization, the man of the coming centuries  
 will be able in his journey through life to  
 defy the countless enemies that seek to rob  
 him of health—sans teeth, sans eyes, sans  
 taste, sans everything."

\* \* \*

#### How They View It.

Let me congratulate you on your decision  
 for a three year's course. The alumni of  
 all osteopathic colleges pat you on the back  
 for this generous decision.

C. E. BENNETT, D. O.,  
 Pensacola, Fla.

\* \* \*

The December Journal is at hand and has  
 the best news in the world. Glory be!  
 I am happy. "Let's push things."

C. C. TEALL, D. O.,  
 Brooklyn, N. Y.

\* \* \*

Three cheers for the three year course;  
 but that extra year will bar many a deserving  
 person from the profession.

G. E. BROWN, D. O.,  
 Hoosick, N. Y.

\* \* \*

Your announcement of the three year  
 course received. It has been something  
 that was bound to come. and was as sure  
 as any fact in evolution. Put more stress  
 on osteopathy and dissection.

DRS. OLMSTED & OLMSTED,  
 Belle Plains, Iowa.

\* \* \*

I wish to express the great happiness it  
 gives me to know that the A. S. O. will  
 adopt the three year course in September,  
 1905. May all the blessings of prosperity  
 and success follow this plan!

EDYTHE F. ASHMORE, D. O.,  
 Detroit, Mich.

\* \* \*

We congratulate the A. S. O. in her inaug-  
 uration of the three years' course. It will  
 mean much to the profession, and more to



those having the advantage of the extra year's work.

J. S. BAUGHMAN, D. O.,  
Burlington, Ia.

\*\*\*

I want to extend my congratulations to the A. S. O. in its coming into line on the three year question.

\*\*\*

I was very much gratified to hear of the adoption of the three year course to begin September, 1905.

\*\*\*

I am happy the A. S. O. is to adopt the three year course. As the announcement comes this month, I look upon it as a welcomed Christmas gift to the profession.

May our Alma Mater "live long and prosper" is my sincere wish

DELPHINE MAYRonne, D. O.,  
New Orleans, La.

\*\*\*

Accept congratulations on your stand for the three year course. From now on I am with you and for you.

J. HENRY HOEFNER, D. O.,  
Franklin, Pa.

\*\*\*

Permit me to congratulate the A. S. O. upon the editorial announcement of the extension of the course. There is no doubt that such a step is to the best interests of us all.

HERMAN E. HJARDEMAAL, D. O.,  
Brooklyn, N. Y.

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## POST GRADUATE COURSE FOR TWO-YEAR GRADUATES.

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

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

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

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

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

## SEVEN MONTHS' POST-GRADUATE COURSE.

Schedule of Classes:

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

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

Graduates of recognized osteopathic colleges who have attended twenty months before graduation are eligible to attend.

For further information, address,

DR. WARREN HAMILTON, Sec'y.  
Kirksville, Mo



## THREE YEARS' COURSE.

The following Three Years' Course, of nine months each, will be instituted by the American School of Osteopathy, September 4th, 1905.

### FIRST YEAR.

#### FIRST SEMESTER.

Descriptive Anatomy.  
Histology.  
Physiology.  
General Chemistry.

#### SECOND SEMESTER.

Descriptive Anatomy.  
Physiology.  
Principles of Osteopathy.  
Physiological Chemistry.  
Urinalysis.  
Toxicology.

### SECOND YEAR.

#### FIRST SEMESTER.

Descriptive Anatomy.  
Dissection.  
Practice of Osteopathy.  
Symptomatology.  
Pathology.  
Physiology.  
Osteopathic Manipulations.

#### SECOND SEMESTER.

Demonstrative Anatomy.  
Dissection.

Physical Diagnosis.  
Diseases of Children.  
Gynecology.  
Pathology.  
Practice of Osteopathy.  
Clinical Osteopathy.

### THIRD YEAR.

#### FIRST SEMESTER.

Applied Anatomy.  
Obstetrics.  
Bacteriology & Hygiene.  
Principles & Practice of Surgery & Clinical Surgery.  
Diseases of the Skin & Venereal Diseases.  
Clinical Practice.  
Clinical Osteopathy.

#### SECOND SEMESTER.

Applied Anatomy.  
Diseases of the Eye, Ear, Nose and Throat.  
Nervous and Mental Diseases.  
Operative Surgery.  
Clinical Practice.  
Clinical Osteopathy.  
Medical Jurisprudence.

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## A Circular of Information for Prospective Students.

It has previously been announced that the American School of Osteopathy will establish a three years' course of study beginning September, 1905, and from that date on, new students will be required to attend the school three years before completing the course.

Therefore, the class beginning the course in February, 1905, will be our last one taken in on the two-year plan. Heretofore we have always allowed students to enter the class beginning in February any time during that month up to March 1st. As this is our last class to be taken in and graduated in two years, we have decided to extend the time of entrance to accommodate many who may not be able to matriculate until later in the spring of the year, for instance, teachers whose schools will not be out until a later date and others who might wish to "get in" on the two-years' course but who for various reasons cannot begin the work during February. Of course, where possible, the student should begin the work at the beginning of the term, but we have arranged to accept students at later dates and allow them to make up the deficiency in time and work during the summer vacation.

Respectfully,

WARREN HAMILTON, Sec-Treas.



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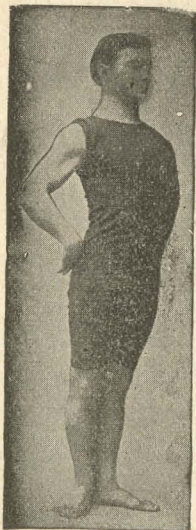
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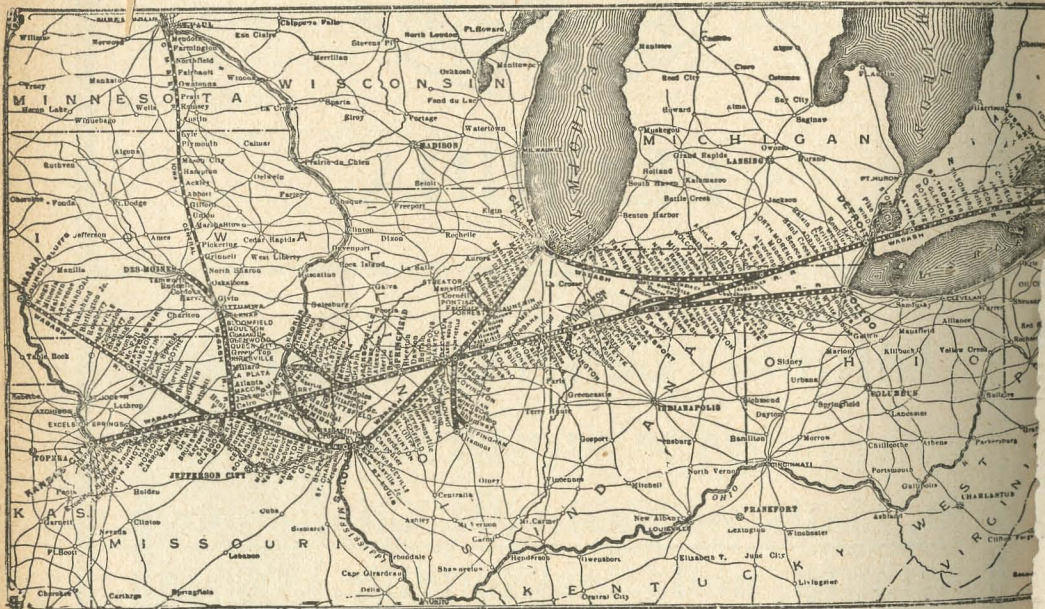
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