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# THE Journal of Osteopathy

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## OSTEOPATHY A COMPLETE SYSTEM

GEORGE M. GOODELL, B. S., D. O.

To judge a system of treating disease we must understand; first, the body which becomes diseased; second, what disease is and its cause and effects; and third, the methods of the system in question.

The human body is made up of small units called cells. These cells are practically little animals, attached to each other only partly and leaving little spaces where fluids can circulate and reach every cell. The fluid in these spaces is called lymph and comes from the blood by seeping through the walls of the smallest blood-vessels. Lymph carries food to the cells and waste products of the cells away. The functions of the cells of the body may be divided into general and special. All cells possess the general functions more or less. They are reproduction and assimilation. That is, most, or all, cells can multiply and form new cells of their kind, and all cells can take in food and utilize it, and many can ingest foreign bodies, like bacteria. Specialization of function is necessary in animals of many cells and we will make the following divisions of special functions; support, protection, motion, secretion, and control.

Supporting tissues include bone, cartilage, and connective tissue. The cell manufactures a substance around itself which it impregnates with lime, and makes bone. Or the substance is not filled with lime, but made tough and stiff and we have cartilage. Or the substance is spun into fine fibres and we have connective tissue. The fibres lace and interlace among the cells of the whole body and support them in a strong and delicate meshwork. Again the fibres are collected into a bundle or band and make a ligament fastening two bones together, or a tendon fastening a muscle to a bone.



Practically all cells protect themselves more or less-but some make it a special business. The skin covers the body and protects against the entrance of germs and poisons. In the digestive and respiratory tracts substances are secreted which protect against germs. The white blood cells destroy germs. Somewhere in the body substances called anti-toxins are formed which counteract the poisons of germs.

Motion is carried on by muscle cells. The cell shortens in one direction when stimulated properly. We have muscles all over the body by which we move ourselves into different positions. There is a slightly different kind of muscle cell in the heart which furnishes force for the heart. There is a third kind of muscle over which we have little or no control. It is in the walls of the stomach, intestine, bladder, etc., and also the same kind of muscle cells run around every artery in its walls and control the size of the artery. Upon the size of the artery depends the amount of blood that the part supplied by the artery gets, therefore these muscles are very important.

Secretory cells are collected together to form glands. Each gland has its special functions. In carrying out their work the cells either simply separate some certain substances from the blood, or they combine or change what they get from the blood to form a special product. Secretory products digest food, moisten the skin, lubricate joint surfaces, enter the blood to be of direct use to cells, or are passed out of the body as waste poisons. Secretory cells work only when properly stimulated. As the secretion is derived always from the blood, the amount and quality of secretion will depend very largely on the blood supply to the gland.

The controlling function is carried on by the nervous system. This is made up of cells with fine branching processes. These processes are of two kinds, one kind being called dendrites, the other kind axons. The dendrites carry impulses to the cell; the axons carry impulses away from the cell. Cells have one axon and one or usually more dendrites. The nervous system comprises the brain and spinal cord in bony cavities, and nerves from these to every part of the body. The nerve cells are mostly in the brain and cord while the nerves are made up of axons and dendrites. On some nerves are little knots containing nerve cells. These knots are called ganglia. The sympathetic nervous system is a part of the whole system which is specialized for distribution to certain structures. It consists of two rows of ganglia fastened to the front of the bones of the spine. Each row of ganglia is connected together by nerve fibres and each ganglion is also connected to the spinal cord by nerve fibres. From the ganglion fibres pass out, either with regular nerves to the same part of the body or

directly into the chest or abdomen to the internal organs. The sympathetic, together with one pair of nerves, the pneumogastric, from the base of the brain, govern practically all of the involuntary functions such as heart beat, digestion, secretion, and artery wall muscle. The sympathetic alone governs most of the artery wall muscle and therefore the blood supply to every part of the body. We will consider the function of the nervous system in the divisions of sensory and motor.

The sensory division simply keeps the nerve centers informed regarding the condition of the body and its environment. It is represented in the simplest way by a nerve cell in the brain or spinal cord which has a dendrite extending out to the skin and ending in a little mechanism which changes pressure to nervous energy. The nervous energy travels over the dendrite to the cell, from whence it is distributed by the axon with its branches to a number of cells or centers. If the dendrite went to the eye the mechanism at the end would be such as to change light into nervous energy, if to the ear it would change sound, etc. Nervous impulses are constantly coming in to our nerve centers whether we move or stand, sleep or wake, whether it is hot or cold, dark or light. We get accustomed to them and are unconscious of them though they are pouring in every second. And these impulses constantly coming in are absolutely essential. Let us illustrate with the leg. The constantly arriving impulses keep the nerve centers informed of the position of the leg so that they can tell what muscles to order contracted to put the leg in any other desired position. It is readily shown by disease and experiment how helpless a man or animal is without these constant sensations. He knows not if his foot is on the ground or in the air, before or behind him, warm or cold. As it is with the leg so it is with every organ in the body. Every one depends on these constantly arriving impulses to keep the center informed of its condition and needs. The very important matter of blood supply to each and every part of the body is regulated in this same way. You will see now of what vast importance the sensory division is, besides giving us our conscious sensations. It is a very delicate system and can get greatly out of order without our being conscious of any difference in sensations. And its getting out of order may result in indigestion, heart trouble, or improper work of any organ; or weaken some part through its blood supply so that germs may gain entrance. All this through causing wrong orders to be sent out.

The motor division may be represented by a cell in the brain or cord with several dendrites going to different parts of the brain and cord and gathering nervous impulses. There is one axon going out directly, or through a ganglion, of the sympathetic, to a muscle or gland cell. The



impulse going out over the axon stimulates the muscle or gland cell to action. Ordinary motion we can control by our will. Other functions are controlled by what are called reflexes. In a simple reflex a sensory fibre is connected in the center with a motor cell. Whenever an impulse goes in over the sensory fibre it excites the motor cell so that it sends out an impulse which causes action in the body cell it supplies. All reflexes are more or less complicated by the fact that the sensory fibre has branches which carry impulses to different parts and the motor cell gathers impulses from different parts. Also there are many cells with fibres entirely inside the cord and brain whose business is to connect cells and centres in an almost infinite manner. Reflexes for voluntary muscles are especially complicated in this way, while reflexes for involuntary functions are only slightly complicated. So we find the reflex so constant that if we eat meat the secretion caused reflexly is suited to the digestion of meat. The path from where the sensory impulse starts, in to the center, and through it and out over the motor nerve, is called the reflex arc. The reflex arc is only as strong as its weakest part.

This outlines the body roughly so that we understand how it works but not the details of its mechanism.

Disease is a condition in which some, few or many, of the cells of the body do not perform their function properly. There is no sharp line between health and disease for there is probably no one but has a few cells working improperly. Now for the cells to work improperly there must be a reason and the reason must be something that can affect the cells. There are only three ways that the cells can be reached: first, by the blood supply to the cells; second, by the nerve supply to the cells, and third, by the direct action of external forces, physical, chemical, or animate.

Changes in blood supply may be either in quantity or quality. Whichever it is there is some cause for the change from correct blood supply, hence improper blood supply cannot be a primary cause for disease. Change in nerve supply must depend on something that affects the reflex arc or its many connections and hence is not a primary cause for disease. So we have the fact that external forces are the only ultimate or primary cause for disease. In causing disease they act directly on the tissue or by affecting the blood or nerve supply to the tissue. The chief external forces are: mechanical agents, heat, light, sound, electricity, X-rays, chemicals, drugs, food, air, bacteria, and bacterial poisons. Certain external forces are necessary within limits to health; it is the lack of or excess that causes disease.

Taking up the treatment of disease, it is manifest that the first

thing to do is to find the primary cause and remove it. There is not much difference in therapeutic systems here. A mechanical agent, pressing, cutting, or bruising can be easily found and removed by anyone. Such forces as heat, light, sound, electricity, and X-rays acting harmfully on the body will be discovered and removed the same by any doctor. Chemicals and drugs acting injuriously are treated much alike by all, requiring antidotes and various measures to remove or render harmless. Systems will not disagree over the correction of improper food or air supply. With regard to bacteria and their poisons there is more difference. Here are a few facts about the matter, and we will draw conclusions later. 1. Unless bacteria or their poisons get into the body they cause no trouble. 2. For bacteria or their toxins to get into the body one of two conditions must be present, either their presence in overwhelming strength and numbers, or weakness of the tissues. 3. After germs have entered the tissues they are overcome by the body in various ways, cells eat them, they are walled off by a growth of connective tissue, a substance is formed in the body fluids which hinders their growth, or an antitoxin which renders their poison harmless. 4. When germs are once in the tissues no external agent can destroy or weaken them more than it does the tissue. 5. Antitoxin formed in other animals can be injected into the blood and will aid in counteracting germ poisons but its use is practical in only a very few diseases.

Now our conclusions. All agree regarding sanitary, quarantine, and other such methods for preventing germs from getting at the body in overwhelming strength. It is agreed that in cases where germs are localized and it is practicable, they should be cut out or otherwise destroyed even though tissues locally are sacrificed. We maintain that when germs are not localized or are in a part where destruction is impracticable, no external agent should be used to destroy or weaken them. Our reason for this view is that the agent will injure the body as much as it does the germ and is likely to have more effect on the body because the body will try to overcome it and may thus shield the germ and take the dose alone. Weakened tissue allows germs to enter the body and prevents them being overcome as soon when once in, and we believe that the best possible treatment is to remove the weakness and give nature all the factors in her favor that we can.

With the cause of disease removed we might argue that the disease should disappear, and it always does with just one exception. That exception is when changes have been wrought in the tissues. Such changes are of two kinds; change in structure of tissue, or change in position of tissue.



Changes in structure of tissue have been thoroughly studied and classified as pathological anatomy. We will not stop to describe the various changes. When the change in structure is dangerous to the body, (as a cancer), and it is practicable, it should be removed by surgery or otherwise. In all other cases the conditions that keep normal tissue healthy will do the most towards overcoming any change in structure. These conditions are good blood and good nerve supply.

Changes in position of tissue had been recognized as a factor in disease only to a limited extent until Dr. Still discovered osteopathy.

All systems recognize that organs such as the stomach, kidney, or uterus may become displaced and be a great factor in disease or that bones may be dislocated and cause disease. Osteopathy claims more, that bones may be slightly displaced and cause disease through affecting blood and nerve supply. This is the foundation of osteopathy as a separate system of treating disease. These slight displacements the osteopath calls lesions. A lesion may be the displacement of any structure, but the great majority are of bones, and we have come to consider that a displacement of a bone is meant when we speak of a lesion.

The place where a bone can be displaced is at a joint. When it occurs the result is a stretching and twisting of the fibres in the connective tissue around the joint. This causes pressure on channels for blood and lymph and on any nervous structure in the connective tissue. Congestion results and this adds to the harm done the nervous tissue. The joint and tissues around are tender on account of the congestion. Use of the joint aggravates the condition and so nature has a plan to get rest for the joint. The constant slight painful sensations, through reflex action, contract the muscles around the joint and thus motion is restricted. Joints all over the body are found in such conditions by osteopaths. If the joint is left alone it gradually gets better by becoming accustomed to the altered position of the bones. But the joint is left stiff from the growth and contraction of connective tissue around it. So nervous tissues and blood-vessels are still affected. Now if there are no important nervous structures or blood vessels near the joint it makes little difference; only a stiffened joint. In the spine there are about 125 joints, counting the ones between the ribs and spine. And there are very important nervous structures near. As was stated, the ganglia of the sympathetic nervous system are bound to the spine by connective tissue, just in front of the ends of the ribs in the chest and in the same position with regard to the spine in other parts. Besides this, nerves for every function pass from the spinal cord through little openings made by notches in adjacent vertebræ. Blood vessels and lymph

channels supplying the spinal cord pass through the same openings. Now a lesion of any joint of the 125 may easily affect any of these structures. Especially the sympathetic, as it is located so close, and unprotected. Nerves and blood-vessels going to the spinal cord through the small openings are surrounded by a layer of loose fatty tissue and thus protected to a large extent.

Lesions are caused in various ways. Falls, strains, and unexpected little twists and wrenches cause them. A draft of cold air causes muscles to contract which may draw a bone out of place. Poor position, sitting, standing, or lying, may cause a lesion in time. Painful sensations from an internal organ irritated by some poison or otherwise may cause muscles to contract through reflex action and thus bring on a lesion.

Lesions are the method through which external forces often affect the body. They interfere with nerve supply directly, and by affecting the nerves of the artery wall muscle they affect the blood supply to any part of the body. Thus parts are weakened so that bacteria can more easily gain entrance and are more slowly overcome when once in.

Return to normal of any change in structure of tissue is hindered and change in structure may even be caused. Osteopathic treatment replaces displaced bones and other structures and stretches contracted tissue in old lesions. In this way blood and nerve supply are made normal and nature is given all the chance possible to overcome disease.

It was stated that certain external forces are necessary to health within limits. In diseased conditions these limits are changed. A man with a lame arm cannot use that arm like he could a well arm, and he knows it and knows how to take care of his lame arm. A man with a diseased liver should spare his liver all he can. But often he don't know that his liver is diseased or how to spare it if he did. So it is a physician's duty to tell a patient how to live in order to spare any weakened organ. All systems practically agree on this matter of diet and hygiene.

To sum up then, the duties of a physician are:

1. To advise regarding the prevention of disease.
2. To discover and remove the primary cause of disease.
3. To discover and overcome changes in structure of tissue.
4. To find and overcome displacement of tissue.
5. To regulate life of patient to diseased conditions.

Osteopathy is the only system that fully recognizes all of these conditions and therefore it is the only complete system of treating disease. Osteopathy is a new science and in the struggle to get started has gone



as free as possible. The earlier osteopaths have not learned surgery and do not practice it. However, they recommend it and are as capable as any in determining when it is needed. Surgery, as well as osteopathy, is now being taught in osteopathic schools.

Added to the superiority in treatment the osteopath has an advantage in diagnosis because the lesions are keys to him telling what organ is diseased. In many acute cases the disease cannot be diagnosed at the start and regular physicians often follow what they call the expectant treatment. That is, they don't do anything, while they wait to find out what disease it is. The osteopath never follows any expectant treatment. He finds any lesions there may be and begins treating them at once. If he finds no lesions he knows that all the patient needs is proper food and rest until his system overcomes the disease. We must remember that nature is the only healer and all the physician can do is to remove any obstacle to nature's work that he may find.

Osteopathy comes nearer removing all obstacles than does any other system.

## ADDRESS TO POST-GRADUATES

BY DR. GEO. A. STILL,

Who represented the Faculty of the A. S. O.  
at the Graduating Exercises on March 28.

Members of the post graduating class of the American School of Osteopathy:—

In this little address to you and for you, I wish to briefly call your attention to the evolution of the healing art and particularly to impress upon you the importance of the position that you occupy to-day, as members of the profession which represents the final stage of evolution of that art, now a science; a science which history shows, could never have developed under any earlier form of government or any earlier state of tolerance on the part of the people to accept new and radical ideas, and even in 1874 in America, these conditions were combined with a remarkable character and moral courage on the part of the discoverer, or osteopathy would have been lost to the world.

If we go back to the earliest known practices of the healing art, we find that intermittently, surgery attains a comparatively high rank in direct proportion to the contemporary knowledge of anatomy, but that always, any attempt to change the practice of drug-medicine, from a combination with superstition and fanaticism, proved unavailing until during the past century. The ancient Egyptians, due to the fact that

they necessarily learned some anatomy from their religious practice of embalming all the dead, were considerably advanced, for their time, in the art of surgery and they invented many instruments which have been revised but not improved upon to-day. Their custom, however of rewarding anyone who attempted any originality or changes in their practice of medicine, by sending the originator to his future home, is too well known to review.

It is to the ancient Greeks that we owe the name surgery, or chirurgery and the derivation of the term is from two words, meaning to work, by hand, one point of significance being that the term included all manual treatment, even a rough massage which they practiced. It is about thirty-two centuries ago, according to Celsus, that Aesculapius, the first authority on the subject, made his reputation and he is generally regarded as the father of the science, but very little advance was made for six hundred years after his death and that of his two sons, whose work as the first recorded army surgeons, is immortalized by Homer in his description of the siege of Troy.

During this time there was a school maintained at Cos and a few centuries B. C., a post graduate of the school by the name of Hippocrates revised the entire healing art and became the so-called "Father of Medicine." Considering the fact that neither Hippocrates nor anyone else of his time knew much anatomy, on account of the law of both Greeks and Jews, that forbade the touching of dead bodies as a profanation, he seems to have been the greatest mind the healing art produced, until the present age. His works are well worth reading and many of his descriptions of the clinical course of diseases are classical to-day. He tried to free the healing art of the mass of ignorance, superstitions and absurdities, with which it was held down. He tried to separate drugs from the divine properties and miraculous charms they were supposed to possess. He tried to eradicate the idea that drugs could act in any way except simple chemical and physical means. In other words, he tried to place drugs on a truly material and physical basis. Many of his ideas on hygiene, diet, etc., have been proven correct in recent times and he even recommends what we call massage for certain conditions, and although neither he nor any other writer, either ancient or modern ever approached the germinal idea of osteopathy, until it was originated by A. T. Still, yet many of Hippocrates' arguments against certain drugs and the general use of them, would fill several pages of good osteopathic literature, and it would pay any one to peruse a translation of his work.

He was handicapped however, as stated, by the lack of knowledge of the internal anatomy, and at that time, Harvey's epoch making dis-



covery of the circulation of the blood was many centuries away; in fact the anatomical knowledge of the circulation was so poor that styptics and the cautery were used instead of ligatures, to stop bleeding wounds.

It seems almost unbelievable that with all the chances to study, at least the blood vessels, in the wounds of the innumerable wars of the times, that the discovery of the circulation remained for a post graduate student in the Royal College of Physicians in 1616 A. D., and similarly, it seems remarkable that it remained for osteopathy to be given to the world in 1874. But this does not alter the facts in either case, and the arguments of some individuals, that were there anything in osteopathy it would have been discovered long ago, is disproven all through history.

For several centuries, between the death of Hippocrates and the life of Galen, nothing of note occurred except a few sporadic inventions, such as the abdominal trocars for ascites, the speculum, and an instrument for the crushing of vesical calculi, each of which has been re-invented in modern times with great credit to the men who had re-discovered these various instruments in old Greek books.

Claudius Galenus, the first real anatomist, was a post graduate student from the university of Alexandria and when he came to Rome during the second century, he found the healing art in practically the same condition of superstition and ignorance that Hippocrates did. He, however, soon obtained a great reputation as a lecturer on anatomy, and a practitioner, for which he was rewarded by being driven out of Rome by the regular practitioners and the local medical board.

Galen's anatomy was, unfortunately for many many details, learned entirely from lower animals, such as apes, due to the still existent superstition against dissection, although he records with great pride, that he had studied osteology from two real human skeletons, in his post graduate course in Alexandria. Although crude in many ways, this simian anatomy of Galen's, as applied to humans, was so far superior to any other anatomical work that, over a thousand years later, anatomists found it almost impossible to get any fact believed that opposed Galen's ideas and one of the strong arguments against Harvey's circulation of the blood was the fact that Galen claimed that it flowed and ebbed like a tide. Once established as an authority, it took many radical discoveries to convince the profession that he was not infallible, and that anything he said could possibly be wrong.

Through the dark ages of the great Pandemic of perverted religion and priest-craft that lasted up until the sixteenth century, nothing of importance occurred except the reversion of science to a state of superstition and ignorance which marked its lowest depth since history began.

In this century, Vesalius completely revised Galen's work and gave the world the first real knowledge of real human anatomy, from human dissections. Vesalius' work precipitated many other discoveries, although he himself was forced by his medical brethren, to resign from the university of Padua, as the usual reward of too much advancement.

Quite prominent among contemporary anatomists were Fallopius, a post-graduate and teacher at the university of Padua, and Eustacheus, also a post graduate and teacher in Rome. It is doubtless due to the contemporary association of Eustacheus and Fallopius that the beginning student so often gets the Eustachean and Fallopiian tubes interchanged.

With the added knowledge of anatomy, surgery took a great revival and Ambrose Pare, the great Frenchman, gave it particular stimulus by changing the methods of Hemostasis from styptics and red-hot irons to simple ligatures. Nothing shows the inability of most humans to see palpable truths, than that it remained for the sixteenth century to produce a man with sense enough to tie the arteries, instead of cauterizing them, in spite of the fact that more than half of the healing art had been the treatment of wounds. Pare was rewarded by the medical board of Paris by being forced to deny most of his original ideas or leave town.

Just prior to Pare's time, the custom was at its height of having the surgeon and barber in one, and even to-day some people think surgery is a barbarous profession.

The latter part of the sixteenth century gave to the world a brilliant genius, whose work was by far the most important up to his time. It was due to his work that the steady advance toward the height of to-day began for the art of healing.

In the same school that Vesalius had been forced to leave, Harvey took a post graduate course after having completed the regular course in the university of Cambridge. Italy, with her many universities, was then the scientific center of the world, and it was but natural for this young Englishman to go there for the finishing touches of his education. After several years there, he returned home and entered the Royal College in London where he was made a Fellow. Here it was that he completed his work, although it was twelve years after he wrote his memorable lecture on the circulation of the blood, before he delivered it. He seemed to realize how the world would take it and particularly how his ethical friends would take it. He seemed to realize that people didn't care if their blood flowed and ebbed like a tide or not, but that believing that it did, they would make it hard for any one who tried to revolutionize their ideas, and that his friends in the college would quote



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Galen to him and compel him to leave the school. Finally he nerved himself up to it, and was in no wise disappointed in the reception he got. He got all he expected and was burned in effigy by his fellow practitioners in addition, but in spite of it, he had many followers, especially among the younger students of the universities and finally, years after his death his ideas were generally accepted, until now the showing of the circulation in the web of the frog's foot is a part of the public school course and now, annually, in the halls where at the close of his lecture, on the afternoon of April 17th, 1616, he was almost mobbed by the assemblage of fellow practitioners, there is a lecture given by the ablest scientist, obtainable in the world, on the subject. "The Growth of Truth." Last year the lecture was given by Dr. Wm. Osler and in his lecture, commenting on the apparent inability of the average human to accept any new truths, any radical deviations from fixed ideas and established standards, he says, "Sooner or later—insensibly, unconsciously—the iron yoke of conformity is upon our necks; and in our minds, as in our bodies, the force of habit becomes irresistible. From our teachers and associates, from our reading, from the social atmosphere about us, we catch the beliefs of the day, and they become ingrained—part of our nature. For most of us this happens in the haphazard process we call education, and it goes on just as long as we retain any mental receptivity. It was never better expressed than in the famous lines that occurred to Henry Sidgwick in his sleep:

"We think so because all other people think so;  
Or because—or because—after all, we do think so;  
Or because we were told so, and think we must think so;  
Or because, we once thought so, and think we still think so;  
Or because, having thought so, we think we will think so."

In departing from any settled opinion or belief, the variation, the change, the break with custom may come gradually; and the way is usually prepared; but the final break is made, as a rule, by some one individual, the masterless man of Kipling's splendid allegory, who sees with his own eyes; and with an instinct or genius for truth, escapes from the routine in which his fellows live. But he often pays dearly for his boldness. A certain psychologist tells us that the pain of a new idea is one of the greatest pains to human nature. It is, as people say, so upsetting; it makes you think that, after all, your favourite notions may be wrong, your firmest beliefs ill-founded; it is certain that till now there was no place allotted in your mind to the new and startling inhabitant; and now that it has conquered an entrance, you do not at once see which of your old ideas it will not turn out, with which of them it can be reconciled,

and with which it is at essential enmity. It is on this account that the man who expresses a new idea is very apt to be abused and ill-treated."

And commenting still further, he points out how the big discoverers are often human, (or inhuman) themselves and intolerant to other new ideas, and shows Harvey's opposition to some new theories later; and Osler himself is a shining example of this. Although such an anti-drug man himself, as to use less than the average homeopath, he has never seen the light of the greatest discovery of the healing art of all time.

From Harvey's time until 1874, many big advances were made but few individuals stand out prominently in the time when sanitation, clean surgery and anesthetics were invented. There is a great list of names, each adding his share, but the only one that deserves a place with Harvey, is a man we seldom hear mentioned and one that the medical world has not yet deigned to honor. Up until 1828 the power of the drug theory in the treatment of disease had its strongest point in the fact that drugs were considered to have supernatural powers. Up to that date no chemist had ever prepared any organic compound in the laboratory and it was considered that all substances coming from plant or animal life were imbued with, and could only be formed by the so-called "vis-vitalis" or vital force, a mysterious unknown power that increased the superstition in regard to herbs and other plants to such an extent that no attempt to consider the drugs from a chemical or physical basis was made. One can hardly realize what a hold the use of medicines must have had on a people when even the most learned ascribed divine and supernatural properties, in varying degrees, to all organic compounds and no chemist or alchemist had ever been able to synthesize a single one of them. Truly there was a separation between chemistry and drugs and it is little wonder that this unreasoning blind faith in drugs still holds most of the race, when from the dawn of history until 1828, every one knew that the great mysterious "vital force" was in all organic compounds and they could not exist without it. Oftentimes we wonder that people can be so blind as to continue an unreasoning faith in their medicines, but when we consider how much longer people have held on to beliefs where the change was not nearly so radical, it seems even rather surprising that so many take up with the new ideas.

Wohler, a post graduate chemist in Berlin was the man who synthesized urea from so-called inorganic compounds, ammonia and cyanic acid, and broke the belief of ages in the "vis vitalis." His work created little stir at the time, except in the chemical world and the changes resultant from it have been quiet, but in my opinion, when the history of therapeutics and the healing art is written, the name of this studious



chemist will rank second in importance in the list of those who helped destroy the superstition of drugs. What changes have happened recently in the healing profession are familiar to you all and it is of your relation to-day to the profession, originating in 1874, and marking the climax of learning, with which I wish to conclude.

You are to-day completing a course of lectures and demonstrations which, in a way isolates you from the average practitioners of your profession. When an individual enters upon a course of professional study where there is required by law, a certain amount of class work, before the practice of that profession can become a source of revenue to him, he may or may not be actuated by purely altruistic motives, but when, on the other hand, an individual has practiced a profession successfully for some years and then without any legal or financial reasons, pursues a course of study at the sacrifice of time and income, then the individual may be said to show signs of Spence's disease, Altruism. To such a person, the mere securing of a competence is not the highest ideal; to him, knowledge for knowledge's sake, appeals. He is not satisfied with getting good results and being as good as the average; he wants to know how to get better results and how to be better than the average. It is upon such individuals that the advance of any science depends. The student who ceases to study at the end of his required course is of no value to his profession for one who does not progress must retrogress.

The most of this class have practiced successfully and studied disease at first hand, from three to twelve years and that your profession interested you and you wished to advance it, is shown by your presence here to-day.

We, your instructors, have enjoyed our work with you. We feel that to a great extent, on you and similar post-graduating classes depends the further development of the science. We feel that such as you are bound to develop new ideas and demonstrate new principles, which will aid in more firmly establishing and promulgating the present theories or rather the facts that the founder of our profession has given to the world.

Through you also must the new ideas and practices, learned in your extra course, be passed on in part to those less fortunate of your fellow practitioners, who though desirous of increasing their knowledge, have been unable for various reasons to obtain the advantages of an extra course.

You have assumed a position above the average practitioner. You have taken training that allows you to do a little better than your neighbor, the things you have to do.

It has been the idea however, in this course, to help you particularly to learn how to more easily do original investigation and also how to record your investigations so they may benefit, not only yourselves, but your profession, by being in the nature of proven knowledge which is immediately available and intelligible to another individual of the profession so that through you, and the rest of the profession, it may be of more value to the world at large. If the course has been successful in this point alone then that will repay both you and your instructors. You are going back to your different locations and away from your instructors. Let us pause to consider a moment, what you, as isolated individuals can do towards adding to the knowledge of your profession, by making this, in reality, the commencement of your real post-graduate course. Let us briefly recall the work of those individuals whose names stand out prominently in the history of therapeutics, and those general subjects that pertain to the healing art, and we will see that without exception, the amount of benefit the discoveries were to the world at the time and afterward, was directly proportional to the number of individuals who would study under the discoverer and then like missionaries, go to different parts of the world and spread the new doctrines and that, at the same time, for the perpetuation of the doctrine as a practice, continued to study and add all in their power to the truth and strength of the original idea. History records a great many really big discoveries which were lost entirely, for centuries, for want of this class of students to strengthen and perpetuate them.

It rests on the osteopathic profession to-day and upon the number of individuals it can furnish who will continue to study after leaving school, whether it will persist and be of benefit to the coming generations or not.

You as post-graduate students, represent the highest type of these individuals, and that is why we say upon you, particularly, rests the future of the science.

Let each of you, as you receive your diploma to-day, make the resolve that between the life of the founder of your science and the next great discoverer, there will be no such gaps as existed between the lives of Hippocrates and Galen; Galen and Harvey; Harvey and Wholer; Wohler and Still. Let each of you resolve that though you can't all be great discoverers, no effort on your behalf will be spared to preserve, to perpetuate and spread the great truths that our science contains, remembering always that in history, the greater the truth, the more palpable the fact, the more earnest defenders did it need and the more effort was required to make the world accept it.



## PELVIC PERITONEAL ADHESIONS

BY M. E. CLARK, D. O., Indianapolis, Ind., Editor of the  
Obstetrical Department of the Journal of Osteopathy.

(The following address was given by Dr. Clark at a recent meeting of the Western Pennsylvania Osteopathic Association at Pittsburg, Pa.—Ed.)

Since you kindly left to me the selection of a subject for my address this evening, I have cast about considerably, searching for one that would be both interesting and practical. Recalling cases from my private practice, how they were diagnosed, treated and the results obtained, by others as well as myself, I have selected for your consideration the subject of pelvic peritoneal adhesions. Such disorders are both common and obstinate to treatment, unless treatment is carefully and persistently applied.

Schultze emphasizes the condition more than does any other writer. He associates adhesions with practically all pelvic disorders, especially if of an inflammatory type. I am not sure but that he is exactly right in his conclusions as to the frequency of the condition. There may be an actual new formation or the adhesions may only be a thickening of the existing tissues, that is, the peritoneal layers in the pelvic cavity.

Adhesions are ordinarily understood to be deposits of inflammatory material gluing or holding together two adjacent parts of peritoneum, viz: the peritoneum covering the rectum being united to that covering the uterus. This suggests an exudate, approximation of parts, immobility and organization of the exudate, all of which do actually take place in the typical case.

The peritoneum is a serous membrane. It has peculiar functions. It is delicate, sensitive, secretive, vascular and highly absorptive. The secretion is, like that from other membranes, dependent more on the character and amount of the blood than upon all other causes. If it becomes congested the secretions will be altered as to amount and character. If the peritoneum is injured, this secretion is wonderfully increased, supposedly to repair the injury. Irritation from any cause increases the secretion. Adhesions would scarcely be possible if there were no secretion, therefore it is necessary to ascertain the cause of change in amount and character of this secretion in order to understand the causes of peritoneal adhesions. Any injury, of the peritoneum such as occurs in acute uterine displacement, twists of the body, direct violence as in intra-uterine instrumental treatment are conducive to increased secre-

tions, consequently are forerunners of adhesions. Sudden stoppage of the menstrual flow affects this secretion, increasing the amount. The most important cause, the one that practically embraces all others, is inflammation of some degree. The inflammation may be nothing more nor less than a marked congestion, it being difficult to locate the line of demarcation between congestion and inflammation. Inflammations are, as a rule, accompanied by increased secretion, this amounting to an exudate in many cases. Pleuritis and pericarditis are notable examples. This secretion or exudate is a serous one and tends to become thickened the more the longer it remains unabsorbed. If then there is rest, that is, if the parts are kept in a state of immobility, and at the same time the surfaces are in contact, adhesions will result. This exudate becomes thicker and thicker until it becomes organized, this constituting the chronic stage of the formation.

Nature has a reason for all things with which she is connected. We may not be able to understand why such and such is the case but nevertheless, there is a reason back of it. In coughing the organism is attempting to expel an irritant in the upper respiratory passage. In sneezing, there is a sudden and forcible ejection of the offending particle. Nature sometimes seems to be mistaken as to the correct location of the offending matter, that is, there may be a sympathetic action. If the skin is abraded there is an exudate of a serous character that forms immediately. This is for protection. The Old Doctor has often said to me in discussing the treatment of injuries: "Leave the blood on until it dries. Let it form the covering." Nature's way is usually the best and if it were more closely followed the results would be the better. In inflammatory conditions of the pelvic organs, the exudate formed is for the purpose of protection. It covers over the inflamed sensitive, tender peritoneum. It restricts motion. It assists in repairing the injury. The adhesions form for the purpose of immobilizing the parts. It is similar in character to the callous that forms in a fracture. It should remain until its function is filled and then, like the bone callous, should disappear. In the type of cases that we are considering, the adhesions remain from some cause or other and in turn, cause other disturbances. If the inflammation, that is the primary inflammation, continues to irritate, the exudate will become more profuse and the deposits greater the longer the irritation continues. In the gonorrhoeal type of pelvic inflammation, and this is regarded as the most frequent and common, the irritation is continuous and in these cases are the adhesions the most marked.

The rapidity of formation depends on the degree of irritation, that



is, the amount and character of the secretion. In marked inflammations of the pelvic organs they form in an incredibly short time, while in milder inflammation, it requires many days, even though there is immobility and apposition, for the adhesions to become strong enough to be regarded as anything more than an exudate. In all cases of acute metritis, the uterus should be moved at least daily, in order to prevent long continued apposition and counteract the fixidity. Inflammatory affections of the uterus, whether from acute displacement, trauma as from the use of a sound, infection, sudden stoppage of the menstrual flow, always result in the formation of adhesions if the parts are kept quiet and in apposition. Nature walls off the inflammation and thus localizes it. The peritoneum is very sensitive, this being for the purpose of better protection on the part of the individual and on account of the accompanying pain more care is taken to prevent movements that affect the parts.

The INDICATIONS of peritoneal adhesions around the pelvic organs may be classed under two heads: subjective and objective, these depending on the stage of the disease. If the inflammation has not entirely disappeared, and this is the case in practically all instances, there will be pain on pressure over the affected area or on jarring of the body. Many patients complain of pain in the iliac fossa on walking, it being exaggerated by the least jar as from a misstep. Such pains are diagnostic of affections of the peritoneum and if the pain is referred to the lower part of the abdomen, it is diagnostic of pelvic peritonitis. Pelvic peritonitis is either accompanied by or will be followed by peritoneal adhesions, so reliance can be placed on the history of pelvic pain. In every case of chronic pelvic soreness there are more or less adhesions and thickenings of the pelvic peritoneum and such constitute the major part of disorders that the gynecologist is called on to treat. If the inflammation has entirely subsided, and this is the exception, the presence of the adhesions is not manifested by pelvic tenderness. In such cases adhesions do little or no harm, consequently need little or no treatment.

The OBJECTIVE SIGNS of pelvic adhesions are restricted movement of the structures involved, and the possibility of the examiner to palpate these thickened and deposited tissues. These are the most reliable of all indications. In practically all cases of restricted movement of the uterus, not due to tumor or marked enlargement from other causes, adhesions in some form are present. It is the exception to be able to palpate the adhesive bands, but the thickened tissues can usually be distinctly palpated, and this constitutes a very reliable sign. One may mistake immobility from other causes for peritoneal adhesions unless

care is taken. I have been called in consultation in many cases in which adhesions had been diagnosed, but on careful and prolonged pressure against the uterus, I was able to replace the organ. If there is immobility plus a thickening of the tissues, the diagnosis need not be in doubt. Displacement of the uterus is the rule in adhesions of the uterus; displacement of the ovaries, in peritoneal adhesions of them.

The ABDOMINAL INDICATIONS of peritoneal adhesions in the pelvis consist of tenderness and thickening of the tissues. By deep palpation it can usually be ascertained whether or not the patient has any peritoneal affection. If there are disorders of the peritoneum as in adhesions, deep pressure reveals deposits, tenderness, bands and irregular thickenings around the uterus, ovaries and in the broad ligaments. The abdominal wall is contracted and deep palpation is difficult or impossible. In the acute stage the parietal layer of the peritoneum is involved, this resulting in abdominal tenderness which is superficial as well as deep.

The condition of the abdominal wall is a pretty reliable indicator of the condition of the parts covered by it. For example, if the wall is relaxed and flaccid, there is enteroptosis and relaxation of the uterine ligaments which permits of prolapsus. Constipation is a common complication since the sensibility of the bowel is lessened. When this occurs, the irritation produced by the presence of fecal matter in the lower bowel, is not great enough to excite the reflex process to action necessary to evacuation of the contents of the bowel. Constipation is then essentially, a sensory disturbance of the lower bowel in which the irritability is lessened or lost. If the abdominal wall is contracted and tense, it is indicative of an irritative condition of the viscera covered as in acute metritis or enteritis. I lay great stress, in my examinations, on the tone, condition, sensibility, temperature of the abdominal wall, for such signs are infallible if rightly interpreted.

The DIAGNOSIS of peritoneal adhesions of the pelvic organs is sometimes confused with uterine displacements, uterine enlargement, and immobility of the uterus from any cause. The differential diagnosis is made by careful digital examination and attempted replacement.

From the osteopathic point of view, the PROGNOSIS is better than from any other. The reason for this is that the cause is treated, and the effects counteracted by manipulation by which the adhesions are stretched and the circulation through the parts improved, this producing absorption of the exudates. When treated by topical applications either internally or externally, the outlook is poor. It doesn't look reasonable that applications would overcome adhesions, replace organs and separate



surfaces. From a surgical point of view, adhesions can be broken and the surfaces forcibly separated, but the cause is not thereby removed. The method that appeals to me as being most logical is the one by which the pelvic structures are adjusted, the deposited material stretched and the circulation made as nearly normal as is possible. This is the osteopathic method.

The TREATMENT of peritoneal adhesions of the pelvic organs varies with the different cases. Some advise the radical method, that is, the adhesions are broken up under anesthesia. This is not to be recommended unless less radical measures fail. The routine treatment of this sort is to be condemned rather than recommended on account of the after effects, new adhesions forming.

The better method, that which is osteopathic, consists in repeated stretching of the adhesion, gentle but repeated movement of the parts united by the adhesive bands and manipulations directed to better the circulation through the affected parts. If the treatments are given with care, the results are surprisingly good, but if carelessly given or if too much force is used, harm may be done. The object of the direct manipulation of the affected part is to secure absorption of the exudate that forms the adhesions. Absorption is possible and does take place in spontaneous cures. If the circulation of the blood through the part is bettered, absorption of the adhesions will take place proportionately. The power that was able to form a deposit is also able to absorb it. This is a law given us by Dr. Still. It will apply in all cases. The question is, how can we apply it to the best effect in the treatment of peritoneal adhesions of the pelvic organs. The rules that we follow are: Secure adjustment; stretch the deposits or adhesive bands; secure movement of the affected parts. Adjustment is necessary to perfect circulation. This applies to both the spinal column and viscera. If there are lesions in the lumbar area, the circulation through the pelvic organs will be affected. If the uterus or ovaries are displaced, the broad ligaments are also displaced and the circulation through the parts necessarily interfered with. Adjustment is the key note of osteopathic treatment and without it the treatment is not scientific, is not specific and should be called by some name other than osteopathic treatment. Adjustment is secured by manipulation and to do this with the best success, a thorough understanding of the anatomy of the parts is absolutely necessary. I usually combine adjustment with stretching of the adhesive bands. This is best accomplished with the patient in the Sims' position, the uterus being steadied with the internal finger, while with the external hand the uterus and other parts are gently moved. If the uterus is in retro-dis-

placement, it is moved forward, this being the most common displacement in cases of adhesions.

The OBJECT of the treatment is to replace the organs, stretch the adhesions and to restore normal movement. The theory of the treatment is the same as that for osseous lesions, that is the restoration of function (movement). The idea that all bony lesions consist of displacement and all that is necessary to do is to get them back into place is being rapidly displaced by the idea that in most instances there is a deposit in and around the joint that interferes with the function of the joint. While there may be in all cases some slight displacement, yet the inflammatory deposits cause the disturbance of function of the joint, that is the restricted movement. In my treatment of bony lesions, I endeavor to restore movement of the joint, this being accomplished partly by restoring normal relations and partly by repeated passive movement. The more the parts are moved up to the point of irritation, the faster and better the absorption of the exudates. Applying this principle to the treatment of pelvic peritoneal adhesions one can see that the treatment should consist of adjustment, stretching of the adhesive bands up to the point of irritation, and the securing of movement of the affected parts. All of these can be secured by the bi-manual manipulation of the pelvic organs with the patient in the latero-prone or Sims posture.

This treatment is similar to that employed by the Swedish masseurs except that they treat oftener, longer at a sitting and do not take into consideration adjustment of either the viscera or bones. Schultz, Ziegenspeck, Brandt and others make wonderful claims for their method of treatment of perimetritis which consists essentially of prolonged and oft repeated pelvic massage. They treat daily and about an hour at a sitting.

The LENGTH of our treatment varies with the case. If there is much inflammation, the treatment should last but a few minutes and should not be repeated until the effects wear off, which may take a week. If treatments are given too frequently, irritation will be the result. If the patient complains of more pelvic tenderness the next day after being treated, it is indicative of irritation from too hard or too frequent treatment. If on the contrary, the tenderness is not increased by the treatment, it may be repeated daily with longer sittings, so long as the inflammation is not made worse by the treatment. Most chronic cases will do best under two or three treatments per week.

The DANGERS connected with the treatment arise from improper diagnosis and the use of too much force, or rather the awkward use of



force. If there is a pus tube, marked perimetritis of an acute character, an ovarian abscess or an appendicular abscess, much harm may result from promiscuous manipulation of the pelvic organs. The abrupt and extensive breaking of the adhesions will only increase the amount of inflammation. This is characterized by increased tenderness. If there is an abscess of any of the pelvic organs, it may be ruptured by careless manipulation and the infection spread, this resulting in a diffuse peritonitis, something that nature is attempting to prevent by walling off the affected area.

I want to especially emphasize the benefits that may be derived from intelligently applied local treatment in inflammatory (chronic) disorders of the pelvic organs and in the treatment of peritoneal adhesions of these parts. Some osteopaths claim that the longer they are in the practice the fewer the local treatments they give. I must confess that the opposite has been my experience. I admit that cases can be cured without, but claim that those cases can be cured the quicker by applying the proper local treatment along with the spinal. If the pelvic organs are out of place, it is necessary to replace them to get the best and quickest results. If they are held out of place by adhesions, these adhesions must be absorbed or broken before replacement is possible. This requires local treatment. Restore normal movement of the uterus and ovaries; see to it that they are in their normal position, and when this is accomplished the circulation will be improved. Repeated attempts at replacement and the securing of normal movement will better the circulation and as this takes place, the deposits are proportionately absorbed.

## Associations.

### SACRAMENTO VALLEY OSTEOPATHS ORGANIZE.

At a recent meeting held in Sacramento, Calif., there was completed the organization of the Sacramento Valley Osteopathic Society with members in numerous cities of the Sacramento Valley. The purpose of the society will be the advancement of osteopathy and the mutual improvement of its members, professionally. The following are the officers: President, Dr. H. F. Miles; vice-president, Dr. Carrie H. Slater; secretary, Dr. L. R. Daniels; treasurer, Dr. Edna C. Daniels. Trustees: Drs. C. A. Haines, W. Albert Willi and W. D. Slater. The society bids fair to enjoy a rapid growth and a successful future.

L. R. DANIELS, D. O.,  
Secretary.

21 Ochsner Bldg., Sacramento, Calif.

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### UTAH OSTEOPATHIC ASSOCIATION.

The annual meeting of the Utah State Osteopathic Association was held on March 23rd, and officers were elected as follows: President, Dr. M. McDowell; vice-president, Dr. E. S. Beers; secretary, Dr. Grace Stratton; treasurer, Dr. J. C. Woodmansee.

Felicitations were in order on the action of the legislature in recognizing osteopathy as a school in medicine, which was secured through the hearty co-operation of the entire membership of the association.

Committees were appointed to revise the constitution and pass upon applications for membership.

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### SOUTH EASTERN IOWA OSTEOPATHIC ASSOCIATION.

The Southeastern Iowa Osteopathic Association met at Oskaloosa, Iowa, Thursday, April 4, 1907, when the following program was given:

FORENOON SESSION:—Invocation, Rev. E. W. F. Holler; Address of Welcome, Judge L. C. Blanchard; Response, Dr. Maddox, Fairfield, Iowa; Paper—The Liver, Dr. Elizabeth Thompson, Ottumwa, Iowa. General Discussion. Demonstration—Atlas Lesions, Dr. Guy C. Trimble, Montezuma, Iowa. General Discussion.

AFTERNOON SESSION)—1:30—Business. 2:00—Upper Dorsal, Dr. J. S. Baughman, Burlington, Iowa. General Discussion. Clinics, Dr. Geo. Laughlin, Kirksville, Mo. Paper—Constipation, Dr. Barker, What Cheer, Iowa. General Discussion. Demonstration—Lumbar, Dr. J. R. Bullard, Marshalltown, Iowa. General Discussion. Pelvic Clinic, Dr. U. M. Hiblets, Grinnell, Iowa. General Discussion.

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### ONTARIO OSTEOPATHIC ASSOCIATION.

The Sixth Semi-annual meeting of the Ontario Osteopathic Association was held Monday, April 1, 1907, at the King Edward Hotel, Guelph, Ontario.

MORNING SESSION:—Reading of Minutes, Reports of Committees, President's Address—Dr. Robt. B. Henderson, Toronto. Applications for membership: Dr. Gossman, Stratford; Dr. Wenig, Hamilton; Dr. Bell, Bradford. Appointment of delegates to the A. O. A.: Dr. Jaquith of Toronto. Business. Clinics: Drs. Gossman, Endocarditis; McRae, Atrophy of Shoulder Muscles; and Heist, Epilepsy.

AFTERNOON SESSION:—Clinical demonstration with models: Dr. F. P. Millard Toronto. The models used were made by Dr. Millard and are the result of the research work which he has been carrying on for some time. The demonstration was much



enjoyed by all present. Special Treatments—Dr. J. N. McRae, Galt, Ontario. Whooping Cough—Dr. L. M. Heist, Berlin, Ontario. Round Table—"Education of the Laity"—Discussion led by Drs. Bach and Lewis. Case Reports.

There was a good attendance and much enthusiasm was manifested. The association continues to increase in numbers and in strength. It is expected that within a year the Province of Ontario will have an osteopathic law second to none in any state in the U. S. The Ontario Osteopathic Association hopes to see the 1909 A. O. A. convention held in Toronto, Ontario. Toronto offers many attractions besides being well suited for convention purposes. The O. O. A. would be delighted to entertain their U. S. brethren.

ROBT. B. HENDERSON, D. O., Pres.  
EDGAR D. HEIST, D. O., Sec'y.

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#### INDIANA OSTEOPATHIC SOCIETY MEETS MAY 15.

Program for Semi-Annual Meeting of the Indiana Osteopathic Society to be held at Denison Hotel, Indianapolis, Indiana, May 15th, 1907, is as follows:

- 10 a. m. Remarks by the President, Dr. J. F. Spaunhurst, Indianapolis.  
Business; unfinished and new.
- 10:30. Terse report on Sciatica and Constipation, by Dr. O. E. Smith, Indianapolis.
- 10:45. General discussion.
- 11:00. Epilepsy and Retroversion of Uterus, demonstrating treatment of latter, by Dr. T. P. Huffman, LaFayette.
- 11:15. General discussion.
- 11:30. Pott's Disease and Apoplexy, by Dr. Cora G. Parmelee, Attica.
- 11:45. General discussion.
- 12:00. Mid-day lunch.
- 1:30 p. m. Typhoid Fever and Intercostal Neuralgia by Dr. C. V. Fulham, Frankfort.
- 1:45. General discussion.
- 2:00. Hay Fever and Fibroid Tumor, by Dr. Lorena M. Schrock, Bedford.
- 2:15. General discussion.
- 2:30. Technique of Treatment of Uterine Displacements, illustrated, by Dr. M. E. Clark, Indianapolis.
- 6:00. Adjournment till 8 p. m.

DR. EMMA B. NUGENT,  
DR. E. L. MANATT, (deceased) Program  
DR. FRANCIS TURFLER, Committee.  
DR. F. H. SMITH,  
DR. KATE WILLIAMS.

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#### LETTER FROM PRESIDENT OF M. O. A.

Something doing in Missouri this year. Practice has been good, field better educated and practitioners generally are feeling good.

After a hard winter's work and with our minds filled with new experiences, we are going to Kirksville for the Friday and Saturday May 24th and 25th, Tri-State Convention. Its Missouri's annual affair with our accustomed invitation for Illinois

and Iowa to be our guests. Hundreds from states other than our home state have been writing that they are coming to renew friendship and make new friends as well as get a few days recreation.

You missed something if you were not present last year—you will miss even more this year if you are absent, so make arrangements now to come. You undoubtedly are welcome from whatever school or state.

In Missouri the lime light of scrutiny falls upon each individual, and he must make good, but, as a profession, we are likened to a chain; we are no stronger than our weakest link, so it is our business and your business to keep posted on the advances and abreast of the times.

It is a matter of great importance, even more than you may think, that you keep up your membership and interest in your state organization. Unless you were deprived of the legal recognition we now enjoy, you could not understand some of the good features of organization, as do some of our pioneer brethren in places having a far different status.

As Promoter Bunting has said, "It is for us to do or die" as an independent system of healing, and as President of the M. O. A., I expect every D. O. in the state to keep on doing something in the way of advancement and to "show us" at our next meeting, how all of us can do the same. Bring out the new!

#### ORGANIZATION AND WHY.

Remember always we are by the very procedure of our system an antagonist of drugs and drug therapy doctors. To expect opposition as a whole to lie down with us in peaceful slumbers, though we may be right, while by our work we are striking at the very foundation of their superstructures, is unreasonable.

Too, our education of the public is antagonistic to the old systems, which surely means a lessening of bread and butter making for old line doctors. I need not, therefore, remind you that we are in a field always of opposition by nature of our premises, hence we should be on the alert for some new move from them and the best way to be prepared is organization. In our daily labors when everything is moving smoothly, naturally serenity and contentment abound and breed laziness of a kind, while we are reposing comfortably under an existing good law. But from the foregoing, do you not see the necessity for us all to stand together as a unit, even in times of peace.

#### SUPPLY OF CONFIDENCE.

We are not all A. T. Stills, whom the Lord has blessed with the especial endowment of an impregnable hide over his consciousness of right, that he could stand the sneers and jeers of a scoffing multitude and still go on and do good, develop, and enlarge upon an idea until within his own span of years he saw that idea put into force for the relief of a suffering humanity, throughout the civilized world; but we are his co-workers and to us he has said "Go and do likewise." Association of "like thinkers" is a wonderful thing as a fixer of confidence. Pioneer workers need and strive for companionship, so should we, in this struggle for right living and right thinking for ourselves and humanity.

We are not only doctors but teachers as well, therefore, we must be up-to-date and progressive, and by commingling of thoughts and actions we will be enabled to select the best ideas from the clearest and most profound thinkers, and this we will do WE SHALL EXPECT YOU THERE.

Fraternally yours,

DR. HOMER EDWARD BAILEY,  
President M. O. A.



## LEGISLATIVE REVIEW

The past month has brought forth several surprises, some disappointments. The place where the osteopaths seem to be fareing best, not in present accomplishments, but in prospects, is Ontario. The advices from there state that the osteopathic bill will not pass this year, but will next year, as the medical council are in favor of it. The principal point of this bill is the appointment of five osteopaths out of a total of seventeen members of the medical council and all examinations in subjects appertaining especially to the osteopathic method of treatment are to be given before these five members, or members selected by them. The successors to these five osteopathic members are to be chosen by the Ontario Society. The qualifications for practice prior to 1910 are, a three years course in an osteopathic college recognized by the five osteopathic members of the medical council and examination in the subjects taught. In case the osteopath desires to practice surgery, by giving evidence of having taken a year's surgical work in an osteopathic college in addition to his three years, and passing the surgical examination prescribed by the medical council, he will be granted the right to practice surgery in all forms. The bill provides for licenses for osteopaths in active practice in Ontario at the time of passage and apparently gives the osteopathic members the right to waive the examination if the candidate comes from a recognized osteopathic college and with proper qualifications, prior to 1910.

In New York, the fire of letters and articles has been kept up. One of the most striking was a half page illustration in the Sunday World of March 24th in which the osteopaths were represented as a defenseless David armed only with a sling and pebble going out to meet the tri-headed Goliath;—allopath, homeopath and eclectic. An article under this head was closed by a summary of the states passing osteopathic laws and the statement that fifty million out of eighty million people of the United States were in these states, which give osteopaths legal right to practice. The medical Unity bill was held up by the osteopaths' determined efforts, and its supporters finding they could not pass the bill without providing for the osteopaths put in an amendment as follows:

"Where the application be for a license to practice osteopathy, the applicant shall produce evidence that he has studied osteopathy not less than three years including three satisfactory courses of not less than nine months each in three different calendar years in a college of osteopathy maintaining at the time a standard satisfactory to the regents. After nineteen hundred and ten the applicant for a license to practice under this act shall produce evidence that he has studied not less than four years including four satisfactory courses of not less than seven months each in four different calendar years in a college maintaining at the time a standard satisfactory to the regents."

This bill leaves the osteopaths in a somewhat anomalous state, the bill especially stating that medicine includes all kind of practices except in religious tenets of a church, and mentions no school of medicine which may be separately recognized, except in this section which mentions osteopathy as such. As to the rights of the osteopaths, another section was put in, providing for the holders of license to use the degree D. O., and have the same rights as other physicians excepting the practice of surgery and the use of drugs. This act provides for the licensing without examination of the osteopaths present in the state of New York at the time of the passage of this bill and who have had a course of at least two years. Others desiring to practice must have a three year course and must pass an examination in anatomy, physiol-

ogy, hygiene, sanitation, chemistry, surgery, obstetrics, gynaecology, pathology including bacteriology, and diagnosis, the same examination being given for all candidates. After 1910, the four year requirement comes into effect. The New York papers are apparently nearly a unit in favor of taking care of the osteopaths in this bill. The bill passed the assembly the 10th of this month with but one dissenting vote and is expecting to have passed the senate by this time.

The New Jersey osteopaths are offended at the account of the New Jersey legislation given in the March Journal. We will say that when unable to secure news from osteopathic sources, we were compelled to resort to clipping bureaus, hence our statements of last month. The following letter explains the New Jersey situation.

DR. R. E. HAMILTON,

Kirkville, Mo

DEAR DOCTOR:—New Jersey Legislature adjourned April 13th to reconvene for final adjournment, June 18th. No bills not passed at this time are to be considered at the final session so there will be nothing further done with any of the five osteopathic bills that were introduced at this session. No osteopathic or medical legislation went through.

Osteopaths introduced a bill in each house and the medics asked for hearings and conferences, trying to delay our bills and then they put in bills to counteract our bills.

The fight was continuous through the whole session. Our forces were ably led by Drs. Fleck, Carlisle and McElhaney and nearly every osteopath in the state stood loyally by the leaders from the beginning to the end and there never was a time when there was any chance of a compromise or a giving way of rights.

Most of the Assembly was composed of new members and many of the Senators were serving their first term so we were handicapped and the medical people are well organized and fought us with all their strength.

There was a notable change from former fights in that the representatives of the opposition were very friendly to us and largely refrained from their former tactics of acrimonious abuse.

As it stands, we gained much, for we met every issue fairly and always stood for the rights of osteopathy and at all times refused to concede to placing osteopathy under the supervision of its enemies.

Our people proved that they were always ready to remove the lesion and did so at every opportunity.

For standing together and fighting for the good of osteopathy, as they did this year, the osteopaths of New Jersey have everything to feel good over and deserve the commendation of all the friends as well as the enemies of the profession.

Sincerely yours,

WALTER J. NOVINGER.

In Pennsylvania, the Wickersham bill, proposed by the osteopaths, passed the House 122 to 12. It will be up in the Senate for consideration this week and the chances are about even, or perhaps in favor of the bill passing.

Since the above was set up, we have received advices that the Senate on April 17 passed finally the House bill legalizing osteopathy and providing for the licensing of osteopaths. If the Governor signs this bill, the following decision will be nullified:



## OSTEOPATHS NOT EXPERTS

Philadelphia, April 17.—Judge Magill decided in the common pleas court here to-day that osteopaths could not qualify as medical experts in damage suits because they were not recognized by the state medical laws. He held they might testify or point out from their knowledge of anatomy defects in injured persons. The decision was rendered in the case of a man who is suing a property owner for injuries alleged to have been received in falling down a hatchway.

In North Carolina the osteopaths think The Journal was a little bit inaccurate in saying they got their bill without a fight. We did not intend to belittle their efforts, but took our information from their own letters and judged from the apparent ease with which they got their bill, that there was not much opposition. Dr. Glascock, president of the State Society writes that the board appointed by the governor is as follows: Dr. A. R. Tucker of Durham, five years; Dr. H. W. Glascock of Raleigh, four years; Dr. W. B. Meacham of Asheville, three years; Dr. A. H. Zealy of Goldsboro, two years; Dr. H. F. Ray of Charlotte, one year. Dr. Meacham is president, Dr. Tucker, secretary; Dr. Ray, treasurer. The board will meet in May and grant certificates to all the osteopaths that were in the state at the time the law passed. The first examination will be held in Raleigh in the month of July, 1907. Dr. Glascock further states that he has appointed Dr. A. R. Tucker as delegate to represent North Carolina at the A. O. A. meeting. A perusal of the law shows that the requirements are three terms of nine months each and an examination in anatomy, physiology, physiological chemistry, toxicology, osteopathic pathology, bacteriology, osteopathic diagnosis, hygiene, osteopathic obstetrics and gynaecology, minor surgery, principles and practice of osteopathy and such other subjects as the board may require, or the board may give certificate without examination if the applicant has a certificate from a state in which the requirements are equivalent, or if the applicant be a graduate of a reputable school of osteopathy and in practice for five years. The fee for license is \$25.00 whether for examination or reciprocity.

A side light on the West Virginia situation is the following clipping from the Journal of the American Medical Association:

## "WEST VIRGINIA OSTEOPATHIC BILL NOT PASSED."

"It is a pleasure to correct the statement made in last week's issue of The Journal that the bill passed by the West Virginia Legislature was the bill introduced by the osteopaths, similar to the one introduced in so many states. Dr. Wm. W. Golden, president of the West Virginia State Medical Association, writes that the bill adopted in that state was a substitute bill, which was passed through the efforts of the state association. The bill adopted requires osteopaths to pass an examination before the regular board of examiners, which, in West Virginia, is the State Board of Health. The examination is the same as that given to physicians, except in practice and treatment, on which subjects provision is made for the board to call in an osteopath as an assistant in the examination. This is a much safer law than the one first introduced. In this connection, attention is called to the summary of osteopathic legislation for 1907, which will be found in the department of Medical Economics in this issue. The danger to the public in adoption of these bills, which are being persistently pushed by the osteopaths, is self-evident. State societies, and especially committees on medical education, should be alive to the situation and should use every means in their power to defeat these bills."

Since the above was written we have received from Dr. Ure of Charleston, a copy of the amendment inserted by the M. D's. above referred to. It provides that all practitioners of medicine of whatever school, are to be examined by the medical board and that the board may call in to their assistance a representative of that school which is unrepresented to assist in examination. The homeopaths, eclectic and osteopaths are included in these other schools of medicine. The requirements for taking the examination do not mention anything that prohibits the ordinary osteopath from taking the examination, so far as we can ascertain. A further provision of the bill is:

"That this act shall not apply to osteopathic physicians practicing in the state at the time this act takes effect who are graduates of any recognized, reputable, school of osteopathy."

In answer to the statement of the M. D's. that osteopaths were incompetent to treat contagious diseases, Dr. W. J. Seaman wrote a very clever little pamphlet entitled "Bacteriology in the Light of Osteopathy," which pamphlet he distributed to the members of the legislature with beneficial effect.

In Illinois there have been several bills introduced which are somnolent in committee. Two of these, one in the House and one in the Senate are evidently issued by out and out osteopaths for osteopathic purposes, and provide for a separate osteopathic examining board. The other is a bill which tries to straddle osteopathy and drug-opathy by including in the examination required of those desiring to practice osteopathy, an examination on osteopathic therapeutics and comparative medicine when the applicant is a graduate of a recognized medical college where such subjects form a part of the curriculum. These examinations shall be given by the member of the board belonging to the school which teaches the respective subjects; the requirements for osteopaths to be four years of nine months work as against four years of thirty weeks for the M. D's.; graduates of osteopathic colleges in Illinois to be examined to practice as physicians and surgeons and after passing such examination to have full rights as physicians and surgeons. Those being authorized to practice other systems cannot use medicines internally or externally or perform surgical operations. The editor of the Journal does not see where this benefits the rank and file of osteopaths. It is good for those who are graduates of osteopathic colleges in good standing and located in the State of Illinois, but it seems to us that that is about all. The legislature is in a very mixed condition at present and no definite statement of the situation can be made.

In Iowa the osteopaths thought that they had a good board, as good as in Wisconsin and other states for a composite board, but the one osteopathic member to be appointed was pigeon-holed while seven appointments had been made, all of them being M. D's., Consequently, the osteopaths bestirred themselves for a new law. This provides for an independent osteopathic board, the examinations are to be in anatomy, physiology, physiological chemistry, toxicology, pathology, osteopathic diagnosis, hygiene, obstetrics, gynaecology, minor surgery and principles and practice of osteopathy and such other subjects as the board may require. The bill provides for the licensing of itinerant osteopaths under a fee of \$250. It passed the House, April 4th and has good chance of becoming a law, as it is apparently supported by powerful interests.

By some log rolling, the bill was crushed in the "sifting" committee, so did not reach the floor although a majority of votes had been promised. Several different reasons have been assigned to account for the future, but we do not care to discuss them.



In Nebraska, some of the strings in the legislative machine were not looked after and the bill failed to appear according to program.

The Idaho law was summarized before. The Board appointed is as follows: Drs. H. D. Morris, Boise; E. G. Houseman, Nampa; J. C. Edwards, Wallace; W. M. Hatfield, Moscow; G. Y. Schmelzel, St. Anthony. We are not informed of the offices of the board.

The most amusing feature of the legislative outlook this month is the threatened action of an Ohio District Attorney to bring suit against a county medical association under the Anti-trust law. This association has formed an agreement to raise their fees. We wonder if it would not be a good idea for several other district attorneys to bring similar suits against different medical associations who have conspired to prevent competition of the osteopaths in their endeavors, even advocating laws grossly unconstitutional.

F. F.

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The prize article, "Cause and Effect—Osteopathy," published in the March Journal of Osteopathy we have since learned was submitted by Dr. Theodore Paul of Tarkio, Mo. To those who file the Journals we would suggest that Dr. Paul's name be written under the heading of the article mentioned in said Journal.

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Are you going to be present at the tri-state convention at Kirksville, Mo., on Friday and Saturday, May 24 and 25. President Bailey of Missouri Osteopathic Association and his lieutenants have arranged a program which promises to excel all previous efforts. This convention is open to osteopaths of all states and we hope to see a larger attendance than ever before. Come and get some food for thought and at the same time be strengthened by visiting the home of osteopathy.

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Two good books just out are the new text-book of Psychiatry, by Dr. Mendel of Berlin and translated by Dr. Krauss of Buffalo, and the new book on Practice by Dr. Edwards of Northwestern University. The first is just the size for the busy practitioner who wants to look up a case or who wants to find out the meaning of Dr. Wiley's long words in the Thaw trial. It is published by F. A. Davis, Philadelphia, and sells at \$2.00 net. The Practice is extra good on diagnosis and classifications. It is published by Lea Bros.

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The book by Byron Robinson which was partly destroyed by fire has been on the market for some time and is certainly real osteopathic literature, as all perfect anatomy and physiology must be. Words cannot express what we owe Robinson for his masterly work on the sympathetic system in this work (The Abdominal and Pelvic Brains). Like osteopathy, Robinson's new revelations and anti-Galenical theories have been abused by the medical profession until at last the foreign authors began quoting him and now all up-to-date anatomies mention him, even in his home country. It is really the first comprehensive anatomy of the sympathetic system ever written and is ages ahead of the old texts. One's knowledge of the sympathetic system is very meager if one depends solely on the school texts.



## PERSONALS.

Drs. Dunbar and Atherton of Pittsburg, Pa., have dissolved partnership. Dr. Atherton will remain in Pittsburg. Dr. Dunbar is located in the New Trust Bldg., Rochester, Pa.

In the March issue of the Journal we announced the removal of Dr. Josephine Printy from Pawnee, City Okla., and Dr. Sylvia Printy of Sturgis, S. Dak., to St. Joseph, Mo. Dr. Josephine Printy has made the change as announced, but Dr. Sylvia Printy has concluded to remain at Sturgis, S. Dak.

Dr. Thomas L. Sharon of Davenport, Iowa, spent a couple of weeks in Kirksville recently renewing old acquaintances and visiting his alma mater. The doctor is a 1900 graduate.

Dr. M. M. Coleman of Dorchester, Neb., was a recent visitor at the A. S. O. Drs. R. H. Coke of Louisville, Ky., Emma C. Crossland of Quincy, Ill., J. Scobee of Monroe City, Mo., Ford D. Finch of Bloomfield, Nebr., Minnie Potter of Memphis, Mo., and Fannie S. Parks of Macon, Mo., also visited the A. S. O. during the month.

Dr. Rose E. Thomas of 524 Minnesota Ave., Kansas City, Kansas, is spending a few weeks at the home of her parents, Mr. and Mrs. John Thomas, Columbus, I. T.

Dr. Mary Wheeler Walker of New Bedford, Mass., left April 3rd for an extended trip through the west. She expects to be gone about three months and will visit Seattle, San Francisco, Salt Lake City, Denver and other places of interest.

Dr. P. T. Corbin of Tecumseh, Neb., is spending a few days at the A. S. O. renewing old acquaintances.

Dr. P. V. Aaronson of Hanford, Calif., has purchased the practice of Dr. H. M. Fraizer of Fresno, Calif., and will practice three days a week at Fresno, 150 Forsyth Bldg., and three days at Hanford, his present location.

Dr. H. L. Chiles of Auburn, N. Y., and Dr. J. T. Drake, of Oneida, N. Y., have formed a partnership for the practice of osteopathy in Auburn. Dr. Drake will spend a portion of his time in Oneida.

Dr. A. E. Freeman of Cairo, Ill., who since Dec. 1st last has been traveling with the noted actor, Richard Mansfield, as his private physician, is at present at the A. S. O. hospital. Mr. Mansfield and Dr. Freeman both suddenly became ill while in New York City, the former being compelled to abandon his tour. Dr. Freeman will soon leave the hospital and will go to Galesburg, Ill., where he will spend several weeks with friends before returning to his practice in Cairo.

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## MARRIED.

Married—At the home of the bride's mother, Kirksville, Mo., Dr. J. H. Kibler of Staunton, Va., and Miss Lenna Langford. Dr. and Mrs. Kibler left for Staunton, Va., where the doctor is practicing.

Married—Wednesday, March 27th, 1907, Dr. Charles Lester Black of Johnstown, Pa., and Miss Nelle Alice Stahl, daughter of Judge and Mrs. S. F. Stahl, South Franklin St., Kirksville, Mo. The wedding took place at the home of the bride's parents, there being about eighty present. Dr. and Mrs. Black left for Chillicothe, Ohio, to visit the doctor's parents, and from there went to Johnstown, Pa., where they are at home since April 15th.

Married—Thursday, April 4th, 1907, at Grand Junction, Colo., Dr. Riley D. Moore, formerly of Cherokee, Mo., and Dr. Nora E. Haviland of Grand Junction. Dr. Moore is an A. S. O. graduate of Jan., '07 and Dr. Haviland, an A. S. O. graduate of June, '06. The Drs. Moore will practice in Grand Junction.