

# **The Journal of Osteopathy**

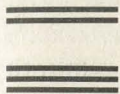
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THE



# JOURNAL OF OSTEOPATHY

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## CLIMATIC CONDITIONS OF NEW MEXICO AND OSTEO- PATHIC TREATMENT FOR TUBERCULOSIS.

C. H. CONNER M. D., D. O., ALBUQUERQUE, N. M.

TUBERCULOSIS is the most widely spread and general disease afflicting mankind. It prevails in all countries but more in large cities and where the population is massed together.

The greatest prevalence of tuberculosis is found where the residents are confined and restricted in the matter of fresh air and a free, open life; conditions which would favor, on the one hand, the presence of bacilli in the atmosphere and on the other, lower the vital resistance of the individual.

The etiology of this disease has a wide range of different opinions: hereditary transmissions, modes of living, climate, the bacillus tuberculosis, infection through the air, milk, meat and other articles of food and lastly, traumatism and constitutional peculiarities which I wish to discuss from an osteopathic standpoint. Since the announcement by Robt. Koch of Berlin, in 1882 of the specific causative factor of tuberculosis (the so-called bacillus of tuberculosis), practically nothing has been accomplished in either limiting or preventing the spread of this great malady. Numberless remedies and alleged specifics have been heralded to the world from time to time, such as the different concoctions of cod liver oil, creosote and the various poisonous preparations known as serums. Each has had its brief day of trial and failure so that at the present moment it can be affirmed with great certainty that we stand practically as powerless to deal *successfully*, in a medical way at least, with tuberculosis as did the fathers of medicine centuries ago. That the so-called "bug theory" plays its role in the etiology no one questions, but that it is the primary cause we have every reason to doubt. We are gradually getting away from the laboratory and drawing closer to nature for a solution of this problem. The inhalation of germs is as common as our walks in life but life of the bacillus is like that of the maggot, it must depend upon dead matter, heat and moisture for its life and development; without this suitable soil its growth is as the seeds sown on the sands of the desert.

The lowered vitality of localized lung cells is the primary step in all cases of tuberculosis. The causes are many, the most important being anatomical lesions affecting the normal amount of nerve and blood supply to the lungs. These are in the form of obstructions to nerve centers in the spine from luxa-

tions of the vertebræ from the seventh cervical to third dorsal; also contractions of the deep layers of muscles along the spine in the same area, and obstructions to the pneumogastric anywhere in its course, it giving to the lungs its motor, dilator and constrictor fibers. It is also important to note the obstruction to the cervical and dorsal sympathetic ganglia. Upon numerous occasions I have found subluxated ribs, anywhere from the first to the seventh, the exciting cause of tuberculosis. Peculiar development of the chest is also found in the narrow antero-posterior diameter or a dropping down of the anterior angles of the ribs together with the sternum.

An important part in the etiology of tuberculosis is played by traumatism. Surgeons have for years laid great stress upon this association. Bacteriological experiments indicate that in tissues that have been injured, organisms which would in health have been readily and rapidly destroyed by the action of the normal juices or cells, under these altered circumstances grow rapidly and develop. Hence it is that the osteopath by his work upon the cause of this disease, removing the above anatomical obstructions and building up the lung tissues through the action of nature's own remedy, viz: nerve and blood supply, fortifies nature against the ravages of the disease.

It has been stated by some writers that tuberculosis can be successfully treated in any climate. All experience, I believe, is against such a conclusion. It has been demonstrated beyond question that various sections of the United States possess climatic characteristics which are peculiarly adapted to the successful management of this disease. The so-called arid regions of the great southwest which comprise portions of Colorado, all of New Mexico and Arizona, together with that part of western Texas known as the llano estacado, or staked plain, may be included in this favored section. This vast, salubrious section of country which is sometimes sneeringly called "the land of sand, sage brush and cacti," possesses in an almost unlimited degree this very element which observation and experience have proven to be of the utmost value in the treatment of tuberculosis. Where medicines have failed the elements are succeeding. A pure atmosphere containing an abundance of oxygen, ozone and electricity in conjunction with a large amount of sunshine, together with osteopathic treatment, is today fulfilling in a most satisfactory manner the mission heretofore mapped out for drugs. The importance of climate as a factor in the treatment of tuberculosis is daily manifesting more and more its value. Physicians are informing themselves more widely upon this vital question and the experiences gained by observing consumptives living under such ideal climatic conditions as exist in New Mexico and other parts of the great southwest are being looked upon with more interest and kindly consideration than has heretofore been granted them. The southwest section of the United States is studded all over with tubercular patients who came to this section years ago, some of them as long as twenty-five years ago. They are today and have been for many years healthy citizens, have married, reared children, and are to all appearances absolutely free from tubercular diseases.

Such a thing as infection with the tubercular bacillus through the medium of the atmosphere is absolutely unknown in New Mexico. The fact that in this atmosphere dead and discarded animal and vegetable substances undergo desiccation rather than decomposition explains in a manner the curative effect of the climate upon pulmonary tuberculosis. The native people of New Mexico are singularly free from tuberculosis. New Mexico is essentially a land of sunshine and blue skies where we have a dry and bracing atmosphere with no extreme of heat or cold and a climate which for the most part admits of an existence out of doors almost all the year 'round; the winters here are mild, summers cool, nights never warm, sunshine ceaseless, air dry and aseptic, very little rain, great altitude, no malaria, an abundance of electricity, making the matchless climate of the world. It is not given to the earth to claim perfection, but New Mexico comes as near perfection in climate for the treatment of tuberculosis as the world can produce. The drinking of its pure, dry, electrified air is like taking in elixir. The walking on its elevated soil where 7,000 pounds of air pressure have been removed from the ordinary human being is like treading a new earth.

But the strongest proof that central New Mexico is superior to all other sections in the United States, at least for the climatic treatment of consumption has been given by no less an authority than the United States government itself in establishing through presidential order a Marine Hospital Corps and fitting up a sanitarium for consumptives in the Marine service at Ft. Stanton, N. M., and also a general hospital at Ft. Bayard.

Albuquerque, the county seat of Bernalillo county, is the largest city in the territory and the commercial center of the territory and the northern half of Arizona. Many eastern people imagine that in coming "away out to New Mexico" they put themselves entirely beyond the pale of civilization and for the benefit of such it may be said that they will find Albuquerque fully abreast with any eastern city of double its population.

Dr. Francis Crosson, an eminent physician of many year's study and experience along the lines of tuberculosis in New Mexico, says:

"Medical science has never been able to master it or to discover medical appliances or remedies that will cure it when once it has a firm hold upon its victims. The greatest minds of the profession have devoted their lives to its study, searching for remedies without avail and all agree that nature's remedy is the best and only cure."

*Summarizing:* The treatment resolves itself into the following:

- A.—Climatic,
- B.—Hygienic,
- C.—Dietetic,
- D.—Osteopathic.

*The climate:* An equable temperature, not subject to rapid changes; ceaseless sunshine, dry aseptic air, little rain, making it possible for the patient to live out of doors the year around.

*Diet:* Much depends upon the digestion of the patient. In cases of persistent gastric trouble, prognosis is unfavorable. Osler says:

"Not infrequently the sweet syrups used in the cough mixtures, cod liver oil, creosote and hypophosphites produce irritations and by interfering with digestion do more harm than good."

The diet should be of the most nourishing character suitable to each individual. It is an impossibility to outline any one diet. It is remarkable how some patient's appetites improve upon the fresh air treatment.

*Hygiene:* Bathing, moderate exercise in the open air and warm sunshine. Only on blustering damp days should the patient be permitted to remain in doors. The life of the ancient tent-dweller is ideal. Trudeau in his experiments shows that in the inoculated rabbit confined in dark, damp places rapidly succumbs while others allowed to run wild either recover or show slight lesions. The social environments and surroundings should be the most pleasant obtainable.

*Osteopathic:* The osteopathic manipulation should be directed, first, to the removal of any anatomical lesions found. Raising the ribs develops the chest capacity. General stimulation of the nerve and blood supply removes the bad influence exerted upon the nutrition of the lungs and increases their physiological resistance, rendering the lungs less susceptible to invasion.

### HOW LONG WILL OSTEOPATHY LIVE?

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In this life all things are limited. Matter with all of its phases must obey the law of nature and at some fixed time enter the realm of non-existence. The sky, sun, moon and stars must some day fade. Man, after performing the function of his creation, must cease to be. The human mind is restless of change. So, when we hear of a new invention or a new discovery we are inclined to fix the day of its funeral. Osteopathy is no exception to this rule. Therefore we often hear the question, how long will osteopathy live? This question is often asked by those who endorse it, and by those who, from want of knowledge have not accepted its claims. In order that we may give a definite answer to the question we must answer two other questions, viz: does the human race need osteopathy, and if so can it minister to the needs of the race? If the race needs it, it will live as long as the benefits it possesses can be applied to the demands of the race. We shall examine the first question; does the race need it? There is no doubt that "man who is born of woman is of few days and full of trouble," and that he is subject to disease and death. Since the race of man has had a history, there have been means to alleviate suffering and perpetuate life. Everything that the world has known and heard of has been brought to bear upon the conditions which we term disease. The day of faith cure has gone, the old family medications

have been relegated with the things of the past. The manufacturer of patent medicine has to invest ninety per cent. of the cost of his remedies in order to get people to buy them. The better men of the medical profession have said to the world that we have had too much medication. Change of climate has to some extent gone into disrepute. Watering places have become a pleasure resort. With all of the investigations of the past, disease is as rife as it ever was in the darkest history of the ages. Dr. Chapman of Philadelphia, author of several medical books, says "that one-half of all who are born die before they reach their seventeenth year, and that the medical profession is largely responsible for this sad uncertainty of life can not be questioned." If medicines do not cure the race of its ills, but as Dr. Chapman says are responsible for this sad uncertainty of life then the race surely needs osteopathy if it can in the least be of any benefit to suffering humanity. We shall now consider the second question. Can osteopathy minister to the needs of the race? Disease can no longer be considered an entity, seeking this one for its prey and passing that one. Prof. Virchow, the great Berlin bacteriologist, has exploded the germ theory of disease, so where must we look for the cause of those conditions which we term disease? Why do we see so many new drugs upon the market? Is it because they are all so good that the more we have of a good thing the better? By no means. It is an acknowledgement that the world is not satisfied with the remedies given for the cure of disease. "Life is the sum total of the functions to resist death." Death is the subjugation of the forces of life. The fountain of life is not to be found outside of the organism. The life principle is a product of the Divine hand, and is not within the reach of the finite. All of the great chemists of all ages could not make a grain of corn. This fact is not only true of the vegetable kingdom, but also of the animal kingdom as well. All cell activity is the result of the innate vital force of the cell. This vitality depends upon the ability of the cell to respond to stimulation. Function depends upon relationship. Every muscle fibre has a special nerve from which it gets its enervation. The blood supply being under the control of the nervous system, depends upon the activity of the nervous system for its proper circulation. The activity of the nervous system depends upon anatomical relationship for its function. Therefore we conclude that as function is dependent upon anatomical relationship, the more perfect the relationship, the more perfect the function. Osteopathy can, in a large per cent of the cases restore anatomical relationship. If this be true and few will gain say the truthfulness of it, then we are ready to admit that osteopathy is beneficial to the race. Then if it be beneficial to the race, it will live as long as the race lives.

Now can we prove that disease is the result of anatomical disarrangement? As we have said above, function depends upon anatomical relationship, want of proper function produces those conditions which we term disease. Dr. S. V. Clevenger of Chicago, America's foremost neurologist, formerly pathologist to the Cook County Insane Asylum, lecturer on neurology at Harvey

Medical College, and author of standard texts, wrote in his book on "Spinal Concussions:" "These views of Hilton are capable of extension to wrenches, etc., of the vertebræ, not only disturbing the precarious circulation of the cord, but by sprains inducing more or less permanent irritation of the nerve-roots and meninges, and what seems to have been wholly lost sight of by all writers, lesions of the soft and poorly-protected spinal sympathetic communicating fibrils." If we have an unnatural condition of the spinal column, such as a compacted spine we find that the function of the organs which are supplied from the spine is impaired. If also there be a contracted or drawn condition of the muscles and ligaments as they pass over the nerves we find that the function of the organs which these nerves enervate is perverted which finally produces the condition which we call disease. Gould's Dictionary gives the definition of disease as a condition of the body marked by inharmonious action of one or more of the various organs, owing to abnormal conditions or structural change. There seems to be no doubt in the minds of the leaders of all schools that before disease attacks any organ or organs, there is first a disturbance in the distribution of blood to such organ or organs. The blood supplying mechanism is under the control of the nervous system.

That the circulation is under the control of vaso-motor nervous system no physiologist will doubt. Can it be said that all disease depends upon want of proper anatomical relationship for its cause? Yes, if it be granted that histology is microscopic anatomy; for in all diseased conditions, there is a disturbance in the fluids of life, which produces a change in histological anatomy, for as Gould says, there is want of harmony in the various organs of the body. The highest mission of the physician is not to cure the sick, but to keep the well in a state of health. No one is so well qualified for the highest ideal of the physician as the osteopath, for, he being a master human mechanic, can assist the organism to maintain that relationship so necessary to health. Dr. Austin Flint of New York regarded for a generation as the head of the medical profession in America, said: "The young physician will give more medicine in his first year's practice than he will in the next three years. He will give more in the first three years' of his practice than he will in the next ten years, and I suppose that if we were perfect doctors we would give no medicine." Dr. Osler of Jefferson Medical College says that in treating typhoid fever "a great majority of my patients do not receive a dose of medicine." But he further says that it might be safer for the young practitioner to order a mild fever mixture. If it is best for Dr. Osler with his wide experience not to give his patients medicine then why should it be better for the young practitioner to order a mild fever mixture? Because the reputation of the young practitioner is to be made by his ability to supply the demand of the patient who desires to take something.

Such as the above is teaching the world that our better men are losing faith in the ability of medicines to cure disease. *NATURA NATURIS CURANTUR* is the crucifix before which the best thought is wont to bow. Nature can best

effect a cure, when the anatomical conditions are nearest the normal. Osteopathy is forging to the front with its colors emblazoned with the inscription, "Restore the anatomical relationship and the physiological end of the organism will be best subserved." Therefore we conclude that osteopathy will live as long as it is possible for want of harmony to exist in our anatomical organism. Twenty-five hundred practitioners of osteopathy in the best cities and towns of this great country, all of whom are enjoying a good practice among the best people is the strongest proof that osteopathic treatment is the panacea for the ills of life. Do osteopaths treat disease? No, a thousand times, no. But they treat the cause of disease, by removing it, and disease, like the dew before the rising sun, spreading its wings like a "phantom of night" leaves the sufferer. How is this condition of health brought about? The osteopathic physician, believing that the forces of nature are best subserved by a normal condition of structure, proceeds with a thorough knowledge of anatomy and physiology, and by skillful manipulation restores the structure to proper relationship, and then by stimulation re-establishes the nervous vitality to the depleted organs through the nerves which supply them and health is the result, naturally.

### THE OSTEOPATHIC PROFESSION.

J. R. BULLARD, D. O., MARSHALLTOWN, IA.

ONE of the most conspicuous characteristics of our contemporary schools of medicine, is the ever increasing tendency to discover the thread which will unravel the whole category of disease; the panacea, which in the hands of those so trained, will put to flight every form of ills. The cause for this, especially in the new world, is not far to seek. The extraordinary mixing of races which has been going on in this country for more than a century has produced an enormously diversified human result, both as regards the moral and the physical make-up of the people. The product of this hybridization has been further differentiated by an environment reaching from the everglades of Florida to the ice fields of Alaska.

The existence of these conditions, and the sequelæ to the great mixing of people of various temperaments and physical conditions, and the great perversion of natural laws which must necessarily accompany the modern or even semi-modern modes of living were perceived by the students of science long ago. Thus it is that we find excuse for the vast army of people, whose untiring efforts have been to minister to suffering humanity and to keep up their end in the race for knowledge and advancement.

The mission of medicine has been, on the whole, the means of great alleviation of suffering and prolongation of human life, but of medicine in the sense of drug remedies, truly it may be said, "It is more like David than Saul, since it has slain its thousands." The progress of medicine through centuries has ever been upward; vast numbers of facts have been recorded, quantities of books have been written that abound in scientific information that is of inesti-

mable value to the physician of today, whether osteopathic or a disciple of the older schools. Many illustrious names might be mentioned in the history of medicine, beginning as far back as Hippocrates, 500 B. C., and coming on down to our beloved Dr. A. T. Still, whom our little army love and admire above all, and whose professional integrity the greatest among us would be proud to boast. So here we are—the osteopathic profession—not very great in numbers as yet, but here to stay and to increase our ranks and our usefulness; only about ten years old and with an unprecedented history as a friend to the afflicted and a foe to disease. We offer no apology for our existence. We are here as the result of scientific advancement, the needs of the afflicted, and the product of American brains.

As a profession we are required to do some specific thing that we claim to do, and do it in a manner different from other methods; viz., to prevent and to cure disease without the use of drugs. As osteopaths we claim this distinction and base our claims on the results of our practice. We modestly claim to be a profession and as such we are specialists. Not specialists on the "eye, ear, nose or throat with special attention to diseases of women," but specialists on mankind.

While osteopathy is based on nature and natural laws it does not interpret or apply natural resources and get natural results like any other method of cure, the only likeness being their aim to cure disease. Whenever we as a profession, or individually, resort to other methods, or make any alliance with methods or schools whose principles are antagonistic to osteopathy, we fail to maintain our professional integrity and indicate to the world a weakness of our profession. The future of osteopathy, its value to the world and to the members of the profession will be what we make it. Osteopathy and the world will do their part if we will do ours.

"This is the way the physicians mend or end us; but although we sneer in health—when sick we call them to attend us, without the least propensity to jeer."

These lines from Byron aptly portray the feeling of the world towards us. When called, not only our skill as physicians is demanded, but personal and professional integrity as well. The physician of any school, is by the authority vested in his profession, welcomed into the best of society and recognized as a person of learning, dignity and refinement. All these advantages and more are given us when we complete the course in our respective schools. It remains with us to maintain them. We should endeavor to make our daily life and habits as a citizen in keeping with this standard. This part of our life should be guarded as well as our professional demeanor. When any one of us fails to do this we entail the criticism and censure of the public; not alone on ourselves, but on the profession as well. With us it is somewhat different than with the old school physician. We are a new school radically different from all others. The world is not so well acquainted with our work and our methods. We are watched closer and criticised more. There is

greater necessity for our always being on our guard and ever watchful of our professional demeanor. We as a profession have obstacles to surmount that have been by that judge from whom there is practically no appeal, public opinion, overcome for the practitioners of the old school. However, osteopathy is reaching this stage with rapid strides. We are past the stage of ridicule, also that of probation. We are now in a position to hold a permanent place in the profession of healing. *This can be maintained only by practicing osteopathy*, being honest with ourselves and our patients. Osteopathy has no adjunct save integrity and good citizenship. When people come to us they do so because they want osteopathy, they do not want medicine, electricity, massage, mesmerism and such things. If they did, they would go to some one who professed to be skilled in these things. If we are to be successful as physicians and maintain the high esteem our profession now enjoys, we must be true to it. Our reputation has been made in that way and can be maintained only in that way.

### REMARKS ON CATARRHAL DEAFNESS.

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THE fundamental osteopathic principles of diagnosis and treatment, are

- a. determine the anatomical part affected, its physiological function, nerve and blood supply:

- b. remove these obstructions to nerve and blood supply. These principles apply to diseases of the ear, as they do to any other abnormal condition of the human body, and give us at once a firm foundation on which to build correct diagnosis and treatment.

To no class of sufferers has the medical profession offered so little hope as to cases of catarrhal deafness, especially to those in whom the catarrhal invasion of throat, eustachian tube and middle ear has been going on for some time.

Just what we understand by "catarrhal" had best be stated independently at this time of its cause, and very briefly. Catarrhal inflammation is synonymous with an increase both in the vascularity and in the secretion of mucous membrane lining the nose, pharynx, eustachian tube and middle ear. Otitis media may be catarrhal, but inflammations accompanied by pus discharges are not included in this definition. In addition, the infiltration of the mucous membranes, as a result of blood stasis, varies, but is always present.

The prognosis depends upon our ability to remove obstructions to the circulation of the blood, and on restoring to normal the anatomical derangement of osseous parts; also the nerves, including the vaso-motors of the mucous membranes.

We do not claim that this can be easily accomplished if organic changes are pronounced, but we do claim that the improvement, almost without exception, which follows osteopathic treatment, is sufficient justification for

accepting these cases, even when the havoc wrought by the catarrh is considerable.

As a matter of fact we cannot make a precise statement as to the time it will take to show an improvement—amounting to cure—in these cases. But let me hasten to add, that I do not know of a single instance in my own experience where a case of catarrhal deafness has not been improved by osteopathic treatment, within a reasonable length of time. So far the results have been most satisfactory. When patients call for the first time, they note and speak of the difference, in the manner of making the osteopathic diagnosis, from others to which they have been subjected. Let me say a few words as to the diagnosis. Without disregarding the fine distinctions of differential diagnosis as set forth in the text books with almost wonderful minutia; without lightly setting aside those methods which do enable us to make, in some cases, an exact diagnosis of a local condition, we are bound in all justice to say that these minute data are not necessary, insofar as *getting results* by osteopathic treatment are concerned.

It is well to determine whether the deafness is accompanied by an atrophic or hypertrophic condition of the mucous membrane; whether ankylosis of the small bones of ear, does or does not exist; whether the tympanic membrane is relaxed, contracted, thickened or drawn inward,—to do this, I grant, is to serve the highest demands of our work. To know which of these conditions exists, aids prognosis, but a lack of this knowledge does not interfere with the application of osteopathy to the treatment. This is true because the primary lesion is not localized in these structures. Such conditions are secondary, and yet these secondary effects may be of so much importance as to prevent a cure.

It is to be regretted that we do not get cases of catarrhal deafness when the first symptom is noted. This is usually tinnitus aurium, (subjective ringing in the ears) when the effects are functional and not structural. Judging from results obtained in chronic cases, to cure would now be far less problematical if these cases were placed under treatment earlier.

My object in referring to the early stages of catarrhal deafness at all, is only to remind the practitioner to strongly insist that treatment be instated at once, *urge it*; to allow the catarrhal process to take its own course, is to make the changes of cure more remote.

There are special structures to which the osteopath assigns much importance, for the reason that upon their exact adjustment depends perfect circulation of the blood and the passage of nerve impulses to the middle and inner ear. The most important of these are :

a. Disalignment of the cervical vertebræ, either the 1st, 2nd or 3rd, or alteration in the normal curve of these vertebræ, including also all the cervical vertebræ. The effect of this osseous variation is principally noted in the disturbance of the sympathetic nervous system, (superior cervical ganglia) branches of which supply the mucous membrane of nose, mouth, throat,

eustachian tube and inner ear, with their vaso-motors and vaso-constrictors, that is, with nerves controlling the blood supply of the ear.

b. Disalignment of the inferior maxillary bone at its articulations with temporal bones.

The effect of this disalignment is to disturb the action of muscles superficial to the nerve and blood supply of the ear, producing a mechanical pressure, thereby causing secondary derangement in the structures of the middle ear; also causing direct pressure on the nerves of the parotid gland; branches of the same nerves which supply this gland send twigs to the middle and inner ear.

c. Impaired nerve supply of the tensor tympani, levator palati muscles, also the stapedius, follows the above named osseous lesions. Contraction of the tensor tympani and stapedius muscles cause actual dislocation of the small bones of the middle ear.

This article is not intended to be a full exposition of the title, but merely to state a few important features taken into consideration by the osteopath in the treatment of catarrhal deafness.

In addition to above causes, are general condition, such as anemia, neurasthenia; here we not only find the ears at fault, but find that the patient is sick "all over," and demands treatment which not only tends to restore the hearing, but also the condition of general good health. Here is where the osteopath possesses a decided advantage, being able to combat the general condition as well as the local, which can hardly be said of the specialist.

In conclusion the following case records may contribute towards making this subject more clear :

CASE NO. I. Mr. A., Illinois, age 55. Catarrhal deafness. Can hear watch with right ear at two inches, with left, not at all. Can hear spoken words, spoken sentences, if loud. Cannot hear whispered words or sentences. Deafness has been developing for ten years. Naso-pharyngeal catarrh decided. Constant "clearing" of the throat. Examination reveals eustachian tubes closed, right more easily opened than left; impacted cerumen, thorough removal of which has but slight effect on hearing; both tympanic membranes drawn in; to swallow is difficult; hyoid bone drawn upwards on left side; atlas anterior. The 2nd and 3rd cervical vertebræ were apparently normal, and yet slight pressure made over their transverse processes is painful. Cervical muscles contracted, sensitive to pressure. Left articulation of inferior maxilla, posterior, all structures surrounding this articulation sensitive and stiffened; movement of jaw causes dull pain at left articulation of inferior maxilla. Ankylosis of small bones in left ear more marked than that in right.

Treatment : While the 2nd and 3rd cervical were apparently normal, treatment was given as if the diagnosis revealed a disalignment to left; this at second treatment produced the "cartilaginous click" as I call it. Treatment was directed to superior cervical ganglia, also to palate and tonsils; the eustachian tubes were opened and tympanic membranes treated at each visit. At the end

of forty-five days, watch test gave hearing with left ear six inches, with right ear eight inches. At the end of two months he took a trip through the southwest. This case steadily improved by following the special directions which I gave him.

CASE NO. II. Miss B., Illinois, age 40. Catarrhal deafness. Gradual onset for eleven years. Right ear, watch could be heard at three inches, left ear not at all. Whispered sentences heard at three feet with right ear, not at all with left. Left articulation of inferior maxilla extremely sensitive, parotid gland painful on pressure. Cervical region—muscles contracted, painful, no lesion of vertebræ noted. Mucous membranes of nose, mouth, throat, very anemic (almost white). Both eustachian tubes closed. Treatment was followed by decided improvement in two months. Left ear, watch could be heard at two inches. This patient made fair recovery.

CASE NO. III. Mrs. C., age 39. Catarrhal deafness complicated by serous discharge, not pus. Has tried every form of treatment given by noted specialists. Watch, right ear five inches, left one inch; for whispered speech, right ten feet, left three feet. Tinnitus aurium, distracting. "Opening the mouth" showed stiffened inferior maxillary articulation. There was a peculiar condition of cervical vertebræ, amounting almost to a positive posterior curvature. Other conditions of cervical muscles as in cases I and II. Treatment was followed by decided improvement. Considering the difficult features of this case, to improve the hearing almost fifty per cent was considered quite favorable.

CASE NO. IV. Mrs. D., age 50. Sclerosis; diminished bone conduction. Head noises. An extreme case. No improvement after one month.

CASE NO. V. Not a case of catarrhal deafness, but reported at this time in order to avoid the impression that might be inferred—that only catarrhal deafness is followed by good results, also for the reason that congenital defects are usually considered incurable. This is, I grant, an unusual case and opens up a field of investigation for the osteopaths.

Mr. E., age 18. Left ear normal. Right ear, deafness complete; from history of case, no doubt, congenital. The patient is healthy, strong, intelligent.

Diagnosis: Congenital deafness of right ear.

Judging from results following treatment there was inhibition of nerves supplying middle and inner ear.

Treatment: Began with thorough relaxation of all cervical muscles. Cervical vertebræ, as low as fourth, treated by flexion. Then final treatment, strong traction on the cervical vertebræ. The result after seventeen treatments was—standing behind him speaking in an ordinary tone of voice, he heard spoken sentences at a distance of twelve inches with right ear, left ear I closed with cotton; after three years this result with some improvement still remains.

Other cases might be given, some favorable, some unfavorable, but these are typical instances and practically demonstrate that the cure of ear diseases depends on the correction of variations from the normal, of anatomical structures, in order to restore physiological functions.

## ABUSE OF DRUGS BY THE LAITY.

DR. V. P. ARMSTRONG, DALLAS, TEXAS.

In no field of human endeavor has a more radical change come or a more distinctly new regime succeeded another than in the domain of preventive medicine. Questions that were supposed to be settled by the doctors thirty years ago, though settled upon a mere theoretical basis, have by later efforts of a more enlightened profession, been demonstrated as not settled at all. What was accepted as authority yesterday is today put away in the lumber room of discarded theories, utterly worthless and unworthy of serious consideration. "Authorities" are held in less esteem than ever before in the history of medicine. It is recognized that there is no authority but truth, that should an imp of his satanic majesty come to earth and enunciate a truth, that is authority. Contrariwise, if an ambassador should come from the heavenly court and tell a lie, that is not authority. The ipse dixit of no man is accepted today by the medical world unless his works are founded on logical demonstrations. All educated physicians of this time either come from or through Missouri. "You must show them."

The departments of medicine that have made the greatest progress during the last decade are surgery and preventive medicine. Along these two lines work has been accomplished that will survive throughout the circling zones of the earth as long as the world rolls round or light or heat comes from the solar system. The average life of mankind has been lengthened three years during the last fifty years.

Surgery has invaded with impunity every cavity of the body and under ideal asepsis, (which simply means cleanliness), the surgeon of today without compunction or hesitation and with wonderful results, rushes in "where angels fear to tread," but the writer desires to emphasize the fact that entirely too much surgery is being indulged in. Every tyro who can locate his own heart jumps into the arena of surgery and, brandishing his bloody knife, attracts the attention of the gullible and unthinking world, and his surgery is the opprobrium of the medical age. The graves of his victims carpet the earth so that no man can number them, but this in no way detracts from the glory of the real surgeon, he who is thoroughly grounded in a knowledge of the causes, indications and technique of surgery, sustained both by a conscientious regard for his patient's life and rights and by an abiding faith in an avenging God if he sheds a drop of human blood except to save:

But what shall be said of the laity and their requirements of the medical profession? I am not unmindful of the truth that the doctors are responsible for the innumerable absurdities that have taken hold of the public mind, and for their child-like faith in the all-sufficiency of the curative properties of drugs. Truth is a laggard; falsehood will travel a hundred miles while truth is getting a start. Too much has been claimed for drugs and it will be well with the people when they have come to understand that no bottle ever did



contain or ever will contain the elixir of life. To change an organically diseased condition into a healthy one has always been and will forever remain beyond the power of therapeutics. To illustrate, if an eye is gone, it cannot be restored; if a finger is off, it cannot be replaced; if a heart valve is destroyed, it cannot be revived. If a brain cell, a kidney cell, a liver cell or the normal physiological condition of any viscera has been organically destroyed, all the drugs that have been compounded since the beginning of the world have not the power to restore it, so the reader can well understand the material difference between a diseased organ and a deranged function. For the first we can do practically nothing of a curative nature; for the second, we can assist nature who may restore the function. From a misconception of the purpose and limitation of drugs, the laity has been inveigled into the belief that drugs are all powerful and depending upon such erroneous idea, they have proceeded for generations to "dope, drug and swill" medicine until it has become necessary to furnish 300,000 doctors to prescribe and \$350,000,000 invested capital to supply the medicines that people demand. It takes more money to furnish the drugs for imaginary ills than it does to run the regular machinery of the national government along economical lines. There is hardly a dining room in America that has not a dose glass and a bottle of medicine. The people want medicine for bald head and gray hair, to make fat and lose fat, to make them sleep and to keep them awake, to make them drunk and to sober them up, to revitalize and devitalize. They take medicine to warm them up and to cool them off, to stay the ravages of age and stop the coloring of the yellow leaf; medicine to bleach, medicine to take wrinkles out, medicine to make them tough and medicine to make them tender, medicine to soothe and medicine to stimulate. Six hundred millions of anti-constipation pills are sold yearly in America though every intelligent physician knows that no drug ever heard of can do anything for the habit except to make it worse. People want love powders and hoodoo drops. It is a fad as wide as the horizon of human hope. Rich and poor, wise and foolish, lean and fat, black and white, large and small, sick and healthy want drugs rubbed in and on them, with needles, injections, by the mouth, by plasters, salves, tablets, pills, and tinctures.

Finally I believe the world will be peopled by a race made up of copper stomachs on stilts, with spoons and troughs where they may stand from cradle to grave and guzzle and swill till kingdom come.

Better that they throw medicine to the dogs and have none of it than to be forever destroying every normal and vital function by medicine prescribed without any definite idea of the indications or their effect.

The strenuous life has filled America with dyspeptics and neurotics and a vicious idea among mothers to curtail the number of children has filled our land with suffering and incurable women. There is no remedy in the drug store for these people. Remove the cause and the effect will subside. Every day I am asked for medicine for teething babies. Teething has no more to do with making a baby sick than the color of its hair.

People everywhere when not feeling well should surround themselves with better sanitary and hygienic conditions, with comforts such as are now within reach of all, cool water, pure water and screens, less meat, more well cooked and wholesome vegetables, a season of rest every year, come what may; less whiskey, more sleep, fewer crimes against the home, purer lives, less work and more play, and an absolute rejection of the strenuous life.

It is queer how people will accept the example of any important personage and act upon his advice. Roosevelt tells us to step lively, and immediately every fool gets a move on him, never stopping to question the correctness of his judgment, remembering not that a prize fighter, base ball player, oarsman, foot ball champion, or general athlete seldom lives beyond forty. On the other hand, King William, Von Molke, Bismarck, Gladstone, Franz Joseph, Pope Leo, Queen Victoria, Beaconsfield, Li Hung Chang, the present Prime Minister of England, Oom Paul, Wm. M. Evarts, Russell Sage, Senator Morrill, and countless others, not one of whom ever did a day's physical labor, all lived to be from 80 to 100 years of age. We must take this story about Gladstone cutting the wood, as we do Washington and his hatchet, cum grano salis.

Twenty-seven years of active practice has convinced me that if I had only written prescriptions for those who really needed medicine, and for whom medicine unaided could really have been curative, they could have not been one-tenth of one per cent of the total.

Whiskey, genito-urinary troubles, the inter-marrying of the moral degenerates and the mentally and physically defective, will vindicate by and by, the teaching, "Righteousness exalteth a nation, but sin is a reproach to any people."—*Farm and Ranch, Dallas, Texas.*

## WHAT MAY OSTEOPATHY OFFER CONSUMPTIVES ?

CALVIN M. CASE, M. D., D. O., ASHEVILLE, N. C.

Located as I have been during the last few years in Asheville, N. C., one of the most noted mountain resorts in the world, noted especially as a resort for people with lung trouble, my thoughts turn naturally to that vast army of unfortunates, the victims of the "white plague."

It has been my privilege to have a great many of them under my care at the St. Louis City and Female Hospitals and Poor House, in my practice years ago as a general practitioner of medicine and during the last four years as an osteopath, and I must say that I have never yet seen a treatment that was very satisfactory in well developed cases. The old line treatments that I learned have been abandoned for years. The tuberculine fallacy instituted by the justly celebrated Dr. Koch and abandoned by him when he found there was no virtue in it, is now, so far as I am able to learn, followed as the main item of his treatment by only one doctor in the world, and he is one whose neighbors think to be a man who is keener after money than cures.

The serum fad too seems to have about run its course, for of the eighty doctors, more or less, in Ashville, there are but two who use it. All have tried it. The others have, during the last few years, relied mainly on beechwood creosote, but that too seems to be getting unpopular. You might, last summer, have gone through the streets for days without smelling it on any one, but you met these "stink-pots" every hundred yards on the streets, a few years ago. In spite of, or in consequence of (for the life of me I can't say which) all this, the poor consumptives die, die like rotten sheep, and the drugging still goes merrily on. We get no cures by any of these methods, except when the patient comes early and we have all the conditions in our favor and even then very few. The last fad, is a sensible one. That is the open air treatment and it has the merit that appeals to some people more than truth itself, it is not new. When I was an acting assistant surgeon in the United States Army, 1882-3, I was stationed at Fort Stanton, New Mexico, and saw a great many people who were supposed to have come there, and I have no good reason to suppose they did not, with well developed cases of consumption, who had gotten well without any treatment at all. They had simply roughed it out in the open air and the common saying was, "If you can stand it six weeks you will get well." Here in Ashville, the conditions are not so rough. One can be comfortable here and the air is just as good. The people who seem to me to recover or to get on best, are those who lead hygienic, open air lives.

The most valuable monographs I have seen of late years are those which emphasize the importance of the drugless part of the treatment of the disease and call attention to the fact that one who has tuberculosis and wants to get well, must work for his cure and be content to worry along till he gets it, not to hope to go to some doctor, pay a certain sum, get some medicine, take it and get well. These papers are written for other doctors principally and sent out to territory from which the lung specialists expect to have patients sent them. Then what do they do when they get the patients? They drug them till it is positively comical and sometimes they worry them into a fever by making them go through a course that would make a well person sick. I remember one case in which the patient, a patient of a celebrated doctor who had written a monograph on the futility of relying on drugs, was required to take the temperature every two or three hours, the pulse as often, the respirations about as often, keep a tablet on which to write it all down, put down what she ate and about how much each meal, when she went to sleep, and when she awakened, when the bowels moved, about what amount and color, same as to urine, etc. The patient's watch was out of order so she had an alarm clock with a second hand which she used instead. It was a queer sight when she wanted to move around to the shady side of the porch. One hand held the clock, the other her tablet, pencil and whatever book she was reading. She had but two hands so she carried the thermometer in her mouth to avoid breaking it and it had to be there so much any way, she saved

trouble by the plan. When she quit this "drugless" doctor there was a market basketful of bottles and boxes that had held his medicines, to throw away.

So much for this side of the picture. Now what about the other? What would be the ideal treatment (I purposely leave out all consideration of diagnosis) from a rational point of view? Everybody is entitled to an opinion. I will give mine. I do not claim infallibility, however, by any means, but I have been rather successful.

After I satisfy myself as to the diagnosis, I look for lesions. In most cases I find the upper dorsal vertebrae riding well forward. The corresponding ribs forward, of course, and much too oblique. All the ribs are too oblique or soon become so. There is in most cases an anterior curve of the lower half of the neck.

The special conditions vary with the case. A point at about the angle of the eighth rib is usually sore, on one side or the other, and will produce a cough or fit of coughing if pressed, which will sometimes stop if pressure is kept up. The spleen is usually tender to pressure. So are points at the head of the hyoid bone.

After giving the special conditions found the attention they require on strictly osteopathic lines, I usually try to build up by a good but not too vigorous general treatment, do all I can with the stool, table and swing to expand the chest, then I give special attention to the spleen. In addition to the spinal treatment, I give a vibratory treatment over it.

I do not think that the white blood corpuscles are the only germ killers or the only anti-toxin producers. I side with the other half of the thinkers who say that the red blood corpuscles are active too, nay, more, I believe that all the healthy cells of the body are germicidal and antitoxin producing. Dr. Still used to tell us that the best germicide was good, pure blood, not white corpuscles only.

I am leaving out all considerations of many well known phases of consumption, for lack of space, for all that could and ought to be said on the drugless treatment of consumption would make a book, not a single article.

After attending to all that one could call the external, or pressure-removing treatment, I give attention to the reflexes. There is a simple law somewhat like Head's law that I call "Case's law" for want of a better name. It is "there is usually, if not always, a definite reflex connection between the surface and the underlying parts." I can cite instances by the hundred to prove my point. For instance: What doctor does not know that a mustard plaster will do a stomachache good in most cases? What connection but a reflex is there between the surface and the stomach? There are no nerves or blood vessels in direct connection. Why did anyone ever blister for pneumonia? Acting on this idea I look to the upper intercostal nerves and try to free them from all pressure in their whole courses. I act on the theory that irritations here reach the lungs via intercostal nerves, spinal cord, spinal accessory and pneumogastric, for we are taught that the pneumogastric that goes

to the lungs is the part that is made up of spinal accessory fibers.

In the way of physical culture, gymnastics and that class of work is general, I think we can not be too careful. The injudicious use of exercise has killed its thousands of consumptives, but there are a few athletes, who were consumptives, who say, and probably truthfully, that athletics cured them.

Do not let a consumptive who has any fever worth mentioning take any but the lightest exercise. Frequently none at all is best. Keep him quiet and let him have what little exercise you think he can take with benefit, as far as possible from the time of day in which he usually has his highest fever. Then when you have done away with the fever, night sweats, cough and pain, let him go at his exercise gradually till he gets so that he can take all any one can take with benefit. For the promotion of deep breathing and stretching the intercostal muscles, I find the osteopathic swing, the room corner movements and a single pole (horizontal bar) across a doorway enough apparatus. If possible let the patient be where he can be out of doors all, or almost all, of the time. Indoor exercise is not worth half as much as the same amount and kind of out doors.

The mental part of the business is simple, thanks to the "Spes Phthisicum." Do not let the patient be harrassed by cares and annoyances even of a kind that a well person could easily stand. Spare him all you can for many reasons. Do not worry him with close directions about taking his temperature, counting his respirations and all that. Let him alone as much as you dare. Tell him that consumptives often do get well. There is no doubt about that. Tell him how cure takes place. Tell him that many people who die of other diseases show unmistakable signs on post-mortem of having had consumption and gotten well and many of them thought it was only a severe cold, probably.

Encourage him all you honestly can for if you do not, so curiously are we made, his stomach will probably not act well and then you have lost your ally. The stomach must be especially guarded and all its powers husbanded in all wasting diseases, especially consumption. So do not insult it with rancid fish-oil whether from a codfish's liver or not.

Do not stuff a consumptive nor make him eat when he feels full and has to force himself, but feed him well. Make him eat a reasonable quantity of good, wholesome food. Eggs, beef, mutton, poultry, good fresh fish, milk, water that rice has been boiled in, (a very nutritious and simple starchy food) some fresh vegetables, lettuce, and other green vegetables in small quantities, light bread, graham or entire wheat bread, never less than 24 hours old, simple vegetables, acidulated drinks without cane sugar, but with saccharin if they cannot be taken without sweetening, a little fruit every day and some things that the experience of the patient proves are not injurious, are about what I recommend for a diet. Change a good deal so that sameness will not destroy the appetite. Little or no tea or coffee, but hot water or hotwater-tea is good. Plenty of water is fattening and carries off waste. Let the principal

meal of the day be as far as possible from the high fever time. Give a little "snack" of a simple kind at bed time and half way between meals if the patient feels the need of it. Half a glass of milk and a cracker or a small piece of bread and butter. Rely on butter, cream and small slips of bacon for fats.

Take a piece of bacon about the size of a brick, boil it a long time and set it aside. Cut small slices from it and serve them broiled hot, twice or three times a day. The patient should be directed to have a tub with a few inches of water in his room. Every night and when he rises, let him step into the tub, wet himself all over, dry and dress. If he does not react, this should be discontinued for a time. A cool wetting, not a bath, is what is wanted. It is tonic and hardening in its effects. Start in with cool, tepid water if you must, then use it cooler. Dressing without wiping the body is a fad that I do not care for but it is practiced. Do not forget to keep the patient quiet in fever and sponge off if necessary to keep temperature down. The use of cold tepid clyster is good. Make the patient retain it and it will be absorbed, thrown off by the kidneys and will reduce the temperature in many instances.

If first clyster is not retained, give small one slowly half an hour later. I do not think much of whiskey in consumption. Patient should sleep in a well ventilated, cool room but not between windows, a window or an open fire-place, or anywhere in a draft. The clothing should be light. I think most consumptives weaken themselves by too much clothing especially underwear. It acts too much like a poultice for the patient's good. The linen-mesh underwear is good but I think it is over rated. Good thin wool is better.

Rational amusements, music and games are good in moderation. Horse back riding, always astride, is good when the patient is not too weak or feverish. The bicycle is admirable for deep breathing but must not be used in bad cases till recovery is well under way and then judiciously. Let the patient have plenty of sleep; he needs it badly. Let him rest well after a full meal and in some cases treat his stomach and bowels to promote fattening, just after the meal. Golf is a good, not too vigorous exercise for many cases. Tennis is too "sudden" in its requirements so I do not recommend it. Ping pong out of doors ought to be good.

I question if a consumptive should ever go to church. Being obliged to sit and wait for the conclusion of the services or make a disturbance, is not good for a sick person if he is tired and would like to move about a little or lie down. Going out at night is bad for most cases, especially to crowded functions of any kind. Corsets should never be worn, even if they are what ladies call "loose." (They are seldom loose.) They restrict motion entirely too much. Sexual indulgence is almost always a problem, for the average consumptive is too vigorous for his own good in that regard. Advise that it be kept down to a minimum anyway, and do not countenance that great sin, marriage between well marked cases of consumption or a consumptive and a well person. It is all too common in my observation. These poor invalids produce sickly children but not necessarily consumptives.

Tell them not to cough at all. They can not help it when there is anything to cough up, but the constant tickling can be and ought to be resisted. It does a great harm. The "unreasoning lung" must not be indulged in the matter.

I leave out fibroid phthisis, diffuse, and that of the bones and joints for lack of space. I think the bone and joint cases can be handled better by osteopathic treatment than in any other way. Surgical operations in such cases are usually failures in my opinion. At least I have seen many failures and have had some success where the surgeons had advised amputation.

The question of climate is too vast for present consideration. There are places that seem to be especially suited to the treatment of consumption. They are places where the air is dry, where the patient can be out of doors a good deal, and usually of 2000 to 4000 feet altitude. After a time in such a place, a short time at the seashore will sometimes do good or make the return to the other place do good.

Please let me urge my brother osteopaths not to make the mistake that so many lung specialists are making; do not call temporary benefit and disappearance of symptoms a cure. Wait till you know you have a cure before pronouncing the patient cured. I should think about a year would be long enough to wait. If the patient has no relapse in that time, I should say it would be safe to call him cured, especially if he has gained weight and is free from the usual symptoms of consumption, such as fever, cough, night-sweats, pain, etc.

I do not set so very much store by the bacillus. Its absence or presence is not positive proof of anything. If you have it and it is long and slender you will have a tough proposition to deal with, in some cases. I usually disregard it and hope the patient will do his own "bug-killing" if I can get him well enough, and I find it true in almost all instances.

Here is a report of the cases I have had since I learned osteopathy. The others I leave out as they do not interest us much and they all died anyhow.

My first case was a "fibroid" case and was doing well but died of acute gastritis from over-eating.

I have had the good fortune to get some cures that are such good ones that there is no room for doubt. Among those I have treated there are seven who are and have been for some time, apparently well. All have been under observation for over a year.

Nine left me much improved and some of them are probably well but I have lost sight of them and do not know to a certainty.

Four showed no effect of treatment one way or the other. They did not get worse and may have gotten better later. I lost sight of them.

One had a great deal of trouble with ulcerated throat, probably tubercular, and did not do well at all. I advised her to try something else but she did even worse under the other treatment and went away in a few months, probably to die shortly.

In two other cases I was called to try to give temporary relief and I succeeded but the patients were under other doctors. I do not know what became of them.

In one case of diffuse, general, or what used to be called miliary tuberculosis, I was called when the patient was almost dead and refused to take the case but did treat him occasionally with the consent of his regular doctor and helped him a little. He died in a few weeks. He used to watch for my coming and to say that the only comfort he got was from my treatment. I took one case under protest that died in three weeks. I knew there was no hope. Patient was all but dead the first time I saw her.

Besides these I have a good many for a little while at a time that did not give me a trial at all, simply tried a few treatments to see if it made them feel any better. It did in most instances. This is not a very flattering showing, I must admit, but not so very bad when one remembers that I did not get them till they had wasted their time and strength trying all other methods. Most of the consumptives wait too long before doing anything worth while and fool away too much time on this, that, or the other patent medicine and newspaper cure. Genuine consumption never was cured by medicine.

#### Give but Don't Take.

C. L. FAGAN, D. O.

Old Doctor Grimm got sick a-bed, as Doctors sometimes will;  
His brother Doctors were called in, for he was very ill.  
All looking wise they felt his pulse and squinted at his tongue;  
Auscultated, felt and thumped around his liver, heart and lung;  
And when they read his temperature, each solemn shook his head,  
As if to say, "His time is short; Old Grimm will soon be dead."  
Leaving behind powders and pills, liquids of every hue,  
They all stalked out with solemn air—as Doctors often do.  
Then Doctor Grimm winked both his eyes and chuckled through his beard—  
But right on time, and dose on dose, those nostrums disappeared!  
Now day by day these medics came unsmiling and sedate,  
And day by day it seemed that death would seal their patient's fate;  
And day by day they changed their drugs the color and the style;

Directing how to take the stuff, they solemn out would file  
And weaker, weaker Grimm would wink and chuckle through his beard—  
But right on time and dose on dose those nostrums disappeared!  
One day there came a happy change, old Grimm much better grew;  
The modest Doctors took the praise—as Doctors sometimes do.  
When last they went Grimm winked his eyes and chuckled loud and long,  
As looking at the table near he viewed its bottle throng.  
One by one he emptied them, nor left a single drop;  
Then smiling watched the bitter stuff slow mingle with the slop.  
And lifting up his pillow with mysterious sort of air,  
Raked from his bed powders and pills that he had hidden there.  
"Ain't this a measly mess of stuff," unto himself he said,  
"If this had got inside of me I'd, ten to one, be dead!  
When I began to dose and drug this motto I did make:  
'Although the books may say to give; discretion says don't take!'"

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OSTEOPATHY has no adjuncts.

THE American school stands for osteopa-  
thy unmixed.

THE practitioner who has to apologize for  
osteopathy must have the wrong kind.

THE withdrawal of the A. S. O. from the  
Associated College of Osteopathy is almost  
universally approved by her graduates.  
Hundreds of letters have been received ap-  
proving the action and none disapproving it.

In this issue of the JOURNAL we publish  
two articles on consumption, one by Dr.  
Conner of Albuquerque, New Mexico, and  
the other by Dr. Case of Asheville, N. C.  
Probably no other osteopaths in the field  
have had more experience in the treatment  
of consumption than these gentlemen.  
Their observations are therefore of much  
interest to the profession.

WE noticed the other day an article in a  
certain Iowa paper about Dr. Roy Bernard's  
new discovery, one that is causing a sensa-  
tion in the medical world. His new system  
is called "Physiological Development of the  
Nerve Centers." This article further states  
that Dr. Bernard bases his method upon the  
principles of anatomy, teaches it by corres-  
pondence, obtains results in an infinite  
variety of diseases and benefits all classes,  
men, women and children.

"Dr. Bernard is located in the Trude  
Bldg., Chicago." If you try his method he,  
no doubt, will *do* you good.

It might be a good thing for Roy to ex-  
plain his new mail course to the A. O. A. of  
which he is a member.

#### Our New Glass.

The A. S. O. enrolled 176 new students  
this fall. Of this number 165 are members  
of the freshman class, and 11 are taking ad-  
vanced work. It may be of some interest  
to know where these people came from.  
Missouri leads the list with 32; Iowa next  
with 24; Illinois 20; Ohio 15; Kentucky 12;  
from the eastern states 20; also 20 from the  
southern states; 14 came from the west, 3 are  
foreign and the remainder, 16 came from  
the north central states not already men-  
tioned.

#### Pennsylvania Osteopaths Organize State Asso- ciation.

The first convention of the Pennsylvania  
Society of Osteopaths was held at Philadel-  
phia July 31. At this meeting several  
changes were made in the constitution of  
the association. Some were made with a  
view to maintaining the high standard of  
membership. It was decided that only  
graduates of reputable colleges should be  
admitted to the association, the standing of  
the colleges to be decided by a committee.

The following officers were elected for the  
ensuing year: President, Dr. Harry M. Vas-  
tine, of Harrisburg; vice-president, Dr. Virgil  
Hook, of WilkesBarre; secretary, Dr. J. Ivan  
Dufer, of Philadelphia; treasurer, Dr. J. C.  
Snyder, of Philadelphia; executive com-  
mittee; Dr. Heine, of Pittsburg; Dr. Muttart  
and Dr. Campbell, of Philadelphia.

#### Dissection at the A. S. O.

Never before in the history of the school  
have so many of the students taken the  
course in dissection as now. Last summer  
75 took this course and now again 75 are at  
work. A large amount of dissecting materi-  
al is always available, at present 25 cadavers  
are on hand prepared for the dissecting  
classes. All students are expected to take  
dissection before graduation.

#### A Good Book.

Barker's Nervous System published by D.  
Appleton & Co., Philadelphia, is the title of  
an excellent work on the above subject. The  
work deals with the anatomy and physiology  
of the entire nervous system. This sort of  
knowledge is the kind the osteopath needs  
and for that reason he will find this book  
useful. The osteopath cannot study too  
many good books, (as this one is) along this  
line.

#### To All Osteopaths.

The next edition of the American Osteo-  
pathic Directory will be issued in October.  
If your name and address as given in the  
July edition is not correct, please make the  
proper correction including a list of degrees  
you hold and the date of each and send to  
us at once. Please also give the names of  
the different osteopathic societies that you  
are a member of, as we wish to give all this  
information in the next issue. Please do  
not delay this, but attend to it at once after  
regarding this notice. A postal card is large  
enough for the information necessary.

THE AMERICAN OSTEOPATH,  
Memphis, Tenn.

#### Osteopathy Unmixed.

WE are glad to see the sentiment growing  
that osteopathy should be taught and prac-  
ticed unmixed. The future success of the  
science depends upon its practitioners and  
teachers sticking to its fundamental prin-  
ciples. The following editorial in the Phila-  
delphia Journal of Osteopathy has the  
right ring to it:

"We can not help raising the cry for os-  
teopathy pure and unmixed. It is a needed  
caution. Many osteopathic practitioners are

flirting with heterodox accessories, such as  
electricity and mechanical appliances."

The Philadelphia school in standing for  
osteopathy pure and simple, is doing no  
more than all osteopathic schools should do,  
but in the light of the positions taken by  
the graduates of some other schools, the  
Philadelphia college is to be congratulated.

We are also glad to see Dr. J. M. Little-  
john of Chicago, make his position plain on  
this subject and come out uncompromisingly  
for osteopathy as an independent system of  
healing. He recently said: "It will be of  
no advantage for an osteopath to go to an-  
other school because he will not learn any-  
thing of advantage in his diagnosis and treat-  
ment of disease. We can gain nothing  
either by mixing osteopathy with some  
other methods or by trying to consider dis-  
ease from a dual standpoint."

It is commendable for the osteopath to  
wish to thoroughly inform himself in regard  
to all phases of disease and the osteopathic  
treatment for the same but he should get  
such knowledge in an osteopathic school and  
from an osteopathic standpoint.

#### Montana Osteopaths Hold State Meeting.

The Montana Osteopathic association met  
in Helena, Sept. 4th. Dr. J. C. Bur-  
ton, president; Dr. Ina F. Brown, vice-pres-  
ident; Dr. C. W. Mahaffay, secretary; and Dr.  
E. V. Strong, treasurer; officers for last year  
were all present.

Two very interesting papers were read,  
one by Dr. Ida Rosencrans on "The Diseases  
of Women." The second by Dr. Asa M.  
Willard, on "Gall Stones." The papers  
were discussed with much interest after  
which the officers were elected for the next  
year. The election resulted as follows. Dr.  
J. C. Burton re-elected president, Dr. Asa  
M. Willard vice-president, Dr. O. B. Prickett,  
secretary, Dr. E. V. Strong re-elected treas-  
urer. As board of trustees: Drs. Willard,  
MacGeorge and Mahaffay, were elected.

Many points of interest to the profession  
in the state were discussed. In general all  
seemed to have a good time and felt  
highly pleased with the meeting. The pro-  
fession is on a good working basis in Mon-  
tana now and we hope for better results in  
the future. The majority of the practi-  
tioners in the state are loyal supporters of  
the *unadulterated* principles of osteopathy  
of Dr. A. T. Still.

C. W. MAHAFFAY, Sec'y.

## OUR PLATFORM.

It should be universally known where osteopathy stands and what it stands for. A political party has a platform that all may know what its position is in regard to matters of public importance, in order that the people may know what it stands for and what politics it advocates. The osteopath should make his position just as clear before the public. It should be known by the public what he advocates in his platform in his campaign against disease. Our position can be tersely stated in the following planks:

**First:** We are opposed to the use of drugs as remedial agencies.

**Second:** We are opposed to vaccination.

**Third:** We are opposed to the use of serums in the treatment of disease.

**Fourth:** We realize that many cases require surgical treatment and therefore advocate it as a last resort. We believe many surgical operations are unnecessarily performed and that many operations can be avoided by osteopathic treatment.

**Fifth:** The osteopath does not use electricity, x-radiance, hydrotherapy, but relies on osteopathic measures in the treatment of disease.

**Sixth:** We have a friendly feeling for other non-drug, natural methods of healing, but we do not incorporate any other methods into our system. We are all opposed to drugs; in that respect, at least, all natural, unharmed methods occupy the same ground. The fundamental principles of osteopathy however are different from those of any other system and the cause of

disease is considered from one standpoint, viz: disease is the result of anatomical abnormalities followed by physiological discord. To cure disease the abnormal parts must be adjusted to the normal, therefore other methods that are entirely different in principle have no place in the osteopathic system.

**Seventh:** We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in, just that much osteopathy must move out.

**Eighth:** Osteopathy is an independent system and can be applied to all conditions of disease except purely surgical cases.

**Ninth:** We believe in sanitation and hygiene.

### Now and Then.

Ten years ago osteopathy had but one teacher, a practical man. A little later his school grew too large for one man to handle so he had to employ teachers to help him. His school continued to grow and he had to employ more teachers. Those who taught osteopathy had been trained under this first teacher but a number of those in the other departments had no osteopathic training and in those days it was no uncommon thing for osteopathy to receive at their hands insufficient and poor explanation and even in some cases slighting remarks. The practical side of osteopathy was developed first, but we occasionally hear today some of those fellows quoted as authority on some osteopathic points on which they had given an opinion even before they had given a single osteopathic treatment. Wrong of course—a theory is no good unless it works. Experience in practice is the only test. But how is it today? Most of these men have declared themselves to be all right for simple pure osteopathy. At any rate they have either left the school or have accepted the faith. Even the air about the school is enthusiastically osteopathic. The instructors are all graduates in osteopathy and are all died-in-the-wool osteopaths. Truly osteopathy is coming to the front with long strides.

### California Osteopaths in Second Annual Meeting.

The second annual meeting of the California State Osteopathic association was held August 8th and 9th at the California College of Osteopathy, San Francisco.

Many osteopaths attended and the meetings were characterized by earnestness and enthusiasm.

President Emery of Los Angeles made the opening address. Interesting papers were read and addresses were given by Prof. Whiting, Drs. Mary V. Stewart, J. S. White, Ernest Sisson, A. H. Potter and S. F. Meacham.

The report of the secretary showed that the association is in a prosperous condition, having eighty-one members.

Congratulatory telegrams were sent to Dr. A. T. Still, and to the National association in session at Milwaukee.

The officers elected for the new year are: President, T. W. Sheldon, D. O., 927 Market street, San Francisco; first vice-president, Daisy Hayden, D. O., Los Angeles; second vice-president, A. A. Wright, D. O., San Jose; secretary, Agnes G. Madden, D. O., 588 Sutter street, San Francisco; treasurer, Chas. F. Ford, Starr King Building, San Francisco; executive committee, Cora N. Tasker, D. O., Los Angeles; R. D. Emery, D. O., Los Angeles; Wm. J. Hayden, D. O., Los Angeles; Frank A. Keyes, D. O., Los Angeles; Geo. F. Burton, D. O., Los Angeles; AGNES G. MADDEN, Sec'y.

### Montana State Examination.

The State Board of Osteopathic Examiners of Montana, conducted a three days' examination at Helena, Sept. 2, 3 and 4.

Drs. Willard of Dillon, Prickett of Billings and Mahaffay of Helena, are the members of the board.

Four applicants were examined and all passed with good marks, so the secretary, Dr. Mahaffay informs us. Following are those who took the examination: Drs. Helen Walker, Vina Beauchamp, Daisy Reiger and J. E. Stuart. Osteopathy is gaining ground out in Montana. That state has a good law and the osteopathic standards can be kept high. Osteopathy, the board,

the examination—all received much favorable comment from the press, the Montana Daily Record of Helena containing a full column.

The examination was thorough and was given in the following subjects: Anatomy, physiology, symptomatology, chemistry, histology, pathology, gynecology and obstetrics, and the principles and practice of osteopathy.

Dr. Mahaffay, the secretary of the board, furnished us with a full list of the questions which are on file at this office.

Following are the questions in Principles and Practice of Osteopathy:

- I. Give treatment of typhoid fever osteopathically and hygienically.
- II. Name some of the etiological factors in dyspnoea. Describe treatment.
- III. Discuss muscular rheumatism, its cause, treatment, osteopathically, etc.
- IV. What does the osteopathist mean by the terms stimulate and inhibit? Illustrate.
- V. Differentiate between osteopathic and physiological centers.
- VI. Define and discuss lesion.
- VII. Show how an abdominal tumor may cause fatty degeneration of the heart.
- VIII. How treat a case of ulceration of the stomach?
- IX. How treat a case of tonsillitis?
- X. Distinguish between primary and secondary lesion.

### Michigan D. O's. Have Lively Session.

The third annual convention of the Michigan Osteopathic association was held at the Cook House, Ann Arbor, on Saturday Sept. 6th. The meeting was well attended, some thirty members being present from various parts of the state. The morning session was devoted to clinics, and to papers on subjects of interest to osteopaths in general and of Michigan osteopaths in particular. An opinion of the attorney general was read, in which it was held that regular osteopaths have the right under the state law to sign death certificates. This was a surprise to some of the members present as a Flint judge in the case of State of Michigan vs. Dr. Cully rendered an opinion in which it was held that osteopaths under the law did not have a right to sign death certificates.

Clinics were presented under the able direction of Dr. W. S. Mills, of Ann Arbor, and a spirited discussion of cases followed.

At one o'clock p. m. a banquet lunch was served after which the members went into a business session. Probably the most interesting feature of the afternoon session was the locating of the 4th annual convention. Several cities of Michigan were candidates for this honor, the representatives from Adrian going so far as to offer a free banquet to visiting osteopaths should their city be chosen. On account of the eastern portion of the state having been favored with the previous conventions, it was the sense of the members present that the western portion of the state was entitled to the honor of the 4th convention. Grand Rapids secured the plum of the first ballot. Nine candidates were elected to membership in the association.

The officers elected were as follows:

President, Dr. C. H. Snow, Kalamazoo.

Vice-Pres. Dr. W. S. Mills, Ann Arbor.

Secretary, Dr. F. H. Williams, Lansing.

Treasurer, Dr. H. B. Sullivan, Detroit.

The meeting was noted for the spirit of harmony and good fellowship which seemed to have been caught like a contagion by all the members.

It was the wish of the Michigan association that an invitation be extended to the Old Doctor to be present with us at our next annual convention at Grand Rapids, Saturday, Aug. 18th, 1903.

#### Greatest Living Americans.

Editor of the Tribune.

Dear Sir; I was much interested in your article on the fifty greatest living Americans in Saturday's Tribune and consider your list a much better one than that which appeared in Success, but in my estimation no list can be complete that does not contain the name of the man who has done more for suffering humanity than any other American, living or dead. I refer to Dr. A. T. Still, the originator and promulgator of the science of osteopathy, the system of manipulative therapeutics that is destined to revolutionize the practice of medicine and which has already had such a phenomenal growth and

met with such unalloyed success that more than twenty of the great states of our Union have granted it legal recognition and others are preparing to follow suit.

Hundreds of our most prominent and brainiest men, such as Samuel L. Clemens, Opie Read and Senators Foraker and Platt, have investigated, tested and then espoused the cause.

Osteopathy has rescued thousands of people who under old methods were doomed to a life of hopeless invalidism. I can refer you to scores of people right here in Scranton who have by it been cured of afflictions pronounced incurable by all systems previous to the advent of osteopathy. Is not the originator of this, the greatest advance that was ever made in medicine by any one man, worthy of a place among the greatest living Americans? Ten years hence he will be universally proclaimed "One of the greatest of the great."

Herbert I. Furman, D. O.

—*The Scranton Pa. Tribune.*

#### Serums and Osteopathy.

SOME time ago Dr. Bunting in his Osteopathic Physician had something to say in regard to "why osteopathy does not fight serums." The position taken by him in this matter was not representative of osteopathic sentiment on the subject. He evidently and in a half-hearted manner endorsed the use of anti-toxin in the treatment of diphtheria. This certainly was a bad break on the part of the Chicago osteopath. If he had had any experience in the treatment of diphtheria as many other osteopaths have had, he would not have placed himself, in our judgment, in the peculiar position which he took, one so decidedly opposed to the teachings of osteopathy. If he had been in Kirksville last winter and witnessed seven cases, one after the other, die, after the administration of anti-toxin by drug practitioners, and if he had seen the dozen or more cases that were treated by strictly osteopathic measures recover, with no bad results whatsoever following, he certainly would take a different view in regard to the relation of osteopathy to serums. A recent number of the Naturopath of New

York contained considerable editorial comment on Dr. Bunting's position. We do not know just what the Naturopath practices but we do know that it is opposed to the use of drugs in all forms. In that respect, we as osteopaths occupy the same position. Following are extracts taken from the editorial referred to in the Naturopath:

The following quotation from "The Osteopathic Physician" is a most interesting vestigial relic of the rudimentary days when we childishly clung to leeches and talismans and a rabbit's foot. Read it: "If you can not protect your children from diphtheria by osteopathy, do the best thing possible within your reach. Let your doctor administer anti-toxin. He claims it is doing great good. He offers statistics which look hopeful. There is some justification for the theory on physiological grounds, even if the idea is repulsive. Perhaps it will do good—and God grant it may not do harm." And this editorial comment: "If your physician does not know this machine God has framed in the person of man well enough to utilize its fresh stores of arterial blood to overcome such death-dealing poisons—why better that he should borrow corrupt blood from a horse to do it, if he has good reason to think that will accomplish the work, than that the little sufferer should fight unaided."

*A vocabulary constitutionally plethoric gasps and chokes and gives it up—* such a manifesto from an *alleged* authority is beyond our little powers to answer.

I want to emphasize four glaring clauses; "If you cannot protect your children by osteopathy." "He [your doctor] claims it [anti-toxin] is doing great good." "Perhaps it will do good." "God grant it may do no harm."

Is a healer trustworthy who cannot protect? If his knowledge of etiology, prognosis, and prophylaxis be so helplessly scant that disease stalks in unchallenged, can you confide reposefully in him for a cure of what he could not prevent?

But "your doctor claims it is doing great good." I want to suggest a similar reasoning: (Lie you to a dreary grave yard when on a Friday night falleth on the thirteenth of the month, lay for a healthy rabbit, slay him ruthlessly, and subjoin his sinister pos-

terior pedal appendage. Wear it—and be immune forever). For the old Voodoo-mammy "claims it is doing great good." The claim for a rabbit foot is quite as logical as that for a vaccine point, save that the former is wholly innocuous, the latter always more or less deadly.

Why doesn't your doctor know? Can he prove, by fact and by reason, that anti-toxin does anything but kill? How does he explain the Camden tragedy recently repeated in various American cities—Cleveland, Pittsburg, St. Louis? Do you dare trust your life and your children to a physician whose firm convictions dissipate into nebulous claims?

And is a practitioner, osteopathic or other, worthy of your faith, whose self-acknowledged support rests on such tottering claims?

"Perhaps it will do good." The everlasting wobble is the pre-empted prerogative of allopathy—osteopathy, you are trespassing.

To say nothing of the criminal ignorance that risks a life in experiment, it is pitiful how little knowledge of true healing our misguided brother possesses.

Isn't it a ridiculous proceeding—and a deplorable one—for a man to spend the best years of his life and a small fortune, in learning how to heal mankind, and then to base his ability on a limp "perhaps?"

*Naturopathy countenances no measure whose exact effect can not be definitely foretold, and whose undoubted beneficence can not be proven.*

"God grant it may do no harm"—what an antiquated notion of God! A sort of part human, part divine, part diabolic. Being, seated in pompous state on the rim of the clouds dipping his huge finger into the affairs of men, and staying the unchangeable processes of Nature, whenever the caprice seizes.

Of course, if you fail to comprehend either Nature, Man or God, you are in a measure irresponsible for such an aboriginal conception of the All-good. But osteopathy claims to understand and comply with nature, and a knowledge of either Nature, Man or God involves appreciation of the other two.

The whole performance is a feeble-minded attempt to compromise with the enemy.

And it proves most conclusively what a weary way this new baby therapy has to travel yet before its nascent reason governs its puny cries, and the little toddler reaches the illumined heights where Naturopathy dominates—alone. We stand for truth, not for temporizing.

I trust some momentary mental aberration may have inspired this paragraph,—"Why Osteopathy Does Not Fight Serums," such attacks of irresponsibility are common to people who are in the transition period of individual growth between childish credulity and conscious mastery.

*The Naturopath* will support and advance rational osteopathy in every possible way; it will puncture the inflated variety just as enthusiastically.

#### Surgery and Osteopathy.

The report of the educational committee of the A. O. A. at Milwaukee, was very complete and the subject of the course of study in osteopathic colleges was thoroughly presented. Each subject of the course advised by the committee was taken up in detail. The members of the committee evidently put in a great amount of hard work in preparing the exhaustive report. Among other things a three years' course was recommended, thirty-six weeks of two terms of eighteen weeks each, in each year. The subject of extending the course in osteopathy to cover a period of three years has been up for some time and it is generally agreed that the time of the course should be thus extended. But the committee makes a further recommendation for the establishment of a complete course in surgery in osteopathic colleges and the addition of still another year to the course. All that the committee says in its report on this subject is very true but the *JOURNAL* takes exception to the scheme to try and make surgeons of all osteopaths. In the first place the average osteopath has a decidedly limited number of cases that demand surgical interference or surgical attention. Interviews with prominent osteopaths in all parts of the country bring out the information that they have very few cases that require a deep surgical knowledge. True, the profession should have ex-

pert surgeons, men whose surgical training is equal to that of any in the ranks of the medical fraternity, but the need for this knowledge which can only be attained by years of study and practice would not warrant the attempt to make surgeons out of all osteopaths. It would in our opinion be an unwise proposition. The following is taken from the committee's report on this subject:

"Surgery is very closely related to osteopathy. They are identical in basis, in point of view and in principles of diagnosis. Therapeutically they are complements each of the other. Osteopathic cases sometimes require a little surgery, while nearly all surgical operations would be profitably supplemented by osteopathic treatment. The profession owes it to its patrons to provide opportunity for necessary surgery under osteopathic auspices, and it owes it to itself that it shall be a complete system, prepared to meet all conditions of disease. Osteopathy and surgery are so independent that they ought not to be divorced. When surgery is taught, another year should be added, making a four-year course. The committee would recommend that the association consider the advisability of making a four-year course, including surgery, obligatory as soon as it is practicable."

The surgical training given in osteopathic colleges today, we can speak for the American School of Osteopathy at least, covers the ground for ordinary cases. The cases that demand a greater knowledge and experience should go to the expert surgeon. The man who makes the practice of surgery his exclusive work, in our mind, is demanded as much as the man who practices osteopathy exclusively.

One surgeon can do the surgical work for a hundred osteopaths. Not long ago we heard an osteopath who had been in the field five or six years and who has had a large practice, say, that in all his practice he has only had two cases that he recommended to a surgeon. There is no use in making the course four years because the medical schools have four years. This extension in the medical course has been brought about during the last ten or fifteen years and the length of their course was extended not only for the purpose of turning

out better qualified doctors but there was another consideration in the minds of the doctors who worked for medical legislative acts requiring a four years' course. They knew their profession was over-crowded and by extending the length of the course to four years and having only six or seven months of school in each year, hoped to relieve the congestion in their ranks and keep down the numbers. Osteopathy will have no such problem to solve during this generation at least. Again, three years is ample time to acquire a fairly good knowledge of subjects required to be mastered by the osteopath including a knowledge of the principles of surgery.

#### The Osteopathic Armamentarium.

An old school physician of the "Doc Syphers" type was an honored guest at a fraternal banquet given a few years ago in a small western town. During the course of the evening a sparkling, effervescent beverage, poured from a long necked bottle swathed in a coat of immaculate linen, was passed about the festal board. The old doctor, following in the wake of many of his fellow lodge-men, imbibed freely of this delicious drink and before Father Time had carried the congenial souls into what they were pleased to term the "shank of the evening," our good disciple of the illustrious Hippocrates was in a state of drowsiness. One of the banqueters chanced to spy the doctor's medicine case beneath a neighboring chair and acting upon the suggestion received thereby he thrust the medical gentleman's awe-inspiring stove pipe hat upon his head, pulled it well down over his ears, thereby provoking much hilarity, and with a formidable effort at clearing his throat, seized the portmanteau of pills and started for the door. At this junction the guffaws of the assemblage aroused the dispenser of potions and when his enchanted eyes regained their vision the Touchstone of the evening was just passing through the portal. With almost super-human effort the old doctor arose and, succoring equilibrium by clutching frantically at the table-cloth with one hand, while gesticulating wildly with the other, he vehemently exclaimed;

"Here, you-hic come back-hic-with my satchel. Don't you know-hic-you are running away with my profession?" It is not my desire to call down ridicule upon the head of this venerable old man but rather do I want to use his words as a text for a comparison between the medical and osteopathic schools. The medicine case with its imposing array of vials was long viewed by the layman as a mysterious receptacle wherein lay the solution of all mankind's ills, from mumps to social economics.

To the physician this same case early became the fortress behind which he hid his ignorance. The medical student in his freshman year at college studies faithfully anatomy and physiology but the subject which is of vital importance to him is *materia medica*—the therapeutic club with which he confidently expects to drive away the disease monster—and before he received his collegiate degree the former basic branches have been largely swallowed up in the effort to memorize the innumerable drugs of the pharmacopoeia. With a well stocked medicine case, each vial representing a given action in some body, be it guinea pig, man or cart horse, he hangs out his shingle, plants himself in an easy chair and assumes a characteristic attitude of rapt attention. A hurry call comes one night and arriving at the bedside he finds the patient in great distress.

The good wife has applied hot compresses to the abdomen but the pain has stubbornly resisted all her ministrations. Exercising that great first law of nature the patient has forcibly flexed the thighs on the abdomen and by pressure with the hands seeks to deaden the pain. After due deliberation in which examination of the pulse and tongue plays a signal part, it is decided the attack is neuralgia of the bowels and morphia is prescribed hypodermically.

As to the cause of this sudden attack there is much conjecture. But hiding behind his genuine black morroco satchel the young *Æsculapius* hies himself away to his library where he is soon in a dark brown study, wrestling with the *bacillus coli commune* and the possible part this organism plays in the etiology of "hyperaesthesia of the abdominal plexus." An osteopath is called



the next day because the morphia has been worn out and the pain has returned. Coming empty handed the disciple of Still has no temporary breastwork behind which he can hide. His weapons against disease are his hands and an intricate knowledge of the body structure. Passing his hands over the tense abdomen of the patient his trained fingers locate a mass of hard fecal matter which has accumulated in the transverse colon, bringing pressure to bear upon the solar plexus of nerves. Going to the nerve centers in the spinal cord which govern the movements of this area, he gives a mild, soothing treatment until the uneasy peristalsis is somewhat quieted. Then by direct manipulation the fecal mass is broken up and swept into the lower bowel. The pain abates and the patient is soon entirely rid of the disorder. The point I wish to bring out most forcibly is the fact that the osteopath has no fortress behind which he can hide while patching up his batteries, but he must be so thoroughly grounded in anatomy and physiology that he will ever be actually sensitive to any variation to the normal condition of the body. The mere fact that he cannot cover up his lack of knowledge by a momentary placebo makes the osteopath alert, quick and decisive. Resting secure in his knowledge of the vital mechanical construction of man he need have no fear that some one will "run away with his profession." CLARENCE VINCENT KERR, D. O. No. 3 Amsterdam. Cleveland, O.

#### PERSONAL MENTION.

Born, to Dr and Mrs. George Helmer of New York City, Sept. 18, a daughter.

Dr. Sophronia B. Kelso has changed her location from Webb City, Mo., to Fulton, Mo.

Dr. Elizabeth Crowder of Fairfield, Ia., was married Aug. 10, to Mr. William Sadon of that city.

Dr. A. E. Berry of the last graduating class, has recently opened an office at 3509 Olive street, St. Louis.

Drs. F. E. Corkwell and John Zimmerman of Newark, Ohio, have formed a partnership for practice at that place.

Dr. Claude Smith, recently of Ft. Scott, Kan., is now located at Burlington Jc., Mo.

Dr. N. D. Laughlin of the June class, A. S. O., has changed his location from Hannibal to Willow Springs, Mo.

Dr. O. L. Butcher, formerly at Canton, Ohio, is now located at 714 Tenth street, & N. W., Washington, D. C.

Mrs. S. W. Wilcox, D. O., formerly at Maquoketa, Ia., is now located at 714 Fifteenth street, Des Moines, Ia.

Dr. F. E. Gamble, formerly of Ponca, Nebr., has purchased the practice of Dr. Elliott at Fremont, Nebr.

Dr. George D. Wheeler, formerly of Boston, Mass., has changed his location to 120 West Emerson street, Melrose, Mass.

Dr. John N. Helmer of New York City has changed the location of his office from 9 E. 39th street, to 128 E. 34th street.

Dr. John C. Herman of Magnetic Springs, Ohio, will open an office for the winter season at Daytona, Florida, about Nov. 1.

Dr. Horton Fay Underwood has opened an office for the practice of his profession in Temple Bar, 40 Court street, Brooklyn, N. Y.

Dr. W. I. Joss of the last class, has opened an office at Newark, N. Y. Dr. Joss was married Aug. 20, to Miss Mabel Rooney of Fairview Kansas.

Dr. J. A. Reeser, of the June '01 class, has opened an office at 111 Confederation Life Bldg., Toronto, Canada, for the practice of his profession.

Drs. M. E. Dorhoue and Albert T. Hunt, have formed a partnership for the practice of osteopathy at Omaha, Nebr. They are located in the McCague building.

Drs. Theodosia E. Purdom and Hezzie C. Purdom have opened an office for the practice of osteopathy at 807 Forest Ave., Kansas City, Mo., their former home.

Mrs. John R. Musick, D. O., of Omaha, Nebr., was recently elected to the chair of anatomy in the Western college and training school for nurses at that place.

Drs. C. L. Fagan and, Helen E. Walker, both of the June class, '02, have formed a partnership for the practice at Great Falls, Mont. Their offices are in the Tod block.

Dr. E. E. Bragg, formerly of Birmingham, Ala., has located at Atlanta, Ga. His office is in the Lowndes building. Dr. Oscar Ryon also of the A. S. O., will practice with him.

Drs. P. M. Agee and Jessie Gildersleeve have dissolved partnership at Texarkana, Ark. Dr. Agee has located at Warrensburg, Mo., while Dr. Gildersleeve succeeds to the practice at Texarkana.

Clyde E. Molesworth of the senior class and Dr. Lenore Kilgore of York, Nebr., were married Sept. 10, at Burlington, Ia. They are making their present home at Kewanee, Ill.

Dr. J. R. Shackelford of Nashville, Tenn., has closed his office at Nashville while he is taking a short vacation in Kirksville. He is taking a course in dissection while he is resting up from his hard work.

Dr. Charles Hutchinson and wife of Lincoln, Nebr., have disposed of their practice at that place to Dr. Catherine M. Bowers, formerly of Adams, Nebr. Dr. and Mrs. Hutchinson have gone to Plevna, Mo., to reside.

Dr. A. E. Braden of LaGrande, Ore., was a recent caller at the JOURNAL office. The doctor has had a good practice in the West and is now enjoying a much needed rest and is taking treatment at the A. S. O. Dr. F. E. Moore has charge of his practice during his absence.

At a banquet given Sept. 11, at Adrain, Mich., by the county bar association of that place to the medical profession, Dr. O. A. Gates, a graduate of the A. S. O., responded to the toast, "The Lawyers." In addition to establishing a reputation as a doctor of osteopathy, Dr. Gates is becoming famous as an after dinner speaker.

Dr. A. L. Miller of Cleveland, Ohio, and Miss Elnora Sylvester of the same city, were married Sunday, Aug. 3, at the home of the bride's parents. Dr. Miller has been in Cleveland a little over a year and has built up a good practice. Mrs. Miller is a daughter of Mr. John Sylvester, a former well known conductor on the Lake Shore and Michigan Southern railroad, now a popular member of the sophomore class of the A. S. O.

Mrs. A. L. Conger of Akron, Ohio, a former student of the A. S. O. and of the Des Moines school, is now completing her course in osteopathy at the A. S. O. Mrs. Conger is quite well known in osteopathic circles being one of the stockholders in the Des Moines school.

William Estus Price of the June class '02, A. S. O., died at Magnolia, Miss., of swamp fever, shortly after locating there for the practice of osteopathy. We have not been informed of any of the particulars of his fatal illness. His many friends will be sorry to hear of his untimely death. He was an excellent student and popular with all at the A. S. O.

Dr. Geo W. Reid, who has been practicing in Warren, Ohio, for the past year, will this fall enter Hiram College at Hiram, Ohio. He will practice his profession there while he studies to complete a college course. His practice in Warren, Ohio, will be continued by his brother, Dr. J. F. Reid. His many friends wish him success in his efforts for higher education. It takes energy and pluck to take a college course along with professional duties.

The following osteopaths visited the A. S. O. during the last month: Drs. Ira McRae of Trenton, Mo.; Lucy K. Peel, Findlay, O.; Julia Storm, Marshall, Mo.; William Meeks, Alton, Ill.; J. C. Stone, Leon, Ia.; Charles Lorenz, Columbus, Ga.; J. F. Byrne, Ottumwa, Ia.; E. S. Reesman, Dodge City, Kan.; James F. Walker, Quincy, Ill.; Henry Snedeker, Cincinnati, Ia.; U. T. Miller, Moberly, Mo.; W. J. Ford, Chariton, Ia.; E. L. Denniston, Gallatin, Mo.; Emma Hoyer, Lincoln, Nebr.; John Bell, Anna, Ill.; H. G. Kellogg, Louisville, Ky.

Mrs. Ellen Lee Barrett Ligon of Mobile, Ala., a graduate of the A. S. O., class of 1900, is now in Kirksville taking the course in dissection and other special work in order to prepare for her examination before the medical board of Alabama. She will take the examination about Jan. 1. The board has agreed not to arrest her provided she promises to take the examination. This she is preparing to do. The examination will be in all subjects usually given by the medical board excepting materia medica. She reports that the Alabama osteopaths will make a fight before the legislature at the next session which will be held the coming winter.

Dr. Charles J. Muttart, lecturer of anatomy in the Philadelphia College of Osteopathy and Dr. A. Belle Fleming, both of the June 1902 class of the A. S. O. were married at the home of the bride in Lock Haven, Pa., at noon Thursday, Aug. 28. They have opened offices for the practice of osteopathy at 1113 Walnut street, Philadelphia.

#### Athletic Notes.

The foot ball season opened at Kirksville Sept. 20, when the Haskell Indians of Lawrence, Kansas, defeated the A. S. O. by a score of 6 to 5. The A. S. O. scored in the first half but Johnson failed to kick goal. In the middle of the second half the Indians scored a touch down and kicked goal. Following is the line up:

	A. S. O.	
Haskell Indians		
Archiquette	R. E.	Malone
Houser	R. T.	Van Doren
Bob Tail Bull	R. G.	Miller
Fugo—Hunt	Center	Crabtree
Red Water	L. G.	Bean
Duboise—Baine	L. D.	Craig
Felix—Guyon	L. E.	McMains
Fallis	Q. R.	Johnson
Oliver	R. H.	Crowley
Baine	L. H.	Ganong
Minguel	F. B.	Bibbsy

The schedule is not yet complete but the following games have been arranged:

University of Illinois at Champaign, Oct. 1  
Ensworth Medics of St. Joseph at Kirksville, Oct. 11.

Keokuk Medics at Kirksville, Oct. 18.

Gem City Business College of Quincy at Kirksville, Oct. 25.

Keokuk Medics at Keokuk, Nov. 8.

Gem City College at Quincy, Nov. 27

Haskell Indians at Kansas City, Dec. 4.

Later: Illinois defeated A. S. O. at Champaign, Oct. 1, 22 to 0.

#### Offered up to the Great God Success.

President Charles M. Schwab of the United States Steel Corporation, who is 38 years old and was blessed with a vigorous constitution, has been compelled to resign his position, which paid him about \$1,000,000 per annum, because his nervous system has broken

down from overwork.

This young man stood as a distinguished type of the Captain of Industry of our stirring and strenuous day. He was devoted to his business, familiar with its every detail, having worked up grade by grade through the most important of all American manufacturing interests until he stood at the head of the world's greatest industrial corporation. His success was a success of brains and enterprise and untiring energy.

Yet his success spells failure for Charles M. Schwab. The chances are that, physically, he will be a broken man all the rest of his life. With an exceptional natural endowment of health and strength, there is now no health or strength in him. Carried too far by the fascination of the game of business, and with eyes fixed on the prize of vast power and wealth which it holds out to capable and masterful men, he has bankrupted himself in his early prime and fallen helplessly out of the contest. His principal use for the money won thus far is to pay it out to doctors and nurses.

There is a warning for American business men in this lesson. They are inclined to set too hot a pace for themselves. They are spendthrifts of mental and physical force, of nervous energy. Yet they have only a certain fixed amount to their credit in Nature's bank. When that is exhausted, their drafts will be promptly dishonored by that bank. And when this point is reached they are poor indeed. President Schwab of the United States Steel Corporation has reached this point. He would give all he has in the world to regain that health which he has sacrificed on the altar of the great god Success.

"Bridget, who was in the kitchen with you last evening?"

"Nobody but microbys, ma'am."

"Mike who?"

"Microbys, ma'am. They're in the water, ye moind. There's eight hoonder' in every blessed tayspoonful, ma'am, an' when ye absorbs thim, they attacks the alleymintary canal, ma'am, and projuces serious intestinal disorders, ma'am."

—Cleveland Plain Dealer.

#### A CHANCE FOR NATURE.

##### Doctors are Forsaking Drugs More and More.

"The practice of medicine has undergone great changes during the last ten years," said Dr. Charles F. Kuhne, of Chicago, at the Shoreham last night. Dr. Kuhne was connected with the Marine Hospital service during the war with Spain and rendered excellent service at Santiago after the surrender, when the surgeons of the Marine Hospital service commenced the cleansing of the city under the direction of Major General Leonard Wood.

"Throughout the country surgeons and physicians have come to realize that the simpler the methods pursued the better for the patient and the quicker the recovery. It is the endeavor of the up-to-date practitioners to allow the human system to do as much of the work of healing as possible, only strengthening when necessary, tissues and organs that are drawn upon to supply the deficiencies that may exist as the result of disease during the healing process. Gradually the change has come about, and I firmly believe that with such men as Senner, Murphy, Oxner, Fenger, Janeway and numbers of others I could name, subscribing to the modern ideas and devising improvements in treatment of disease and in surgery, the profession will gain in the estimation of the laymen and more wonderful cures will be wrought. The old day of physic and bleeding are so far away as to need the strongest memory of the oldest man to recall them, yet the progress made has all been accomplished within the course of the last century, a wonderful stride in science when it is remembered that the doctors of the 18th century were barbers.

"Of all branches of scientific attainment I believe medicine has made the most advances. Even now there is an evolution going on in surgery which is bound to result in great benefit to mankind. The old methods of soaking wounds and sutures with antiseptics is gradually being abandoned, and when an operation is to be performed it is done through aseptic rather than antiseptic methods. The washing of the sutures with germ-destroying poisons is being discon-

tinued, and the thorough cleansing of the portion of the epidermis where the operation is to be performed is done instead. Infectious germs do not live inside the body, and therefore the constant use of antiseptics is unnecessary and takes too much time; besides, such methods were not as simple and easy as the aseptic."—Washington Post.

##### "The Old Oaken Bucket" Was Full of Microbes.

Microbes in whiskers, microbes in kisses, microbes on the communion cup, microbes in the handshake, microbes everywhere—that is the burden of the twentieth century song of sanitation.

We have been boiling the baby's toys, sprinkling our kisses with carbolized rose water, bathing our whiskers in concoctions of eucalyptus, and adopting every precautionary measure suggested by the bacteriologists, but the microbe flourishes and waxes fat. Bait him to death with the latest antiseptic shower bath at one point and he reappears somewhere else in increasing numbers and vigor. Feed him knockout drops to-day and he bobs up to-morrow ready to renew the attack upon our frail anatomy.

And now comes the stern, unsentimental sanitarian with his ax and chops all the poetry out of the dear old song of our childhood, "The Old Oaken Bucket." In a recent number of *The Engineering News* he shows that the moss-covered bucket was "slimy with organic matter" and filled to the brim with microbes of every form and color. The writer recalls "the malarious farm, the wet, fungus grown wildwood," the "scum-covered duck pond, the pigsty close by it, and other pestilential spots in the vicinity of that well. Instead of being a fount of sparkling health and refreshment the bucket, according to this sanitary authority, was "reeking with nitrates and nitrites," with rotting wood fiber and oxid of iron.

And thus is rudely smashed by the cold decrees of science one of the prettiest illusions of our boyhood days. We find that instead of being a thing of beauty the moss-covered bucket was as full of impurity as one of CLYDE FITCH's problem plays. Instead of raising it to our lips and drinking in its pestilent drafts the water should have

been treated with potassic permanganate, afterward boiled, filtered through charcoal and gravel, then distilled and strained.

And yet the big, sturdy, robust young country boys who drank from the moss-covered bucket several times a day were strangers to the stealthy microbe that is burrowing in our anatomies to-day. They may have had an occasional chill, but they went right on raising corn and potatoes and laying foundations for the physical vigor that was finally to be consumed in the building of the modern microbe-infested cities.—Chicago Record.

#### In the Name.

When an enemy attacks us we will usually fight back with the same style of warfare he has employed against us. If fists, then with fists; if strategy, then with strategy. Said a certain candid and intelligent medico to a certain frankly enthusiastic would-be friendly osteopath, this summer, "osteopathy? why the very name is sufficient to kill you anywhere."

Come, now! O come! Well, if it is names you use as weapons, let's see what is in the names. Allopathy means "another sickness," homeopathy means "the same sickness," osteopathy means "bone sickness." Whoever heard of bone sickness? The name is provocation for a smile, after all let's call it a smile of anticipation.

The allopathic practice is that which attempts to cure one disease by super-imposing one of a different nature—so defined in standard dictionaries; and it is adhered to by the large class of souls—the very souls of discontent, who prefer any other trouble to the one they at present have; quite a familiar trait of human nature. Nor is this a purely fanciful tirade. Of all the medicines in the pharmacopeia there are not a dozen that are not poisons.

The homeopathic system is that which attempts to cure one disease by giving the same disease in a different form and through a different channel. It is preferred by those souls of conservatism who choose rather the ills they have than fly to those they know not of. The medicines used by the homeopaths would, if administered to a well man, produce symptoms identical with those

they are given to combat. Greek is set against Greek, symptom to fight symptom.

In osteopathy the disease is cured by restoring the mechanical arrangements of the body to perfect order—the body framework with its hundred joints, the circulation of the blood, the drainage of the lymph, the free action of nerves.

Physicians of the allopathic school often object vigorously to the name applied to them, claiming the name "regular." They are welcome to the distinction. The dictionary gives the matter away. It says that a regular practitioner is one of the school that represents the system, so styled by themselves, but otherwise called allopath.

Before the osteopathic system the more primitive methods of healing are beginning to fall into disuse.

As to the matter of the "killing," the namely ironical suggestions conveyed in the names allopathy and homeopathy are killing, entirely aside from the medicinal measures employed, of which nothing at present need be said. So much for the names.

#### Osteopathy Explained.

RATIONAL HEALING, OSTEOPATHY, is the title of a neat little pamphlet that recently came to our desk. It is by Horton Fay Underwood, D. O., of Elmyra, N. Y. This is one of a set of six brochures prepared to answer some of the questions asked regarding the science of osteopathy. They are intended to give any intelligent person a clear comprehension of this method of healing without drugs. Below are the contents of the various numbers of the set, any or all of which will be gladly furnished upon application to the author:

No. 1. OSTEOPATHY.—Its history, theory and treatment.

No. 2. Osteopathic treatment in rheumatism, gout, spinal curvature, headaches and neurasthenia, (nervous prostration).

No. 3. Osteopathic treatment of digestive disturbances, namely, dyspepsia, diarrhoea, appendicitis, and constipation.

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