

The Journal of Osteopathy

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THE JOURNAL OF OSTEOPATHY

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THE TRUE CONCEPTION OF OSTEOPATHY.

Carl P. McConnell, D. O., Chicago. III.

I TRUST every osteopath will read Dr. A. T. Still's late work on "The Philosophy and Mechanical Principles of Osteopathy." It will make him a better osteopath, and especially to the practitioner in the field, a frequent reading of the work will be an inspiration. There are many invaluable hints and thoughts for reflection, and even after a careful reading of the book much will escape.

In reading the work two or three thoughts were particularly vividly impressed upon me, relative to the conception and scope of osteopathy. When teaching osteopathy in the American school, and since, as a practitioner, I have continually observed that there are a few who do not seem to grasp the osteopathic philosophy, but rather confound it with some indefinite stimulation and inhibition fancy of theirs, so that even a Swedish movement curist or masseur would blush with shame at their awkwardness in practicing mechanical therapeutics.

The public are rapidly becoming educated to osteopathic truths, and soon everyone will be able to judge of the safety and capability of an osteopathic practitioner. Heretofore it has been that no matter who hung out his shingle, claiming to be an osteopath, whether he knew anything about the practice or not, he would probably receive more or less of a practice upon the reputation osteopathy has made. Now it is different, every physician must stand upon his own ability and be judged accordingly.

It has not taken the public long to discover that there is a vast difference among osteopathic practitioners, the same, or even more than among physicians of other schools; where one may fail another may succeed. Just because a patient has tried the skill of an osteopath, it is no reason that osteopathy will not help him. Study and experience are just as valuable to the osteopathist as to the surgeon.

Relative to direct specific work Dr. Still writes as follows:

* * * * "I want you to see that all force, either stimulating, quieting, motor, nutrient, sensory or any kind or quality of nerve supply, comes to the muscles and glands and the organs of the whole system from some de-

pository, and has got to get to its destined muscle, nerve, vein or flesh, through gates and openings in or between the bones. When these gates are closed, and the nerves lose control of the blood to a single muscle or a whole system of muscles, with all the supplies of the fascia and cellular system cut off, then starvation and spasms of muscles appear and they become very contracted and hard. Right here is the red rag of the masseur or the osteopath who dwells so much on the inhibiting of nerves and muscles. His lack of knowledge in the field of philosophy, leaves him in the field of the masseur only. He gets some good results, and thinks his rubs are the best rubs in the world. He tells you, 'Have the patient lie on his breast, hands hanging down the sides of the table; then have the operator stand at the side of the table or leather-covered upholstered bench, and look all over the spine and sacrum. If a high bone is here, a low or sunken place at the centre or sides near the transverse processes, where the ribs are held in attachment to the spine by ligaments, you must treat here and there, by pressing the fingers heavily between ribs and spine and rub the back up and down, with the hands on either side of the vertebral column.' He has you work on the back, using a heavy pressure, with a washwoman's motion when she has a shirt on the washboard. The patient gets well or dies, and the masseur thinks his hands have a good washboard, when he is pushing a lean woman's skin, fascia and rhomboid muscles over her ribs. He thinks he has a good job in the health laundry, and rubs hard, fast and long. He thinks her ribs, twelve on each side, makes as good a washboard as "Mam" ever washed a sock on. He never stops to think that ribs are tied to muscles, that they are tied to other ribs, and from them to points on the spine, and that better results than with great pressure of a man's hands on the back with up and down passes could be obtained. He should remember that slipped or twisted vertebra and ribs must be sought out and adjusted, giving intercostal nerves thorough freedom to act, and soften muscles, and let blood loose to feed and nourish the whole spine. I contend that the curing comes direct from the liberation of the inter-spinous and costal nerves, freed from bone pressure on the nerves of motion, sensation and nutrition."

Here we have the word of the discoverer of osteopathy, telling us to seek the abnormal anatomy and readjust it. Most assuredly, osteopathic work is not accomplished by a lot of rubbing or poking. Why is it then, some osteopaths go through more or less of a general routine with each and every patient? It certainly cannot be accounted for on any other ground than that their conception of osteopathy is wrong. As a rule they are hopeless; they do some good work by hit or miss, but their work is mostly of the latter.

Undoubtedly all osteopaths do more work than is necessary, but I believe it will be found that each year's experience lessens a lot of their non-sensical extra work and manipulation.

Another idea Dr. Still brings forward very forcibly is in regard to frequent treatment. He says as follows:

* * * * "To treat the spine more than once or twice a week, and thereby irritate the spinal cord, will cause the vital assimilation to be perverted and become the death producing executor, by effecting an abortion of the living molecules of life, before they are fully matured and while they are in the cellular system, lying immediately under the lymphatics. If you will allow yourself to think for a moment, or think at all of the possible irritation of the spinal cord and what effect it will have on the uterus, for example, you will realize that I have told you a truth, and that I have produced an array of facts to stand by that truth. Many of your patients are well six months before they are discharged. They continue treatments, because they are weak, and they are weak because you keep them so by irritating the spinal cord."

All practitioners of osteopathy have had the experience of where a patient has stopped treatment before recovery has taken place, that after a few weeks' rest from treatment, the patient has gotten absolutely well. We simply accomplish our work, while nature does not always keep pace with us. The idea of giving a patient a "vacation" from treatment is for this reason.

I firmly believe there is as much danger, if not more, from over treatment than from not treating enough. I believe all of us are apt to treat too much, and thus keep the spine and other parts irritated, preventing a speedy cure. To know how much force to use and when to stop in treating a delicate spine requires a thorough study of the case. Harm can readily result in these cases.

I never could understand, how, in the name of common sense, an osteopath could treat his patients every day, unless of course, special and acute cases, and besides, treat them for an hour. It is a disgrace not only to themselves, but to the profession, to call such hash-work, osteopathy. I am sure not even a "rubber" at a hot springs resort would want to be classed with them.

There can only be one answer to all of this; they simply have not grasped the principles of osteopathy. One feels almost like apologizing for bringing up this subject, but like disagreeable subjects in all professions, it has to be met.

On the relation of surgery to the osteopathic field, Dr. Still states his views clearly and comprehensively: * * * * "Surgery has its place in the scientific uses, and I think it has grown to be a very great science. In the hands of a judicious person, it can be of untold benefit; but in the hands of a bigot, I think it is a deadly curse. Osteopathy is surgery from the physiological standpoint. The osteopathic surgeon uses "the knife of blood" to keep out "the knife of steel" and saves life by saving the injured or diseased limbs and organs of the body by reduction, in place of removing them.

"We want to avoid the use of the knife and saw as much as possible. We must be patient, and use freely a skillful knowledge of physiology, remembering all the time that cures come along as a result of physiological action, after the most skilled surgeons, of this and past ages have done their

best work. We do not expect or even hope to improve on the skilled arts of surgery in amputation and other legitimate uses of the knife and saw; but we do hope to understand the forms and functions of the parts of the human body to a saving degree of knowledge, and apply that knowledge in such a skillful manner, that abnormal conditions demanding the use of the knife, will not occur, such as tumors in the body, or stones in the bladder and gall sac, which form when some function fails to keep line, and chalk and other substances in solution, as nature intended they should be while in circulation. If we can come to the rescue by producing better drainage through the veins and excretory channels, we prove our ability as surgeons, by using nature's knife in place of the surgeon's knife of steel. Growths in the abdomen, such as tumors, only form when some channel of drainage is shut off. If we wish to stop or remove a growth of any organ of the abdomen, we must line up the body in good form for the appropriation of the arterial blood by the organ to which it was sent out by the heart; then fix all the vessels of drainage, turn the nerves loose, and the work will be done. Too much has been made of the knife, and too little trust placed in nature. The knife can be seen; nature is known only by the power of the gift of reason well applied. The knife, particularly for the last few years, gets larger rolls of cash for its work than the pills; also the grave and heaven get more men and women—that is, if they have plenty of money to pay for their ride. Poor people seldom have tumors or appendicitis, because the doctor finds he can attend them without the knife. I tell you, it is the wealthy that generally get the deadly knife."

In my opinion, here is one of the stumbling blocks to the young practitioner. At the present day, the medical profession is running wild with the possibilities of operative surgery. There are so many surgeons that are not conservative but "cut and slash" with positively a great deal of recklessness. To see some of them operate upon the least provocation is certainly outrageous.

Legitimate and conservative surgery is one of the greatest blessings of the age; but some of the mutilation that is being conducted in the name of science is terrible. Nothing gives me greater pleasure than to cure the patient whom the surgeon has doomed, as far as their skill is concerned, to the operating table. And nothing is more pitiful than to witness the agony of a patient, who has been rendered helpless from suffering brought on by the horrible mutilations of the knife.

APPENDICITIS.

D. G. Westfall, D. O., Findlay, Ohio.

THE ravages of appendicitis in the last decade have startled the world. Mankind to-day stands trembling and with bated breath at the thought of the dreaded malady. And we need not wonder at this trepidity when we contemplate the record of the medical profession in dealing with the disease.

The brightest stars of the profession in every land have searched their pharmacopeia from cover to cover and exhausted themselves in the formation of new drug concoctions in the vain hope of discovering some reasonably sure remedial agent. At last, the whole medical fraternity, at their wits' end, conscious of absolute failure, realizing their utter helplessness in contending with the disease by drug medication, like a herd of bewildered cattle, have looked first in one direction, then in the opposite, then stampeded pell-mell into the wide open arms of modern surgery. They became, thereby, prisoners of hope but are dying in despair.

While many of the most prominent surgeons claim that the mortality rate has been greatly lowered by the rule of "early operation in every case," the facts do not bear out the assertion and the terror still stands in the way. Owing to this fact, great differences of opinion have arisen in the ranks of the medical fraternity between the so-called radicals and conservatives. At the meeting of the American Medical Association held at Saratoga Springs, N. Y., last June, much time was spent in discussing the topic of appendicitis and Dr. John B. Deaver of Philadelphia, the most prominent specialist in appendicitis in the United States, read a paper in which he gave his experience in dealing with the disease in accordance with the radical rule of modern surgery. He said that he had operated on 416 cases, 279 were acute with a mortality rate of 15.3 per cent., 137 were chronic with mortality of 7 per cent. Yet, in the next breath he urges immediate operation as soon as diagnosis is made, and Drs. Abbe and Weir of N. Y. and Drs. Ohlsner and Murphy of Chicago, together with many others joined in the discussion and sanctioned most heartily all that Dr. Deaver had said and thanked him most fervently for having solved the question of treatment of acute and chronic appendicitis. Yet, at this same meeting Dr. Parker Syms reported nine cases upon whom he had operated, all nine having died. He proved satisfactorily to himself, however, that death in all these cases was unavoidable and gave the Deaver plan his heartiest approval. Notwithstanding all this, and contrary to the wishes of these apostles of modern butchery, a goodly number of the lesser lights of the profession and the great majority of the laity have actually gone to thinking and they are persistently asking the annoying question: If the acute mortality rate in Dr. Deaver's own experience is 15.3 per cent. and the chronics seven, why would it not be advisable to allow them all to become chronic before operation, thereby lowering the mortality rate 100 per cent? Thus, while Deaver, Abbe, Weir, Ohlsner, Murphy, and Syms urge early operation in every case at all hazard, Smith, Senn, Greig, White and many others strongly oppose their views, and the public is largely on the side of the conservatives.

Hence, we see that the medical fraternity is a house divided against itself and is no nearer a satisfactory treatment of appendicitis than they were a decade ago. But a bow of radiant promise has appeared that shall dispel the gloom and shall lessen the fear at the approach of the dreaded malady. It has

not emanated from the great lights of Vienna, Berlin, Edenburg, New York or Chicago, but from the meek and lowly sage of Kirksville—Andrew Taylor Still. His child, osteopathy, challenges the world of medicine to compare notes in dealing with the disease. In the last few days I have received reports from twenty-three cases of appendicitis treated by six osteopaths in this state and my own experience swells the number to thirty, everyone of which fully recovered; be it understood also that this number would have been increased fourfold if the many cases of pseudo-appendicitis, commonly diagnosed appendicitis by the regulars had been taken into account; only the genuine have been considered. The above reports correspond closely to the reports of our leading institutions and our leading practitioners everywhere, so that it is an established fact that up to this time the mortality rate of appendicitis treated osteopathically is so low as to render it practically nil. Our record thus far is one of which we may well be proud and is due to the fact that the methods of dealing with appendicitis osteopathically are unique from every viewpoint.

1st. Let us look to etiology. While we do not discard the accepted theories that appendicitis may be caused by enteroliths, seeds, constipation, bowel impaction, catarrh of the colon, external traumatism, etc., nor deny the presence of the various bacteria said to be often found in serious cases, in fact, we accept this as true; yet we stand alone in the positive declaration that a very large majority of all cases reported would never be heard of if it were not for the impaired condition of the bowel tone rendering it incapable of defending itself against the exciting causes; the condition arising from spinal and rib lesions affecting the blood and nerve supply to the part. Among the common lesions found in this connection are (1) Downward displacement of the eleventh or twelfth ribs, sometimes both, usually accompanied by spinal lesions anywhere from the ninth dorsal to the second lumbar and through connection with Auerbach and Meissner's plexuses disturbing the peristaltic action of the bowel resulting in constipation or bowel impaction. This condition is often manifest in the ascending colon where paresis often obtains, resulting in ptosis of the bowel, conducing to constipation and impaction directly, and indirectly to inflammation of the cæcum and appendix. (2) Spinal lesions anywhere between the eleventh dorsal and second lumbar often affect the sympathetic vaso-motor fibers to the abdominal vessels and if the ileo-colic artery which supplies the appendix is affected inflammation will arise purely from vaso-motor disturbance. It is well known by the profession that these lesions are very common and are due to various causes, such as severe strain of the spine, hypertonicity of the spinal muscles, caused by injury, la grippe, severe or too vigorous exercise. These very important facts have been recognized alone by the osteopath who has demonstrated to the world that *it is more rational to remove the cause than to cut out the effect.*

2nd Diagnosis. The leading lights in the medical world consider the diagnosis of appendicitis easy. They claim that tenderness in the right iliac fossa coupled with pain at McBurney's point is pathognomonic. This posi-

tion we regard as untenable for the reason that many other conditions produce these symptoms, viz., obstruction to the ileo-cæcal valve, catarrh of the small intestines, cæcal ulcer, intussusception, Dietel's crisis, ovaritis, salpingitis, etc. The idea of the diagnosis being so easy accounts for the many cases in which such disastrous mistakes have occurred. Most osteopaths have disabused their minds of the thought that a positive diagnosis of appendicitis is easy. It is not. *Butler says*, "An occasional lack of correspondence between the symptoms and the actual local condition may cause the most expert diagnostician to trip." and I may add that this very fact coupled with the most inexcusable carelessness in diagnosis by many modern cutters has cost many a poor victim his life. The points upon which I have based my diagnoses of acute appendicitis are as follows:

1. The usual pain at McBurney's point.
2. Pronounced tenderness in right iliac fossa.
3. Marked rigidity of the right rectus muscle.
4. Serious irregularity of pulse and heart failure often conducing to fainting.
5. Inability of patient to lie on left side from pain caused by the abdominal contents settling away from right side and producing traction on the inflamed tissue.
6. Desire of patient to flex legs upon abdomen in order to relax the tissues about the appendix.
7. Nausea, vomiting, fever, tumor.
8. The usual rib and spinal lesions above mentioned.

In chronic appendicitis there is a more or less frequent occurrence of the above symptoms but to a lesser degree of intensity.

This may appear as a long list of symptoms and in all probability no one case would produce all of them, but I believe it to be a good list of points from which to form an intelligent osteopathic diagnosis.

3rd Treatment. The treatment of appendicitis demands great care and promptness.

1. Copious enemata should be given to remove the fecal matter and foreign bodies and to reduce the pressure upon the bowel tissue, thereby, inviting a freer and more abundant *circulation of the blood.*
2. For temporary relief, strong inhibition should be given from the ninth to the twelfth dorsal, where the sensory nerves pass through the sympathetic to supply the intestines.
3. It is very essential that relaxation of the tissue at and in the region of the localized inflammation be obtained. This can be accomplished by careful, gentle, yet, thorough manipulation and will usually relieve the patient materially.
4. The part of the treatment of paramount importance is the adjustment of the anatomical derangements which are usually the eleventh and twelfth ribs and the spinal lesions mentioned above.

5. Liquid diet, in moderate quantities should be rigidly enforced. The icebag or hot fomentations can generally be used to great advantage during intervals of treatment. Treatments should be given several times daily until the patient is out of danger.

Now, the question naturally arises: Would you resort to surgery if your treatment fails? In answer to this I will simply say that if, after a thorough test of the treatment outlined above the patient grows worse and circumscribed abscess is apparent, and death is imminent, I think it in accord with the best teachings of the profession to resort to surgery. Osteopathy is willing to lock arms with very conservative surgery and apply it when positively needed but she cannot keep step to any other tune than operation as a last resort.

THREE CASES OF EPILEPSY.

M. C. Hardin, Ph. D., D. O., Atlanta, Ga.

I HAVE treated, in four years, three cases of epilepsy. Several others have come to me for consultation and examination, but these three alone have I treated. I give the record of these cases below with the results, hoping thereby to help some one to a better condition of health.

The first was a man of about fifty years. The epilepsy was of eight years standing. Heredity plays no part in this case. The second spasm came on 154 days after the first attack; the third 119 days after the second and the others ranging from 84 to 546 days apart. Before the attacks came on him his weight was 215 pounds. After these attacks he ran down in weight to 185, but during the year previous to coming to me he had reached his former weight of 215. This loss in weight may, perhaps, be attributed to the use of bromides, for during most of the period of eight years he used from fifty to sixty grains daily, but during the last year he omitted it altogether. He is well proportioned physically and is a man well informed and above the average in point of intelligence. His general health has always been very good, but previous to his first attack he lowered his vitality somewhat by overwork in a mental way. His sexual powers have been somewhat on the wane since his thirtieth year. The prostate gland was enlarged to some extent. He has always been a thoroughly temperate man in every way. The spasms have always been quite severe and marked with all the usual symptoms in such a case. On examination I could make out no bony lesion whatever from an osteopathic point of view. There was a slight tenderness in the lumbar and cervical regions. On making a very thorough examination of the case I told him that I did not feel that I could promise him anything, but that if he so desired I would take the case with the understanding that it would be in a measure an experiment. He said he had tried every other thing and he had made up his mind to give us a trial. I treated him two months. My treatment was directed toward the points of usual lesions in such cases, thorough treatment in the cervical region and

the ribs and vertebræ of the dorsal region. I gave attention to the prostate gland and its nerve supply; also the phrenic nerve and the diaphragm. Toward the close of the second month he had a very severe spasm. It was more prostrating and more severe than any one he had ever had. This discouraged him very much,—so much that he left off the treatment from that day, but strange to say, more than two years have passed and he has had no attack since.

My second case was that of a boy of fourteen. He had been sick about a year when I saw him. Prior to this sickness about five years, he had had another attack of epilepsy which lasted him for several months. To an osteopath this is a case of unusual interest. This first attack came on in a very peculiar way, but in a way that the osteopath will certainly appreciate. This boy was playing with a goat. He had the goat hitched to a small wagon for a ride. The goat started down hill with him and began to run and after running for some distance the boy was spilled out and thrown against a tree. He was carried away to the house helpless. He limped about for a day or so and then was in school as usual. One day shortly after this he showed peculiar nervous symptoms and laughed out in school, as they thought, and appeared not able to control it for a minute or more. He was accused of making fun for the school, but the attendant nervous symptoms raised a doubt in the teacher's mind. He showed these peculiar symptoms at home that same day and he was kept from school. He settled down into regular spasms which for a day or so grew more frequent and severe and then they remained about the same,—six or eight every day. He would generally lose consciousness but never did fall. He would catch hold of something or sit down where he was. He appeared to be in his usual health otherwise. One day he was out playing and running very fast when he was tripped up, fell quite hard and rolled down a steep incline. This fall shook him up rather severely and he was helped up and limped away to the house, but the queer result of this experience was that he had no more spasms from this day forth. As the father finished this part of the story I remarked: "Well, that was osteopathy any how and if osteopathy could cure the case then, it ought to do so now. The first fall maladjusted the mechanics of the body while the second but readjusted it. Osteopathy is but the readjustment of the maladjustment of the body."

Five years passed. He was well all this time. One day in school again he showed some nervous symptoms. They took him from school and in a few days he began with the same old spasms again, only they were more numerous and more severe. Whether he had hurt himself in any way at school no one ever knew, but the same old symptoms appeared in an aggravated form.

Physicians of two schools treated him without any results, as in the former instance. They had finally concluded that it was Jacksonian epilepsy and were urging an operation when the father brought him to me. At this time he was having from twenty-four to twenty-six spasms in twenty-four hours. The spasm usually lasted about two minutes or more. However, once a day, about four o'clock every morning, he had a very severe one which would last for

about fifteen minutes. Usually he had a spasm about every hour. I saw him in several. They were very peculiar in some respects. He first became quite restless and nervous and would look about in a very pitiful way. The muscles of the right arm and leg would begin to twitch and draw up and about the same time the muscles about the mouth and both sides of the face would begin to twitch also, and in a moment the whole body would become involved and this condition passed at once into a tonic spasm which continued while the spasm lasted. A very peculiar cry began with the spasm and continued during the entire time. This commenced as a whimpering and whining as the spasm came on. It sounded as though he was beginning to cry and this changed at once into a kind of laugh and cry combined and continued in this way while the spasm lasted. The cry could be heard some distance. The first spasm I saw him have was while I was treating him. He was lying, face down, and I was treating him quite thoroughly when he began to whimper. Thinking that I might have given him some pain and that he was beginning to cry, I began to apologize when his father spoke up and said to me that it was a spasm coming on.

In making my examination of this case I found the following conditions present: The upper cervical region was very sensitive, but I found no bony lesion there. There was also very marked sensation in the splanchnic region of the spine and especially so in the region of the seventh, eighth and ninth ribs on the left. The spine was markedly posterior at this point and these ribs were in a somewhat maladjusted condition. I concentrated my work at these points of maladjustment and sensitiveness. I gave a great deal of attention to the diaphragm. After the second treatment the spasms grew less severe and less numerous. After two week's treatment he had no more spasms. His father had me to continue to treat him for two months, however, to make sure that his body was in good working order. Two years ago in this month (March) I discharged him.

Now comes a peculiar turn in this case. He had fine health till the latter part of last August when the same kind of spasms came on him again. This time he had been playing ball very hard in the hot sun and while he was still very warm he drank quite a good deal of ice water. In the meantime he had acquired the cigarette habit. The spasms this time were not so frequent nor so severe. They brought him to me at once. I found this time no marked anatomical lesion, but a general tenderness along the spine which was more marked in the splanchnic and cervical regions. I treated him this time again for two months. He improved somewhat but did not get entirely well. We could not induce him to quit the cigarettes. Whether this had anything to do with the case I could not say, but it may have had. The last I heard of the case he was about as he was when he left off the treatment.

The third case was that of a boy of eight years. His mother brought him to me after he had had spasms for five months. In this time he had ten spasms. They were all quite severe and typical epileptic spasms in every way. I found

very much the same lesions in this case as in the second except they were not so marked. I applied my treatment accordingly and paid my special respects to the diaphragm. I treated this case for two months. (This number in my my experience seems to be the charmed number in epilepsy.) Toward the close of the first month he had a spasm, but it was a light one and was the last one he has had. It has now been a little more than a year since I discharged him. He has been all the time since then in fine health and is in school doing well in every way.

I desire to make some comments on these cases:

1. Anatomical bony lesions may be added to other causes of epilepsy. Sometimes such lesions are very marked and sometimes they are very obscure. Osteopathy handles the one as well as the other.

2. In the second case the question naturally arises, why were we able to relieve the case once and were not able to relieve it the second time? My answer to this question would be as follows: In the first instance there was a very marked anatomical lesion which being reduced the spasms ceased. But this was his second attack of epilepsy and now the nerve tissue itself had, from these recurring and continued attacks, acquired a kind of bias, or *habitus*, technically a *diathesis*, toward a recurrence of the same condition. Thus other causes than anatomical disturbance might induce an attack. In order to reach such a case it would be necessary to overcome this *diathesis* of the nerve tissue itself. This cannot possibly be done, as a rule, in so short a time as one can adjust an anatomical lesion. Hence, I am thoroughly convinced that if we could have had further time with this case the second time and had been able to control the patient as we should, we might still have overcome the trouble.

3. This leads me to say that we are often put to a great disadvantage with other systems of treatment by not being able to keep our patients long enough. The people are willing to give and do often give the medical doctor months where they allow us weeks, having gotten the idea somewhere that if they bring their sick to us they must expect miracles. I long for the day when we shall be given an equal opportunity with the M. D. in these things and then we shall have results that will give us yet a better standing than the enviable reputation we have already made for ourselves.

DISEASES OSTEOPATHICALLY DESCRIBED.

By Carl P. McGonnell, D. O., Chicago.

THIRD PAPER.

Nasal Catarrh.

It may seem almost superfluous to some at first thought to attempt a description of a disease with which every one is very familiar. It is not a reiteration of familiar symptoms or descriptions that I am desirous of bringing forth in the common disorder of catarrh of the nose, but rather to emphasize

some of the serious, far-reaching effects that may arise. In certain damp, changeable localities it is rare to find an individual who does not suffer to a greater or less extent from this trouble. The tendency of this disorder is to become chronic, and after becoming chronic to involve contiguous tissues and organs, especially the ears, throat, larynx and bronchial tubes.

ACUTE NASAL CATARRH.

Acute nasal catarrh is known by every one as a "cold in the head." In itself it is not necessarily a serious thing to "catch cold." Only when the tendency to catch cold becomes chronic or when the individual is weak and debilitated should one become particularly concerned provided he is taking reasonable care of himself.

Acute nasal catarrh is an inflammation of the mucous membrane of the upper air-passages. In some cases a nasal catarrh is a premonitory symptom of another disease such as scarlet fever, measles or influenza. Care must then be taken in even such an apparently simple thing as a cold in the head, especially if there is an epidemic of measles, influenza, etc., about.

All are familiar with the sneezing, chilliness, headache, fullness in the head and general indisposed feeling that precedes an attack. When the cold is a severe one there may be fever, quick pulse, dry skin and aching in the arms, back and legs. At first there is no discharge from the nose, the breathing is difficult and the head and nose feel full owing to the congestion and inflammation. In a short time there is a thin, irritating discharge from the nose, which later may become very thick.

When the cold is severe or prolonged by repeated attacks there is always a tendency for the catarrhal inflammation to extend to the ears and cause at least temporary deafness; also, a tendency for the throat to become sore and the voice hoarse, and in some cases for the cold to settle on the chest. So in those cases where there is fever, aching and headache accompanied by loss of smell, loss of taste and appetite, deafness and a sore throat, the physical and mental state of the sick one is anything but pleasant to say the least.

The average duration of an attack is about one week, although this time varies considerable owing to the severity of the attack, the previous health of the individual, and the care and attention given the cold.

The osteopathic treatment always offers instantaneous relief, and if the treatment is persistent and insistent as it should be, little need ever be feared of the consequences of acute nasal catarrh.

Good personal hygiene and nursing are always demanded on the part of the sufferer. If reasonable personal attention is given at the start little or no difficulty will be experienced; it is with the severer attacks and those impaired in general health that a physician should invariably be summoned. Keeping the room at an even temperature and attention to the food and regulation of the bowels will be of great aid.

Catching cold means either a direct influence of the atmospherical changes

upon the mucous membrane resulting in immediate congestion of the same, or which is more common, a contraction of the neck muscles and thus a disturbing of the blood-vessels draining the nasal mucous membrane, and, also, an upsetting of the nervous equilibrium controlling the nasal mucous membrane blood supply. Thus the osteopathic treatment directly combats the atmospherical effects by relaxing the contracted muscles and stimulating the nerve supply. Consequently if one can get a treatment immediately after he has caught cold and the involved mucous membrane has had but little time to become impaired and inflamed, a cure will be instantly forthcoming. The treatment is a direct specific—a combatting of the pathological changes the catching cold has started (relaxing contracted muscles and stimulating depressed nerve activity, thus assuring a return of the circulation to the normal and consequent health).

Acute nasal catarrh is a typical illustration of how atmospherical changes or other causes can produce disturbances with the blood circulation by muscular contraction only. The majority of diseases the osteopath is called upon to treat present deeper lesions, those involving the bony frame-work. The relief and cure of most diseases depend directly upon the setting aright of a mal-adjusted anatomy whether of the muscles, bones or other tissues, all depending upon the direct or remote effects of atmospherical changes, falls, strains, etc.

Preventive treatment against nasal catarrh is of value, especially bathing the head and neck with cold water. This hardens the skin and mucous membrane and thereby prevents one from catching cold. The cold affusions should begin in warm weather and be continued the year around. It acts upon the skin directly and upon the mucous membrane reflexly, thus strengthening the weakened parts. Living in a dry, bracing climate for a year or so is also of value.

The success of treating and nursing acute nasal catarrh depends largely upon attention to details. Eating and drinking moderately, keeping the bowels open, dressing warmly, and staying in a warm room for a day or two would save much suffering and prolonging of an attack. Immediate and persistent osteopathic treatment will almost invariably cure acute nasal catarrh in from twenty-four to forty-eight hours.

Occasionally one sees a sufferer from a cold in the head taking what is called the "dry" cure. That is stopping the ingestion of all liquids into the body, and thus the system draws from the blood the fluid necessary for the natural secretions. This, of course, diminishes the fluid in the blood-vessels, as its supply is cut off, and any local congestion is lessened. To some people this method is worse than the disease. This is certainly a very indirect physiological treatment, indeed, patterned after some drug treatment ideas.

CHRONIC NASAL CATARRH.

Chronic nasal catarrh is one of the most common and troublesome affec-

tions of the upper air-passages that either the family physician or the specialist has to deal with. Operations, cauterization, douches, etc., have been employed extensively, and as long as active treatment is kept up some relief is usually given. But the trouble is, that shortly after the treatment is dropped and a fresh cold is in evidence, the stoppage to breathing and other obstructive and irritative symptoms put in appearance again, often as bad as ever.

Osteopathic treatment in the large majority of cases undoubtedly offers more immediate and permanent relief than any other treatment. The reason why osteopathic treatment is so effectual is plain—it strikes at the starting and causative point of the catarrh. Douches, applications, operations, etc., deal only with the effect, for rarely is the cause of the catarrh to be found within the nasal mucous membrane itself. The inflammation of the mucous membrane is due to some obstruction in the drainage of its blood-supply; in other words, there is a damming up of the blood in the mucous membrane due to a physical obstruction, and that physical obstruction is generally found along the course of the blood-vessels where they pass through the neck tissues. Again, as stated under acute nasal catarrh, the neck tissues may become contracted and deranged to such an extent that the nerves controlling the calibre of the blood-vessels to the nasal region are impinged or irritated, thus resulting in congestion followed by inflammation of the mucous membrane.

Hence, osteopathic treatment is the logical treatment, for it deals directly with the abnormalities caused by atmospheric changes. From repeated attacks of cold in the head comes the dreaded chronic catarrh. In the chronic catarrh there is found deeper seated and more permanent lesions than contractions of muscles. The neck vertebræ will invariably be found to be strained and sub-dislocated. Here, then, is the secret to successful osteopathic treatment in the chronic form—a correction of the vertebral lesions and contracted tissues which have been causing an obstruction of a free flow of blood through and from the diseased membranes.

In the chronic form of catarrh the mucous membrane is thickened and swollen and in many instances the immediate and deep seated glands are enlarged. All of this tends to obstruct breathing and particularly at night to disturb the sleep. In some cases the general health is found impaired and a cure can not be expected until this is built up and repaired. Occasionally a case is found where the nasal discharge is fetid, the sense of smell lost and the mucous membrane wasted instead of swollen. Fortunately these cases are rare.

It is not commonly known among the laity that a very large percentage of deafness is due to the extension of chronic catarrh along the Eustachian tubes to the middle ear. As heretofore stated the catarrhal process of the mucous membrane always tends to extend to contiguous structures and organs that are lined and covered by the same membrane. Deafness is one of the dreaded sequelæ to the extension of the catarrhal process, and, indeed, one of the hardest chronic affections of the body to combat successfully. However,

catarrhal deafness has been treated successfully osteopathically, although it usually means a long tedious persistent course of treatment. Still but practically little has been done by the older school practitioners and what osteopathy has done here is absolutely in advance of any other known treatment.

For an interesting and instructive article with case reports on catarrhal deafness the reader is referred to "Remarks On Catarrhal Deafness" by Dr. H. F. Goetz of St. Louis in the October issue of the JOURNAL OF OSTEOPATHY.

There are a few cases where surgical interference may be necessary, new growths. But the promiscuous douching, curetting and cauterizing should be stopped. Undoubtedly much harm has been done with the continuous cleansing of parts and applying of drugs. An occasional cleansing with an antiseptic will give relief and possibly no harm will result; but it is not scientific treatment, it is like applying drugs to cure piles that are a result of a congested liver. Moreover, there is great danger of washing particles into the Eustachian tube and middle ear and causing serious catarrhal involvement of these organs. Then besides, foreign washes do not allow the soothing and healing fluids and processes of nature to act freely; it is like the continual removal of a scab.

Here is beautifully shown the logical and scientific treatment of osteopathy—removing the effects of first cause and establishing an uninterrupted healthy blood stream. After all, in every disease a cure or relief is dependent upon a free circulation. Establish an unobstructed blood supply and nature will take care of abnormal and diseased conditions.

When catarrh has become chronic a cure means several months of hard persistent work. The neck vertebræ must be lined up absolutely correct. Then through work deep over the tonsillar area is necessary; in this locality tenderness and congestion will always be found. Treatment over the bridge and sides of the nose is helpful to at least give temporary relief.

CASE I. Miss S., age thirty-three, Illinois. Chronic catarrh of nose for five years. Douching and application of drugs resorted to for three years with only temporary relief. Headaches, fullness of nose, especially on right side with an occasional bleeding from the same side were the most disturbing symptoms.

The deep neck muscles particularly on the right side from the occiput to the third cervical were much contracted. Atlas was sub-dislocated to the right and forward.

Treatments were given three times weekly for three months resulting in a complete cure. This was over two years ago and she has enjoyed splendid health since; although she takes a treatment about once a month to see if all the tissues are right.

CASE II. Mrs. D., age thirty-eight, Missouri. Chronic catarrh of nose with deafness of left ear. The deafness had been pronounced catarrhal by eminent specialists who stated that nothing could be done. The ear affection was of six years' standing. The chronic catarrh had been troublesome for eight years. A watch placed against the ear could not be heard to tick.

The neck was stiff due to severely contracted muscles, and the deep tissues over the tonsils were swollen and tender. The atlas and axis were forward markedly. After the third treatment the watch could be heard on contact, and after eight treatments at ten inches distance from the deaf ear. At the end of a months' treatment (treatments were given three times a week) hearing was normal; although treatment was continued for four months before the catarrh was cured.

It is very probable that part of the deafness at least was due to circulatory changes otherwise than catarrhal or to direct nerve involvement, as it is unusual and seems practically impossible to relieve catarrhal deafness so quickly.

The deafness was relieved in direct proportion to the readjustment of the atlas and axis. This case was treated five years ago and is well to-day.

CASE III. Miss L., age five, Illinois. Chronic catarrh of nose and throat; also, enlargement of the lymphatic glands of the neck and a slight catarrhal disturbance of both ears. Two years standing.

The lesions presented were, second to fifth cervical vertebrae anterior, sternal ends of first and second ribs depressed. Treatments were given twice weekly for ten weeks resulting in a complete cure.

CASE IV. Mrs. H., age forty, Illinois. Chronic nasal catarrh and catarrhal deafness (left ear watch on contact and right ear at eight inches) of ten years' standing. Usual history of constant medical treatment for several years but had gradually gotten worse.

Lesions presented were atlas anterior, third cervical rotated to left on the fourth. Neck muscles, especially the deep ones, contracted. Treatments were given once and twice a week for nine months. Results: The ear where watch could be heard on contact improved so that watch could be heard at a distance of six inches; nasal catarrh considerably improved. This was six years ago and hearing has remained the same, with possibly a slight improvement.

CASE V. Mrs. C., age seventeen, Illinois. Chronic nasal catarrh and catarrhal deafness. Five years' standing. Left ear watch could be heard at twelve inches; right ear at eight inches.

Examination revealed a right lateral curvature of neck from occiput to sixth cervical. Treatments were given twice a week for twelve weeks. Results: left ear watch at twenty-five inches, right ear watch at eighteen inches.

NOTE.—This article is not to be interpreted that all cases of chronic catarrh and catarrhal deafness treated by osteopathy have yielded successfully. Many patients become discouraged after a short trial if relief is not forthcoming. Where treatment is kept up from three months to a year most cases respond

PROGRESS IN OSTEOPATHY.

Robert L. Walker, D. O., New Bedford, Mass.

It must be a great deal of satisfaction to the progressive, broad-minded osteopath to note the tendency toward a broader and more comprehensive knowledge, and a wider conception of osteopathy, which is evidenced by the fact that our osteopathic colleges are intending to increase their course of study to three years.

Dr. McConnell has well said that the future of osteopathy depends not only upon the practitioner, but also upon the college which gave him his conception of osteopathy.

I have heard it said by medical men in this state that they had no objection to osteopaths being licensed to practice on an equality with themselves, providing they were equally well qualified in point of knowledge to do so, and while the osteopath is not generally very largely influenced by the medical opinion, yet this opinion is likely to influence the public to a certain extent, and it must be apparent that in two short years we cannot learn all there is to be known or all that it is necessary to know of fundamental subjects, and it is to be regretted that so many osteopaths, generally under-graduates, or those of short experience rush into print with articles the sentiment conveyed in which is that "we are all sufficient." Such sentiments do not convince the public in the least, and generally bring unfavorable comment upon the one who wrote them.

One occasionally hears the term "purely osteopathic cases," and I would like to ask what is a purely osteopathic case? In my opinion it is any case which is capable of being successfully treated by any therapeutical method, for osteopathy is or should be broad enough to treat all cases known as curable.

We believe in the lesion as the primary cause of disease, and the removal of it, either by osteopathic or surgical means according to the nature of the case, the means of cure, and therefore think the osteopathic physician should be prepared to do surgical work when necessary equally well with the practitioner of other schools, which under the present limitations he is not qualified to do.

We appreciate the fact that the surgical course of our osteopathic schools is being improved each year, but the lack of clinical practice makes it impossible for the student who desires to do so to obtain sufficient practical knowledge of the subject to carry on work along that line without taking a special course in surgery at an institution providing such a course.

A great deal has been said about the misuse of surgery in many cases, all of which we thoroughly endorse, and in this connection why is not the experienced osteopath with his highly trained touch and intimate knowledge of anatomical and osteopathic relations the most capable not only of performing necessary operations but also of judging when a case can be cured by osteopathic procedures, thus rendering an operation unnecessary?

It has been urged frequently that the osteopath should confine his attention strictly to his own line of work, and should not attempt to do anything outside thereof, but should turn all his surgical cases over to a practitioner who makes this his specialty. Very good, but the surgeon is almost invariably a medical man who has taken up that line from choice, and how can he learn surgery unless he studies it in an institution where the best possible facilities are provided?

Then again, specialization is desirable in a large city, but in a country practice it is not always practicable, and the practitioner, no matter what his school, is most successful who proves himself most capable of coping with any and all contingencies that may arise.

In this respect the osteopaths have been decidedly able to hold their own, and the better they are grounded in all branches of knowledge pertaining to the treatment of disease the better qualified will they be to hold the public confidence under all conditions.

I consider the sweeping classification of *all* medical men as "the enemy" a mistake, for after a residence and active practice here of a year and a half, I have found most of them to be honorable gentlemen who are "living up to their best lights." Upon first coming here we expected to be snubbed right and left by them and their friends, if not worse, and indeed very few of them had anything good to say of our practice, but latterly a good many cases have come to us saying they had been told by their "regular" doctors that osteopathy would probably do them good.

I am therefore forced to the conclusion that much of so-called enmity of the medical men is due to misinformation of the true character of osteopathy, which may possibly have been augmented at some time by the careless statements made by some overzealous but injudicious osteopath.

The osteopath who goes into a community and attends strictly to his own business, doing the best work of which he is capable, and endeavoring to give people the worth of all they pay for, will undoubtedly gain the respect of the community, and I hope to see the time in the near future when any osteopath desiring to specialize in any given direction, as surgery, or diseases of the eye, ear, nose and throat will be afforded the best possible advantages for such a course within his own school, thus rendering it unnecessary to go elsewhere for the required knowledge.

NERVOUS PROSTRATION, NEURASTHENIA.

Forrest Preston Smith, D. O., Montclair, N. J.

NERVOUS prostration is a functional exhaustion and an irritability of the nervous system characterized by many and varied motor and sensory disturbances. There are several varieties, such as the cerebral, spinal, cardiac, gastric, lithæmic and traumatic. It is considered a more or less generalized condition

of the whole nervous system, the character of the symptoms depending upon the location of the cause, as a rule.

The causes are, according to medical literature, trauma, overwork, (mental and physical) worry, sexual excesses, use of stimulants, such as, alcohol, tobacco, etc., and heredity (which, according to the osteopathic theory, plays but a small part in the cause.) It may be secondary to other conditions such as Bright's disease, tuberculosis, gout, rheumatism, malaria, uterine disease, syphilis, etc.

Pathology discloses no distinct degenerative changes, there being only a depletion of the nerve centers and congestion. On this account, many believe nervous prostration to be secondary to visceral disturbances and not a distinct affection.

The symptoms are varied and depend upon the form, primary or secondary. The most common symptoms presented are, headache at base of brain, frontal or temporal region, constricting or diffuse; backache in small of back, indigestion, constipation, weakness, mental depression, irritability, insomnia, lack of concentration, etc.

The usual treatment advised in medical text books is rest, change of air, scenes and diet, and bathing. One authority states, "nothing has been said in regard to drugs and very little can be said." Another says, "drugs are of minor importance and their routine use is to be condemned." What then about the business man, or woman with home cares, who cannot leave their pursuits for a long trip to mountains, seashore or a sea voyage? Even this does not cure as a rule, it relieves sometimes, but there is always the danger of relapses.

At this point osteopathy comes in to claim the therapeutical field. It recognizes the causes already mentioned simply as exciting the condition, the real or predisposing causes being traced to abnormal conditions of the spinal column, affecting the spinal cord and depleting the nerve centers which control vaso-motion, secretion, excretion, nutrition, in fact, all the vital activities that maintain health. Removal of these abnormal conditions relieves the various symptoms. While rest and change of environment assist materially in relieving this condition, yet, it is not essential for a cure under osteopathic treatment. Osteopathy has performed many cures even while the patient continues in the midst of a busy life.

Medical authorities admit that there are "sore spots" along the spine in these cases, yet they do not attempt to explain the cause of this tenderness, while, to the osteopathic physician these "sore spots" are indicative of the real cause of nervous prostration, showing either a contraction of muscles or ligaments or slight changes in the vertebral articulations between the heads of ribs and the vertebræ, thus obstructing the normal blood flow to and from the spinal cord. This sets up a congestion of the blood, weakening and irritating the nerve centers, or, by impinging on nerve fibers at the point in question, which in turn weakens the nerve centers by affecting their nutrition. Then

the overwork, mental strain, worry, etc., calling forth increased energy from the already weakened nervous system, causes the break-down. Where the condition is secondary to other affections as before mentioned, treatment is applied to correction of primary affection.

Under osteopathic treatment, by removing spinal irritation, thus relieving pressure upon blood vessels and nerves, circulation to the spinal cord is re-established; the nerve centers regain their normal nutrition, the congestion and irritability disappears and health is restored. All cases are benefited and the larger per cent. are cured. Even those of long standing have yielded readily. The average case requires two or three months to a year or more treatment, depending, of course, on the individual case, its severity and length of standing.

OSTEOPATHIC PEBBLES.

J. F. Spaunhurst, D. O., Indianapolis, Ind.

Osteopathy unmixed.

Get a health account.

Skill comes by doing.

New ideas generate new life.

Fear is fertile soil for disease.

Osteopathy goes after the cause.

Our surest prospect in life is death.

Success comes by doing one thing well.

Invest in health; it pays the best dividends.

There is no better mental medicine than useful activity.

"Prove all things. Hold fast that which is good."

Osteopathy adds years to your life and life to your years.

Many are wasting time, money and health on useless experiments.

Make haste with your health getting lest your chance for repair be gone forever.

The demands of the osteopaths are imperative and call for the best that is within them, physically, mentally and morally.

Nature is back of every universal law; being back of osteopathy, cures are effected that have hitherto been considered impossible.

Why question the merits of osteopathy? If it be a humbug, anatomy physiology and nature, upon which it is based, must also be humbugs.

The value of health is not appreciated until it is gone. Osteopathy aids man to keep the health he has, and regain that which he has lost.

Perfect health is the result of harmonious action of all the organs and

functions of the body. It will not do for a cog to be larger or smaller in the same wheel.

A pleasant word, a kindly smile, a ray of hope given to the sick and distressed do more for the preservation of God's greatest gift, health, than carloads of medicine.

If you would be happy, handsome and healthy, eat carefully, avoid over-exertion after meals, dress loosely and comfortably, exercise moderately, sleep abundantly and never worry.

Everywhere is needed brave souls, who dare to stand for truth, for genuine osteopathy; who fear not to clutch error by the throat and deliver the blinded multitude from its grasp, fascination and bondage.

Intelligent men and women who constitute the progressive element of the nation, are on the side of osteopathy. Can you afford to remain wedded to drug theories that are clouded with superstition and speculation?

Osteopathic philosophy shows a greater proportion of full and permanent cures than any other healing method, and these results constitute the potent weapon with which to disarm all opposition.

Sick people, who neglect to be treated till they feel better, seldom recover, yet osteopathic treatment effects permanent relief in the early stages of most stubborn, chronic disease.

To come to a conclusion without investigation is neither reasonable or just, hence you should look into the reasonableness of osteopathy, for truth's sake as well as your health's sake.

If you would get rid of those awful neuralgic headaches, side aches, limb aches, backaches, and all kindred aches and pains, go to an osteopath. Because you have tried all else in vain, does not prove that your case is hopeless. The osteopath corrects the mechanical disorder of the human machine, then disease cannot prevail.

Where health exists there is no interference with the free circulation of the blood, or with the nerve force. Osteopathic treatment properly adjusts bone, muscle, ligament, nerve, blood vessel, viscera, etc.; thus the terror of surgical operations are avoided, years of suffering and an early grave prevented, and life made new.

No defective machine can turn out good work; the longer one tries to use it, while some serious obstacle is clogging the wheels, the greater will be the damage it suffers, and the more difficult it will be for a skilled mechanic to put it in running order. When life is in danger, a marked decision is necessary. Repair while there is time. Remember, the wheels that go around without creaking last the longest.

Osteopathic physicians are in earnest. Sick people are also in earnest. They are seeking a remedy for their ills, and it is our privilege and duty to convince them that osteopathy is the better way to health, that it does not

mask symptoms nor substitute one disease for another, but it sets nature right every time, and produces permanent results, without resorting to the pernicious use of powerful drugs, which, especially in chronic cases, secure only temporary relief.

If you can't eat, can't digest, can't think, can't sleep, can't work; irritable and out of sorts, fractious and fly to pieces when anything goes wrong in your business, something is seriously wrong in your system. An enemy is at work somewhere; it must be removed or it will wreck your life. The whole machinery of body and mind are thrown out of gear, and nothing short of a thorough course of skilful osteopathic treatment will put your anatomy into adjustment, giving nature a chance to perform her proper functions, then health follows.

Osteopathic treatment is adapted to the requirements of each individual, from infancy to old infirm age. It is a soothing restorative, never causes serious pain or discomfort, neither does it expose the body nor exceed propriety in any way; hence the most timid, modest or delicate need not hesitate nor feel embarrassed to take treatment. Beware designing people, who through mercenary reasons and prejudice, will advise that treatment is rough, depleting and indelicate. How can they judge of something about which they know nothing? Go to a competent osteopath, or those who have given the treatment a fair test, for facts. If your medical doctor is broad-minded and up-to-date, he will commend it, to do what his treatment absolutely fails to do, else he will display his narrowness by resorting to ridicule in the spirit of opposition, not in the spirit of truth, guided alone by prejudice and the interest of his own private purse. Beware!

Vaso-Motors.

C. H. STEARNS, D. O., WASHINGTON, D. C.

In the Medical Record of January 17, 1903 appeared the following, an exchange from the Nashville Journal of Medicine and Surgery:—

Therapeutic value of heat and cold applied to the spinal column, by W. F. Glenn.

(1) "Nothing should ever be put into the stomach except such substances as form a component structure of the body. (2) If this rule were rigidly adhered to, there should be no digestive disturbances, and we should we should always have normal blood. (3) Since the blood is the life, when the blood has its structural element normal, and every cell receiving its normal supply—no more, no less—disease cannot exist. (4) Since we know that the amount of blood in any part is controlled by the action of the vaso-motor

centers of the spinal cord, and the sympathetic ganglia in close proximity to the cord, when these centers are performing their functions properly, the blood circulation must be normal, and no disease causing an increase of blood in the capillaries of an organ. The application of heat over the vaso motor centers, presiding over that organ, causes almost at once a normal flow of blood in them, and consequently, a normal circulation in the organ affected. (6) When there exists any disease which lessens the normal amount of blood to any organ, then the application of ice over the vaso-motor centers, presiding over that organ, will cause a normal amount of blood to flow to that organ, resulting at once in a normal circulation, and a consequent subsidence of the disease."

Number one includes drugs; two obtain

only when the different anatomical structures are relatively perfect; three is the fundamental element on which osteopathy is based—normal structural element in the blood means perfect blood and, as the blood is part of the body, so the same is true of each and every part; therefore, normal structural element in the body, as a whole, means a perfect body and no disease;—number four is without doubt a fact; five and six are to be dilated upon.

If W. F. Glenn were to follow out his summary, he should say:—When there exists any disease (?) causing an increase of blood in the capillaries of an organ, it reverts to an impingement of the vaso-motors, directly or indirectly, causing the aforementioned congestion or dilation of the capillaries in the organ, the correction of impinging structure causes a normal flow of blood in those capillaries and consequently a normal flow of blood in the organ affected—the heat applied is one method of stimulation, acting on the vaso-motor center in the cord, lessening the lumen of the capillaries. And when there exists any disease (?) which lessens the normal amount of blood in any organ, it reverts to an impingement of the vaso-motors, lessening the caliber of the capillaries, and the application of cold to the vaso-motor for that organ, acts prohibitively on the nerves, increases the lumen of the capillaries, thus equalizing the blood pressure.

The vaso-motors have two sets of fibers, these lessening the lumen of the blood vessels, the vaso-constrictors, and those dilating a blood vessel, the vaso-dilators. In the involvement of the vaso-motors, the results are obtained in the following ways: The congestion is the result of an impingement, entirely paralyzing the vaso-constrictors, or one inciting greater activity of the vaso-dilators or both. Whereas, in the case of an anemia, there is an impingement entirely paralyzing the vaso-dilators or one inciting greater activity of the vaso-constrictors, or both. And in an anemia an additional factor, is the existence of a congested condition primary at another point, calling the blood thence.

W. F. Glenn has come so close to the osteopathic principles that it is only a short step

to understand our theory and practice; to realize what a scientific science we uphold. In theory—structural lesion as the cause of disease. In practice—the correction as the cure of disease.

Numbers five and six put into practice are altered by the osteopathist. In referring to them, I have put a question mark after the word "disease," as we do not say disease causes congestion, or anemia, but rather, disease is the result of congestion or anemia. If heat and cold affect nerve centers in the cord, then subluxated bones, contracted muscles, strained ligaments, etc., impinge these nerves or their connecting branches, causing the unequalized blood to flow, else there is no tenable reason for the non-equilibrium of the life fluids for any length of time, because in acute conditions, these hyperemias and anemias immediately right themselves as long as none of the structural lesions exist. Here they are caused by peripheral irritation. Even then, there always exists for a short time, tender spots at center of organ affected. The simplest illustration for the acute phase is indigestion, superinduced by errors in diet, sometimes a midnight lunch. In such a case the blood is called to the stomach for the extra work, gains control, and naturally assumes the normal equilibrium when the work is completed.

Two illustrations of vaso-motor impingement.

No. I. Young lady, suffering with extreme nervousness, bad circulation to right arm and hand, at all times evident, but when especially nervous the hand would get colder—the malady supposed to be due to the nervousness. I found the third dorsal vertebra laterally displaced and strong pressure at the side to which it deviated, made the hand warmer. The correction of this lesion within the last two weeks has caused the entire disappearance of coldness of arm and hand.

No. II. Hypertrophied spleen and prostrate and impotency. 10th, 11th and 12th dorsal, to left and anterior, 4th lumbar to left. Three months' treatment, with correction of lesions brought about the relief desired.

Unadulterated Osteopathy.

GEO. G. CHAPPELL, D. O., SIDNEY, IOWA.

Dr. Andrew Taylor Still began the development of the science of osteopathy in 1874. Ten years later he was practicing osteopathy, and at the end of the next decade he was president of the American School of Osteopathy, a school chartered by one of the best states in the Union. To-day his name is known all over the world and no man is held in higher esteem by those who know him than is Dr. A. T. Still. No science has more earnest advocates from an intelligent standpoint than has osteopathy. How did he achieve such greatness for himself and for the science he represented? Was it a pleasant work? Was it elevating in the eyes of the public? Did he receive financial encouragement? No! No! No! Having lived near him during the early days of the science and been a close observer of every move connected with its development I can say without fear of successful contradiction that there is not another man on the face of the earth to-day who would have faced the opposition he did and brought osteopathy to its present standing. Adulteration has been the tempting evil, and among those who know little of the real osteopathy, or are too smart or too lazy to learn, it is readily yielded to.

Dr. Andrew Taylor Still knew he was right. He was not afraid to cut loose from old theories. Ridicule and jeering had no effect on him. The first time I ever saw him treat a patient was on the streets of Kirksville. A young man on two crutches was backed up against a goods box and Dr. Still was giving him a twist. Quite a crowd had gathered and the remarks made would have driven any man who did not know exactly what to do, and how to do it, to his adjunct scrap-pile for something to hide his ignorance with. I saw the patient a few days later without his crutches and decided that if I should get hurt I would give the "Old Doctor" a trial if I could do it without anyone knowing it. Many others were of the same opinion for his practice at that time was mostly on the quiet.

A few years later I had to wait between trains at a town not far from Kirksville. Dr. Still was to lecture at the church so I

went to hear and see how he was received. He was ridiculed and scoffed at by people too prejudiced to listen to his reasonable explanations. Someone suggested that if the theory was correct some results should be in evidence. One after another got up and "spoke out in meetin," saying they had been treated at a certain time and no symptoms of their troubles had returned. After the lecture a howling mob, led by the two physicians of the town, followed him to the hotel and demanded of him to tell how he performed the cures. His answer was to the effect that osteopathy could not be taught or explained in a single lecture, even to physicians, and if they were desirous of knowing more of the science they could obtain the knowledge by paying the tuition and attending lectures until they became proficient.

I could relate hundreds of interesting incidents which I witnessed. Month after month and year after year he studied and demonstrated his wonderful discovery to a skeptical public. Finally the results of his treatment accumulated so rapidly that people could not do otherwise than believe his discovery was based on scientific facts. Why was it necessary for Dr. Still to subject himself to such indignities? He could have won fame and fortune in the time he was gaining recognition had he consented to adulteration. Had he been content to let osteopathy go as an adjunct to drug medicine the medical journals and daily press would have devoted column after column to the wonderful discovery. He had probably set more hips than any other living man, and did it not only without blood but without anesthetics and with very little pain to the patient. Why did he not make a hobby of this one thing and make fame and fortune rapidly? Simply because he knew he had discovered a method of relieving all curable ills, and that it could be developed only by the hardest work and study. Up to the present time there has not been an adjunct suggested that could not be learned in a few months' time. The machinery of the human body is so complex that to completely master the subject is beyond the power of man, hence, one's skill as an osteopathic physician depends upon how nearly he ap-

proaches the degree of perfection as a master mechanic of the human machinery. Dr. Still has studied diligently for twenty-nine years and has proven time and again every statement he has made regarding osteopathy being better off without any adjuncts. Why, my dear adjunct friend, if you would go to the "Old Doctor" with a lame back, you would not expect him to "stimulate" and "inhibit" nerve force for a few minutes, relaxing the muscles on the side of the concavity and contracting the muscles on the side of the convexity, rub on some "progressive osteopath's" liniment, carefully adjust a plaster cast, shoot a few thousand volts of electricity down your spinal column, give you an exercising apparatus and instructions for its use, a few boxes of some "progressive osteopath's" salve, especially prepared for the case, to be applied if the liniment should blister—there are many other things you would not expect him to give you to prove himself thoroughly progressive according to your arguments. You know that his knowledge of the human machinery is such that he can do much better without them. You also know that you would not consider any osteopathic physician sufficiently skilled in the work to take your case if he had to resort to these adjuncts.

This adjunct business might appropriately be termed the "Sophomore Idea" for at the end of the second term in genuine osteopathic schools the student knows little about osteopathy but has learned considerable about all subjects common to all schools of medicine. Some people never learn more osteopathy than a "sophomore" ought to know; some schools do not teach more. I have seen adjunct fellows bob up for the last fifteen years (and I could name several of them who would be truly glad to-day if they had learned more osteopathy and not displayed so much ignorance.) We have had the trance medium, the three bottles of colored water hung over the entrance to the office, magnetism, salt baths, medicated baths, Swedish movements, hydrotherapy, electricity, mineral waters, physical culture, medicated salves, etc., each advocate of a particular adjunct claiming that by his superabundant knowledge of osteopathy, a few rudimentary principles of which science had

been accidentally discovered by one A. T. Still, M. D., he was enabled to work his adjunct and accomplish that which would be impossible with osteopathy alone. I am personally acquainted with most of these fellows and I *know* them. One by one they sink into oblivion, while the genuine osteopaths go on and on, gaining important knowledge every day and becoming more and more in love with their wonderful work, finding lesions, correcting them, and seeing their patients get well.

All genuine osteopaths are proud of the fact that Dr. Andrew Taylor Still had the good sense to see whither we were drifting and withdrew his school from the associated colleges, an organization which made it possible for certain osteopathic schools to turn out students who have to hide their ignorance of osteopathy with adjuncts, and at the same time have the approval of the parent institution.

There is only one genuine brand of osteopathy and that is the A. T. Still brand. Don't adulterate it. Don't call yourself an osteopath when you are half adjunct. Don't call yourself a Still osteopath and then do the very things he says, and proves by his work, should not be done. You are at liberty to use the "path" with any other prefix you choose, but that word belongs to Dr. Andrew Taylor Still's brand of osteopathy, and his brand is all right if the man who desires to practice it has the brain, energy, common sense and skill to master it. If you are not a lesion osteopath you are not an osteopath. Adjuncts do not correct lesions.

Ontario Osteopaths Elect Officers.

The Ontario Association of Osteopaths met in Toronto, Feb. 10, and elected the following officers for the ensuing year:

Hon. president, Dr. W. J. Dillabough, London; president, Dr. Robt. Henderson, Toronto; vice-president, Dr. J. C. Lacy, Ottawa; secretary and treasurer, Dr. Edgar D. Heist, Berlin. Trustees: Drs. H. C. Jaquith, Toronto; Jessie B. Hardie, Ottawa; J. A. E. Reesor, Toronto.

Arrangements were made for a convention to be held during the Easter tide at which profitable papers will be read and discussed.

EDGAR D. HEIST, D. O., Sec'y.

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Editorials:

THE A. O. A. meets at Cleveland, O. the middle of next July. Make your arrangements to take at least a week's vacation from your practice and attend this meeting.

* * *

WHAT are the adjuncts to osteopathy that we have heard so much about lately? Any system of treatment that in its application is not directed to the removal of the cause of disease, as we consider it from the osteopathic standpoint, must either be considered an adjunct or substitute. By adjuncts we mean methods of treatment, such as hydrotherapy, electricity, vibration, etc., and do not refer, as some would believe, to such fundamental subjects as surgery, pathology, symptomology or diagnosis—all of which are essential to a thorough knowledge of the proper application of osteopathic treatment. The great danger from adjunctive treatment is the tendency to substitute for osteopathy a treatment not equal to it when intelligently applied.

THE new freshman class at the A. S. O. numbers 120. Eleven new students in addition are enrolled in the advanced classes, making a total of 131 new matriculates.

* * *

OSTEOPATHIC Success, published by the Atlantic School of Osteopathy, in its last issue called attention to the "paucity of American School graduates that belong to the A. O. A." How's this? According to the official list of members of the association, published in the last number of the official organ of that society, there are in all 330 members. Of this number 212 are graduates of the A. S. O. and 17 are from the Atlantic School.

* * *

EVERY practitioner in the field should be a supporter of all osteopathic publications, at least, to the extent of being a subscriber for a single copy.* Osteopaths owe it to themselves to keep posted on matters of interest and instruction in the osteopathic world. It is not expected that all that is published will be approved, still every publication will contain from time to time osteopathic points that will be instructive and helpful to the ablest in the profession.

* * *

IN our February issue we made some editorial comment concerning the practices of a Kansas City osteopath which we considered unosteopathic and believed the same to be detrimental to the good reputation of pure osteopathy. In taking him to task about this matter we did so in the interest of our profession and had no desire to injure him. That was not our object, although we certainly object to his adjunct practices under the title of osteopathy. Our reference to his record applied to his deviation, as we took it, from the straight paths of osteopathic methods. Following is a statement voluntarily furnished by him after we had jacked him up for sending out circulars intimating that the A. S. O. endorsed a vibrating machine that he is agent for:

"This is to certify that in literature I recently sent to the profession there was a statement that intimated that the A. S. O. approved of vibration. I desire to say that the article was written by a reporter on one

of our daily papers and I had no idea that it would make the A. S. O. seem to indorse the vibrator. As a matter of fact the school indorsed it in no way, shape or form.

Feb. 21, 1903. R. H. WILLIAMS, D. O.,
Kansas City, Mo."

* * *

DR. C. W. YOUNG, a St. Paul osteopath, was recently arrested and held for manslaughter for treating a case of diphtheria that terminated fatally. Although he had successfully treated two other cases in the same family, still the coroner's jury, influenced by a medical trust, held him accountable for the child's death. Such are the methods employed by the members of the medical fraternity in attempting to suppress the practice of a method of healing that bring them in direct competition with it in the field of practice. Note the following account of cases treated by a regular in the regular way. This clipping was taken from a Minnesota newspaper:

"Dr. Charles Foote, who is attending the unfortunate Lee Burn family, whose fourth child died early yesterday morning from black diphtheria, says that the three remaining children will recover."

In Minnesota, it depends upon the school the physician is from whether his method of practice is right or wrong.

* * *

IN the January number of the Osteopathic Physician, Dr. D. L. Tasker of Los Angeles, Calif., appears in an article advocating the position that the lesion osteopath is too narrow. If Dr. Tasker had assumed the position that the bony lesion osteopath is too narrow, he then might have taken a position that would have still left him on safe osteopathic ground. In our opinion he has utterly failed to grasp the osteopathic principle and as a substitute for the lesion theory he has given us nothing. What does he consider the cause of disease? We take the position that disease is the result of anatomical abnormalities and to cure disease the abnormal structures must be corrected. It is not however to be assumed that all structural abnormalities are brought about by injury, falls, strains, etc. Contractures and subluxations are often brought about by

atmospheric changes or dietetic errors and many other conditions that affect function. The fact that function affects structure just as decidedly as structure affects function does not in the least alter the truth of our original position, but in fact even makes that position stronger when we come to apply our corrective treatment for the cure of disease. No one is contentious about temperance—all are agreed on that. Errors in diet or any other abuses or excesses should be corrected, but the fact that disturbed function brought about by such errors has changed structure, implies the correction of the structure to cure disease after the errors above spoken of have been eliminated. For example, acute indigestion contracts the spinal muscles. These contractures may result in subluxations. Immediate relief from pain is given by relaxing or normalizing the contracted tissues. Another example, a case of chronic stomach trouble is brought about by dietetic errors. Correction of the diet alone fails to cure the case but correction of all spinal tissues in the dorsal area does cure it. In applying osteopathic treatment we must correct abnormal structure to cure disease whether the abnormality was brought about primarily by some injury or secondarily from some functional disturbance. In either case abnormal structure will be a source of functional disturbance until corrected.

* * *

In Legislative Circles.

Osteopathy, in the matter of the regulation of its practice by state legislatures, has encountered more breakers during the present season than at any time in its history. The wonderful growth and influence of osteopathy has aroused its old enemy, the medical profession, to most strenuous opposition. The osteopaths everywhere have been on the alert. State organizations have been doing good work. Dr. Hildreth has been before a half dozen legislatures in behalf of osteopathic legislation. But, at the same time, the M. D.'s have had their representatives at the legislatures for the purpose of blocking any legislation favorable to osteopathy, and with strenuous efforts by the use of tactics, unfair in a great many cases, have worked for legislation in the interest of a medical monopoly. One thing is certain, if

osteopathy gains but little legislation, it will lose nothing. Such strenuous opposition to osteopathic legislation in the long run may be profitable. It is bound to have a reaction. The age is against monopoly, whether it be in the products of the coal fields of Pennsylvania, the iron industry, or the world of healing. Then again, these blows against the profession will arouse its members to a better realization of the need of universal organization and co-operation and to a fuller recognition of the fact that they must be thoroughly equipped in knowledge of all fundamental subjects upon which osteopathy is based that will enable them to reasonably defend it whenever it is attacked. It is only by a concerted, combined effort of all osteopaths, that the enemy can be met successfully and it behooves every man in the profession to become actively identified with his state and national societies and take a hand in the work of educating the masses in a knowledge of osteopathy and its merits as the best and wisest system of healing ever given to the world. Thinking people all over the world realize its worth, but the vast majority are still ignorant of its God-given truths and are poisoned against the science by the false claims of the "medical trust."

We expect in our April issue to be able to give a complete account of all legislation effecting the practice of osteopathy that has been created during the past winter. At present, the following resume gives the status of the work accomplished in several of the legislatures:

In Virginia, the medical doctors have succeeded in passing a law that requires the osteopath to pass the same examination as applicants for a license who wish to practice medicine. The osteopaths however, have introduced a bill of their own, on which a favorable report has been given by the legislative committee to which it was referred. They are hopeful of accomplishing the passage of the bill.

In Illinois, we are advised, an independent bill cannot be passed at this session. The osteopaths have introduced a bill asking for representation on the state board. If this fails the situation will remain as heretofore.

In West Virginia, both medical and osteo-

pathic bills have been introduced and both have been defeated. In all probability West Virginia will be without osteopathic legislation until the next session of the legislature.

In Indiana, the osteopaths are asking for the passage of an independent bill. Dr. Tull writes us that the bill was introduced in the senate and the committee which had it in charge reported unfavorably. But the minority report in its favor was adopted by a vote of 23 to 17.

Dr. Conner writes that in New Mexico an osteopathic bill has been introduced in both houses and has been reported favorably from the council. The bill introduced there is similar to the present Missouri law.

In Texas, the osteopaths had to do some fighting to prevent the passage of a medical bill designed to stop the practice of all non-drug methods of healing. Dr. Peck writes that the osteopaths and their friends succeeded in defeating the proposed measure and also made many new friends for the science. He predicts that two years hence favorable legislation can be secured without much difficulty.

In Colorado, a medical bill unfavorable to osteopathy has passed the lower house but will not pass the senate. The osteopaths have introduced a good bill with a good change for its passage, we are informed.

Oklahoma has an osteopathic bill introduced, which up to date has met with considerable opposition and has made but little progress.

The situation in Wyoming remains the same as before the legislature met. An osteopathic bill was introduced but did not pass. A medical bill governing the practice of medicine and osteopathy failed to pass on account of a wrangle among the medical practitioners over its provisions.

In Pennsylvania, North Carolina and Minnesota there is no change in the situation since last month, so far as we now know.

In Utah, the osteopathic bill has met strenuous opposition from the medical fraternity. It was reported favorably by the committee, but to date has not been voted upon. The bill calls for a separate osteopathic board of examiners. Dr. Young of the A.

S. O. faculty rendered the Utah osteopaths valuable assistance in their hearing before the legislative committee.

In Alabama, the last chapter of the story is a disastrous one. The osteopaths throughout the state put up an able fight for the bill. It passed the house by a large majority but in the senate, after a tie vote on the measure, 17 to 17, the presiding officer, a physician, cast the deciding vote against the bill.

In Arkansas, the legislature passed a law that requires the osteopaths to submit to an examination before the state medical board on all subjects taught in the medical schools including materia medica. The bill met with much opposition and was passed by only a slight majority. The osteopaths have put in a bill asking for independent legislation with a fair chance of winning.

The Fight in Michigan,

The osteopaths of this state after being allowed recognition for a period of six years are again forced to make a fight for their rights, as the M. D.'s are up in arms and are out for osteopathic scalps.

Probably the most remarkable phase of the legislative situation here is the fact that the different schools of drug doctors are perfectly united; united in such a firm and solid manner that a stranger, meeting them for the first time would certainly be impressed with the Damon like friendship they seem to feel for each other. Verily the days of the millennium are at hand when the allopath and the homeopath lie together. But then they are united in the common cause, that of driving the terrible osteopaths out of the confines of the state of Michigan, and so important is this cause in the eyes of these broad and liberal-minded M. D.'s, that they are willing to bury all other differences in order to wage a united war of extermination against the D. O.'s.

In order to put a lasting quietus on all osteopaths, present and future, they have introduced into the legislature of this state a bill, (Nottingham Amendment) which should it become a law, would take away our rights of acts of 1897 and 1899 and drive osteopathy out of Michigan. We osteopaths however are not sleeping and are going to

put up a stiff fight for our privileges and as we have right on our side of the case, are not fearful of the result.

C. L. RIDER, D. O., Detroit, Mich.

Ohio Examination.

The next examination of applicants who desire to practice osteopathy in Ohio will be held at Columbus, Ohio, June 23rd, 24th, and 25th, 1903. Blanks will be furnished upon application to Secretary State Board of Medical Examination and Registration, Columbus, Ohio. Applications must be filed at least ten days previous to the date of examination.

OSTEOPATHIC EXAMINING COMMITTEE,
M. F. HULETT, Sec'y.

Osteopathic Literature and the Migratory Osteopath.

E. C. CROW, D. O., ELKHART, IND.

I have found very little literature that to my way of thinking should to be sown broadcast. An article suited to make converts is not interesting to patients who have passed the kindergarten, and on the other hand such articles as are interesting to the latter class, not only are uninteresting to the former but are usually regarded as so much trash. I sometimes think that many people are prevented from consulting an osteopath by having read the *unreasonable* claims of some blatant practitioner. What the profession needs to give it is respectability and strength, is a greater number of true men and women, who are in love with it, and who are willing to settle in their choice locations and by honesty, integrity, perseverance and self sacrifice, establish themselves in the community on a sure, firm foundation.

Our profession does not need—does not want and must not have, so many who claim the whole world and are continually moving about to find a good location,—to escape their former records.

Such osteopaths are in it for the money only, and must and will eventually drop out, but not until they have degraded the profession wherever they have been. They truly "leave their foot prints on the sand of time," which are hard to efface. It requires years of honest, successful practice to overcome the evil done our beloved profession in

a few short months by one of these money grabbing osteopaths. I am not condemning all osteopaths who move or change their locations. For there are cases—a few of which I am familiar with—where a competent, capable osteopath has settled in a community where the prejudices against any thing new, are so strong that it was simply impossible for him with his limited bank account, to stay long enough to get started. Neither do I blame the practitioner who has made the mistake of settling in a town or city too small for his ability. When he has discovered this it is the natural, reasonable thing to seek a larger field. All honor to such—for when these are the motives that actuate one—you will find in his wake a good osteopathic sentiment, strong ardent supporters, who regret his going and are ready and anxious to welcome his successor. I firmly believe that at least one-half of the "so-called" campaign literature, not only does not advance our cause but with the best classes, but is a detriment to the cause and a hindrance to the individual who uses it.

Dr. Chas. G. E. Sieburg, recently graduated from the A. S. O., writes us from Menominee, Mich., where he has located that he is meeting with success in building up a new practice. Dr. Sieburg several years ago graduated from the Milwaukee school and engaged in practice at Menominee up to the time he came to the A. S. O. for post graduate work. In regard to his work at the A. S. O. he writes us as follows:

"As to the course I had in Kirksville, I realize more and more every day how much I gained in knowledge and information regarding osteopathy during my five months stay with you, and I have been telling people that I wouldn't take \$10,000.00 for what I learned, if the privilege to take it over again was denied me. In fact, I am ten times more enthusiastic as an osteopath than I was before I went there, and all thanks to the true osteopathy taught at your school in an able and thorough manner. The Old Doctor's extemporaneous lectures and talks are also most inspiring to a student, and never to be forgotten."

Pure Osteopathy.

To be or not to be (a lesion osteopath)
That is the question:
Whether 'tis better to adhere
Strictly to the principles of the founder
And so become a target for the
Slings and arrows of affronted pill-venders,
Or to tack on divers adjuncts
By which we may propitiate the dosers
And say we cure the stomach-ache
And the thousand other ills that
Flesh is heir to; 'tis a consummation
Devoutly to be wished: To vibrate,
To suggest, to massage, ay,
There's the *rub*. Yet in the
Practice of all these, what
Failures come where we
Have exhausted the whole
Curriculum must give us pause;
*Therein lies the demand for
Pure osteopathy.* For who
Would suffer the pills and powders
Of the common quack; the
M. D.'s nostrums; the hydropath's
Douche; the hypnotist's *spell*
When he can sure relief obtain
By osteopathic treatment. Who
Would sickness bear to pine
And drag through a miserable
Life but that former experience
With mongrel methods makes
Them rather bear the ills they have
Than fly to others they know not of.
So *adjunctivitis* makes
Failures of us all. And thus
The pristine powers of
Osteopathy are sapped away,
And the noble purpose of its
Illustrious founder is defeated.

With apologies to Hamlet.

JAMES T. DRAKE, D. O.,
Oneida, N. Y.

Medical Laws.

God pity the doctor who cannot compete
With a quack for a medical fee;
But must have some laws, with teeth and with
claws,
To keep the pretenders away.
God pity the men who make all the laws,
That would send a person to jail
For taking a fee for curing the sick
When the licensed doctors all fail.

—Anonymous.

Washington Celebration.

On Saturday evening Feb. 21, the members of the masonic fraternity of the A. S. O. gave an entertainment in Memorial Hall in celebration of Washington's birthday. This fraternity is largely represented at the A. S. O., there being ten masons in the faculty and more than fifty among the student body. The entertainment was well attended and was a success in every particular. The committee in charge of the affair was composed of O. B. Gates, W. E. Noonan, G. S. Hoisington, C. H. Murray, J. L. Holloway, M. C. Robinson, G. W. Riley, O. A. Siler, W. F. Knox, T. S. McCall, W. C. Montague, Chairman Program Committee, J. W. Sylvester, Chairman General Committee.

The program follows:

1. Prayer.....Arnold Lindsey
2. Remarks—Chairman.....J. W. Sylvester
3. Music—Medley Overture, "Saturday Night"
.....A. S. O. Orchestra
4. Address—"Washington, the Mason"
.....C. H. Murray
5. Vocal Solo—"The Angel's Serenade"
(G. Braga).....Miss Buddecke
Violin obligated.....A. E. Werkheiser
6. Address—"Washington, the Man and States-
man".....G. W. Riley
7. Cornet Solo—"Holy City"R. Davis
Orchestra Accompaniment.
8. Reading—"Washington"
.....Miss Margaret B. Carleton
8. Music—"Freedom's Banner".....
Werkheiser
Bean
Holloway
Love
10. Music.....A. S. O. Orchestra

State Y. M. C. A. Convention

To be held in Kirksville next year. Through the efforts of the three Y. M. C. A. associations of this place, the State Executive Committee of the Y. M. C. A. this week decided to hold the Annual State Convention at Kirksville in 1904. Mr. Goodale, of the Normal, having just received a telegram to that effect from State Secretary, R. H. Burt. Bringing as they do, a score of the strongest men of the country together to lead and advise with the boys in association work, these conventions mean very much to the various associations of the state, and our fellows are to be congratulated, as indeed is the entire city of Kirksville, upon their success in securing the meeting for next year.

Although the meeting will not be held until next November, our association men have already begun laying their plans, and are looking forward to having the banner convention in the history of the state, and we bespeak for them the hearty support and cooperation of the people of our city.

To Our Subscribers.

We have placed our subscription accounts in the hands of an agency to collect for us. We do this simply for the purpose of relieving this office of a part of the many duties incumbent upon it. If you are in arrears two or more years you will receive notice to remit which we trust you will do promptly. Any mistake in the statement of account you receive should be reported to this office for correction.

PERSONAL MENTION.

Dr. Samuel Miller has located at Lewistown, Mont.

Dr. E. V. Parrish is located in St. Louis, at 1012 Chemical building.

Dr. Mitchell Miller of the last graduating class, has located in Owensboro, Ky.

Dr. John A. Stewart, formerly of Ludington, Mich., has gone to Grand Haven in that state.

Dr. M. E. Donohue has changed his location from Omaha, Nebr., to Los Angeles, Calif.

Dr. Jessie B. Johnson of Los Angeles, Cal., has changed her offices to 704, the Grant building.

Dr. J. T. Drake of Oneida, N. Y., has announced that he will open a branch office at Rome, N. Y.

Dr. Mitchell Miller and Dr. Minnie Stanley of the last class were married on graduation day, Jan. 29.

Dr. Mary A. King of the last class, has located in Chicago, with offices in the Auditorium building.

Dr. Andrew S. Wiley of the last class, has located in Morristown, N. J., with offices in the Babbitt building.

Dr. A. C. Graves has gone to Ottawa, Ill., where he will practice his profession with offices in the Nestney building.

Dr. Gertrude Stauffer of the last class, and Mr. H. Davis of Baton Rouge, La., were married in that city, Feb. 4.

Dr. B. F. Overstreet was married in December to Miss Pearl Gosney of Liberty, Mo., where Dr. Overstreet is practicing.

Dr. P. D. Holloway has changed his location from Independence to Elk City, Kas. He has a branch office at Cherryvale.

Dr. W. A. Cole, who for some time assisted Dr. Halladay in his practice at Galesburg, Ill., has located at Clinton, Ia., for the practice.

Dr. Irving Colby has established himself in the practice at Syracuse, N. Y., with offices in the Onondaga county savings bank building.

Dr. Flora A. Frederick, formerly of Utica, N. Y., has gone to Butler, Mo., where she will engage in practice with her sister, Dr. Harriet Frederick.

Dr. C. G. E. Sieberg has returned to Menominee, Mich., after completing a post-graduate course at the A. S. O. and is building up a fine practice.

Drs. Cunningham and Burner of Bloomington, Ill., have dissolved partnership. Dr. Cunningham succeeding to the practice. He will be assisted by Dr. Mildred Arnold Wiley.

In our last issue, under the head of "Illinois Examination," we stated that Mrs. John J. Pleak took the examination for midwives. It should have read Mrs. S. M. Pleak, instead.

Dr. S. C. Matthews and Dr. E. E. Beeman have recently opened offices at 500 Fifth Avenue, New York City. Both are experienced practitioners and will, no doubt, build up a good practice in their new location.

Mrs. Jane Hildreth Wood, mother of Dr. A. G. Hildreth of the A. S. O. faculty, died at Lake Mills, Wis., Feb. 14. Apoplexy caused her death. Dr. Hildreth attended the funeral which took place at Lake Mills.

Dr. Joseph Sullivan of Chicago, who for the past seven years has had offices in the Masonic Temple, announces that on May 1, he will move to the Champlain building, corner State and Madison streets, rooms 1010 to 1014 inclusive.

Dr. F. E. Moore of Baker City, Ore., has purchased the practice of Dr. A. E. Braden at La Grande, Ore., and has disposed of his Baker City practice to Dr. William Northrup. All three are graduates of the A. S. O. and all are successful practitioners.

Dr. Eugene H. Henry of Flushing, Long Island, N. Y., and Miss Mathilde B. Rombauer of Kirksville, were married at the home of the bride's father, Major R. G. Rombauer, the afternoon of Tuesday, Feb. 17. They left for the East that evening.

We are informed that in the recent state examination held in Iowa, the osteopaths held their own with the M. D.'s. Out of twenty-three M. D.'s who took the examination, four failed, and of the twenty-seven osteopaths who took the examination the same number failed. It is reported that the examinations were exceedingly difficult.

The following A. S. O. alumni were Kirksville visitors the past month: Drs. J. A. Linnell, Chicago; J. S. Barker, La Harpe, Ill.; W. F. Traugher, Mexico, Mo.; G. O. Shoemaker, Minneapolis, Minn.; H. E. Bailey, St. Louis; Eugene H. Henry, Flushing, N. Y.; U. M. Hibbets, Grinnell, Ia.; Philip Cain, Hannibal, Mo.; Sue E. Ellis, Peoria, Ill.

The Birmingham Age-Herald of Feb. 20th has the following to say in regard to the manner in which Mrs. Ligon led the fight for the osteopaths in the recent legislature struggle in Alabama: "Mrs. Greenwood Ligon, an osteopath of Mobile, and it may be justly stated, one of the brightest women in the entire south, was the principal champion of the measure. She had the assistance of a dozen or more osteopaths, but the strong influence for the bill is very largely due to the masterly way in which Mrs. Ligon handled the case. In committees she met in debate and easily held her own, some of the most learned doctors in the state and as a worker in the lobby she proved herself par excellence."

The eminent Dr. Lebert says: "Drugs as such are unnecessary. I give them chiefly to satisfy the patients and their friends."

Dr. Forth says: "There is scarcely a more dishonest trade imaginable than medicine in its present state."

DISEASES TREATED.

Osteopathy successfully treats all curable diseases, and many formerly regarded as incurable. In its way it reaches many conditions of hitherto unknown nature, not classed under the ordinary headings of disease.

Diseases of the Digestive System:—Tonsillitis; Pharyngitis; Spasm of the Oesophagus; Catarrh of the Stomach and Intestines; Dyspepsia, gastric or intestinal; Gastric Ulcer; Neuralgia of the Stomach or Intestines; Constipation; Diarrhoea; Dysentery; Colic; Cholera Infantum; Cholera Morbus; Appendicitis; Tape Worm; Peritonitis; Dropsy of the Abdomen; Jaundice; Gall-Stones; Cirrhosis of the Liver.

Diseases of the Kidneys:—Bright's Disease; Renal Calculus; Floating-Kidney; Pyelitis; Hydronephrosis.

Diseases of the Blood and Ductless Glands:—Leukemia; Anemia; Chlorosis; Exophthalmic Goitre, and other forms of Goitre.

Diseases of the Circulatory System:—Dropsy; Pericarditis; Endocarditis; some cases of Valvular Disease; Hypertrophy or Dilatation of the Heart; Angina Pectoris.

Diseases of the Respiratory System:—Colds; Catarrh; La Grippe, or Influenza; Laryngitis; Croup; Bronchitis; Asthma; Hay Fever; Pneumonia; Consumption; Pleurisy.

Infectious Diseases:—Typhoid, Malarial, Scarlet, and other Fevers; Measles; Chickenpox; Smallpox; Erysipelas; Diphtheria; Whooping Cough; Mumps; Dengue.

Constitutional Diseases:—Rheumatism, of all kinds; Rickets; Diabetes.

Nervous Diseases:—Paralysis; Convulsions. Epilepsy; Neuralgias; Muscular Atrophies; Somnambulism; Catalepsy; some forms of Insanity; Cerebro-Spinal Meningitis; Apoplexy; Locomotor Ataxia; Neuritis; Sciatica; Facial Paralysis; Vertigo; Nervous Prostration; St Vitus Dance; Writer's or Pianist's Paralysis, and the Occupation Neuroses; Thomsen's Disease; Sunstroke.

Drug Habits:—Alcoholism; Cigarette Habit; Opium and Morphine Habit.

Skin Diseases:—Eczema; Shingles; Psoriasis, etc.

Spinal Diseases:—Curvatures; Old Dislocations, and all Deformities; Lumbago.

Diseases of Women:—Irregular, Painful or Suppressed Menstruation; Displacements of the Womb; Leucorrhoea; some forms of Barrenness; Milk Leg; Ovarian Disease.

Diseases of Men:—Spermatorrhoea; Sexual Debility, or Impotence.

Some Forms Of:—Deafness; Blindness; Atrophy of the Optic Nerve; Retinitis; Weak Eyes; Short or Long Sightedness; Astigmatism; some cases of Cataract; Granulations; Discharges from the Ear; Noises in the Ears.

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Dislocations:—Of the hip, knee, ankle, shoulder, elbow, wrist, etc.

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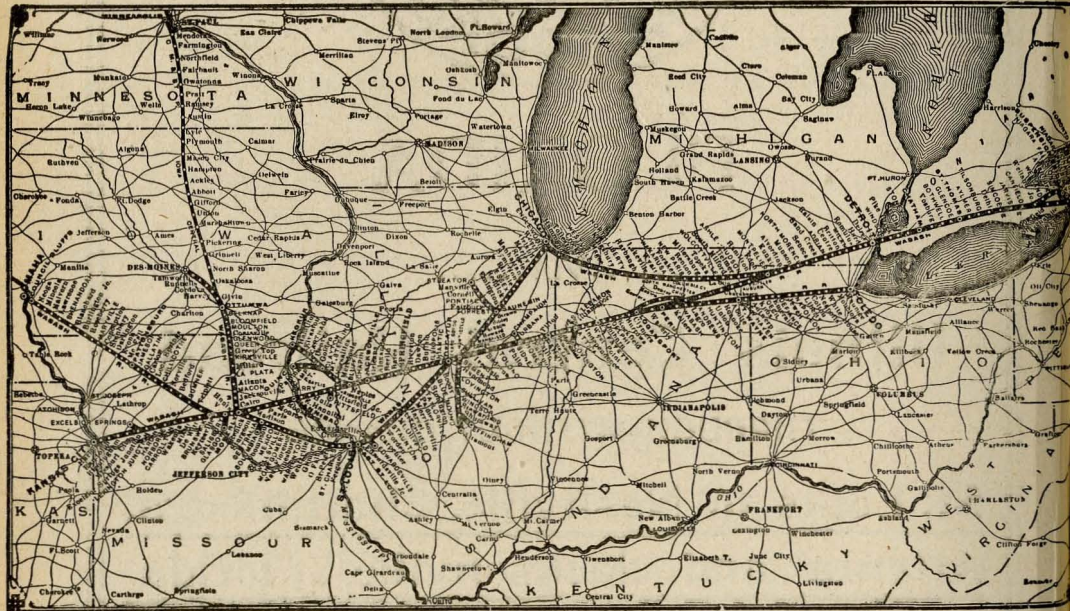
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