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# JOURNAL OF OSTEOPATHY

DEVOTED TO THE ADVANCEMENT  
OF THE SCIENCE OF OSTEOPATHY.



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## DEFINITION.

**Os-tě-ōp-a-thy, s.** [Gr. *ὀστέον* (*osteon*)=a bone, and *πάθος* (*pathos*)=suff. *ing.*]

**Legal:** "A system, method, or science of healing."

(See statutes of the States of Missouri, Michigan, Iowa, etc.)

**Historical:** Osteopathy was discovered by Dr. A. T. Still of Baldwin, Kansas, 1874. Dr. Still reasoned that "a natural flow of blood is health; that disease is the effect of local or general disturbance of blood; that to excite the nerves causes muscles to contract and compress venous flow of blood to the heart; and that the bones could be used as levers to relieve pressure on nerves, veins and arteries."

**Technical:** Osteopathy is based upon accurate knowledge of the anatomical structure and physiological functions of the body organism. Nature has placed within the body certain vital forces, vitalized fluids, and vitalizing processes and activities which, in harmonious accord with one another, maintain the normal equilibrium of the body mechanism; any disturbance of these forces, fluids or processes and any interference with their activity, circulation or distribution involves the absence of harmony and interference with the body order. Osteopathic manipulations aim to restore these to their normal condition, so that the body may regain its normal functional equilibrium and form. In this way Osteopathy claims that life is re-vitalized and strengthened by vital forces, vitalizing fluids and processes, disease being removed or overborne by getting rid of an abnormal structural alignment that produces disharmony in the body and prevents normal functional activity.

**Os-tě-ō-pāth, s.** The same as **OSTEOPATHIST** (q. v.).

**Os-tě-ō-pāth-ic, a.** Of or belonging to osteopathy; as, *osteopathic* treatment.

**Os-tě-ō-pāth-ic-āl-l'y, adv.** In an osteopathic manner; according to the rules and principles of osteopathy.

**Os-tě-ōp'-a-thlst, s.** One who believes in or practices Osteopathy.



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Andrew Taylor Still, M. D.,  
He who first acted on  
Shakespeare's adage:  
"Throw physic to the dogs."

# JOURNAL OF OSTEOPATHY.

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No. 1.

## OSTEOPATHY—THE BETTER WAY TO HEALTH.

[Copyright by William W. Brock, D. O., Montpelier, Vermont.]

IT is a matter of common knowledge that in health the body renews itself by continually restoring to itself what the wear and tear of life take from it. But what to do when the body gets out of gear—when deformity comes or disease comes—is not matter of common knowledge.

The best method of regaining health is well worth the study of him who needs to regain it and of him who having it may lose it.

For many hundreds of years Dr. Swallow and his methods have ruled, and many times to the benefit and cure of his patients. But the medicinal drugs of one age have not been those of the succeeding age; and in their use certainly of effect has not been reached, and their use is still largely empiric rather than scientific. The medicines of one school are not the medicines of another school, and not those of another of the same school.

One star differeth from another star in glory because the one star may be farther away or bigger than the other star. But often one drug differs in use from another drug because of the age in which it is given, the school of the doctor who gives it, or the individual preference of the doctor who gives it, and not because of the disease for which it is given.

Osteopathy is a method of cure founded on the truth, learned by scientific study of the human body, that the human body has in and for itself, when properly treated, the best of all restorative and curative powers. The Osteopath bases his work on the demonstrable fact that the body contains within itself, when rightly directed, the power in most cases to restore itself to health, or, in other words, to cure diseases.

So far as man is a machine, he is the most exquisitely adjusted, the most delicate, and yet the most vigorous and most durable machine known—a machine in which are found all the mechanical advantages (the lever, the inclined plane, the pulley, and so on), and one which is sometimes found running for more than a hundred years, and which in innumerable cases and without much care runs for more than seventy years, and then goes on in good condition.

But the human body is not a mere machine. Its powers are not mechanical alone: they are chemical as well. It runs itself by chemistry as well as by mechanics, and is its own best chemist.



Osteopathy is a system of treating successfully disease and deformity without the employment of drugs. To those who have not reasoned on such matters, who are ignorant of the anatomy and physiology of the human body, and who have been trained up from childhood in the idea that medicine is requisite in the treatment of disease, such a claim may sound preposterous. As this is written in part for the perusal of such, it will be necessary to enter upon a brief description of the essential points in these subjects. If what is said on the matter is carefully followed, the plan of treating the body by simply aiding the processes of nature instead of introducing into the system adventitious aids will not seem quite so absurd as it no doubt does at the first glance.

In the body we find several independent systems built together into a harmonious whole. There we find the osseous framework constructed with a double purpose, partly to afford attachment to muscles, partly to protect delicate organs. This framework consists of two hundred separate bones, which are so ingeniously attached one to the other that we find some immovably fixed, others with the attachment so constructed that the freest movement is permitted between them. Here we find the skull protecting the brain, the spinal column protecting the spinal cord, the ribs sheltering the lungs and heart, the bones of the pelvis supporting and protecting the structures in the lower abdomen. Attached to these bones are muscles, which produce by their contraction movement of various parts; and both bones and muscles receive their nourishment from a complex system of blood supply.

#### WHAT THE BLOOD HAS TO DO WITH HEALTH.

"The blood is the life" ; and this fluid is requisite for growth, development, and the maintenance of nutrition. In order that it may be propelled throughout the body, we find the heart a hollow muscle which acts about seventy times a minute, day and night, through every hour of our life. To carry the propelled blood to the hungry tissues, we have a system of tubes called arteries. To bring the blood in close contact with each and every tissue of the body, we find these arteries terminating in minute vessels called capillaries. To bring back to the heart the blood which has parted with its nutrition in these capillaries, exist the veins. But this blood itself must receive the elements for its development. So into the blood stream we find poured the perfected chemical food prepared in the laboratory of the body, the digestive system; and, in order that the blood may be charged with a due proportion of the gas oxygen to be conveyed also to the tissues, we find an elaborate ærating apparatus in the lungs.

Was ever such a mechanism dreamed of in the mind of the most fertile inventor—a mechanism into which has only to be placed organic material of various kinds, water, and some mineral salts, for these to be converted into that which will cause the machine to grow in size, to run absolutely

true in every particular without further attention, and, most wonderful of all, to reproduce its own kind? We are so accustomed to this body that its marvels appear small to us; but, when its wonders are considered thoughtfully, the mind is appalled at the intricacy of the problems involved.

Let us briefly consider the anatomical structure of the body. The body may be divided into five regions—the head, thorax or chest, abdomen, upper extremities, and lower limbs. The thorax contains the heart and lungs, the skull contains the brain, and the abdominal cavity contains the various organs concerned in the digestion and elaboration of food, the purification of the blood, and the reproduction of the species. Throughout the entire body we find everywhere present muscular tissues, serving various important functions: in the alimentary canal, propelling the food in its onward course, and so manipulating it as to bring every portion of it, in its turn, in contact with the walls of the channel; in the arteries and veins, regulating their calibre and so the amount of the blood carried to any part. And this muscular tissue is under the control of the sympathetic nervous system.

The nervous system consists of two parts: first, the brain and spinal cord, with the nerves distributed from them (and this system is mainly concerned in producing motion, sensation, and attending to the nutrition of the various parts of the body); and, second, the sympathetic system, which is largely concerned in what are called the "vital functions" of the body (digestion, absorption, the circulation, regulation of supply to organs and structures, and the like.) The sympathetic nervous system is to a certain extent independent of the central system, but is connected with it and the brain is the region where the peculiar something which we call, for want of a better name, nerve force is generated.

#### THE BLOOD EXCHANGES REPAIR FOR WASTE.

The blood vascular system consists of the heart, or pumping-engine, the arteries or tubes which carry the blood to all parts of the body, the capillaries by which it is brought in intimate relation with the tissues of the body, and the veins which carry it back to the heart.

An essential for life is the gas called oxygen, which is obtained by the blood in the lungs from the air inspired. A special system of vessels carries the blood to these organs. Once more it passes through a series of minute capillaries, now meeting with the air, parting with the carbonic acid and watery matter obtained previously in the tissues, and obtaining from the air the precious oxygen.

Food is taken by the individual. This food, after being thoroughly masticated by the special apparatus for that purpose, is partially digested in the stomach; and in the intestines the process is still further carried on. What is of value to the organism is carried in an altered form, a complex chemical process having been carried on, and poured into the blood stream;

some which is not at present wanted is taken to the liver, and there further altered and stored up; while from the blood as it circulates in the liver certain excreta and poisonous matters are removed, the same being done in the kidneys. What is left of the food after these processes is waste matter, and is thrown off in nature's way. The blood is thus purified by the liver and kidneys, oxygenated in the lungs, and fed through the proper channels to the body.

All of these processes are conducted and carried out under the supervision of the sympathetic nervous system. Suppose the process of digestion is proceeding: we know that, when an organ is actively at work, it requires more blood than when resting. The sympathetic system puts in action a mechanism which at once relaxes the muscular wall of the arteries, allows more blood to pass. As soon as the process is completed, the same force produces the opposite result.

Experiment has proven that the nerves may be excited to action by various artificial stimuli. Electricity, heat, and other forms of irritants have been employed; and, last but not least, it is through this power of stimulating nervous centers that most drugs act. Some medicines have the power of irritating certain nerves in the body: other drugs may soothe.

Some drugs have what is called a general action on the entire nervous system (such as opium, strychnia, etc.); while others (such as aloes, gelseminum, cantharides, etc.) select special areas. And thus it is that medicines of various kinds produce various results, one soothing one part by quieting its nerves, while another drug may stimulate to more vigorous action by irritating the same nerves. Some drugs are harmless, others are poisonous; but there is one indisputable fact regarding medication of any kind—that, until we administer a drug to a patient, we have no absolute knowledge what its effect will be. *It is bound to be an experiment.*

#### DRUG MEDICATION UNSCIENTIFIC AND DANGEROUS.

Each and every new case which the physician meets has to be experimented upon. There is no other word than *fact* for this, for a fact it is. There are those whose nervous system will not tolerate the smallest trace of belladonna; others, morphine; others mercury. We meet constantly with cases of idiosyncrasy. We never know them till we experiment and find them.

The drug acts thus, and to this particular attention is invited. The medicine is swallowed (or it may be injected directly into the blood stream by hypodermic injection), it is now absorbed into the blood stream, and by that means and channel reaches the nervous system. If it be a drug with a general action, that action is now manifested. If it be a selective drug, it will produce its effect (perhaps) on the area supplied by the special nerve over which it exercises its influence. In other words, medicines produce their effect by chemical stimuli on the nerves.

But physiologists tell us that any other stimulus will act as readily as a

chemical one, and illustrate this by pinching a nerve, when the muscles supplied by that nerve will exhibit their contractile power. And this fact is taken advantage of by the Osteopath. He reasons that the God of the universe provided the means within man's body for the control of the body. He has proven that it is so; and, when he wishes to produce either an increase of action of a nerve or to inhibit or control that action, he knows how and where to apply that stimulus or inhibitory force to achieve the result without the experimental administration of a drug.

The special advantage of this fact lies in the truth that, when we administer a drug, we have an idea of what *some* of its effects will be; but, in order to produce an effect on one organ or system, we must, in a large majority of cases, affect other organs. It has been thus put by a distinguished writer: "Medicines act by producing in the diseased individual a counter disease. The one is played against the other, in the hope of producing neutrality." There is no drug known in the entire pharmacopœia which will produce exactly the same result on all individuals alike. There is no drug in the entire pharmacopœia *every* action of which is understood. We produce one main and outstanding action: we may produce other action on other organs which may be the very reverse of what would be of benefit to the patient. This is an incontrovertible fact.

#### OSTEOPATHY REGULATES FUNCTIONAL ACTIVITY SWIFTER THAN DRUGS.

If now we have the means of producing on the area which we desire to affect the very effect which we desire to produce, whether of stimulation or inhibition, and that effect will take place on that area, and no other area to be affected, is it not common sense to say that it is a "better way to health" than experimenting with drugs?

Yes; but I hear some one say, "Can it be done?" Let us quietly consider one or two of the causes of disease, and then look into the method of treatment of the Osteopath, and see if it is not reasonable. By the term "congestion" is meant an over-fulness of the blood-vessels in any part of the body. This congestion may arise from more than one cause, and, if not relieved, usually ends in inflammation. One common cause is increase of the cardiac action, associated with a constricted condition of the walls of the blood-vessels at some point. We can thus see that, if either the heart is pumping too much blood or the flow is impeded, the vessels will be over-full. Now let that condition be in the lung, and we have the first stage of pneumonia; in the tonsil, and we have tonsillitis; or, if the bacillus of diphtheria comes along, to develop that disease; in the kidney, and we have nephritis; in the stomach, and we have gastritis; and so on.

The drug treatment makes the patient take something which will lower the heart's action. But reason and common sense would say, "Why is that heart acting faster than it ought?" or else that the simplest way to lower pressure in a water-pipe is not to draw the fire from under the boiler of the

pumping-engine, but to turn the faucet. That is just what the Osteopath does. He leaves the engine alone for the time being. He releases, through the sympathetic nervous system (acting by way of the nerves distributed to that system from the central nervous system), the muscular walls of the smaller arteries. These at once dilate, the blood rushes through them in a larger stream, the capillaries—which before were comparatively empty—are now full, the pressure in the artery falls, the congestion is past. The over-action of the heart is—in nine cases out of ten—simply an evidence of an attempt on the part of nature to overcome the resistance to the passage of the blood through the constricted vessel. There is no inflammation which occurs in the human body in which the first stage is not that of congestion, which, if seen early enough by the Osteopath, is controllable with ease.

FREE FLOW OF GOOD BLOOD MEANS HEALTH TO ALL PARTS.

Blood, living blood, is a wonderful germicide. Micro-organisms cannot live in healthy, living blood; but stagnant blood, blood which is impure, poorly nourished, is the very best agent in which to grow the majority of the bacteria and micro-organisms. Given a congestion, and we have a partial stagnation of the blood stream, which, if unrelieved, may lead to complete arrest of the flow and the condition most favorable for the development of disorders due to the multiplication of micro-organisms. This answers the question which may arise,—“How about disorders such as typhoid fever, measles, and others due to micro-organisms?” An individual in good health does not acquire any such condition. Health in some part of the body must run below par, otherwise the micro-organism will not obtain a lodgment or suitable nidus for growth and development.

So much for congestion. But the reverse of that condition may be present. We may have an underfilled condition of the arteries, due either to excessive laxity of the walls of the vessels, weak cardiac action, defective cardiac action (some valve in the pump either broken or needing a new washer or other cause). How would this be met? This is the condition of the veins, and consequent dropsy; for the blood is in the body: it must be in some part of the vascular system. If it is not in the arteries, it must be in the veins or capillaries. If the latter be over-full, it will squeeze through their walls, and so distend the tissues as a dropsical effusion.

Drugs may here be used to increase the rate of action of the heart; but the Osteopath says, “You can either make your stream distend the pipe more by making the fire in the pumping-engine hotter or diminishing the size of the emitting nozzle.” So the reverse of the previous process is gone through. The sympathetic is once more called on to act, the size of the arterioles is diminished, a resistance is offered to the passage of the blood from the arteries; and we uniformly find that, if we only will make a little more pressure in the interior of the arteries—that is, if we will only produce

some slight impediment to the flow of the blood and the free action of the heart—we shall not only have the heart acting more strongly, but more regularly.

We can, if we please, also act directly upon the heart, increasing or diminishing its rate of speed by going directly to the centers which control its action, and through them sending a message either of stimulation or inhibition directly to the organ—not going to the stomach, then into the blood, then to the brain, then down to the centers, but by going at once to the center which controls the heart. Very often we find that causes may be acting in an irregular manner more or less directly upon the nerves, producing stimulation or inhibition. Thus we often find that a constriction of a muscle may be resulting in an irritation of a nerve by pressure, this irritation leading to further constriction, the one working against the other. The constriction removed, the disorder disappears; but in very many other cases this pressure has been interfering with the circulation through a part, and this also is freed from restraint by the removal of the cause. So much, then, for conditions affecting the circulation.

It may be taken as an already demonstrated, and any day demonstrable, fact that these results *can* be achieved, and that with no other agency than the hands of the scientific operator acting upon the body of the patient. The results obtained through the sympathetic nervous system are obtained, as already stated, through the nerves distributed to that system from the central nervous mechanism. The internal organs all have a double nerve supply—one from the sympathetic, the other from the central nervous system. Experience has taught that these two systems produce different actions; and, as Osteopathy is essentially based upon anatomy (the structure of the body) and physiology (its action), the Osteopath treats the pathological condition upon the lines which he would deem best from his physiological knowledge. The views which are taught in every good medical school are correct; and there is absolute unity of opinion between the student of medicine and the Osteopath, save and except upon one point. The former believes that he can do but *little without* medication: the latter knows that he can do but *little with* it. The Osteopath finds a strong supporter of his views in the large majority of the patients whom he has treated.

#### DYSPEPSIA MUST BE TREATED WITH REGARD TO BODILY PHYSICS AND CHEMISTRY

What is true of the circulatory system is also true of the digestive, the nervous, the excretory. The disorders of the digestive tract are very frequently produced by ill-usage of the hard-working alimentary system. And here let me say that, while temperance is a good thing, the sooner that the American people learn that temperance means moderation in eating as well as in drinking, the sooner will the national disease, dyspepsia, vanish. The etiology of dyspepsia is very simple. Continued over-exertion of the

stomach leads to chronic congestion, over-working of the muscular coat leads to imperfect muscular action and impaired motion, and the congestion and thickening of the inner lining lead to imperfect secretion of the digestive ferments. Result, dyspepsia, or, in plain language—impaired digestive power. As a result, when a heavy mass of food is suddenly forced down into this organ, which is already a broken-down affair, what wonder if the weakened muscles do not keep it constantly in motion so as to bring each part of the meal against the gastric wall. Why should we be surprised at the fact that the gastric juice is not secreted in proper amount? The Osteopath tones up the stomach, in the first place, by giving it a rest for a time. Then he endeavors to give the organ some little strength, while resting it, by strictly limiting the amount and kind of food eaten, by stimulating the nerves distributed to it. He also endeavors to lessen the congestion by aiding the action of the excretory organs. No medicine—simply a process of natural philosophy applied to the human body. He succeeds.

#### CONTROLLING NERVE AND BLOOD SUPPLY CONTROLS HEALTH PROCESSES.

If there be constipation accompanying the condition, the stimulation of the liver to increased functional activity will overcome it. And here a few words as to that organ, which is blamed for such an immensity of disordered functions. The liver is the largest gland in the body. We know that it is directly concerned in the great process of changing the non-absorbable starch into absorbable sugar—a process which the chemist can imitate with precision; for the body is a laboratory in which many chemical processes of the most intricate character are daily and hourly being performed. The liver also renders into an excretable form the main albuminoid refuse, and this is afterward selected out and excreted by the tubules of the kidney. The liver is also a secretory gland; and its secretion is the bile, a fluid which aids in the digestion and absorption of fats, acts as a laxative, prevents putrefactive alterations in the mass in the intestine. Interfere with the proper action of the liver, and the consequences of such interference very soon will manifest themselves as constipation and malnutrition, being accompanied by the other indications of a slow and chronic poisoning of the tissues. The Osteopath directly influences the organ through its nerve and blood supply; and the result is speedily shown, save in cases where the condition has become chronic. Chronicity of a disease is in large measure due to the amount of deterioration of the tissues concerned, corresponding to the amount of ill-usage which they have sustained. If a horse be tired out, there are two ways to get him to his journey's end: one is, to let him rest for a time; the other is to get on his back, and use whip and spur. Which is the more liable to get the horse home?

Closely related to the liver, we find the kidneys, the organs which in large measure remove from the body the impurities selected from the food products by the liver, and the nitrogenous waste of the body elements them-

selves. The kidneys are elaborate organs, which perform their function in two ways. One is a process of filtration, the activity of which depends directly on the blood pressure within the arteries distributed to the kidney, the other a process of selection of impurities from the blood stream, these two processes taking place in different parts of the organ. Think of it. Here is an organ which has the power to take one chemical compound from the blood stream, and leave all others. This is going on constantly in our body, as are hundreds of other marvels; and we pay no attention to them. They are all done for us by this wonderful automatic machine. It will be seen from what is stated that inaction of the kidneys may depend upon low blood pressure or interference with the cells which have this special selective action. Both processes are under the control of the sympathetic nervous system, aided by the central nervous system, and over both of the conditions the Osteopath has, in the early stages of the disease, control.

Let it be distinctly understood what an Osteopath is. He is one who believes that, when the human body is out of order, the application simply of physiological principles will restore it. He is not a magician or a creator. He cannot take a body which has been ill-used and poisoned for dozens of months or even years, and put it in the condition it was before the tinkering process began. But he ought to be able to do the best that can be done.

#### X-RAYS VERIFY OSTEOPATHIC DIAGNOSIS AS TO SPINAL LESIONS.

How many absolutely normal nervous systems are there in the entire world? It is hard to tell; but in this day of hurry and bustle, of speed of thought and action, if there is one part of the machinery of man which is liable to break down, it is this. Most of the nerves of the body, in leaving the skull and spine, pass through bony openings, and are surrounded by muscles on their way to their destination. Often it is that these nerves become squeezed by these muscles or by a slip of these bones, and so bad results are produced. The number of cases in which such a diagnosis had been made and subsequently verified by the results of Osteopathic treatment is legion, but the fact was denied by some. There was but one way to solve the difficulty; and it was settled by Dr. Andrew T. Still, the Founder and President of the American School of Osteopathy at Kirksville, Missouri. He purchased for his own satisfaction a ten-plate Van Houten and Ten Broeck Static Machine, and a complete Radiographic and Fluoroscopic outfit, and now by means of the X-rays is able to see just what he wishes; and, let it be added, THE EVIDENCE OF THE ROENTGEN RAYS IS THIS—THAT OSTEOPATHY IS RIGHT.



## HAY FEVER AND ASTHMA AND THEIR CURE.

WILLIAM SMITH, M. D., D. O.

IT is in nerve cells that nervous impulses are generated, it is by the cells that they are recorded, it is in nerve cells that "reflection" takes place. Of course we understand that the term reflex action is a misnomer; that there is no process of reflection involved; that a reflex act occurs as the result of an impulse carried to the center by an afferent fibre; that in the center this impulse is that which originates a peculiar change and the liberation of nerve-energy which is transmitted to the distal point by efferent fibres. We know also that when we have a hyperaemic or anaemic condition of the nerve centers we have disorder of function of those centers; and in the same way like conditions in peripheral organs will produce like disorderly conditions. Probably the best illustration that we can find of the central mechanism and the peripheral both being involved, each aiding the other in producing disturbance, is the condition of hay-fever, a peculiar form of coryza.

For the production of the condition three factors are necessary: a neurotic temperament, an altered condition of the Schneiderian membrane, and some mechanical irritant acting upon the latter. In other words, we require here a predisposition on the part of the central area, a predisposition on the part of the peripheral terminations of the nerves and an exciting cause.

Hay fever is essentially a warm weather condition and is usually periodic in its nature and while we find that the exciting cause is most usually dust or pollen, we may find a vast number of other excitants. We meet with cases which are excited by damp associated with warmth; in others we find that a dry condition of the atmosphere has the same effect; but in all cases of any duration we find that the mentality produces a marked effect. Ask any person who has had one or two attacks of the disorder when it usually makes its appearance, and you will invariably be given an exact date—in some, August 8th, with others, August 15th and so on, but in almost every case the patient expects to commence suffering on a specified date, and this very expectation arises from cells in the ideational areas of the brain, the impression is transferred to the receptive center for impressions from the Schneiderian membrane, and all that remains is for the exciting cause to act—no matter how feebly—on the hypersensitive membrane when the membrane centers are found ready to do their part in rendering the patient's life a burden to him for two or three weeks.

When an attack of hay fever is in existence little can be done for its benefit by Osteopathic means, or in fact any other. Relief may be given by local anaesthetics, but these do more harm than good; they only ren-

der the membrane weaker to resist future impressions. The underlying principle for the successful treatment of the condition must be applied on the lines indicated by the etiology of the disorder. The patient must be attended to for at least six weeks prior to the period when the attack is expected.

Every physiologist knows that from the superior cervical ganglion of the sympathetic there pass the vaso-motor controlling filaments of the carotid and cavernous plexuses, and that through this ganglion it is first, that the caliber of the cerebral vessels is controlled; second, that the force and frequency of the heart-beat is mainly regulated. This ganglion can be readily influenced through the upper four cervical nerves, from which it receives its cerebro-spinal impulses for alteration into sympathetic force. The same ganglion also communicates with the vagus, glosso-pharyngeal and hypoglossal nerves, and, by way of the cavernous plexus, is connected with the nasal branch of the ophthalmic division of the fifth, which branch is directly supplied to the mucous membrane lining the nasal cavity; further, by Meckel's ganglion, with the nasal and palatine branches. Hence we have here in this superior cervical ganglion a controlling agent over both of the nervous areas involved. In the one case regulating the blood supply to the central nervous mechanism; in the other, the blood supply of the peripheral.

In all cases of hay-fever we find a hypertrophic and hyperaemic condition of the nasal mucous membrane, and since we know that it is in hyperemia of the nervous centers that we find most markedly the symptoms of nervous irritation, we believe that if we can produce a stimulation of the sympathetic, the result will be vaso-motor contraction of the muscular tissue of the arterial walls, the result will be a partial anaemia, but as this anaemia will be simply a reduction of a hyperaemia, it will be simply the restoration of a physiological condition. Osteopathic treatment must then be upon the lines of endeavoring to produce stimulation of this ganglion by way of the upper four cervical nerves, this stimulation being applied every second day for a period of about ten minutes, until about two weeks before the anticipated attack when daily treatment for about three minutes. Of course it will occur to any thinker that the general health must be attended to; we cannot expect to achieve the result of obtaining normal action in nervous centers unless we have both the digestive and respiratory apparatus acting physiologically.

If such a method of treatment be carried out with care the patient will be astonished to find that the attack may be absolutely non-existent, more often, however, the attack appears but is so very much less severe that it might almost be called absent. If the following year the patient takes a similar course of treatment he will find that a cure has been effected. Such at least has been my experience in about a dozen cases.

In the case of asthma we find an almost similar neurosis affecting a

different area and controllable in a similar manner. Asthma is a neurosis of the lung in which we most commonly find inspiratory dyspnoea, but owing to the fact that after the condition has existed for some time it is almost constantly associated with bronchitis, the dyspnoea in cases of some duration we are apt to find both expiratory and inspiratory. The lung receives its nerve force from two great sources of supply—the vagi by way of the anterior and posterior pulmonic branches, and the branches from the upper six dorsal ganglia of the sympathetic. Asthma is in many cases symptomatic or it may be secondary to other conditions such as pulmonary, cardiac or renal disease: in such we may assume that there has been a reflection; in other cases we find it existent without any such connection, such we may consider idiopathic. This difference is one of no small importance, for while the result is the same, our treatment must differ according to the cause. In all probability the disease may be considered as a paroxysmal dyspnoea, due to a neurosis affecting the respiratory center in the medulla and, indirectly, the cardiac center. If we interfere with the respiration, we interfere with the circulation, and, if the circulation be impeded the blood will be to a still greater extent, malaerated, this impure blood still further affecting the centers in the medulla.

We must, in view of the many cases in which we find asthma hereditary look upon a similar state of matters existent in the medulla as we find in the centers in hay fever; in other words we must have a pre-disposing irritability of these centers. The immediate cause, the exciting cause, is by most considered to be a spasm of the muscular tissue in the walls of the finer bronchioles together with the engorgement, and as well swelling of the respiratory mucous tract. Both of these result in narrowing the caliber of the bronchioles and placing a barrier in the way of the egress of the air from the vesicles. This may be produced by a vast number of causes, all of which we may group, however, in a few classes. Direct irritation of the terminal nerve-filaments by the introduction into the respiratory tract of some irritant, such as dust; the supply of impure blood to the center in the medulla as a consequence of cardiac, pulmonary or renal disease; fright or violent mental emotion may produce an attack in others; peripheral irritation of any of the branches of the vagus, or by way of the sympathetic from the stomach, uterus or bowels. There is another class of cases where we find toxic matters in the blood producing disturbance of the center in the medulla, as in the case of uraemic asthma.

We find in almost all cases that there exists in the asthmatic, an abnormal condition in the dorsal spine. Owing to the difficulty of respiration, the spine is held rigid and the muscles of extraordinary respiration are brought into play. The consequence is that in old standing cases we find a marked peculiarity of the chest. Owing to the constant straining to which the air vesicles are subjected, they become emphysematous, the lung becomes enlarged, and the thorax is increased in all of its diameters, and in

every case is found rigidity of the dorsal spine, tension of all of the spinal muscles, this tension producing still more and more interference with the action of the rami communicantes nerves which convey cerebro-spinal nerve force to the sympathetic ganglia for transformation into sympathetic force. It is for this reason that the asthmatic who begins with a periodic mild attack, passes slowly but perceptibly down the grade until his asthma is constant, but subject to exacerbations and remissions. At first this compression of the dorsal nerves leads to irritation of the communicating nerves to the sympathetic, later on it leads to depression.

All have seen cases of asthma relieved in a moment by simply strong stimulation of the dorsal nerves in the middle and upper dorsal region, but that will only cure in such cases as are dependent upon interference of function of the pulmonic plexus, while if the case is one of the group dependent upon peripheral irritation, toxic causes or reflection, those causes must first be removed before stimulation in that area will cure.

Do not be too sanguine of your case when emphysema is co-existent, as it is in most cases of long standing. Once the elastic tissue of the lung has lost its elasticity it can no more become elastic than can a worn out rubber band be made of use again. In all cases we must remember that there exists a close relation between nutrition and health of all of the tissues of the body and see to it that the patient receives a light and nutritious diet. As the disorder is interfering with the proper aeration of the blood and this in its turn is aggravating the condition, it is well to see that the patient is kept in as pure an atmosphere as possible so that the maximum of oxygen may be received in the minimum of air. In many cases the patient can point out certain circumstances which seem to favor the production of an attack and, of course, if possible, exposure to such should be avoided.

As regards the frequency of treatment and the mode, it is well to point out that strong stimulation in the middle and upper dorsal region, should not be employed in the majority of cases oftner than once weekly; but, as the general health must also be attended to, it is well to attend to the general circulation, the digestive apparatus and the excretory organs twice weekly.

## HOW OSTEOPATHY MAY PREVENT DISEASES.

S. D. BARNES, B. S.

MUCH could still be written on the subject of the prevention of disease from the old-school medical standpoint. So much has this been done already that a large part of the medical lore concerning what should be done to prevent various diseases has become as it were public property. By the long, slow process of infiltration of these results, obtained through the delving of medical sages into the mysteries of human anatomy and physiology, the public has been educated up to a fair degree of knowledge of prophylactic measures. Several so-called "health-clubs" are doing splendid work in disseminating general knowledge for the prevention of disease.

Generally speaking nothing can compare with the application of such knowledge to an absolutely correct hygienic method of living for the prevention of disease. But popular opinion has held that the prevention of disease, like the cure of disease, must depend largely on drugs. The great public mind, which for centuries has been accustomed to the thought that a diseased condition implies there is no cure without a powerful "remedy," is still dominated by the companion idea that where there is a tendency to a disease it can be averted only by some similar "remedy." The results to be sure, have not been entirely bad; the very fact that there has been a tendency to look diligently for means to avert impending disease, is itself helpful and encouraging. So there has grown up a custom of consulting the family physician frequently, especially by those inheriting a tendency to a particular disease, to make sure that all is going well with health. This custom cannot be too highly commended, but it can be made beyond doubt far more efficacious when the people learn to consult an Osteopath in regard to tendency to disease, for reasons that are patent. As Dr. McConnell suggested in a previous issue of THE JOURNAL the ideal status of the Osteopathist—and perhaps the one from which he will accomplish the greatest good in the world—is that of a consulting advisor to the *healthy*, pointing out and removing by his treatment, conditions of the body which, if left to continue, will lead to disorder. The ideal condition will be when families will retain their family Osteopathist to discover—as no other school of physicians has been used to doing or is now able to do—lesions of the body that are constantly developing and that tend toward diseased conditions.

The introductory chapter of Dr. McConnell's forthcoming Practice of Osteopathy shows very clearly how diseased conditions of the body result from the ordinary mechanical displacements of tissues that occur in everyday life. There are, as we know, certain "diatheses," or inherited predispositions to disease; these may or may not be sufficient alone to cause the disease; but in either case they really tend toward it; these record events of

the past over which we have no control. Accompanying these, however, are constantly occurring mechanical disorders of the body, such as displacements of bone and muscle and consequent irritations of nerves, resulting in disturbance of function. These are conditions that *can* be discovered and relieved by the Osteopathist with perfect readiness. These two sets of conditions—the inherited tendency and the acquired bodily condition that irritates the weak organ—if left to themselves, work together to produce the disease. When the patient succumbs, the cold comfort is received "He inherited the disease." Furthermore, the physical lesions or displacements may be sufficient to cause the disease without predisposing cause. Consequently, in either case, people would do well to undergo a frequent Osteopathic examination to ascertain whether they are not harboring in their bodies lesions that will *sometime* cause them trouble. Trouble may come soon, or be long delayed; but a part of the money that is spent on insurance against death—which does not prevent death—might more profitably be spent on Osteopathic insurance against disease that will prevent the disease, and to that extent insure living.

It is not the object of this article to induce the public to adopt the general habit of taking Osteopathic examination and treatment for the prevention of disease. That must be a matter of gradual education as people come to realize more and more the importance of prophylaxis and the ability of Osteopathy to save them worlds of trouble. And there are not yet Osteopathist enough to perform such a service, even were the public educated to the point of demanding it. If some one, unfortunate enough to inherit a tendency to a disease, yet fortunate enough to know it, should be induced hereby to consult a competent Osteopathist who will find and remove any lesion that would one day precipitate an attack, my object is accomplished. A few examples in which this should be done, may be readily comprehended.

#### EPILEPSY CAN BE CURED IN EARLY STAGES.

Epilepsy is a disease that has been increasing in frequency; perhaps because of the neurotic condition of Americans, who have been variously called a "Nation of nervous tension," a "Nation of dyspeptics," etc. In speaking of the causes of that most dread disease we must use caution for it is one of the little-understood diseases. It seems certain that there are some predisposing causes to it, as a history of epilepsy in the family, an exhausted nervous system and inter-marriage of relations. If any one be supplied with these predisposing causes, let him look out for exciting causes, such as great anxiety, injuries to the head, syphilis, alcoholism, disturbed menstruation, etc. If any of these causes are found to be operative, then let the person seek Osteopathic examination for a lesion of the upper ribs or vertebræ. There is no Osteopathic doubt that such lesions as these have been found to be exciting causes of the disease; and coupled with either of

the other exciting causes and a predisposing cause, it will be pretty apt to produce the disease unless removed. And once epileptic fits have set in, the experience with them thereafter is long and tedious, and the cure doubtful and slow, if at all. Epilepsy sets in as a rule before puberty, and rarely begins after the age of twenty-five.

TUBERCULOSIS IS NOW AVERTED IN MANY CASES.

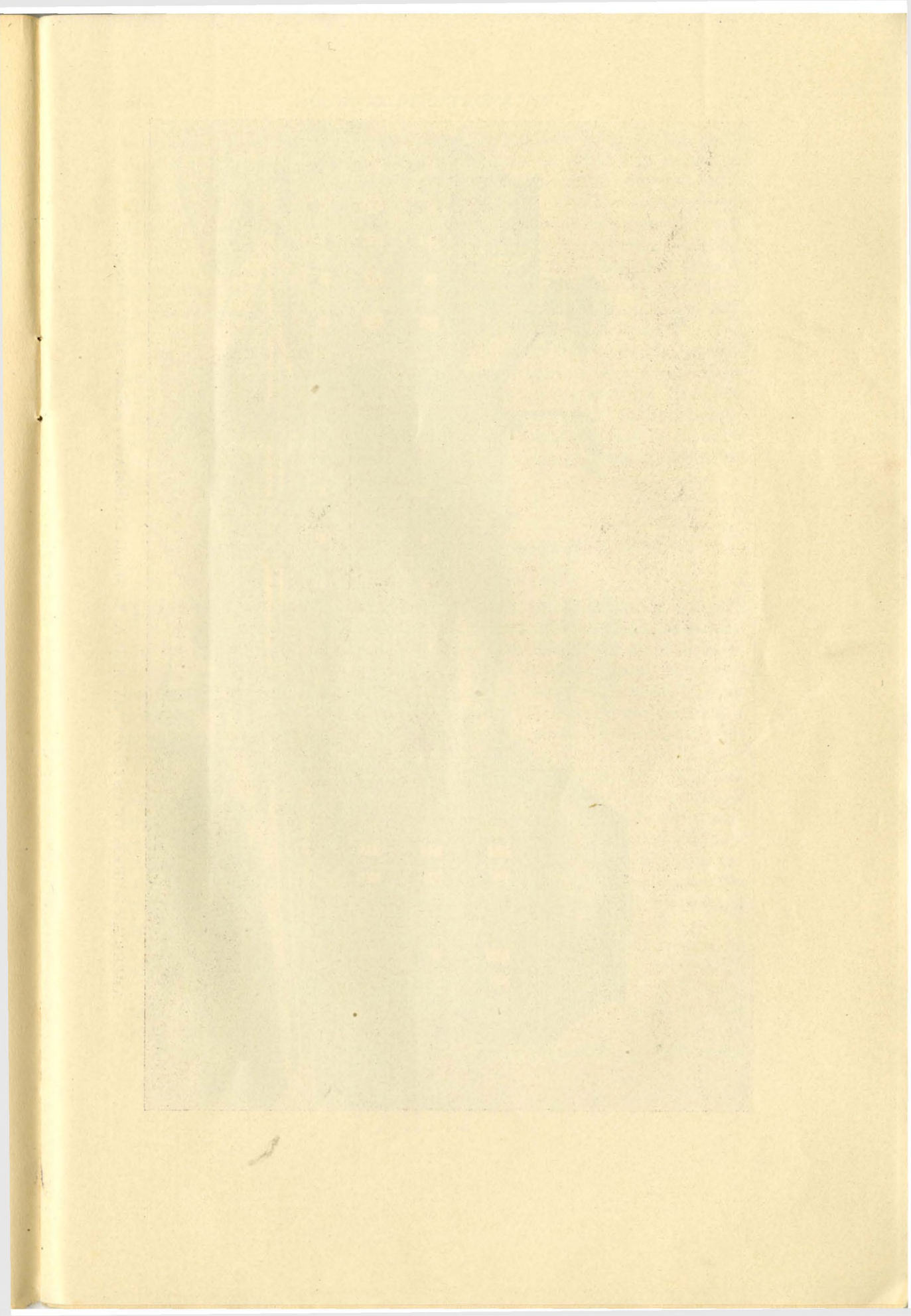
Tuberculosis is a disease causing vastly more deaths than any other disease. Here the hereditary tendency is of especial importance; but since the discovery by Koch in 1881 of the tubercle bacillus, that has come to be regarded as one direct cause of the disease. Yet bacilli must remain inoperative without a predisposing cause—that is, weakness of the lining membrane of the lung. This may be due to heredity, to general debility, or what is more important Osteopathically, to lesions of cervical or upper dorsal vertebræ. These may interfere with the nerve force that is essential to the healthy tone of the lungs, especially by way of the pneumogastric nerve. Now it is plain that a person in whose family there has been history of consumption, and whose lungs are further weakened by interference with their nerve supply, is doubly subject to the ravages of the bacillus of tuberculosis, with which all persons come more or less in contact. Therefore, it is equally plain that the person possessing inherited weakness of lungs owes it as a duty to self and posterity, to take frequent counsel of an Osteopathist to make sure that lesions in his body which would further weaken the lungs do not go unremedied.

A case in point: a patient came for treatment from Montana under the impression that he was suffering with consumption. His chief symptoms were a constant irritating cough, with expectoration of viscid mucus, and night sweats; but he had no consumption. His sweating might have been explained by the immense padded chest protector that he wore always with heavy clothing. His hyoid bone was found to be dislocated downward, pressing upon the internal branch of the superior laryngeal nerve, a branch of the pneumogastric. This caused a severe irritation which passed in both directions in the pneumogastric nerve—downward, causing a catarrhal discharge in the mucous membrane of the air passages, and upward to the cough center in the medulla, causing the constant coughing.

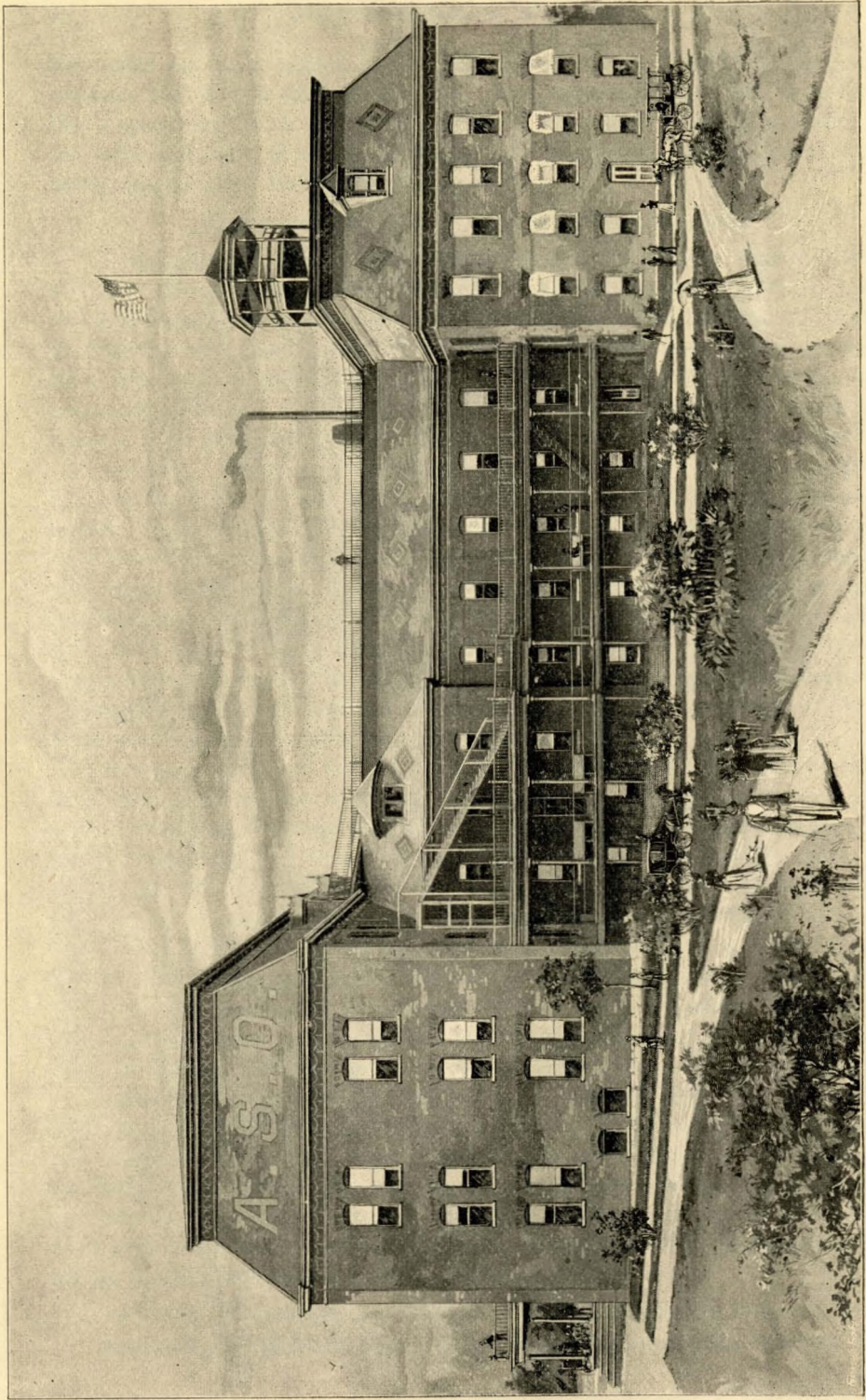
Two or three treatments restored the offending hyoid to the position normally occupied by a well-appointed hyoid. The irritation was reduced, the cough relieved, and the patient went his way rejoicing. Naturally all the drugs that he had been able to use were of no avail against that cough; and who can deny that, without Osteopathic interference, his case would have gone from bad to worse, the weakened and irritated membranes making an increasing liability to consumption?

APOPLECTIC TENDENCIES SHOULD RECEIVE PREVENTIVE TREATMENT.

Apoplexy, or cerebral hemorrhage, is another condition to which there







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is hereditary predisposition, from an inherited tendency to early degeneration of the arteries. The capacity of the cerebral arteries to resist the pressure of the blood may also be reduced by lesions of the atlas and axis. Consequently that person in whose family any member has suffered with apoplexy, should consult an Osteopathist to avoid being doubly laid open to the condition and ascertain whether he has any physical exciting causes. He can thus avoid at least one set of causes that tend toward hemorrhage and paralysis. And there is also active Osteopathic treatment for the heart and kidneys, with attention to diet and digestion and avoidance of excitement, that will be of value as preventive treatment.

Numerous other diseases as neuralgia, St. Vitus dance, paralysis, cancer of the stomach, etc., seem to cause a distinct taint in their direction in the children of those afflicted with them. And it is the privilege, if not the duty, of any one inheriting such a predisposition to consult an Osteopath; for the latter not only can remove any exciting lesion that may be found in the body, but give treatment directed toward the prevention both of the "inherited" disease and any other sort.

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## THE OSTEOPATHIC VIEW OF RHEUMATISM.

CARL PHILIP M'CONNELL, D. O., M. D.

RHEUMATIC diseases are looked upon by the physician as not of a trifling character, on the contrary an exceedingly troublesome disorder. To the layman the word pictures before him one of the most helpless and agonizing of diseases. Naturally, the question is often asked of the Osteopathist. "What success have you in the treatment of rheumatism?" Such a question is not easily answered, for, although it is a very broad question, a general answer cannot be given. To be able to answer it intelligently requires a study of the case in question.

In this disease—like many other affections—the Osteopathist finds that he cannot rely upon the etiological diagnosis of other practitioners, although the effects of the disease may be very apparent. Osteopathy being in harmony with the natural laws of the body, a study of the general, predisposing and exciting causes is not sufficient; something more exactive is demanded as to the *real* cause of rheumatism before one can prognose the disease. Moreover, it is not a general prognosis that can be given; individual cases are laws unto themselves.

The medical profession heretofore has advanced many theories as to the cause of rheumatism. Among the most common theories are:

The *metabolic theory*: that the disease depends upon certain morbid material produced by regressive changes in the nutrition of the body; and this material is lactic acid.

The *nervous theory*: that primarily the nerve centers are at fault which

lead to trophic changes and a consequent defective assimilation which allows an accumulation of lactic acid in the body.

The *germ theory*: that the disease is due to a special micro-organism.

All of these theories the reader can readily see do not state the reason for such changes; simply effects are given, not primary causes. Here is where Osteopathy claims the vantage ground, not only in rheumatism but in many other diseases—in knowing what would produce such results.

The Osteopathic theory of the cause of rheumatism, and which is substantiated by results (cures), is that the disease is primarily due to disorders (derangements) of the vertebræ, caused by injuries, etc., which actually displace the vertebræ to a greater or less extent; and to the action of cold, etc., which severely contract the spinal muscles, and by their extensive contraction displace the vertebræ or interfere with the nutrition to the centers in the cord. All such derangement can only amount to one thing, and that is changes in the nerve centers and thus trophic disturbances. Such derangements are always found in the region corresponding to the nerve centers that control the nutritive processes of the areas diseased in rheumatism. Possibly there is a specific microbe; certainly there are defective processes of assimilation and errors in metabolism and an accumulation of lactic acid in the system, but, understand these, are only effects; such could not exist if the nerve centers were not being interfered with by anatomical derangements.

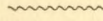
Possibly such statements may seem somewhat outrages, but did the reader ever stop to consider how many times the human frame work is subjected to innumerable strains from various causes? Moreover does it not seem but natural that those parts of the body are going to suffer which are in direct connection with the deranged areas? That, if the body is perfect from a mechanical point of view, how could morbid material collect in the tissues, and germs determine the character of the disease? All of these and many more commanding problems furnish food for thought to the intelligent Osteopathist, and, above all, he gets satisfactory results—he cures his patients.

In the treatment of rheumatism the old school practitioners apply their remedies to combat the accumulated lactic acid, the microbe and the nutritive changes. This seems very plausible at first thought; but does such treatment strike at the real cause of the disease? Does it prevent the formation of more lactic acid, although it may neutralize or rid the system of what has already accumulated?

The Osteopath simply applies his therapeutics directly in accordance with the Osteopathic etiology. He corrects the derangements involving the nerve centers and thus relieves them from their irritated or obstructed condition. Nature then is able to cleanse the system of its morbid material, and prevent more from collecting. The repair of the tissues will be com-

plete provided there has not been tissue destruction to such an extent as to produce deformity.

Thus our prognosis depends upon how extensive the lesions are. If the tissue has become actually destroyed regeneration is impossible; nevertheless, further destruction is prevented. On the other hand if tissue destruction has not occurred a cure is performed.



## THE COMPLETENESS OF OSTEOPATHIC DIAGNOSIS.

Read before the Atlas Club May 20, 1899.

H. H. M'INTYRE, M. D.

IT cannot be denied that the brighter minds among the old school physicians became marvelously expert in the diagnosis of disease, the mediocre less so, and the "submerged half" of the profession lamentably deficient in ascertaining the condition of their patients. Under the old practice a touch of the pulse, a feel of the skin, a look at the tongue and eye and a note of the decubitus and general appearance told the whole story to him of keen perception and long experience, but comparatively little to the majority of practitioners. The method was and is unscientific, lacking in accuracy, and the inexperienced, unobservant and unskillful cannot use it. It is not strange, therefore, that this crude way of diagnosis has been in great measure superceded by the more refined methods of the present day.

To the microscope is mainly due the revelations that made apparent the necessity for more accurate examination, and to the same instrument we are largely indebted for our ability to distinguish with certainty one disease from another. Prior to its discovery the manifold forms of organic life with which we are now quite familiar, many of them pathogenic, were invisible, unknown and undreamed of. The effect of these organisms is already considerably understood by both physician and surgeon. The physician knows that the most serious diseases he meets are due to these enemies organized in armies in numbers almost inexpressible. They are entrenched behind capillary walls, ambushed among cilia, hidden in canaliculi, so cunningly and inaccessibly concealed that even when they have been found their expulsion means for the patient a call for the undertaker. The surgeon's foes, the staphylococcus and streptococcus, less subtle than the physician's, he finds upon the surface or soon brings them there with his scalpel, and poisons them with the relentlessness of a Borghia. Yet less than a score of years has passed since he unwittingly encouraged their propagation for the formation of their special product "laudable pus." Surgery has made greater strides than medicine since the researches of Pasteur simply because the surgeon's foes are in the open while those of the physician lie concealed.

Admitting that a surer and better diagnosis should be made, the ques-

tion of making it is before us. We cannot afford to neglect any of the means adopted by our predecessors. Their methods were all good as far as they went, failing only to go far enough when the case was intricate. Their habit of cultivating all their faculties of observation, save the one of touch, wherein the Osteopathist excels, is an example we shall do well to imitate, and beyond this show our superiority by attention to the one point they have neglected.

To take up these diagnostic points in detail, even if I were competent, would occupy more time than belongs to me. Referring to them briefly, they should be orderly and regular in their application and each indication applied either positively or negatively in determining the character of the disease. (1) As to general appearance, posture if standing, decubitus if lying down. Is the patient drawn to relieve pressure or relaxed to avoid it upon particular parts? Are his muscular functions unimpaired? Does his face indicate acute or chronic suffering? Does his skin indicate a healthy or unhealthy condition of the excretory organs? These are the things the old physician noted, and a glance of his trained eye gave a sufficient answer in the majority of cases to the questions? (2) An examination of the pulse revealed another most important class of symptoms because it is concerned with the very fountain-head of life, the heart and arteries, all encircled, bound up and pierced through with that most wonderfully delicate and sensitive net-work which we call the sympathetic nervous system. Here is an indicator so acutely vibratile to the slightest change that even the Christian Scientist who believes in nothing and has unlimited faith in everything, is said sometimes surreptitiously to have observed it. (3) The tongue as the index of the alimentary canal, was never overlooked by the old, and should not be by the new, practitioner. If the boiler be encrusted with scale or corroded with rust, the engineer should know it. The efficiency of the engine depends upon the boiler. (4) Respiration is the next great instructor in differential disease. It reveals in its freedom, force, frequency and depth no inconsiderable information. Upon it depends the supply of the one proximate principle of nutrition, oxygen, without which the machinery of life would soon stop, and through it destructive carbon dioxide is put where it will do the most good—outside the body. Then (5) comes a whole series of diagnostic points under the head of touch. And here we depart from the old school practice for something newer and better in our own special field; but in making this departure we must be careful to leave nothing behind in the realms of the old practice that may be of value to us. Our medical brethren of to-day represent the best of all that has gone before us, and we, as the heralds of a brighter era for the profession, need at our command all their knowledge and skill upon which to build our higher and better structure; and this for two reasons, (1) that we may use all that is good in the old system, and (2) that we may avoid its errors.

As our knowledge of Osteopathy, its principles and practices, broadens,

note

the wonder grows that so much of value in diagnosis by touch has been overlooked. Nearly every diseased condition, whether it be the result of traumatism, infection or ideopathic cause, is associated with such change in sensitiveness, form, position or temperature, either of the part involved or adjacent parts, as to make itself apparent to tactile sensation. But it must be remembered that the untrained sense of touch is an unreliable guide, and that a large part of the training must be upon the normal subject. It is impossible to recognize the abnormal unless the normal is known. This is all very trite, it is true, yet still truer than trite, and therefore worth very frequent repetition. We have all seen Dr. Still close his eyes when examining a patient as if to shut off every avenue to the brain except the one open way from his finger tips—and how accurately his fingers inform him where the difficulty lies! In many cases our eyes are as useless as a blind man's, because the things we must see lie hidden beneath the surface and must be recognized by the sense of touch. We have a most remarkable example of the education of this sense in Helen Keller who, though deaf, dumb and blind, can not only ride a bicycle, but read and understand Browning's poems; and our respect for her who can do the last named feat with all her senses unimpaired and acute is unbounded.

*Note* Diagnosis by touch should be practiced by all physicians of whatever school, but is doubly important to the Osteopathist since his treatment, largely by manipulation, is directed to the very part where the fault lies, and diagnosis at this point must precede correction.

After the practitioner has applied all these tests and is still in doubt as to the nature of the disease in hand, he should resort to implements of precision and chemical analysis for his further enlightenment; the clinical thermometers for temperature, the sphygmograph for pulse rythm, the stethoscope for internal sounds and the various "scopes" for the illumination and inspection of the internal cavities of the body. In connection with these instruments eye and ear must both receive their training, and back of them the habit of careful comparison must be cultivated, without which a sound judgment cannot be formulated. The chemical examination of the excreta is not to be disregarded. Through this means alone in many cases the nature of general and local internal disorders may be recognized.

Last and most important of all in measures of accuracy, we have the microscope. The great majority—perhaps I am safe in saying nine-tenths of all diseases depend upon the bacillus, or the micrococcus; or upon structures so altered as to leave their crystalline deposits obtainable from the excreta. The greater number of these are recognizable by the microscope. The field, however, is far from covered. There are many acute, infectious diseases unquestionably of microorganic origin of which the germ is still unidentified. Fame awaits him who is fortunate enough to make them out.

It is conceded that there are many refinements in laboratory methods of examination that cannot be readily applied under less favorable circum-

stances. Roosevelt says "If you make your theory impractical you make you practice imperfect." That we must avoid. On the other hand, if, by reason of a disinclination to pains-taking care or the idea that something less than the best will do well enough, we do less than our best, we are untrue to the profession and to ourselves, and what is more immediately disagreeable, if not worse, our competitors will walk away with our business.

The practitioner who neglects any of the means of diagnosis I have here pointed out, if the occasion requires them, fails to do his whole duty.

## Clinic Reports from field and School.

REPORTED BY DR. SAMUEL R. LANDES,  
SUMMER SEASON AT PETOSKEY AND  
MACKINAC, MICHIGAN.

### Pulmonary Consumption:—

Osteopathy would be hailed as one of the benefactions of advanced science if it could do nothing more than deliver a small percentage of poor sufferers each year from the ravages of pulmonary tuberculosis. That it can and does do this in a definite number of the cases that come under Osteopathic hands I can attest from my own practice. I think it likely that every practitioner of our school has repeated opportunity to verify the teaching of Dr. Still that pulmonary diseases are often caused by pure accident—such accidents as Osteopathy shows are at the basis of most diseases: falls, shocks, blows or even strains—while the usual run of predisposing and exciting causes, which make up the *all* of other schools of medicine in accounting for tuberculosis, become secondary with us and are proven to be purely adventitious—attendant circumstances, developments, *not* first causes. It of course strikes drug therapeutists, whose minds are focused on the one idea that the bacillus tuberculosis *causes* consumption, as a bit odd that Osteopathists should say it is oftener caused from a displaced rib or vertebral lesion than anything else; but as our critics confess themselves all but powerless to battle with this dread disease while we back up our theories with re-

peated and positive cures, it seems to me the public will find time to investigate our claims and take advantage of the good our science does offer to pulmonary tubercular patients, even for the percentage of cases which we can reach and do rescue.

Undoubtedly there are countless people now contracting tuberculosis from these skeletal derangements who could be spared the hideous ravages of consumption. There are others in the primary stage who, staring a grim fate in the face, are turning from physician to physician, from drug to drug, running from one climate to another, without succor, who could be spared to life and health and usefulness if the older schools of medicine but knew how to use the means at hand which Osteopathy has proved again and again to be efficacious. It is with the hope that this report may fall under the notice of some who are in this dilemma who will avail themselves of the chance which Osteopathy offers that this case is reported.

Miss Ella A. Darby, 111 Bostwick street, Grand Rapids, was to all appearance in the last stages of pulmonary consumption. By chance I saw her at the home of one of my patients. She was fearfully emaciated and so weak that walking across the floor she diverted my attention and I was forced to ask what was the matter with her. "Consumption—very far gone," was told me by my patient. "No, she has spinal trouble," I remarked half meditatively. "She has re-

ceived some injury to that back." That chance remark caused the invalid to try Osteopathy. The history of the case proved unusually interesting. Seven years ago Miss Darby was attacked in her bedroom by a burglar who tried to murder her by choking her and crushing in her chest with his knees. She was found later in an unconscious condition and for many days her life was despaired of. However, she finally grew strong enough to go about the house again but suffered with pains in the back and side and was never free from a severe cough. Miss Darby never knew a well day after that for seven years, progressing steadily in tuberculosis symptoms. Physicians all agreed that the patient had tubercular phthisis and finally she showed all the indications of having reached the last stage, suffering frequent hemorrhages and being so weak she could hardly stand. That was the condition when the case fell under my notice.

On examination I found subluxation of two ribs on the right side, the second and third, with a marked lesion between the corresponding vertebræ. There was marked tenderness at these spots. From our point of view this structural alteration accounted for all the rest of the patient's troubles. These lesions beyond doubt had interfered with both the intercostal nerves and the dorsal sympathetic ganglia, exerting a direct influence upon the vaso-motor nerves to the lung tissues. This interference with nerve force had caused a weakened circulation in the lung tissues, particularly in the region of the lesion, and an inevitable deterioration of lung tissues followed. After mal-nutrition of the lungs became marked, the soil for pathogenic bacteria was ready of course, and the first wandering bacillus of tuberculosis that reached the lungs found a congenial environment for propagation. The multiplication of these micro-organisms kept pace with the general weakening of lung tissues and the end was doubtless in sight when Osteopathy stepped in to give a helping hand to Nature. I restored the ribs to their proper places with little trouble and overcame the vertebral lesion. I stimulated the blood supply in the lungs and

gave a general stimulating treatment to all the viscera. My patient rapidly mended from the first treatment and recovery has been complete and positive. Three months treatment had been given when it became evident that the patient's recuperative powers were active enough to complete the restoration unaided. Miss Darby is today well, strong, free of cough and pain and her normal weight has been regained. She is an enthusiastic envoy for Osteopathy wherever she goes.

Now, I ask, do not repeated experiences like this warrant the Osteopathist in adding to medicine's etiology of disease a new factor, not the old heredities, exposures, bad ventilation, and disobedience to nature's laws—predisposing causes—nor yet the myriad micro-organisms for whose slaughter the medical men are now testing every poison and power known—these terrible exciting causes of all ills—but a new factor in etiology, THE OSTEOPATHIC CAUSE, the REAL CAUSE, the primary cause, a mechanical derangement of tissue.

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REPORTED BY DR. ARTHUR G. HILDRETH,  
708 COMMERCIAL BUILDING, ST. LOUIS,  
MISSOURI.

#### Asthma:—

Mr. M. living in one of the Western States, came to me suffering with asthma. He said he had had it for thirty years and that it came upon him about the first of November of each year and did not leave him until about May. He was very skeptical in regard to Osteopathic treatment but through the urgent request of personal friends concluded to try it. I note this fact by way of showing that the Osteopathist does not require faith to secure his results. Gould tells us that asthma is paroxysmal or intermittent breathing, generally accompanied by a cough, bronchial secretion and a feeling of constriction and suffocation. The cause is obscure, being ascribed to heredity, nasal disease, gout, the exhalations of plants and atmospheric impurities, colds, etc. It is undoubtedly an abnormal nervous action, or an affection of the nerves or nerve-centers of a functional nature, the spasm of the muscular



tissue of the bronchial tubes being due either to central or to peripheral nervous irritation. The above definition is undoubtedly correct as to what asthma is but it remained for Dr. A. T. Still within the last decade to give to mankind the cause of asthma. We know there is an abnormality of nerve function. We know that there is either a disturbance or irritation of the central or the peripheral end of the nerves and we know further that the disturbance is generally from the central end because the irritation could not begin in the muscular or mucous tissues of the bronchioles if the nerve force which governs this region was unobstructed or in a natural condition. Dr. Still has taught us that the obstruction which causes asthma is usually—of course there are exceptions—found from the second to the sixth rib on the right side but most commonly at the fourth and fifth because innervation is greatest from this region, and *this* produces the asthmatic disturbance because where these ribs articulate with the spine there is produced irritation to the central end of the nerves which makes functional disturbance of the nerves governing the muscular and mucous tissue of the bronchioles. Such lesions also produce the labored breathing described by Gould, as well as the spasmodic muscular action of all the muscles of the thorax. I know from my own practical experience for over six years in continuous practice, most of the time spent in the American School of Osteopathy and A. T. Still Infirmary at Kirksville—where is had an unlimited practice from all over the world—that this condition in the great majority of cases is verified. Upon examination of Mr. M. I found the fifth rib on the right side lying too close to the sixth and in this way producing an irritation at the junction of the fifth rib with the intercostal ganglion at that point. The patient was also very tender at the fifth dorsal vertebra. This examination was made in February. Remember, he had been having asthma every winter for many years, generally from November to May and had changed climates and tried numerous "reliefs" to no avail. I laid him on his left side, took hold of that spine and rib as

Osteopaths are taught to do at Kirksville, corrected the derangement and the patient *got well*. He only received two weeks of treatment and it relieved him entirely. He was cured against his own beliefs. Now those who read this article must not imagine every case of asthma can be cured in two weeks. There are some cases that are incurable altogether owing to the cause, length of standing, complications or involving too much degeneration of nerve vitality. All such points must be considered with regard to the time it may take to work a cure. Osteopathic treatment *can* and *does cure asthma*, however, in the greater number of cases when properly applied while even a casual consideration of the Osteopathic diagnosis makes it plain that drug remedies for this disease are as foolish as they are futile. Electricians might as well apply balms and lotions to remedy grounded and crossed wires or broken switches. Asthma results from the interference with nerve-force through nerve-paths at certain definite points in the body and nothing, we conclude, will allay the consequent irritation and restore normal nervous life to the areas involved except a correction of this interference by the application of intelligent bodily mechanics.

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REPORTED BY MRS. GREENWOOD LIGON OF  
THE JUNIOR CLASS, A. S. O.

Lithuria (Uric acid crystals):—

Lucile Ligon, aged eleven, during October, 1898, had an attack of typho-malarial fever. This attack was marked by two unusual conditions—polyuria (micturition being so frequent as to necessitate repeated inhibitory treatments that she might rest) and the failure of the usual treatment to lower the very high temperature. Under Dr. Harry M. Still's treatment, the patient recovered at the end of four weeks. A careful analysis of the urine at this time showed excess of urates, due, supposedly, to the recent fever. Two months later there was noticed again a rise of temperature, fluctuating from subnormal in the morning to several degrees above normal in the evening. An explanation of the spine showed the lower dorsal and lumbar regions in very bad shape. Urinalysis now

showed some sugar and excess of chlorids. Dr. Chas. E. Still was called in and pronounced the low-continued fever due to the spinal lesions. In a few treatments he had so far corrected the spine that the feverish condition disappeared. Here was the explanation of the failure of the fever, in the former attack, to yield to the usual Osteopathic treatment—there were spinal lesions, which probably constantly irritated thermogenic centres in the cord. After this the urine changed its character becoming cloudy, dark red and yielding a "brick-dust" sediment. Regarding this as the result of recent febrile conditions no report was made of it to Dr. Chas. Still. The condition grew worse till there was a deposit of uric acid sand, easily examined by the naked eye, and showing under the microscope masses of the characteristic rhombic prisms. The analysis showed also excess of phosphates and a large quantity of mucin, the latter due evidently to the mechanical irritation of the mucous surfaces by the large crystals. This analysis I made at 10 a. m. assisted by Mr. Williams, analyst for the infirmary.

At 1 o'clock of the same day, Dr. A. T. Still called at my house. Being told of the case and what the analysis had just shown, he examined the child's spine, calling my attention to a "hot spot" and to the fact that the vertebra at that point (the fourth lumbar) was slipped. He corrected it, remarking incidentally that "a thermometer in the mouth does not indicate these local variations in temperature" hence the necessity for training the *hand*, he explained, to recognize abnormalities of body temperature, as these irregularities are faithful guides in the localization of causes producing pathological conditions. Next he found the tenth rib on the right side, thrown off its articulation, its head, he said, pressing upon the nerves in such a way as to interfere with the nervous function of the adrenal bodies.

"Now" said Dr. Still, after adjusting it, "the nervous system can take a message through, and the proper solvents for the renalsalts will be made, and they will no longer be thrown down as precipitates. There may not be any further appearance

of them as, the mechanism having been adjusted, the cure will begin instantly."

In less than two hours after this treatment the kidneys acted. The urine was absolutely clear, of a light straw-color. There would be no mistaking the change as for clinical purposes it was saved in clean vessels, the specimen passed a half hour before the treatment, cloudy, dark and with a heavy precipitate, having stood beside the later specimen. The result seemed so marvelously quick that I called the chemist who had made the analysis in the morning to see the two specimens, as well as several others who knew that Dr. Still had given the little girl the treatment.

This is the day of "internal secretions," physiologically, and the result in this case seems again to verify Dr. Still's teaching that the body mechanism is perfect and all parts being properly adjusted, functioning will be normal, and the body will make its own solvents for its own salts as readily as it makes its own aperient or anything else it needs. A further proof of a specific cause producing the result here was that after a severe fall the patient underwent a week later, the pathological conditions of the urine returned. An examination showed that same tenth rib was again displaced. Its readjustment was promptly followed by normal urine, which condition has continued till the present time. It is a matter of interest if practitioners will note in such troubles, whether they can always be traced to the same rib on the same side, or whether an interference on the opposite side will result in the precipitation of a different salt. A further interesting fact in this case was, that the displacement was at the point where a lesion is usually found in persons subject to malarial poisoning.

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REPORTED BY DRs. TEALL & HENNINGER,  
WASHINGTON, D. C.

#### Spasms of the Prostatic Sphincter:—

Mr. S. C., aged fifty-eight, United States Naval officer, began treatment March 17.

History: Nearly a year ago began having spasms of the prostatic sphincter following micturation which was frequent

and irresistible. The spasm caused intense pain and was preceded by a slight rigor. Patient was compelled to rise two or three times each night from this cause. He had consulted the best authorities and they had refused to prescribe saying it was useless. They recommended castration as a possible relief but would promise nothing and suggested ulceration of the prostate as the cause of the pain and from finding pus in the urine.

Examination: Patient short, full figure, weighing 240 pounds. Physical condition otherwise perfect. Previous history good. His spine showed rather an irregular outline in the upper dorsal region, with the 10th and 11th tilted anteriorly on each other with slight tenderness. The 2nd lumbar was rather prominent while the 5th lumbar was anterior and slightly to the left.

None of the lesions seemed marked enough to cause such an extreme condition. The prostate was normal and no inflammation. The urine was acid and showed at times traces of albumen, sugar and pus being also highly colored and offensive. None of these conditions were constant, he sometimes going two or three days without any pain. Treatment: Our effort was to reduce these lesions but on account of his weight they were difficult to detect let alone the task of correcting them. The prostate was given direct stimulation every third treatment and the pudics worked on strongly. At the end of the tenth treatment he confidentially declared we were "just as big humbugs as the other doctors" and that he felt absolutely no change in any way. However he continued to come and on the twelfth treatment we slipped the 5th lumbar into position and brought the 10th and 11th dorsal to nearly normal. We told him then that he might look for results. Four days later he came in with a becoming face and reported having slept the entire night, had had no pain and that the urine was clear. Since then followed a story of relapse and recovery following some undue exertion on his part. He has now gone twenty days without a spasm, with the urine normal in every way, and we have every reason to believe there will be a permanent cure. Deduc-

tions: Where the pus came from and why it should disappear so quickly is an open question. He has been treated at 9:30 a. m. with the urine loaded with deposit and at 2 p. m. have it nearly normal. There was nothing to show that the kidneys and bladder were affected. The direct stimulation of the prostate seemed to bring the quickest results when at its worst stage.

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REPORTED BY ALBERT FISHER, SR., D. O.,  
JULIEN HOTEL, ENGLEWOOD, ILLINOIS.

#### Hay Fever and Bronchial Asthma:—

Mrs. H. Billings Tefft, 136 North Kenzie Street, Chicago, offers an interesting cure of bronchial asthma by Osteopathy. Her illness began seven years ago last fall, by an attack of coryza and hay-fever, and by gradations developed into bronchitis, bronchial catarrh and bronchial asthma. I was called to see her February 19 and found her in a most deplorable condition. The extreme cold wave that swept over the country just before that date, added to her trouble as a complication an attack of la grippe with marked symptoms of pneumonia and pleurisy. She had most distressing dyspnoea, a distressing and aggravated cough, running at the nose and eyes and very marked, sonorous and sibilant rales. In fact, she had about all the characteristic symptoms manifest that are present in a well-marked and developed case of bronchial asthma and emphysema.

I found on examination the scaleni and sterno-cleido-mastoids, as well as all the muscles of the thoracic walls, both anterior and posterior, and the muscles of the abdominal walls, abnormally rigid and tense. The whole alimentary tract seemed to be in about as bad a catarrhal condition as the trachea and bronchi. I began treating her Feb. 19, and continued treatment three times a week for the first month, and twice a week for the two succeeding months, and am still treating her once a week. She has had no symptoms or evidence of asthma or catarrh or any other pathological condition since the first month's treatment but I am continuing the treatments simply to prevent a recurrence of hay fever until after the season for it is past. I gave

her at first pretty thorough and radical general treatment, giving special attention to raising the clavicle and the ribs so as to expand the thoracic cavity and to the cervical and bronchial plexuses and the dorsal nerves as low as the sixth; then too, I gave attention to the trophic centers and to the circulatory system, to the nerves innervating all the thoracic, abdominal and pelvic viscera, with the result that today she is a perfectly well woman—so well that she felt justified in violating my orders to the extent of undertaking general housecleaning two weeks ago, having also the responsibility of caring for her entire family, and without any ill effects. Of course I scolded her for so doing, but the fact that she is perfectly well was tested by the ordeal. Concurrently with treating Mrs. Tefft I have also treated and cured her fifteen-year-old daughter of acute bronchitis—but that is another story.

\* \* \*

REPORTED BY ELLA M'NICOLL, D. O.,  
FRANKFORT, IND.

**Sun Stroke:—**

Mr. W. H. Bird, who dwells four miles in the country, was stricken last September while loading a car of grain. The family promptly called a physician who gave assurance that he could pull him safely through. No improvement resulted and the doctor has called a second time. Still the patient grew rapidly worse. The second day Osteopathy was summoned as a last resort. I found the patient in a cyanosed condition, gasping for breath, while the friends were applying heat to the extremities and vigorously rubbing in the hope of restoring bodily warmth. The heart was very slow—due to some stimulation of the pneumogastric nerve, causing its inhibitory effect, I felt positive. The trouble proved to be located in the right upper cervical region. Here the muscles were extremely tense with a slight misplacement of the atlas. These lesions were overcome in a few minutes and before the weeping wife and children had time to realize that danger was past my patient was indulging in a refreshing sleep with temperature normal and his heart at 70. He soon recovered. There has been no

recurrence of the trouble. This demonstrates anew Dr. Still's teaching that heat prostrations are frequently due to lesions in the neck, often merely a muscular contraction, which may have the local mechanical effect of shutting off the blood supply to the brain or bringing about venous hyperæmia due to diminished heart action. How much superior is Osteopathic diagnosis in such prostrations, getting at the obstruction to nerve force and blood flow, and removing it with the precision of a plumber freeing a clogged drain!

\* \* \*

REPORTED BY DR. MARY E. KELLEY, 504  
MASONIC TEMPLE, CHICAGO.

**Diarrhea and Acidity of the Stomach:—**

Mrs. C. had been suffering for over two years with diarrhea and acidity of the stomach. Upon examination of the spine an abnormal tension of the spine was found from the third to the tenth dorsal. Viewing this condition through Osteopathic spectacles we reason that the splanchnic nerves were irritated, these nerves as we know containing vaso-motors to the mesenteric vessels. By stimulating in this region the peristaltic action was lessened and in a few weeks the watery evacuations which had been occurring from six to a dozen times a day, began to diminish. Special treatment was given to the solar plexus and the sacral region. The patient now has an alimentary tract which performs its functions in a normal manner.

**Chronic Constipation:—**

Patients frequently tell us that too many hasty recoveries are reported, and when they fail to respond in a month or so they feel discouraged. During the past two months my success in intestinal derangement has been most wonderful. Ten weeks ago I treated a case of constipation with quick results. The patient, a woman twenty-seven years, had been taken from school work on account of this trouble when she was twelve years old and had reached a point where the strongest medicine had only very slight effect. I went to the second lumbar for the blood supply, then strongly stimulated the sacral nerves. Quoting from Stuart's Physiology: "Stimulation of the sacral nerves causes or in-

creases contraction of both coats of the descending colon and rectum." In the left iliac fossa there was great pain on pressure. That region was relaxed and I told the patient I would treat her again in a week. After the treatment Nature's forces started to work. The patient suffered intense pain for almost an hour; then the bowels moved and have been normal ever since. I believe the trouble was caused by the contraction of the sigmoid flexure.

**Wen on the Wrist:—**

A case of what is sometimes called wen on the wrist recently yielded to Osteopathic manipulation. Flexion of the hand or the forearm was extremely painful. Upon examination the articulation between the second metacarpal and the os magnum was strained. After the second treatment all pain and soreness left the wrist, and in less than two weeks that deposit, large as a walnut, had been absorbed.

\* \* \*

REPORTED BY H. H. M'INTYRE, M. D., OF  
THE SENIOR CLASS, A. S. O.

**Goiter:—**

Miss Tabitha James, of Kirksville, age about twenty-five years, applied for treatment March 15, 1899, suffering from bilateral, vascular goiter, first observed by her about three months earlier. It was growing rapidly and already caused considerable dyspnoea and discomfort. Its causation and treatment were determined and followed under the Osteopathic theory of Dr. Still that circulation and nerve force were obstructed, causing a local stasis and consequent hypertrophy of the thyroid tissues. The treatment consisted simply in stretching the muscles and ligaments attached to the inner end of the clavicle elevating that bone so as to increase the distance through the neck antero-posteriorly, and depressing the upper rib. Marked improvement followed immediately and two months later the enlargement and all uncomfortable symptoms attending it had entirely disappeared. I am convinced by this and several similar cases that have come under my notice that the condition producing goiter may be wholly removed and the enlarged

gland in nearly every case brought to normal size through Osteopathic manipulation, unless the growth has already become encysted with indurated fibroid contents.

\* \* \*

REPORTED BY CHLOE C. CARLOCK OF THE  
SENIOR CLASS, A. S. O.

**Ovarian Colic:—**

Miss C., thirty years old, came to the A. T. Still infirmary February 15 with long standing ovarian trouble which at menstrual periods always caused excruciating torture. Physicians urged ovariectomy and indeed a sister submitted to this operation in St. Louis while Miss C. was here under Osteopathic treatment. Miss C. meant to submit to an operation if she found Osteopathy could not help her. Each period produced unbearable pain and soreness in the region of the ovaries and some pain in the back. Examination locally revealed no trouble. Osteopathic examination showed lesions at both the ninth and tenth dorsal vertebræ, which were lateral and posterior, while the lower lumbar were also somewhat posterior. Dr. Charles E. Still treated the patient six weeks after which the case was turned over to C. M. Marstellar and Mrs. Chloe C. Carlock of the senior class. Usual Osteopathic treatment to relieve the pains ushering in menstruation did not give much benefit. Gradual correction of the spinal lesion however, made the second ordeal much easier; the third month brought very little pain at all; while the fourth and fifth months were practically painless. Miss C. gave her cure a thorough test before leaving Kirksville by indiscreet exercise but escaped any recurrence of the penalty of pain.

\* \* \*

REPORTED BY P. M. AGEE D. O., LEXINGTON, MISSOURI.

**Suppressed Menstrual Flow:—**

Case No. I. Young woman came to me suffering with secondary amenorrhœa or suppression of menstruation, there had been no menstrual flow for over eight months. Emaciation was very marked and the patient greatly debilitated generally. I found a lesion at the second lum-

posterior; the 1st, 2d, and 3d dorsal vertebrae were lateral; and the 5th lumbar was anterior. During the year the heart action had been very poor, pain was felt in the back very severely, and at times a feeling of numbness came over the entire body. After a month's treatment she improved in every way and by the end of the third month had gained 12 pounds. My cure quickly followed correcting the spinal lesion.

\* \* \*

REPORTED BY JONES & TULL, INDIANAPOLIS, IND.

**Appendicitis So-called:**—Patient was a minister; some of his physicians advised an operation; case came to us March 6th for first treatment. Examination developed tenderness on right side of spine from 6th dorsal to 2nd lumbar vertebrae, localized at 6th to 10th dorsal and 1st and 2nd lumbar segments; great tenderness of abdominal muscles on right side, embracing epigastric and right hypogastric regions. It is important to note that deep palpation in right inguinal region, developed no tenderness or pain. Ten treatments have been given him and he now suffers no symptoms of the trouble.

\* \* \*

REPORTED BY CARYL T. SMITH, D. O., HOQUIAN, WASHINGTON.

**Impaired Vision:**—

Case No. I. was a boy seventeen years of age who had been wearing glasses for over three years. As soon as he removed the glasses he would have a severe headache and could never read at all without his glasses. On examination I found the atlas and third cervical vertebra slipped laterally. After three weeks' treatment the patient removed the glasses and at the end of two months his eyes were completely cured. The trouble after six months shows no tendency to return.

**Incontinence of Urine:**—

Case No. II. was one of inability to retain urine. I found the trouble at the fifth lumbar and upon removing the irritation at that point the patient recovered entirely. Six weeks of treatment sufficed to remove the spinal lesion.

bar vertebra. A copious menstrual flow was produced with four treatments. The patient is now rapidly gaining in general health. Periods have for several months been normal.

**Lame Knee From Injury:**—

Case No. II. Miss Davis of this place fell and injured her knee two years ago, since which she has been compelled to use crutches most of the time. I found only a very slight twist in the joint with consequent weakening of the ligaments. The condition yielded readily to usual treatments and after two months' treatment Miss Davis has regained perfect use of her leg.

\* \* \*

REPORTED BY MISS HART, OF THE SENIOR CLASS, A. S. O.

**Suppressed Menstruation:**—

Miss F. never knew what it was to menstruate regularly and upon beginning treatment under Miss Hart and Mr. Heine, of the senior class, reported complete suspension for at least a year. The case was accompanied with the usual ill effects of such a condition. Examination showed the 4th and 5th lumbar vertebrae anterior, another lesion at the 8th and 9th dorsals and stricture of the os. The lumbar lesion was corrected at the first treatment and proper work in the dorsal region promptly relaxed the os to a normal condition and the patient menstruated painlessly. There has not been time for the second period but every symptom of functional trouble has disappeared, the patient is cheerful and no trouble is feared.

\* \* \*

REPORTED BY ELMER H. BEAVEN, D. O., IOWA FALLS, IOWA.

**Posterior Atlas, Lateral Curvature, Impeded Heart Action:**—Mrs. J. D. McKay received a fall resulting in an injury to the spine, causing a severe shock to the entire nervous system. After nine months treatment with the best local physicians with no permanent relief, she tried a change of climate and a six weeks visit at Hot Springs, there consulting one of the best physicians of the city. After following his prescriptions with no relief, she concluded to try Osteopathy. On examination I found that the atlas was

# The Journal of Osteopathy.

HENRY STANHOPE BUNTING, EDITOR.  
EDWARD VAN ASMUS, MANAGER.

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### "Long" vs. "Short" Treatments.

Institutions working hard to persuade the public that they really know the commoner principles of Osteopathy—albeit they hail themselves as institutes of drug medicine and Osteopathy combined—as well as thrifty individuals who have bolted the massage business to fake as professional men are busy through their literature trying to settle the grave question whether an Osteopathic treatment should last one minute or one hour. It is a very serious question, too—for these hybrids and bath-house graduates, since two very important considerations arise therefrom.

1. Will the former be as likely to find and benefit a hidden dorsal lesion, for example, or an irritated sympathetic ganglion, or a muscular hypertrophe by two minutes' work applied directly to the injured spot as by "general rubbing" from the crown of the head to the sole of the feet.

2. If this massage treatment being retailed as "Osteopathic" is going to work bath-house graduates over union hours, requiring possibly as long as the Turkish or Russian article to take care of each patient, will it really pay to quit a well-established tonsorial business for the honor of faking a profession?

Of course both these classes of ambassadors to the court of thrift will have to settle these matters of individual diplomacy according to their own needs and the state of public information. Where the real scientific nature of this school of drug-

less medicine is understood there is no room for fakirs. One shining exponent of masseur-therapy has been worked up to such indignation by the quickness and precision of trained Osteopathic fingers in diagnosis and treatment that he boldly advises the suffering public:

DON'T ALLOW ANY ONE TO GIVE YOU  
THREE MINUTES SHOCKS AND CALL  
IT OSTEOPATHY.

An institution in Chicago trying to walk the tight rope of fortune carrying water on both shoulders—drug medicine on one and Osteopathy on the other—goes on record in this surprising bit of the massage technique.

### "LONG AND SHORT TREATMENTS"

"A great deal has been said in regard to the length of Osteopathic treatments, and at first glance it may seem absurd to argue this point, taking it for granted that each case would differ in the length of time required. This alone is not the point of argument between this Infirmary and other Osteopathic institutions. The point is, whether in a given case special work alone should be given, or in conjunction with special work other diseased portions of the system should be treated when they tend to complicate the local condition. Other institutions have treated chronic cases giving at each treatment three, five or seven minutes work. This we believe is too short a time to devote to a chronic condition at each treatment, *if the desire is to cure as soon as possible.*

"WE DEVOTE TO OUR CASES TWENTY TO FORTY MINUTES AT EACH TREATMENT and have found that we have obtained better results by these long treatments than has been obtained by short treatments. We differ in being more thorough—not in principle."

Medicine and surgery sold by space rates—think of it! Dr. Clutches warranting his physic to physic continuously for forty minutes. Dr. Sawyer pledging himself to saw continuously forty minutes upon one's skull to trephine! Dr. Seymour making his contract to cut forty full minutes after a cataract! Or Dr. Pullman telling us sagely that he will pull on every aching

tooth we bring him for forty fleeting minutes!

Right along this line is the sharp division drawn between the field of masseur fakirs and the scientific and trained Osteopathic physicians of the House of Still. The distinction is by far sharper than that dividing the old "shot gun" prescription writers from the best type of drug doctors. If these "long" treatment masseurs think they are more apt to hit a deranged spot and by chance help new life to the part by an hour's work, why, let them work on—but it is fraud to offer such bungling for Osteopathy.

Beware of alleged Osteopathic physicians who measure the good they do you, not by their skill, but by the clock!

Here are a few of the things such persons have been doing for victims by the "forty minute" plan in Chicago.

Dr. Joseph H. Sullivan reports: "Mr. R. was under the care of such persons and the hourly attention he received developed brachial agitations. I have succeeded after a months treatment in getting him back to where he was, and can still further help him without doubt.

"Mrs. C. of Chicago had these hourly treatments and was obliged to go to bed with spinal neuralgia, brought on by the combination of ignorance and force. I have finally helped the case to such an extent that she is able to come to my office for treatment.

"Mr. T. living in the suburbs suffered with headache. He went against the same hourly treatment, and was put to bed two weeks after first treatment. So it goes. After all, it will have to rest with the people themselves to discern the difference between Osteopathy and promiscuous rubbing and kneading; but we must strive to get Osteopathy plainly before the public, and many will thereby be saved from the charlatans."

\* \* \*

#### The Tennessee Statute.

The Tennessee law recognizing Osteopathy was enacted by a marvelous vote—unanimity in both branches of the legislature; there being not one dissenting voice raised against it! The measure passed the house Friday, April 7, it passed the senate Friday, April 14, and was signed by Governor McMillan Friday, April 21. Drs. Shackelford & Shackelford,

the pioneer Osteopaths in the state, who are responsible for the law, say "the victory is wholly due to Osteopathy's many friends in Tennessee, most of whom have received treatment and relief." The thanks of the profession are especially due Hon. H. B. Williams, who framed the bill, Mayor R. H. Dudley, A. H. Robinson, Captain J. W. Baker, Mrs. Sam Ward Conley, Jno. T. Essary, J. H. Ambrose, Ex-Gov. Robert, L. Taylor, Judge and Mrs. J. S. Wilkes, of Pulaski, Tenn., and a great many others of equal social and civic prominence.

\* \* \*

#### Osteopathy and Christian "Science" Have Nothing in Common.

Nothing could be more unlike Osteopathy than christian "science." Frequently persons who are uninformed and particularly physicians of the old schools of medicine who wish to be sarcastic, catalogue Osteopathy and christian "science" together as if they had something in common. Sometimes there is an effort made to define Osteopathy in terms of christian "science," hypnotism or suggestion. This betrays greater ignorance, of course, than well informed people can afford to shoulder. Osteopathy has nothing in common with the teachings of this religious sect and has nothing to say about its creed except that it has not been within Osteopathic experience that believing a hip is not out puts it back, or that believing a spinal lesion to be perfectly harmonious with health will prevent its inevitable physiological consequences. The new science of therapeutics, however, is not debating points of creed with anybody; it is too busy doing its own great work of healing the sick by physical methods when most other helpers fail; but it submits that no fair antagonist will persist in making misrepresentations of this sort after the facts are thoroughly known.

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#### The Osteopathic Arena Will Not Issue.

After coming very near to the point of issuing The Osteopathic Arena, the proposed scientific monthly for the profession, the board of editors have decided to



abandon the enterprise and return subscriptions. While almost enough support had been pledged to guarantee the projectors that bringing out Volume One would not put them in debt, yet at least a fourth of these subscribers failed to pay up, and by the agreement with subscribers the board of editors were not to enter upon the enterprise until enough money was in hand to guarantee its life for one year. It is a pity the magazine has to be delayed for the present as the field needs it badly but it must surely come in time when there are more practitioners to support it.

The *Journal of Osteopathy* will cover the field of scientific work in future as well as printing plenty of popular literature upon the science and practitioners may expect from eight to ten pages of good, solid, carefully edited clinic reports each month hereafter. This means that practitioners will have to send in their clinic cases every month. Your most interesting cases are solicited.

\* \* \*

**An Artistic Booklet on Osteopathy.**

We are indebted to Dr. William W. Brock of Montpelier, Vermont, for a copy of the very artistic Booklet on Osteopathy which he has got out. There have been few more convincing statements of Osteopathic philosophy, too, than this argument from physiology which it contains from the pen of Dr. William Smith—and we are pleased to reprint it in this issue with the permission of Dr. Brock. Such booklets do both the science and practitioner credit and there should be more of them.

\* \* \*

**Kirksville Men Pass the Massachusetts Medical Board.**

At a time when state medical boards are deeply concerned as to the preparation of Osteopaths for practice the testimony of two of the graduates of the American School of Osteopathy in New England will be of interest:

405 MARLBOROUGH STREET,  
BOSTON, MASS., MAY 5, 1899,

DEAN J. M. LITTLEJOHN,  
Kirksville, Mo.

MY DEAR DOCTOR:—Knowing your interest in the graduates of the American School of Osteopathy I thought you would be pleased to learn

that both my brother and myself have been before the Massachusetts Board of Registration in Medicine, and successfully passed the examination, which gives us all the rights and privileges of any physician in this commonwealth.

We feel in passing this examination we have not only done honor to ourselves, but to the American School from which we graduated. In our joy over this victory we are not unmindful of those who so patiently toiled with us through our college course and to them we are grateful.

At the last examination there were nearly one hundred applicants and sixty failed. These were representatives from nearly all the eastern medical colleges. This makes us feel that the American School of Osteopathy of Kirksville, Mo., is on a level with, (if not above,) any medical college in the country, and we are proud to be among the graduates of that noble institution.

Yours Truly,

GILMAN A. WHEELER, D. O.

Just as encouraging news is to be had wherever graduates of Dr. Still's school are heard from.

\* \* \*

**The Still Institutions are Not to Leave Kirksville.**

Rumors have been rife for several weeks to the effect that the American School of Osteopathy was shortly to be moved to one of the prominent western cities. Dr. A. T. Still, president of the institution, wishes this impression to be corrected. It is not true that any agreement has been made looking to the removal of the School or Infirmary. Several cities have made overtures to Dr. Still, offering considerable bonuses to secure the American School of Osteopathy, but they were not accepted. The school is making every arrangement to increase its accommodations and equipment for the fall term; a large incoming class is regarded as a certainty; and patrons may rest assured that Osteopathy in the future, as in the past, will be taught best at its birth-place—Kirksville.

Dr. Still gave out this statement June 7th through the Kirksville papers:

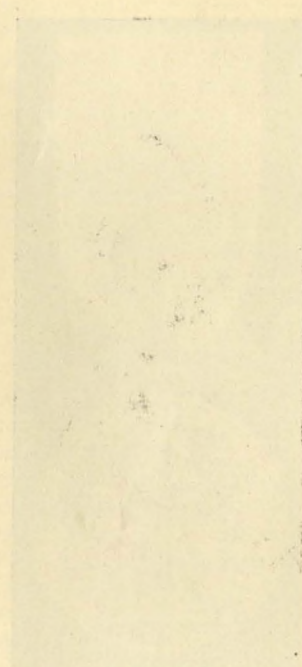
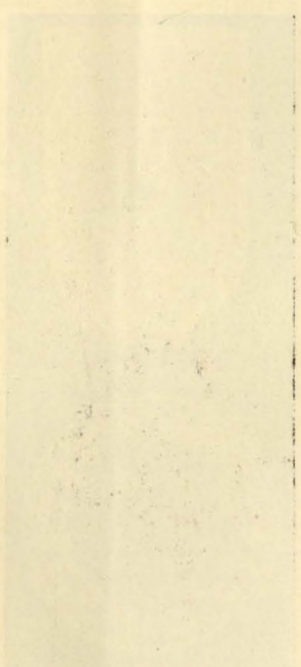
"To the Citizens of Kirksville and all others concerned: Kirksville is my home. I have no intention of leaving the place. My interests are here for life so far as I know now. Let this answer all questions or rumors. Do your part and I will do mine.

A. T. STILL."

\* \* \*

**Infirmary and Surgical Sanitarium Staffs Were Never Stronger.**

Patrons of the A. T. Still Infirmary at a distance often hear that they will not be able to be examined or take treatment



EUROPE'S TRIBUTE TO THE  
AMERICAN SCHOOL OF OSTEOPATHY.



This prize is conferred by the Society of Science, Letters and Arts, London, upon that member who is judged to have made the most worthy contributions to science for the year. The honor for 1898 has just been awarded to Dean J. Martin Littlejohn, Ph. D., LL.D., D. D., F. R. S. L. and F. S. Sc. (London). This work comprised, in the main, text-books on "Physiology, Exhaustive and Practical" and "Physiological Psychology" which he prepared from the Osteopathic standpoint for use in the American School of Osteopathy.

from "one of the Stills" if they come to Kirksville. Dr. A. T. Still, president of the Infirmary, takes this occasion to make the announcement that such reports are an injustice to the institution. The Infirmary is now under the personal conduct of Dr. Harry M. Still and Dr. Charles E. Still with President A. T. Still in consultation. Dr. C. L. Rider, one of the old and experience operators, has been recalled from Sherman, Texas, and is again on the operative staff. Dr. C. P. McConnell, senior professor of Osteopathic practice, and Dr. Marion L. Clark, with Drs. J. B. and David Littlejohn and Dr. William Smith, surgeons, who conduct the surgical sanitarium, make up a complement of the most skilled Osteopathic physicians and surgeons to be found on earth. And these are the physicians whom patients at the A. T. Still Infirmary meet and take treatment under on coming to Kirksville.

#### Ho! for the Indianapolis Convention.

Osteopaths in every state are urgently asked to attend the annual convention of the American Association for the Advancement of Osteopathy which meets at Indianapolis July 5 and 6. This to be a meeting of vast consequence to the profession as its success or failure means life or death to the organization. Many members have complained that the association has not enough merit, as it has been conducted, to warrant continuing its existence. The officers and others say in reply: "Then come to Indianapolis and help make it the institution it should be." It is claimed by the officers that the Association has not been run by any clique, nor do they wish it, to be in the future; if officers have not done anything more than "wear their laurels" the past year it is urged that more energetic officers may now be selected; while if the laws are weak and useless, new laws can be adopted. Turn out Graduates of the American School of Osteopathy, and see if the A. A. A. O. may not become a factor in promoting the science and developing the Osteopathic profession.

#### Osteopathy In State Laws.

The progress which Osteopathy has made in claiming legislative recognition has been swifter than the accumulated speed of allopathy, homeopathy and eclecticism combined. It today is named in more statutes of the United States than the other three together. Every section of the union has either witnessed the passage of an Osteopathic law or else its defeat after the bitterest opposition with united lobbying on the part of the three older schools of medicine. Most of the laws passed have been in the face of such opposition. Today states boast of special laws to protect qualified practitioners of Dr. Still's system. These are the states in the order of framing Osteopathic statutes: Vermont, Missouri, North Dakota, Iowa, Michigan, South Dakota and Tennessee. Massachusetts, Illinois, Ohio, Idaho, and most other states allow the practice under general statutes.

#### A Change in the Management of the Book Store.

Mr. W. B. Chase, of the Senior Class, manager of the College Book Store, retired from that business June 6, as he will leave Kirksville immediately after Commencement. He has been succeeded by Mr. Geo. H. Bunting, as manager, who will enter the September Class. A full line of text and reference books, skeletons, skulls, anatomical charts and mannikins, surgical and dissecting instruments are always in stock or speedily ordered. Any book secured that is published.

#### Another Court Victory.

Judge Land presiding in the District Court at Shreveport, La., gave another court victory for Osteopathy recently. Drs. W. H. Johnson and Anne M. Burke, graduates of the American School of Osteopathy, were arrested for practicing medicine without a drug doctor's license. Judge Land quashed the indictments on the ground that there had been no offense against the meaning of the statute where drugs had not administered. The State Board of Medical Examiners took an appeal to the Supreme court. Drs. Burke and Johnson have built up a very influential practice in their field and the best people of the state are backing them in their fight against oppression.

PERSONALS.

Dr. Calvin M. Case has moved to Ashville, North Carolina.

\* \* \*

Dr. W. E. Swan and Dr. Camille Nelson Swan have located in Montgomery, Alabama, for practice.

\* \* \*

Dr. Flora Notestine, formerly with Dr. A. G. Hildreth, has entered upon practice at Jacksonville, Ill.

\* \* \*

Mr. Guy E. Loudon, of the graduating class, will locate at Lewiston, Pa., maintaining an office also at Mifflinton, Pa.

\* \* \*

Mr. Frank R. Heine and Miss Hart, of the Senior Class, have formed a partnership to practice at Clarksburg, W. Va.

\* \* \*

Mr. Charles L. Marsteller and Mrs. Chloe C. Carlock, of the July class, have formed a partnership and will practice at Youngstown, Ohio.

\* \* \*

Miss Laura Jane Wilson will locate after Commencement at Urbana, Ohio. Mr. Richard Wanless, of the Senior Class will be her assistant during the summer.

\* \* \*

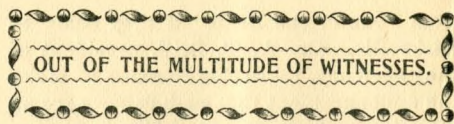
Dr. Charles C. Teall, of Washington, D. C., will spend the summer season at Pearl Point Hotel, Lake George, New York. Dr. Grace Henninger continues the practice of the Washington office throughout the summer.

\* \* \*

Dr. Georgia Carter has resigned from the Infirmary Staff to enter practice at Petersburg, Ill. She reports about twenty patients at the outset. Dr. Esther Whittaker, late of the operative staff, is now at her home, Weedsport, New York.

\* \* \*

Dr. Charles Hazzard of the faculty of the American School of Osteopathy, and member of the staff of operators in the A. T. Still Infirmary, will sever his connection with these institutions July 1st, and about July 15th will open an office for the practice of Osteopathy in Detroit, Michigan.



I. H. GOODNIGHT, FORMER UNITED STATES CONGRESSMAN, NOW JUDGE OF THE CIRCUIT COURT OF KENTUCKY.

Back to a day whence the memory of man runneth not to the contrary, we have been pouring physic into our stomachs to cure the pain in our toes. Thus accustomed it is hard to appreciate that a science of healing can exist except by drug medicine. Illusioned thus I suffered long before consenting to try Osteopathy. To me its simplicity made it appear absurd. That gall-stones, asthma, rheumatism and nervous prostration might be cured without knife or drug, was to me unbelievable, and I suffered on from all these ills. The most skillful physicians failed me. Fighting for life, I tried Osteopathy as a last resort. The first treatment strengthened the old prejudice. I was sure no good could result. But afterwards I slept—slept like a child. It was sweeter than from narcotics. Then I thought possibly there is something in it. After a few treatments I ate with impunity anything desired. Then I began to hope. Directly strength returned, pain abated, organs became normal in their functions. Then I believed. Continuing to improve until I grew robust my belief strengthened. Many others came under my notice. I saw cures, chronic and acute, that appeared marvelous, cures which if performed by the orthodox methods of medicine, the journals would have abounded in applause. I have seen cripples, paralytics, dyspeptics, asthmatics and rheumatics take up their beds and walk. These observations, added to my own experience, have graduated my hopes and beliefs into knowledge—if knowledge can obtain as to human events. That Osteopathy is still in its infancy we cheerfully admit, and hence can subscribe to the sentiment expressed by Dr. Oliver Wendell Holmes, that if all the drugs were cast into the sea, it would be much better for the men and so much worse for the fishes. There are now some cases that Osteopathy refuses to undertake. But when the science is perfected it is

my belief that it will be potent in all diseases. Certainly Osteopathy is a science of high attainment and utility. No one capable of thinking fairly can withhold applause for a system which is daily curing the most stubborn and serious affections without knife or drug. It is probable that in a few years the orthodox profession will accept the utility of Osteopathy as cordially as it now accepts the propriety of vaccination, though physicians once resisted the latter as bitterly as they now oppose Osteopathy.

MRS. JOSEPH BENSON FORAKER, WIFE OF  
THE UNITED STATES SENATOR FROM  
OHIO.

If Dr. A. T. Still had discovered nothing new in medical science but what he has done for woman his name would go down the ages as the greatest physician of any age and one of the historical benefactors of the race. His system has made it possible for woman to escape most of the ills which she has been supposed traditionally to be condemned to suffer; he has made it possible for her to approach maternity in calm tranquility, having assurance that its pains will be almost entirely overcome; and he has demonstrated that women need not spend their lives nursing functional derangements without finding succor. Who before has done so much in medicine?

OPIE REED, AMERICA'S WELL KNOWN  
RACONTEUR AND NOVELIST.

A school of Osteopathy ought to be established at every health resort in the country. The government ought to see that one is established at Hot Springs. It is worth all the curative waters in the world. It is almost an instant freedom from weariness. It is the champagne of nature. It destroys the appetite for drink, not in cases of confirmed dipsomania, but in cases of nervous prostration.

FORMER GOVERNOR ROBERT L. TAYLOR  
OF TENNESSEE.

When a century later historians are sifting the events of this time for the epoch-making discoveries of science and civilization there will be few chapters more im-

portant, I think, than that devoted to the reformation in medicine which will have come about through the acceptance and practice of Dr. Still's system known as Osteopathy.

MRS. WILLIAM M. SPRINGER, WIFE OF  
FORMER CONGRESSMAN SPRINGER,  
NOW CHIEF JUSTICE OF THE  
COURT OF APPEALS, INDIAN  
TERRITORY.

I can never say enough in praise of Osteopathy. It relieved me from unbearable invalidism. I have seen it do the same for scores of others. I believed before I tried it that it was a scientific method \* \* \* and now I am convinced that Osteopathy is rational, scientific and wonderful. It will be the greatest blessing to the world.

POSTMASTER THOMAS F. CARROLL, GRAND  
RAPIDS, MICHIGAN.

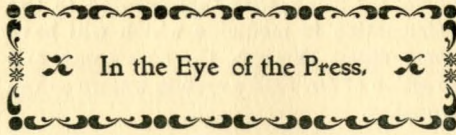
I believe that Osteopathy is as far in advance of drug systems of medicine and the heedless surgery of the day in the cure of disease and deformity as those practices were ahead of charm cures and sacrifices in the days of ancient polytheism. It cured me of severe troubles when the drug treatments all had failed. It has common sense as its basis and appeals to one's reason.

GOVERNOR HAZEN F. PINGREE OF MICHIGAN.

Osteopathy is a science entitled to all respect and confidence as a distinct advancement in medicine and I know today that it is doing a vast amount of good in relieving sickness and deformity which was not amenable to benefit from drug medicine.

FORMER GOVERNOR JOHN P. ALTGELD OF  
ILLINOIS.

I am indebted to Osteopathy for great good to both Mrs. Altgeld and myself in more than one crisis when physician's prescriptions had proven as ineffectual as empty words. I look for Dr. Still's followers to take high rank in the annals of medicine.



**Lowell Daily Courier:**

After four long hearings before the legislative committee on public health, which crowded a big room at the Massachusetts State House with what the newspapers have described as "the most fashionable and cultivated audiences" seen there this winter, the "Osteopaths" have been put over to the next General Court, in order that they may further demonstrate their fitness to take a place among the fully recognized medical "schools" of treatment. The wonder is that they made such marked progress as they undeniably have in so short a time. They have already a clientele in New England which will be a great power behind them when they bring up their petition next year, if they retain their hold on confidence, and grow as fast as they have in the two years since they first set up in Massachusetts. Such men as ex-Governor Dillingham and ex-Lieut. Gov. Fisk of Vermont would not go all the way to Boston voluntarily to speak as witnesses before the legislative committee, in behalf of the system, if they didn't believe in it. Such people as Elisha S. Converse, the great rubber man of Massachusetts, and others of "the very best people" in Boston, would not take an active interest in their petition for legislation, and others equally prominent would not take the treatment, if it were only one of the quack systems of healing. Even the doctors concede that "Osteopathy has its place" and that is all it claims recognition for, as we understand it. But that place is a pretty comprehensive one, apparently, and the developments of the coming year will be watched with interest. The "system" is certainly plausible and interesting. It must stand or fall by its results. In Washington Senator Foraker and Mrs. Foraker are enthusiastic advocates of the system, and the local operator there claims representatives of the families of twelve United States senators on

his list of patients. There is nothing about the system which is not "nice," and that counts for much in securing attention.

\* \* \*

**The Boston Advertiser:**

At the hearing on Beacon Hill regarding the question of amending the law regulative of the practice of medicine so as to recognize Osteopathy, a distinguished Boston physician cited from one of the publications representing the "pathy," and proceeded to denounce and ridicule the statements contained therein. He did not, however, speak with any greater severity and contempt and emphasis of assertion than have been employed many a time by physicians just as eminent as himself in denouncing and ridiculing the teachings of the school of medicine of which he is a very distinguished and justly honored representative. The hearings on that question, the recognition of Osteopathy, this winter at the state house—will have a wholesome effect if they arouse the people of Massachusetts to a realizing sense of what they ought never to have forgotten, or failed to know, that medical intolerance is every bit as violent, as unreasoning and as much out of harmony with the best ideals of our time as is theological intolerance; and that this Commonwealth has no more right to lend the sanction of its laws to the one than to the other.

\* \* \*

**Florence (Ala.) Herald:**

There is probably no precedent in history for the growth of any idea or the development of any institution in religion, law or medicine with such speed as has attended the acceptance of the newest branch of the medical profession, Osteopathy. Starting seven years ago as the teaching of one man in an obscure town in Missouri it has become known to Europeans as America's newest and most promising school of medicine while statutory enactments have been forged in recognition of it in probably ten states of the Union. Whether a man thinks calomel and quinine are food or a poison to the body he must at least recognize that there is much behind such a development.

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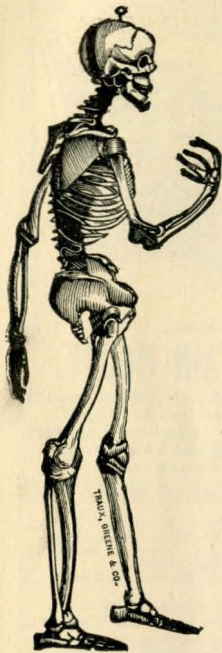
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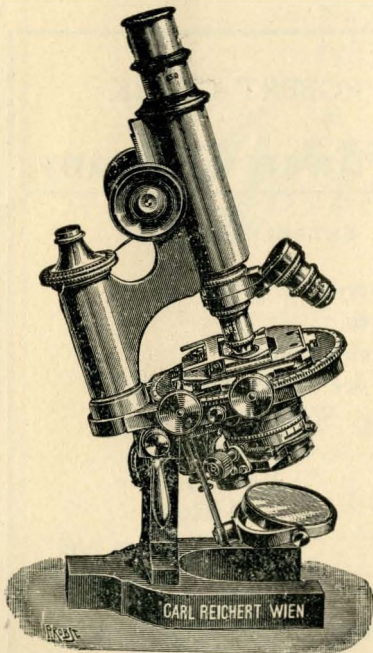
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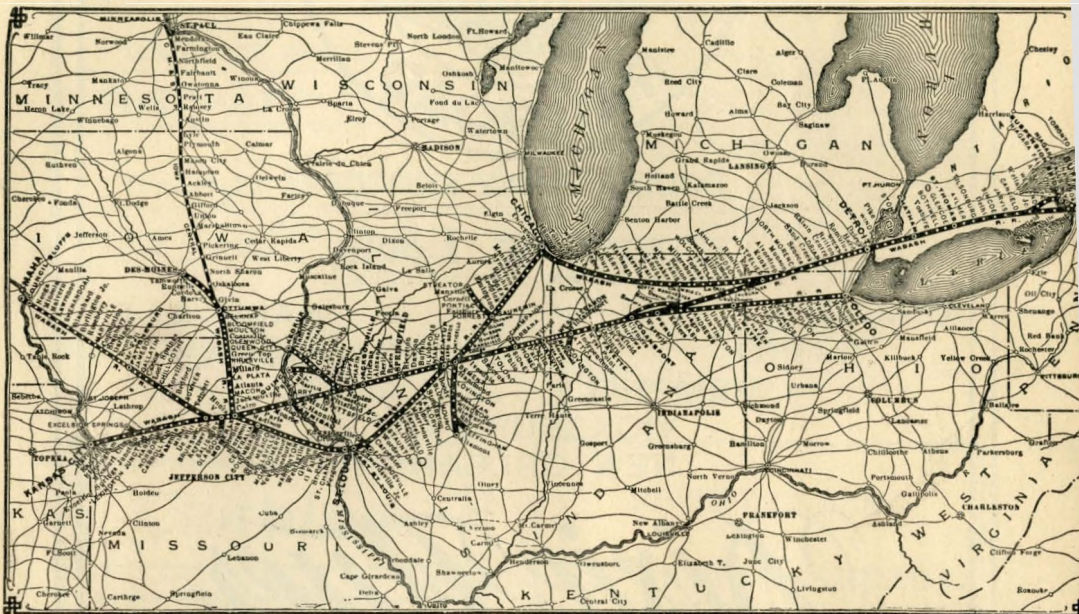
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