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DR. A. T. STILL'S DEPARTMENT.

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CONSUMPTION, CONTINUED.

JUDGE: Court will now proceed with the prosecution of Mr. Spinal Column and wife, Mrs. Spinal Cord, as found in the indictment by the grand jury, whose verdict reads thus: A true bill of murder has been found against Mr. Spinal Column and Mrs. Spinal Cord conjointly, as being the cause of all the deaths now and in all periods of past time, by a disease of the lungs which is universally known by the name of pulmonary consumption.

Judge: Let your duty guide your investigation, and if you find the accused guilty of the charges as reported let your report read thus:

We, the jury, find after the most crucial examination that the defendants (Mr. Spinal Column and Mrs. Spinal Cord) are guilty of murder in the first degree, and are the cause of all delays in keeping up the purity and abundant supply of all fluids of human life. Let your search go far and deep into cause and effect, ever remembering that effect follows cause in all cases.

Judge: Mrs. Spinal Cord, you will please take the stand. You are charged of murder in the first degree of millions of beings by your neglect to do your duty in supplying force plentifully to all organs, glands and stations of life. You must now show your innocence by such truths as will prove that you have done your duty from start to finish, or you will have to suffer the penalty of the law which is death.

Judge: Madam, state if you know why you should not suffer the punishment as provided by law.

Madam: Well Judge, you say "state if you know," I will state that I do know what my duty is. I know my orders for they are all written with the red ink of life on the face of my commission. I know full well every inch and every thousandth part of an inch I am ordered to supply with blood.

Madam: Judge, I know something of your duty and will state if I know "and what I know." I do know that your oath when you took your seat was to do justice equal and exact to all without prejudice. And will

ask you to examine the plan and specification of the spinal column, the house in which I dwell. I have certain duties to perform, which are to eat, drink and keep myself in the best of working order as when nature formed and finished me, and gave me the keys of the long bony house that reaches from man's head to extreme sacrum. I was given and required to study carefully both the plan and specification of the house in which I was to dwell as foreman and master mechanic. I was required to take charge and conduct all works of the chemical compounding of the laboratory of animal forms, and in all rooms see and know that all fluids were infinitely correct in weights and kinds, previous to making any compound substance to be used in forming brain, blood, bone, muscle, hair, skin, veins, arteries, secretory and excretory vessels with their associate system of nerves. I was not only given orders but was commanded to make and keep a full supply of chemically pure blood, with this caution heavily underlined: "*Pure blood*" means a perfect machine throughout, with all its parts free from all hindrances from perfect work. The machine must be true to the line and plumb, with space to suit its action. Then it can and will furnish all the power necessary to run all divisions to produce all forms and sizes of the body, to make and fit all atoms to their various places.

Then we will see that part or division of purity do its work of washing the body from all waste before its seeks an exit by other channels.

Madam: Judge, have you ever made an intimate acquaintance with the spinal cord and its duties? Do you know that by the forces passing it that the machinery that builds the brain, eye, heart, lungs, bones, long and short, bent or straight build to suit? Do you know that the blood that makes a bone cannot make an eye? Or the blood that makes a liver cannot make a bladder? Now suppose my husband, Mr. Spinal Column, should get on a "bender" and force the gall department to unload some gall fluid in the vats that make and keep the lungs strong and active, would you hope to have power in such lungs to separate and keep blood pure for its own use, or any other organ or atom of the system?

The command given to me is to keep all pipes free from interfering with all others or I will see disease, tumors, cancers, consumption and death as a result of such neglect.

The Osteopath must remember that no consumptive can show a normal spine from the first tickling cough to the end of his or her life. No spine can be normal with ribs tangled in muscles and held so by misplaced fibers, gotten so by some fall or jar that pushed bone and ligaments from their normal position, and caused the lesion that did the work of death from start to finish.

CAUSES AND CURE OF DISEASES OF WOMEN.

MRS. MINNIE OSENBAUGH, D. O.

KIRKSVILLE, MO.

ALTHOUGH this is a very broad subject to attempt to discuss, even in a general way in one short paper, it may still be possible to submit a few practical ideas, first about diseases of women, and second, about their cure by Osteopathic means.

In this country there is a larger per cent of this class of diseases than any other to which the human family is heir. This statement is a sweeping one, but it is true, and the very fact that diseases of this nature are so frequent makes an imperative demand that their study receive the care and attention to which subjects of such prime importance are entitled.

To some operators the above estimate may seem extravagant, but the lady operator will tell you this is her experience, and when it is remembered how many women suffer with these troubles for years rather than seek help at the hands of an ordinary physician, all will admit the truth of the statement. Possibly one woman in ten is entirely free from these ailments; probably the proportion of afflicted is even greater. Canvass any gathering of women and you will be surprised to learn how few can lay claims to perfectly healthy organs of reproduction. Not only this, but the state of affairs in this direction is growing steadily worse. The number of cases is greater and the character of the trouble is graver. Is this as it should be? Can not a halt be called and the enemy checked in his invasion?

Although many volumes have been written on diseases of women, there still remains a side—and a very practical side—that has been neglected; in fact, been practically untouched. We refer to the causes of the trouble and the ways and means of avoiding it. The most frequent cause, the Osteopath will tell you, is a lack of sufficient nerve force to these organs to enable them to keep their proper position and regularly and normally perform their peculiar functions; that the blood supply is deficient or that the venous return is retarded, thus producing congestion and later inflammation. While this is true we mean to go back of this and find the first or primary cause of these conditions, because the old adage in regard to the proverbial “ounce of prevention” is as true to-day as when first written, and it is only by understanding these primary causes that we learn to prevent the disease, or, after it is acquired, to most successfully treat it.

The most frequent age for first symptoms of this trouble to manifest itself is within a few years after puberty—probably between the ages of fourteen and twenty. Now it is during these same years that the young lady is putting forth her greatest mental efforts, not only in gaining a good

general education, but she is probably taking a course in music or elocution and, more often than otherwise, takes part in the social functions of the day. Isn't the fact easily recognizable that the nerve force which is demanded by organs which have so lately assumed new functions is denied them and used, at their expense, in another direction? Don't understand that we mean the education should be neglected, no more the social duties, but if young ladies could only be made to understand that a vast amount of suffering, and perhaps a life of invalidism, could be avoided by care and precaution at this time, surely they would profit by the advice of their elders and the per cent of these troubles would be materially lessened. However it is a true, but deplorable fact that the youth of to-day seem determined to learn from their own experiences rather than from the advice of others.

These early symptoms are often too lightly considered by parents and this is just when a vital mistake is made. A short course of Osteopathic treatment at this time would not only cure the trouble, but at the same time so repair and tone up the parts as to make a recurrence of the disease practically impossible.

Another important factor in the production of diseases of women is the colds that are taken during these same years. How few of our public school rooms and colleges are heated and ventilated as they should be, and how great is the number of deep colds contracted each winter from this cause. Numerous invalids may trace their troubles to colds taken at this period of life.

Then there is the much talked of subject of dress—a subject which we think best to touch most lightly. There can be no doubt but that corsets, when worn too tight, are a great detriment, but a properly fitted corset is an advantage. Heavy skirts also have a tendency to push down the pelvic organs, but we are far from agreeing with the sisters (and some brothers) who advocate the even more harmful method of putting the burden on the shoulders. A pretty safe rule to follow is not to meddle with women's corsets or clothing generally. Any compression that pushes the abdominal organs down acts directly on the pelvic organs and the uterus is prolapsed or flexed into a position best adapted to sustaining the additional weight; but which often renders it utterly unfit to perform its functions. Nature is kind, and submits to abnormal conditions and surroundings for a certain length of time, but even she rebels at last and then follows a season of suffering. From this pressure and weight from above result congested conditions of the uterus and its appendages which give rise to any variety of diseased conditions from a slight catarrhal inflammation to the most malignant tumor, depending on the extent and severity of the cause and the resisting power of the individual.

Falls and sudden jars, such as those caused by carelessness in alighting from street cars, railway trains or carriages, also aid in producing these

troubles, though there is scarcely a doubt that misdirected nerve force, caused by mental strain, and colds are the most prolific causes of diseases of women.

So much for causes and, incidentally, prevention. After the trouble is acquired the important question is—treatment.

Cases of this kind seem, by their very nature, to demand Osteopathic treatment, for what can drugs accomplish toward replacing or straightening an organ that is out of position or one that is turned or flexed? What can they do toward relaxing a contracted muscle or ligament that is interfering with the flow of blood or nerve force, and how difficult for a drug, however persistently administered, to replace a slipped vertebra! No practitioner of our school will ask for a better class of cases than those in which the cause of the trouble is misdirected nerve or blood force or where the more direct cause is congestion, and as these account so largely for female diseases our operators understand them thoroughly and most successfully handle them.

Most physicians of the old school are grossly ignorant of the measures that should be adopted to promote cures in these cases, though we are glad to record that a few of them understand the conditions thoroughly from their standpoint and exercise rare skill, intelligence and ability in their treatment, but they have failed to recognize that important, underlying principle so essential in the curing of disease—the principle discovered and elaborated by Dr. Still and so thoroughly taught to his disciples.

Correct diagnosis is a first essential in the treatment of any disease and is as important in this class as any other. In times past members of the "old school" have grown quite hilarious over some of our diagnoses (allow us to say in parenthesis that these diagnoses eventually proved perfectly correct) but many of us have certainly been filled with awe and amazement at hearing a patient recite a former physician's statement of the conditions in her case! Their diagnoses surely are wonderful and would probably hold some of their more enlightened brothers spell-bound.

THE TONSIL;—A NEW THEORY.

CHARLES C. TEALL, D. O.

WASHINGTON, D. C.

THOSE glands, situated in the back part of the mouth, familiarly known as the tonsils, have always appeared in physiological eyes as somewhat of a puzzle, and their functions have not been accurately determined. They are ductless, and therefore have no means of conveying any secretions they may manufacture.

That they must have a function is shown from their generous blood and nerve supply. We can understand, on this footing, how the spleen itself was an anomaly in the eyes of the ancients, seeing that, like the ton-

sil, it has no outlet, and unlike the liver or other glands, it did not elaborate any fluid or product of use in the body.

The function of the spleen has been fairly determined, as it seems largely to do with the manufacture of blood corpuscles as well as with other duties pertaining to the blood. Many opinions have been offered as to the tonsil, among them that it might be like the thymus or thyroid gland, which are of some use in early life and dwindle with age. Man retains in his anatomy many remnants of organs not now required or serviceable. The pineal gland is such an one. Once it was the median eye, which existed on the top of the head. The vermiform appendix is another, in this age furnishing an opportunity for a "brilliant operation," but its former function is unknown.

The latest interpretation of the tonsils' function is from the researches of Dr. Lovell Galland, who has a paper on the subject in a recent number of the *Edinburgh Medical Journal*.

Like the spleen, he finds, they have to do with the blood, being chiefly engaged in the making of leucocytes. He also says, while many of the cells pass into the circulation there to patrol their beat through the tissues, like sanitary policemen, many others take up their position in the tonsils themselves, where they do guard duty and hold up any and all germs which may wander therein.

This is a new and interesting theory of the blood as a germicide, and shows one more way by which nature protects herself. Tonsillitis is caused by a weakening of the tonsil, thereby shortening the supply of leucocytes and its resisting power; so it is attacked by germs, and suppuration results.

This may throw some light on croup and diphtheria. It is of peculiar interest to us, as it strengthens the Osteopathic position against the excision of these glands now shown to be so very important. It is argued by the other side that a hypertrophied tonsil is a constant menace of tonsillitis, impaired speech, and aprosexia, while a simple operation will remove a useless gland and all annoyance be at an end. If Dr. Galland is right, it is a most important structure; and further, a throat once mutilated can never be restored.

Osteopathically, a chronic enlargement of the tonsil represents simply a congestion which can be reduced by our perfectly normal methods in a large majority of cases. The prognosis is nearly always good, although in old and severe cases much patience will be required. The uniformly good results, however, justify any outlay in restoring the tonsils to functional activity. In most cases a lesion will be found at the fourth cervical vertebra. Correcting this, with care for the circulation and lymphatics, with direct treatment internally as well as externally, will soon show results.

Every new physiological discovery strengthens our position as Osteopaths, and shows that nothing in nature is useless; so let our fight be to preserve the human body in its entirety.—*The Boston Osteopath*.

SUGGESTION AND OSTEOPATHY.

JOSEPH H. SULLIVAN, D. O.
Chicago, Ill.

THE Clinique for July contained an article defining the new pathies as follows:

- Christian Science— { Suggestion
 { plus absurdity.
- Divine Healing— { Suggestion
 { plus faith in God's mercy.
- Osteopathy— { Suggestion
 { plus massage.

Our Clinique friend cannot dispute the fact that these pathies have done some good—else why do they exist? Why are they so strong and vigorous and full of life? From his standpoint suggestion certainly is a potent factor in many cases and worthy of close study by him and his following.

The New York Medical Journal commenting on these definitions says: "We might add that Homeopathy is suggestion in material plus drugs in infinitesimal doses." And there are regulars we believe who would seem to hold all medicine principally suggestion. We know of one celebrated hospital lecturer in London who told his students to pay all their attention to diagnosis and prognosis.

Once when leaving the bedside of a patient without prescribing, the house physician asked what he should give the patient and this luminary in the medical firmament said, "Oh, give a hopeful prognosis and anything else you please."

This comment means volumes. We as Osteopaths believe firmly that suggestion is the great factor which works when the beloved family physician comes to the bedside of the sick. He cheers his patient, which is suggestion. He looks hopeful, that in suggestion, he inspires the sick with confidence which is more suggestion and gives a hopeful prognosis which as we are told by the London Medics embodies all the good in his visit.

We admit the use of all the above agents in our Osteopathic work and in addition we go to work and really assist poor harrassed nature by relieving pressure mechanically where we find it and behold the patient improves at once, the fever subsides, the eyes brighten, new energy appears and even before the Osteopath leaves the bed side the good in his work is demonstrated as all of us have demonstrated on numerous occasions.

So in view of all this we have a tremendous balance of power as compared with the medical man and such criticisms as we hear are harmless to us but act as boomerangs to our critics and as the time rolls on we shall

hear fewer of them. We can safely rely on our grateful patients being living active evidence of the good in Osteopathy to the confusion of our prejudiced and unfair critics.

Poor *Materia Medica*! after several hundred years of tactics sometimes worse than those in vogue among savages to have your most illustrious expounders admit the fallacy of reliance on drugs.

Writers like unto our Clinique friend are hastening the day of reckoning which is fast approaching. In ten years time we shall behold the spectacle of our proud medical institutions supporting chairs of Osteopathy and following this era we shall see our medical friend that was, now rolling up his sleeves and administering this (so-called) massage plus suggestion and achieving results he had not dreamt of. Just now you see him in his office chair dispensing suggestion prognosis and leaving whatever effective work is necessary to some hard working masseuer who blindly assists mother nature while our friend in his office chair realizes financially on his suggestion prognosis and incidentally finds time to define Osteopathy in a humorous vein, and the less he knows of Osteopathy the more willing is he to define it.

We must however be fair and give much credit to an increasing number of the regular school who are studious and unprejudiced and give Osteopathy much credit for its results.

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## OBSTETRICS.

BY MRS. JOHN R. MUSICK.

(The following paper was read by Mrs. Musick before the senior class of the American School of Osteopathy Nov. 22, 1899.)

**Y**E MUST be born again, said the great teacher of men.

This is the condition to eternal life. But to mortal life the gate way is the *first* birth, and from the beginning of our race the entrance into the world has been literally *Via Dolorosa* (the sorrowful way.)

The subject of this paper is of world wide interest and particularly to the physician who would render less sorrowful the entrance to existence.

In so far as one can minimize the agony of maternity and lower the rate of infant mortality, so far he becomes a public benefactor, and that this is the privilege of the *true* Osteopath is the testimony of all operators who have entered upon this line of work.

Dr. A. . Still in Chapter XVII of his *Philosophy of Osteopathy* has so fully, plainly and exhaustively discussed the subject of Obstetrics in normal cases that the student who takes this work for his guide can never make a failure.

Those who have studied this chapter which enters into the minutest details from the first pains to the delivery of the *placenta* need never make a mistake.

Dr. Still advances in this work new but true thoughts, which illustrate the similarity between the *womb* and *stomach*. He teaches that sickness tightens and contracts muscles and ligaments and shows the expelling powers in natural delivery.

"Fools enter where angels dare not tread," and thus we often see the awful effects of ignorance displayed in child birth by the attending physician.

From our great instructor's work we are informed that forceps may be necessary once in a thousand times—as in cases of flattened or deformed pelvis. It is the ignorant physician who is most eager to use instruments. The principal thing for the attending physician to cultivate, is patience and coolness; never get excited nor in a hurry; let nature do its work and *assist* only when assistance is necessary.

With so much good and helpful literature on the subject, and the able lectures by men so experienced as we have in our faculty—nothing startling or novel should be expected from a beginner—but even a *novice* may have notions, and all of us have had more or less experience in obstetrics. So a few notions jotted down and points of experience may not come amiss.

*As to notions*—the Osteopath must hold himself in readiness to take these cases—for if Osteopathy possesses any virtues whatever, it ought to be efficacious in child birth, and only a *brute* would refuse to furnish aid to a woman in her extreme suffering. It is the short sighted who fail to qualify themselves for this work, and the *coward* who refuses to respond to the call.

The range of preparation can not be too wide and ought to include the use of the instruments. The skilled practitioner may never need to use them, but the consciousness of his ability to use them if need be, will impart a steady nerve through many a trying hour. Unfortunately not all cases are normal cases, and the way we handle the abnormal one, may make or ruin our reputation for all time in that community.

In my brief experience I have met with one abnormal case. It was a tedious one, a *primipara*, the woman being 28 years of age. An examination revealed the fact that the pelvic arch was absent thus making impossible the delivery of the head by natural means. The child being large added to the difficulties. Without an accurate knowledge of the conformation of the normal pelvis and the ability to make reliable pelvic measurements, the doctor in charge, Dr. Charles Still, might never have recognized the condition, and both mother and child would have been lost.

The complications that may arise are many and the successful operator is the one who is on the alert with his ounce of prevention. In the first place even after every precaution has been observed there may be hemorrhage, and we must attend to it, that there is no laceration, for in Dr. Still's *Philosophy of Osteopathy*, we are plainly taught how to prevent it. We

are taught in the same work that there should be no *caked breasts* to follow in the wake of an Osteopath.

The Osteopathic obstetrician loosens up hips as well as shoulders before leaving a patient, so that there is no possibility of *milk leg* or similar ill, due to pinched or misplaced tissue.

When we think of the tremendous crowding of tissues during the process of labor, we see the reasonableness of thus loosening joints and *freeing nerves*.

After all we have been taught by our instructor in obstetrics and from the chapter on Obstetrics in Dr. Still's work, it is absolutely unnecessary to say one word *here* on the subject of asepsis. And so with a quiet soothing treatment in the upper cervical region, we leave our patient to a restful sleep.

But in case the patient is disturbed by after pains, which rarely occur except in multipara, inhibit through the lumbar and sacral region and desensitize over the myophysis.

In conclusion of this short paper, I will state that in normal cases of obstetrics it is not of so much importance what you do, as what you *don't* do.

Don't allow a *party* to be held in the sick room.

Don't allow visiting.

Don't have the baby dressed and put on exhibition in less than twenty-four hours.

Don't allow the nurse to give catnip teas and panadas—nature has provided for all the baby's wants.

Don't condole with the patient, now if ever she needs the cheery word.

Don't annoy your patient by asking her every three minutes *how she feels*.

Don't *insist* on the baby being named for *you*.

### MISTAKEN DIAGNOSIS.

A. L. MCKENZIE, B. S. D., D. O.  
Kansas City, Mo.

THE good and bad effects of a mistake in diagnosis is well illustrated in the following case: I was called several weeks ago to see a patient supposed to be dying with Bright's disease. That afternoon a consultation of three prominent physicians was held at which it was decided there was very little if any chance for the patient to live over a few hours. I was given the following history of the case: "There was kidney trouble which the doctor says is Bright's disease; he examined the urine and found albumin abundant. The heart is affected, pronounced fatty enlargement. Breathing is difficult and painful. The face and neck are swollen, aching pains in all parts of the body. Had three hours chill that day." Any one

can see if these symptoms followed from Bright's disease there would be very little hopes of recovery.

Upon examination I found two symptoms which gave me hopes for the patient's recovery. His color was not of that peculiar hue I would expect from Bright's disease, and I could detect no sign of fatty enlargement of heart, but there was indications of strong nervous irritation of the heart. I gave our treatment to inhibit the heart's action but found that it came up again almost immediately. This treatment I repeated three times. I then asked the wife of the patient if she knew what kind of medicine he had been taking as the heart's action indicated that he was being given a powerful drug. I was afterwards told he had been taking digitalis, caffenin and some other medicines. I treated the circulation and raised a couple of ribs which gave him relief from difficult breathing. I treated his kidneys and left him resting comparatively easy. His wife then asked me if I would take the case and said she would dismiss the other physicians. I told her I wanted time to examine the urine before making answer as to what could be done and in the meantime would do what I could to keep him resting easy. The first examination showed albumin in abundance. I made regular examination of the urine and found all albumin had disappeared in five days. The city chemist whom I understood had examined the urine when patient was at worst and five days later declared that it was not from the same patient. It is understood that the M. D. and myself were making regular daily visits to see the patient. The wife of the patient reduced the doses of the drug prescribed to one-half. I advised against the giving of any drugs after the second day, about the same time the M. D. advised the doubling of the doses.

My directions were followed. I was told by the patient that the M. D. seemed very much surprised at the rapid recovery, but attributed it to the use of some *new* medicine he was giving to build up the walls of the kidneys. The patient was advised to continue the use of these powders for some months. You can imagine the chagrin of this M. D. when told that the patient had not been taking his medicine but was cured by Osteopathic treatment.

The M. D. took occasion to inform a friend of this patient that the patient had taken up this Osteopathic fake treatment and added that if the patient did not continue taking his medicine that the patient would die within six months of Bright's disease.

This friend advised the patient to send a sample of the urine to the city chemist after about one month in order to be positive that the Osteopath had not made a mistake. This was done and the city chemist reported the urine normal.

What was this new (?) medicine advised to be given to build up the walls of the kidneys?

The patient found it to be calomel, We advise that M. D. to read the

history of a post-mortem where calomel was given to build up the walls of the kidney and he will see the examination showed the tissues of the kidney were actually honey combed with little sacks of pure mercury.

What are we as Osteopaths to learn from the above case?

First, to be extremely careful in our diagnosis.

Second, the presence of albumin does not always indicate that Bright's disease exists.

Third, where this disease is suspected there should always be chemical examination for albumin and microscopic examination for casts and fatty degeneration, these three with other symptoms is the only positive diagnosis of Bright's disease.

In the case cited above the M. D. made the mistake in the diagnosis and we infer he reasoned that as albumin was present Bright's disease existed, and as the heart was affected it was fatty degeneration. While the facts were that albumin simply meant that there was some irritation to the sympathetic nerves, and it was the Osteopath's place to find and remove it.

Instead of the kidney trouble being primary and the heart trouble secondary it was the reverse, and the drug produced the opposite effect intended. I am convinced that the dangerous symptoms which existed when I was called were not from the disease but were really the poisonous effects of the drugs, and the friends of the patient do not hesitate to express the opinion that if he had continued to take the drugs for forty-eight hours longer he would have died on time as predicted by the M. D.'s.

In conclusion I have but to add that the patient was out in ten days, able to attend to his work, although he came to the office and took Osteopathic treatment for a little over one month. He says he is now in better health than he had been for sometime before taken down with that spell of sickness.

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## ON THE OSTEOPATHIC STOPPING OF PAIN.

SAMUEL DENHAM BARNES, B. S., M. E., D. O.  
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**O**STEOPATHIC results are quite easily demonstrated, and the method used in getting results is understood without much difficulty; but when it comes to stating exactly why and how we arrive at certain results by certain methods it is quite a different matter. With regard to many of the Osteopathic results that follow from definitely known procedures, the exact philosophy of the process is as yet an unsolved problem.

That the Osteopath can in a multitude of cases cause pain to cease, is freely demonstrated. And in many cases the reason is quite plain, as for instance when the eyes are burning from inflammation of the lids; the circulation can be equalized, the inflammation can be reduced, and the

pain ceases as a natural sequence. In such cases as this the reason for the cessation of pain is simply the removal of the cause, which is, excessive blood pressure upon the nerves. But there is another class of cases, in which, *the cause persisting*, the pain can be removed or reduced by juggling, as it were, with the forces of nature. How is pain stopped by Osteopathic methods when the cause of the pain remains, we being perhaps temporarily unable to remove the cause? It is for the elucidation of this problem that I wish to draw the question out into the light.

It will probably here occur to the thinking Osteopath that the way to stop pain is to make pressure on the nerve that conveys the pain to the brain, thus inhibiting the activity of the nerve—whatever the nature of that activity may be. This is a fact both pretty and plain. But quite the most remarkable results are obtained when the nerve that bears the pain to the brain is entirely out of reach of the fingers and cannot be reached by pressure; but instead, you make the inhibitive pressure on a nerve that is not conducting the sensation of pain to the brain, and that has in fact no direct connection with the region of pain.

Take an instance. We will suppose a case of intestinal obstruction, accompanied by great pain at the point of obstruction. The obstruction is so intense that you are not able to remove it without resorting to the galvanic current or the knife. But to relieve the pain, you go to the spinal nerve that leaves the cord at the same place as do the sympathetic fibres that go to the point of obstruction. Here you make pressure on this posterior division of the spinal nerve and relieve the pain, though you have not touched nor brought any pressure whatever on the nerve that is conducting the pain impulse; and the spinal nerve on which you do act has no direct connection with the seat of pain. That the relief is temporary and must be frequently renewed has no bearing on our question, which is, briefly, how can you inhibit pain in one nerve by pressure on another? It is exactly as though you could prevent telegraphic communication from Kansas City to Chicago by cutting the wire leading from Chicago to St. Louis.

The answer to this question involves an investigation into the nature of the nerve impulses—more specifically of pain-impulses—and their behavior toward nerve-ganglia. Exactly what takes place in the nerves when they are conveying a continuous sensation of pain to the brain? I do not profess to be able to answer this question definitely when experimenting physiologists are undecided between several theories. The nerve impulse may consist of vibrations, conveyed from one end of the nerve to the other; it may consist of a fluid flowing similarly; it may consist of chemical changes transmitted from cell to cell of the axis-cylinder of the nerve; or it may consist of a simple electric current. I prefer to accept the last; but whatever the nature of the pain impulse the point I wish to bring out is that it does not go simply and directly from periphery to brain

center, but pervades also other nerves. No distant point of the body is connected with the brain by an isolated nerve-path.

It must also be borne in mind that *pain is energy*—i. e., the nerve impulses that cause sensation of pain are the result of energy in sensory nerves that cannot be differentiated in kind from the energy manifested in motor-nerves during motion. Hence the weakness caused by great pain, due to the excessive consumption of energy. The pain-bearing nerve (afferent) passes, in the spinal cord, through several ganglia of nerve cells, from which also pass motor (efferent) nerves; and these cells and the radiating motor nerves from them are also filled with the vibrations or current that causes the sensation of pain. Being now in motor nerves, the energy manifests itself not as pain, but as motion—contraction of the muscles supplied by the motor nerves in question.

To apply this to our case in hand we will find that our case of pain from intestinal obstruction is accompanied by tense contraction of the muscles of the back along the spine. If it were a case of peritonitis the abdominal muscles would be contracted. Most of the visceral abnormal conditions, especially when accompanied by pain, show themselves externally by contracted muscles.

These contractions may be considered *reflex* from the pain sensation. All the other "reflexes" are due essentially to the same phenomenon, viz., that *the energy or current that fills a sensory nerve and produces the sensation of pain, fills also the ganglia on its path and thence also the motor nerves emanating therefrom.*

Having thus, I think, made plain how the posterior spinal (motor) nerves are excited by the pain sensation in the sensory nerve, we can return more readily to the question of how pressure on a motor nerve can stop pain in a sensory nerve. To be specific, the current of pain on its way to the brain, fills the spinal ganglia at the point where it enters the cord; from cells at this point also emerge motor nerves that supply the muscles of the back. These nerves also are excited. Now making firm pressure on these nerves must relieve their activity and throw them into a state of rest. This being done, there is offered, in close proximity to the spinal ganglion that is so excited by the pain current, a fresh field of least resistance through which the current may flow instead of forcing its way over the much greater distance to the brain. The irritation is thus for a time deflected at the the spinal ganglion, into the posterior spinal nerves, where it will be consumed in again causing contraction of the dorsal muscles. When after a short time these have been filled with the energy and the muscles drawn tense, the irritation will again push on to the brain and the pain will again be evidenced; whereupon the patient calls for more treatment.

This explanation of the Osteopathic stopping of pain is based on the assumption that nerve impulses consist of a current like electricity. If

one chooses to believe that they consist, instead, of vibrations, the theory will fit that assumption equally well; the essential point being that the nerve impulses do not go simply and directly to the brain, but irritate also the ganglia through which they pass. I would suggest also in passing that it is this fact that makes possible the stimulation of the splanchnic nerves from behind. The sympathetic ganglia certainly are not subjected to pressure: the main trunk of the spinal nerve is so protected by transverse processes, inter-transverse ligaments and necks of the ribs as also to be out of the way of pressure. It would seem then that the stimulation must be made in the posterior divisions of the spinal nerves, transmitted in them back to the spinal ganglia, and thence to the sympathetic ganglia and splanchnics as the path of least resistance, being shortest.

I do not present this as the whole, or even the chief explanation of our results on the internal organs; the renewed circulation of blood, both in the spinal cord and in the viscera, is certainly an important factor. But such part of our work as is accomplished through the nerves must be by the manner above outlined. Dr. McConnell has several times expressed to me real surprise at the results that can thus be accomplished on the abdominal organs, especially the kidneys through "the renal splanchnics."

From the same sub-structure I am thus submitting a theory to account for work on the splanchnics, and a theory to explain pain cessation. In regard to the latter theory I would suggest that for the advancement of philosophic Osteopathy, practitioners in their clinical reports from the field express opinions on the theory based on their results.

It may occur to the reader that the Osteopath is presumptuous in claiming to know so much about medicine with comparatively so short an experience. Such is not the case for the Osteopath gives much credit to other practitioners and even maintains that were it not for them he would not be where he is today; besides the science of Osteopathy is just being developed and it will be years before the science begins to reach a point of completeness. The Osteopath fully realizes the fact that there are many predisposing and exciting causes which have been scientifically classified by the old schools; still he insists these are not the only causes of diseases but nevertheless they have to be recognized in order to treat the patient intelligently.

The Osteopathic school prides itself upon the fact that its reputation has been made purely upon merit, due to the cure of numerous cases which old school practitioners had given up as incurable. This fact is a most noteworthy one for, if Osteopathy can handle successfully many so-called incurable diseases, it certainly will be able to treat with greater success affections of less seriousness.

The School of Osteopathy today contains the knowledge that men of science for many years have been trying to discover to enable them to place medicine upon a solid basis. The physician has so long been



obliged to resort to empiricism that the public has really in many instances become disgusted with his preposterous assumptions. Let it be clearly understood, however, that the Osteopath is not battling with the general medical education of other practitioners but simply with the etiology and therapeutics of disease. All other knowledge is common ground upon which all schools maintain a foot-hold. Osteopathic knowledge is in accordance with nature's laws and methods. The drug practitioners have kept outside the realm of medical science in trying to obtain curative effects without closely following the anatomical, physiological and chemical laws of the body. The Osteopath here harmonizes all medical knowledge into a great unit; his one idea has been to blend and interlace all branches of medical education into a perfect system and science. To do so he is obliged to drop the practice of drugs, and many theories dependent upon drugs, and to establish his therapeutics upon solid and scientific grounds. Correctly stated, the philosophy of Osteopathy is directly built and dependent upon the natural laws of the body—not drug science and its laws, for that is extraneous and foreign to the body.

Drugs cannot be given with unerring precision because the idiosyncrasies of individuals are laws unto themselves. Moreover drugs at the best are given only to strike at the effect of the disease, and not at the cause. Of course all practitioners strive to understand the peculiarities and effects of the case in hand before administering treatment; but here the parallelism diverges—older school physicians try to root out the disease by a chemical reconstructive process of the tissues involved, by an administration of agents directly to the disturbed organs and tissues; the Osteopath first determines the "reason why" of such disorders and then applies his work to correcting the cause, whether it is near the diseased tissue or remote, thus aiding crippled nature and allowing uninterrupted freedom of the body's curative resources. The Osteopath acts as an assistant to nature in helping mechanically to overcome such derangements as she is unable to meet. He does not claim to cure disease; he simply aids in mechanically liberating nature's forces which have been stored in the body to promote health by the normal discharge of bodily functions.

The Osteopath is not confined to treating a certain class of disease only, but treats with success all classes of diseases. Knowing as he does that the human body is a complete mechanism and that nature has endowed the body with all remedies necessary for the prevention, alleviation and cure of every disease, provided that the ravages of disease have not progressed too far, he is able to treat various classes with success. However, there are isolated diseases that he cannot treat with such a degree of certainty as others, but it should be remembered that the science of Osteopathy is yet a long way from being completely developed. This is what appeals to the man of science—the opportunity for original research;

and especially to the young men and women who are wide awake and wish to make names for themselves.

The followers of this science are not afraid at any and all times to demonstrate before sincere inquirers, who wish to know what there is in Osteopathy. The school desires close investigation both from the world of science and from the world of pain. To the thinking and observing young man or woman who desires a really auspicious start in the world, and who is ambitious in time to be claimed as a benefactor of the race, no better opportunity could present itself.

The curriculum of the American School of Osteopathy consists of a carefully graded course of four terms of five months each. The object of course is not only to educate the student in the fundamentals of the system of healing, but to prepare him for the practice of the Healing art and to place him upon a plane where he will be capable of carrying on original work. He begins with anatomical, physiological and chemical studies so that he may be given the same reliable and trust worthy basis that all students of medicine receive. Following this he takes up the study of pathology, hygiene and kindred branches as will be readily seen by observing the order of school work in this catalogue. The object of the course of study is to give the student a thorough ground work and then, when taking up the junior and senior class work, to train him in the Osteopathic line of thought; to demonstrate and show him the fallacy of drugs and the various theories as to the etiology of diseases dependent upon the administration of drugs. Drug therapeutics are entirely replaced by Osteopathic therapeutics.

## GONORRHEAL RHEUMATISM.

R. B. MANSFIELD, SENIOR CLASS, A. S. O.

VENEREAL diseases have a general interest to the Osteopath from the fact, that while a few cases have been treated successfully, there have not been enough to warrant any conclusions and the treatment is more in the nature of an experiment, as they are considered hopeless medicinally. Quoting from Osler we find that "gonorrhœa, one of the most wide-spread and serious of infectious diseases \* \* \* \* in the possibilities of permanent sexual damage to the individual himself, \* \* \* does not fall very far short of syphilis in importance."

On the 24th of August a young man was assigned to our room for treatment. Calling in Dr. Charlie Still, he found on examination the patient suffering from gonorrhœal rheumatism with a history of syphilis, of which he claims to have been cured. First, because infected nine years ago, rheumatism following this infection, three or four years after contracted

syphilis, steadily getting worse each succeeding gonorrhoeal infection. While the patient seemed free in giving a history of his case, we found later on, that a part had been withheld, the patient giving as a reason, (knowing how hopeless his case, having made the usual round of medical men and various hot springs, in search for a restoration to health) that, if he told all, he would be rejected. Before taking treatment he had been using crutches for the past eighteen months. Very much depressed in spirits, he said this was the last resort, that while not looking for a cure, he hoped the treatment, at least, would alleviate his sufferings. Dr. Charlie Still gave him no encouragement either for a cure or a benefit but hoped he could stay and take treatment.

Patient's feet oedematous, with pain and marked swelling at base of all the toes, pain sometimes at both knees and at bursa of Achillis; found also extreme pain at articulations of sacrum and coccyx and at fifth lumbar and sacrum, bony lesion, fifth lumbar, posterior. Muscles of lumbar region very much contracted, suffering from gonorrhoeal conjunctivitis, eye-sight and hearing impaired, light painful to eyes, also a numbness extending down both arms including the thumbs, fore and middle and radial side of ring fingers, appetite poor with a foul smelling breath, very much constipated, tenderness over abdomen, and hemorrhoids which have caused him much mental and physical annoyance. Unable to rest and sleep at night. The treatment outlined by Dr. Charlie Still was a thorough stimulating treatment of the liver and spleen, kidneys, bowels and skin, to open up all the avenues of excretion that the toxins or poisonous matters of the system might be carried off, to also treat the innervation to the stomach to put it in good condition for the more perfect digestion of the food, so as to keep up the supply of new material to be converted into new blood to aid in building up broken down system; treating the innervation to the eyes, rectal treatments for hemorrhoids has been quite helpful, besides, a general spinal treatment, also to the return circulation in his legs, at the popliteal space and saphenous opening with very marked results.

Hyde and Montgomery says, that no satisfactory treatment for gonorrhoeal rheumatism has been found." Osteopathically, up to this time, he has received marked benefit and feels greatly encouraged at the progress made, much more hopeful and cheerful of the future, muscular strength returning, sleeps and rests well at night, swelling of feet gone, numbness of arms and fingers has disappeared, appetite good, eye sight nearly as strong as formerly, some tenderness still at base of toes and at heels, has a firmer tread, and as he describes it, "does not seem to be walking on eggs. We have been treating this patient three times a week.

## GENERAL TREATMENT.

HERBERT BERNARD, D. O.  
DETROIT, MICH.

**I**N the practice of Osteopathy there seems to be a growing tendency toward the giving of general treatments. A fair minority advocate them; and one school advertises that it will give treatments of one-half hour duration. This is unscientific, and indicates that the "general treatment" operators lean to the obtaining of accidental results, instead of those secured by direct work upon the affected parts.

Running the gamut of human diseases, there are a few that demand and respond to treatment given to the entire anatomy; but it is safe to say that the majority of them do not.

In placing a huge clock in one of Strasburg's cathedrals, a portion of the great mechanism dropped sufficiently out of position to cause a seeming disarranging of all the parts. Accordingly the clock maker was advised to take the whole thing to pieces. But he said "No; as soon as I can release and readjust that wheel, this clock, sir, will tick off old time exactly as it was intended to do."

One of the great fundamental principles of Osteopathy declares that disease is caused by an obstruction to some life-giving power, such as an impinged nerve, blood vessel, etc. Then how fallacious is the reasoning that would prescribe a general treatment of one-half hour duration. Yet operators are doing just this—when an intelligent treatment, wisely directed to the given point, is all that is necessary.

Take the same principle as applied to a musical instrument. The instrument may be in perfect tune, suddenly a string snaps. In that instance there is but one thing indicated—replace the wire. So, in case of a dropped clavicle, or slipped rib; how absurd to put the patient through a general kneading, when only a special treatment is required.

Trite it may be, but we will do well to hold to the teaching of our father and founder Osteopath. He declares that "Man is a machine." Then it remains for us to locate the hindering hinge, and see what cog has caught. But do not make the mistake of trying to regulate the defects by a general doctoring from the great Osteopathic oil can.

As loyal Osteopaths we must uphold the science of our espousal: but if general treatments are the all of Osteopathy, it is impossible for us to do so.

By following that indiscriminating method, we both undermine and upheave the very bed-rock of our profession. Again, if general treatment is the summum bonum of Osteopathy then by a demonstration of simple imitation of movements, I can teach it to any one in three weeks time, and besides, how foolish it would be for one to go through the twenty months'

course of anatomy, physiology, pathology, and their sister branches, in order to learn twenty movements, more or less.

All masseurs, Swedish movers, and physical culture teachers get phenomenal results, and why? Because nature's trend is toward the normal, and in their work, they accidentally, therefore unconsciously, release some nerve or blood vessel, by simply removing a given pressure.

So if you are not sure of the thing you have done, your method of procedure, etc., in the curing of your patient, you are not working in harmony with the principles of Osteopathy.

Our touch must be made acute by bringing the fingers in contact with the *normal* anatomy. In this way, more than in any other, are we rendered sensitive to the abnormal.

Should your mind hold doubt in the matter of general treatment practice, you have but to consult the old Doctor. By one lively dash of pepper-sauce from that tongue of his, I prophesy that never again will you have head or heart to administer general treatment where a particular one is indicated.

After all the real "hidings of power" and success lie in the routine of industry and patient endeavor.

A great teacher assures us that the "most enduring work in any direction, represents not the inspiration of genius, but the fruitage of systematic toil." Let us, then, brother and sister operators, harness our energies to method, and our profession to Osteopathic principles.

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SLEEP.

THE hygienic purpose of sleep lies not only in repose and cessation of waste, but in assimilation and excretion. Therefore, we need for perfect sleep a faculty that will sustain the assimilation and excretion.

The true central organ of sleep in the brain, says Dr. Jos. Rodes Buchanan, is above and behind the ear, in antagonism to consciousness or intellectual wakefulness, which it tends to suppress; and on the chest behind the middle of the arm, a little lower than the tips of the shoulder blades. Its action is intelligible, as it tends to restrain and suspend intellectual action.

As the region of repose produces its effects through the solar plexus and abdominal action, it is assisted by the regions of somnolence and assimilation, which extend on the abdomen below the sternum, and thus correspond with the plexus—hence, the application of a hand on the abdomen, extending upward from the umbilicus, will tend to produce sleep.

A restless excitability at the knee, which often interferes with sleep, should be allayed by dispersive passes toward the foot.

Above all things, when endeavoring to produce sleep, relax. Let every member of your body rest flat upon the bed. Warmth and circulation in the lower limbs are necessary to sleep.—The Coming Age.

HOT ROAST OF DOCTORS BY THE REV. SAM P. JONES,

The Noted Evangelist Defends Osteopathy, Criticises Governor Candler for Vetoing the Bill and Declares the Medical Profession is the Most Arrogant, Dogmatic, Dictatorial and Ignorant in the Country.

THE action of our governor in the matter of his veto of the Osteopathy bill brings me to my feet with a few brief, short remarks, in my weak and feeble way. I want to say that the action of the governor in this case was an outrage upon civil liberty and constitutional rights. I want to say again that the governor did just what the physicians of Georgia wanted him to do, nothing more and nothing less.

I want to say again that the profession of medicine is the most arrogant, dogmatic, dictatorial, and, withal, ignorant profession in this country.

The fellow who steps outside of pills and powders and calls and caterings out-laws himself, and becomes the wounded wolf on which the other wolves feed, until nothing is left but bones. It makes me sick and tired to see a profession howling about professional and unprofessional conduct. The medical profession dates back to the Garden of Eden almost, and it has come along down the ages with its decrepit ignorance, doctoring humanity, and they are keeping in the rear of every procession that has marched in the history of humanity, and such conduct as the doctors of this state displayed in their treatment of Dr. Hardin and the science of Osteopathy is simply the brakes on the wheels of their progress that make their load bigger than they can carry. To see how they miss it in diagnosis sometimes, and to see how they disagree among themselves over a patient makes a fellow wonder if he can get well in spite of his doctors.

The little petty jealousies and envyings among doctors have made them the laughing stock of intelligent people. A minister of the gospel can advertise in the papers a wonderful work of grace which led three thousand souls to Christ, but the very minute a medical doctor whispers it out that he has done something for suffering humanity he is jumped on for unprofessional conduct and outlawed by his profession. A lawyer can spurt and spout and blow about himself and his profession tolerates him at least, but wherever and whenever a doctor has spouted and spurted he has spouted and spurted himself to death.

Gentlemen, I know what I am talking about. I know something of Osteopathy and what it has done for suffering humanity. I have talked with the founder of this science; I have been in his great school where 500 students, and most of them allopath physicians, were studying the science of Osteopathy. I have seen the lame walk, the sick healed, and the invalid brought back to strength and vigor under the touch of the skillful Osteopathist. In each state where this science has taken its place it has had to

fight its way to the front. It will take its place in Georgia, and may put some allopath physicians to plowing, for aught I know.

The idea of Governor Candler vetoing this bill because it would give Dr. M. C. Hardin the right to administer medicine, when the Osteopathist no more pours calomel and oil down his patients than the maker of a Steinway piano would open up its chords and pour foul calomel and Dover's powders in on the piano to put it in tune. No true Osteopathist ever gave a pill or powder. They are no kin to Christian Scientists, and they don't run with the faith cure crowd. It is a science based on anatomy and physiology. If the governor will go and spend a week at Kirksville, Mo., the home of this science, and see what my eyes have seen and know what I know about it, he would have signed and approved that bill if every M. D. in America had been hounding at his feet.

Dr. M. C. Hardin is a gentleman and a scholar and a Christian. I know him personally. I have known him for years. He is neither a fraud nor fake nor fool, and he will yet take his place in Atlanta as a great benefactor to the sick and suffering in spite of the fact that the governor did not want to license him to administer medicine. The governor had one eye on the M. D.'s and his other eye on Hardin. He did not see Hardin, and he forgot, so Hardin says, his pledge that he (Hardin) should be heard before the final action of the governor. If one would read Dr. Hardin's card of a few days ago he could see that he not only had intelligence, but that he was a man courageous but gentle.

I would not for any consideration forfeit the good-will and friendship of hundreds of M. D.'s of this state. I can pick them out by the score who, if you will take them out of their professions, they are broad, intelligent, splendid men, but the doctor who is broad in his profession is either outlawed by his profession or he feels very ill at ease with his crowd. Homeopathy got it on all sides when it came to the front, and was fought to the death, and yet I dare say there is not an intelligent physician in America to-day who has not been affected by the school of homeopathy and made his doses less and his prescriptions fewer. The old kill or cure idea has given way under the influence of the practice of homeopathy.

Now and then I see where some Christian Scientists are arrested because a patient died under their treatment, and they are threatened with vengeance. In the name of common sense, what would become of the M. D.'s if they had to pay the penalty of graveyard subjects under their treatment? There would not be a doctor to-day out of the penitentiary or away from the gallows, and I am not bragging on Christian Scientists, nor have I any disposition to abuse them, for my father told me never to hit a cripple nor hurt a fool.

It is not right, gentlemen, for a profession to gather round a governor and have their profession regale him with telegrams from all over the state and thereby cause a governor to veto a bill without a hearing from the other

side, when he had promised to give such a hearing. Gentlemen, it takes more grit than the average governor has got to offend a profession so large and influential as the M. D.'s.

I have never had an Osteopathist to practice on me. I still stick to the M. D.'s. I had one at my house to-day to see a sick child. I will send for them and risk their diagnosis and take their medicine, and yet in their professional conduct what they deem unprofessional I have got a contempt for I can't express. I spoke those sentiments the other day to a minister of the gospel who for several years practiced medicine, and he says, "Jones, you have got the thing down right." A reformed drunkard can tell what whisky will do, a reformed gambler can give us the best views on the ruin of that life, and why can't an ex-doctor throw some light on the profession to which he once belonged? Some will say that my letter is contradictory, that I say some of the profession of the M. D.'s are broad, intelligent men, and yet in their profession they are narrow and bigoted and dogmatic. I reiterate it. Some of the most intelligent, cultured preachers in America are little, narrow-minded, contracted sectarians, who are utterly and absolutely distasteful to all intelligent people who listen to their tirades on other creeds and Christians. A man may be broad one way and tremendously narrow in the other, and I reaffirm that the doctors are bringing up the rear of the procession, unless, perchance, we preachers are.

When we take the science of electricity, which is but in its infancy, when the Atlantic cable owners came to Edison and said, "Mr. Edison, unless you can help us, we are bankrupted; the cable keeps breaking and it costs so much to find the break that we are bankrupted unless you can help us." He replied. "Gentlemen, when the cable breaks again, let me know." Mr. Edison walked into his laboratory and in forty-eight hours he had invented the electric meter. A few days later the owners of the cable wired him that the cable was broken. Mr. Edison went to the banks of Newfoundland, put the meter to the cable and said to the repair ship. "it is broken out just two thousand miles from here. Go to a certain latitude and longitude and you will find the break." Now, if Edison, with a science in its infancy, can tell on a few days' notice where the cable is broken two thousand miles from him at the bottom of the ocean, now look at the doctors. They will get a fellow right down on a bed or a table before them and he isn't six feet long, and they can't tell what is the matter with him to save their lives. Gentlemen, if you would handle your patients with more skill the public will have more respect for your intolerance of one another.

With the wish for a peaceful and prosperous New Year for the M. D.'s and for a better memory for our governor, I am, respectfully,

SAM P. JONES.

Atlanta Journal, Atlanta, Ga.

The Journal of Osteopathy.

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As explained in the December JOURNAL OF OSTEOPATHY it was the intention of the Trustees of the A. S. O. to increase the tuition to \$400—but owing to a typographical error in the catalogue, it has been decided that the tuition shall remain as it is given therein—\$300 cash or \$350 bankable note. The fact that the tuition remains unchanged for the coming term is a significant item, and a number have already matriculated for the February class.

Everything indicates that this incoming class will be a superior one, both as to the character of the students and the number.

* * *

Dr. A. T. Still's Philosophy of Osteopathy is meeting with a ready sale. Letters like the following are being received daily:

"Dear Dr. Still:—"Philosophy of Osteopathy" just received, and we find it to be the only philosophical work on the grand science of Osteopathy. No Osteopath's library complete without it."

Dr. Still has placed the book on sale at the uniform price of five dollars to all graduates and students of Osteopathy.

* * *

HUMAN physiology is the science of the

functions of the physical organism. As studied at present it implies acquaintance with the fields of gross and special microscopic anatomy, histology, of embryology and the general doctrine of development; of biology, of molecular physics and chemistry as related to the structure and action of the body tissues, and of other forms of kindred studies.

* * *

THE minute structure of the nervous mechanism invites the student of chemistry, molecular physics and histology to investigations of the greatest interest and yet of extreme difficulty; while the functions of this mechanism are so curiously and intimately connected with the facts, not merely of all animal life, but also of human consciousness, that inquiry into them is, among all physical inquiries, the one of unparalleled interest and importance.

* * *

THE modern science of man shows him to be at the head of a series of physical psychical existence; he cannot be understood as he is, in his whole nature and in his place within nature at large, without taking both sides of his living unity into account. For man is known to himself as body and mind, and not as a bodiless spirit or mindless congeries of moving molecules. That the structure and functions of the body, especially of the nervous mechanism and the activities of the mind, are extensively and intimately correlated is a fact beyond all doubt.

* * *

THE one great function of the nervous system is to concatenate or link together into a whole the many elements, both physical and psycho-physical, which enter into the material and mental life of man. Different and distant parts of the body, whether they belong to the same or to different systems (as for example, the circulatory, the secretory, the digestive, the muscular) are bound together and made to exercise their functions in reciprocal dependence and for common ends by the nervous system. The whole body is also linked to the external world and kept in

either conscious or unconscious adjustment to the changeful play of its forces by the same mechanism. And further, the development of the mental life, at least in all its more primitive factors, is mediated by the nervous mechanism.

* * *

The attendance from the Southern states in the September class at the A. S. O., is remarkably large. The representation of Southern students in the new class is larger than in the other three classes combined. The reason for this is evident. Graduates from this school in the past two years have gone south, their work has borne fruits and as a result stout hearted men and women from that quarter are in attendance here. There are about sixty at present in the school from the Southern states not including Missouri. A number of these recently organized, with the approval of the school authorities, The Southern Club, the object of which, as set forth in the constitution is the advancement of Osteopathy in the South by giving information to calls from that quarter seeking to know of Osteopathy and the many details one would want who anticipates going so far from home; and especially aiding new students in finding homes and helping them as an organization better than as individuals they could do. The club meets semi-monthly. The officers are President, H. L. Chiles, of Virginia; Vice President, Dr. Brice, of Missouri; Treasurer, Mrs. Gayle, of La.; Secretary, Miss Emma Hyer, of Miss.; Historian, A. E. Calloway, Jr., of Texas. For information address the Secretary of the A. S. O.

* * *

AN effect produced in one part of the body may be quickly spread to other distant parts by means of the nerves. The circulation of the blood is made to affect and be affected by the state of the skin and muscles, the state of the respiratory organs or the state of the mind's feeling as determined by the ideas before the mind. A draft of cold air, for example, strikes some peripheral portion of the body; the heart and lungs modify their ac-

tivities, the muscles contract and a shudder runs through the physical framework; the secretions are disturbed and the mind is, perhaps seized with a vague feeling of fear. Such a complete effect of the stimulus of cold on some region of the skin has been brought about by the action of the nervous system, with its peripheral end-organs, conducting nerve-fibers and nervous centers. Or, again, the seeing of some sight or the hearing of some sound is followed by ideas and emotions, of shame or fear, or of joy. A complex co-ordination of the muscles then takes place, so as to move the limbs in running, to give or ward off a blow, to extend the hand in greeting, to lift up or bow down the head. In this case, also, the action of the heart and lungs and secretory organs are greatly modified, the capillary circulation is altered and the cheeks are blanched or reddened; the pupils and lachrymal ducts of the eyes are moved—the very hair of the head seems to sympathize with the state of the mind. Thus, changes which involve the functions of almost all the tissues and organs of the body are accomplished by the mediation of the nervous mechanism. Such considerations emphasize the relations between the body and mind and make it imperative that modern therapeutics shall study Physiological Psychology, the physiology and pathology of the mind. Osteopathy emphasizes these ideas in its science and practice.

* * *

Training The Hand.

While there are many professions in which the artisans have to acquire greater manual dexterity than is common in the practice of the surgical art, the cultivation of the *tactus eruditus* is of far greater import in our work than seems generally thought to be the case by surgeons themselves. They frequently neglect this branch of their education to a very extraordinary extent, probably because, in this age of anesthesia, they are able to operate slowly, and, if they know what is to be done and how to do it, manage to obtain good results. But in order to know what is to be done one must be a good diagnos-

tician, and without skilled hands and fingers that have mastered the art of palpating until every nervous papilla is an additional eye with a clear vision, the surgeon remains a mechanic, capable of executing, but incompetent, in many instances, to decide upon the advisability of execution. The surgeons of olden times, with their rapid operations, possessed greater skill than we do. It is said of Liston that he could take up a roast goose on a fork, hold it in the air, and with his right hand so dexterously ply his knife as to carve it in masterful fashion. It is probable that he knew nothing about feeling the appendix, but it is certain that he could have learned to do it in a few minutes. The only way to acquire skill is to constantly practice. Every time the abdomen is examined, for instance, the surgeon should make it a habit to feel the appendix, to make out the lower border of the liver, to palpate the kidneys, and to examine for gall-stones. Patients never object to a thorough examination as long as no unnecessary pain is inflicted, and, in some instances, unsuspected conditions will thus be revealed. The practitioner should never allow a chance to further train his hands to escape him, for the results will more than compensate him for his trouble.

—*International Journal of Surgery.*

* * *

In response to a circular call issued by Dr. Geo. J. Helmer, D. O., to the practicing Osteopaths in the state of New York, a company of them met in his office in New York City, Friday September 29, 1899, to determine whether an organization could be effected for the extension of the science and the protection of its demonstrators. In this convention it was resolved to form an association, and a committee was appointed to draft and present a constitution. This committee completed its task the same evening, and the following morning, Saturday, Sept. 30th, read the result to the Osteopaths in attendance upon an adjourned meeting. Twelve were present as at the previous session. After free, deliberate and thorough discussion, the articles of the constitution

were unanimously adopted seriatim and as a whole, and the following officers were elected:

President, Geo. J. Helmer, D. O. New York City.

Vice President, W. E. Greene, D. O., Glens Falls, N. Y.

Secretary, W. M. Smiley, D. O., Albany, N. Y.

Treasurer, W. W. Steele, D. O., Buffalo, N. Y.

Executive Committee—of which the President and Secretary are ex-officio members—includes also the names of A. Fisher, Jr., D. O., Syracuse, N. Y.; W. A. Crawford, D. O., Buffalo, N. Y.; and G. W. Burns, D. O., New York City.

* * *

We invite the attention of our readers to the article in this issue by Rev. Sam P. Jones. It appeared in the Atlanta Journal Dec. 30th. Rev. Jones knows whereof he speaks, for he has visited the American School of Osteopathy, and has talked with the illustrious founder of the science—A. T. Still.

* * *

John Temple Graves, the silver-tongued orator of Atlanta, Georgia, addressed a large audience in Memorial Hall Dec. 12th. Mr. Graves is an earnest advocate of Osteopathy, and expressed himself as being certain that the Governor of Georgia would sign the Osteopathic bill which passed the House and Senate by a large majority.

* * *

The following letter from Dr. Chas. W. Little, Lincoln, Nebraska, speaks for itself:

Dec. 27th 1899.

Yesterday fine was imposed on me in the district court in the sum of \$50, the smallest amount that could be imposed with costs, which closes in the lower court the case that was brought against me the first of the month. Judge Holmes said that it was a question in his mind whether a legislature had a right to enact a law that barred us from the state, but the law was on the statute books and his duty was to enforce it. He said he believed that in

time we would be recognized in Nebraska, and while he had little personal knowledge of the practice, he knew that much good had been done by Osteopathy in Lincoln. Today I gave bond and the case now goes to Supreme Court, with every prospect of knocking out the present medical law.

* * *

The Amusing Side of Osteopathy.

TERESE CLUETT, D. O. CLEVELAND, O.

So much has been said about the serious side of Osteopathy that I think a few words about the amusing side may be acceptable.

A few days since a lady entered my office and asked if I was a Theosophist—I said "No, madam, I am an Osteopathist"—"Oh! well," she replied, "Its all the same thing." Then it took me fully an hour to explain the difference between Theosophy and Osteopathy. On another occasion I was approached with the question "are you a Christian? because I don't want to take treatment from any one who is not a Christian"—this fairly caught my breath—I replied by asking her who had been her last physician. She mentioned the name and I asked if she had put the same question to him that she had put to me. She replied that she had not. It took me another hour to explain the difference between Osteopathy and Christianity. For one patient I have to insulate the table as they think this is some form of magnetic treatment. The next patient spies the insulators, (as I had forgotten to remove same) and then there is trouble as this patient wont have anything along that line of business.

Another wants a treatment "every day," as Mrs. So and So goes to Dr. So and So and he gives a treatment "every day". I say all right, knowing well it is only a question of time until she will beg off. In a week the patient is so prostrated by the frequent treatment that she is glad to admit she cannot stand so much Osteopathy. It is all I can do to get her three times a week, which is as much as any one can possibly stand without becoming debilitated by same. One hour I am sent for to do the work of the family physician; the

next hour I am locked in a room for fear I will meet him and tell him what I *have* done. Some days my spirit grows weary, *not with the waiting*, as there is plenty to do, but with the whims and foibles of the people. Now, what does all this preamble go to prove. Simply this—that we need a lot of "Osteopathic patience" and if some bright operator could only discover some "bone" or "nerve center" through which we might lay in an occasional supply, how much nerve force might be saved that poor soul, the Osteopath, who is now-a-days simply counted a kind of a "vermiform appendix" to the family physician.

* * *

Iowa Branch A. A. A. O.

The Iowa Branch A. A. A. O. met Jan. 2d, 1900, in the S. S. Still College of Osteopathy, at 7:30 p. m., and closed with a banquet on the evening of January 3d. Dr. Arthur G. Hildreth, who attended this session, reports an enthusiastic meeting.

The following program was carried out:

PROGRAM.

Iowa Branch of the A. A. A. O.

JANUARY 2, 7:30 P. M., 1900.

Address, National Osteopathic Lecture Bureau
- - F. W. Hannah, President of the A. A. A. O.

JANUARY 3d., 9 A. M., 1900.

Address of Welcome, - - - - Mayor.
Address, Water, - - - - Dr. S. S. Still, President
Address, Review of the Year's Progress of Osteopathy, Dr. H. W. Emeny
Discussion, - - - - Led by Dr. J. Weller Long
Paper, Where Are We At? Dr. O. E. McFaddon
Paper, Osteopathic Lesions and Diagnosis - -
- - - - - Dr. W. L. Riggs
Paper, Students Practicing Osteopathy - -
Discussion, - - - - Led by Dr. U. M. Hibbetts
- - - - - Dr. E. H. Beaven
Paper, Sepuelae of Obstipation Ani, Dr. C. V. Kerr
Paper, Should Osteopaths be Graduates of Medicine, - - - - Dr. M. Machin
Discussion, - - - - Led by Dr. Ella D. Still
Paper, Professional Ethics L. O. Thompson,
M. D., D. O.
Paper, Germ Theory as Related to Osteopathy,
- - - - C. M. Proctor, M. D., D. O.

EVENING BANQUET.

Toast Master - - - - Dr. S. S. Still.

The Iowa Osteopaths are well organized

and are doing good work. The officers elected for the ensuing term are:

Pres Dr. U. M. Hibbetts, Brooklyn, Ia.;
Vice Pres. Dr. C. M. Procter, Ames, Ia.;
2d Vice Pres. Ella R. Gilmore, Sheldon, Ia.;
Sec'y., Effie Koontz, Stuart, Ia.; Treas.
Dr. C. V. Kerr, Dubuque, Ia.

BOARD.

3 yrs.—M. Machin, D. O., M. D., Keokuk, Ia.; L. O. Thompson, M. D., D. O., Red Oak, Ia.

2 yrs.—Dr. O. E. McFadon, Davenport, Ia.; Dr. E. H. Beaven, Iowa Falls, Ia.

1 yr.—J. H. McGee, D. O., Independence, Ia., C. D. Ray, D. O., LeMars, Ia.

* * *

Y. W. C. A.

Devotional meetings have been held every Sunday P. M., at 2:30 in the Association room at the Infirmary.

A Bible class, conducted by Dr. J. M. Littlejohn, meets every Friday at 4 p. m. This is a rare opportunity and all young women are urged to attend the meetings.

A joint reception with the Y. W. C. A., of the State Normal was held Thanksgiving day at the home of Mrs. Warren Hamilton. About 200 were present and a most delightful time enjoyed by all.

* * *

Personal Mention.

Dr. L. D. Parker, of St. Paul, Minn., and Dr. E. C. Pickler, of Minneapolis, Minn., spent the holidays in Kirksville. Drs. Parker and Pickler are very successful practitioners, and have a large and lucrative practice.

Dr. W. J. Conner, of Kansas City, Mo., formerly operator in the A. T. Still Infirmary, was a holiday visitor. He is located in the New York Life Building and has built up an excellent practice.

Dr. A. L. McKenzie, of Kansas City, Mo., visited friends in Kirksville during the holidays.

Dr. L. D. Hickman, of Princeton, Ill., visited his Alma Mater during Christmas week. He is doing excellent work and has a good practice.

Dr. J. W. Henderson, of St. Paul, Minn.,

stopped at Kirksville while en route to California where he will spend the winter.

Among others who were here during the holidays were Dr. R. P. Buckmaster, Franklin, Ky.; Dr. Bert May, Crawfordsville, Ind.; Dr. Geo. Fout, Fort Madison, Iowa; Dr. C. E. Hulett, Topeka, Kas.; Dr. Thos. Ashlock, Milwaukee, Wis.; Dr. Clarence Kerr, Dubuque, Ia.; Dr. Everett Beeman, Montpelier, Vt.; Dr. Anna Burke, Monroe, La.; Dr. E. H. Beavan, Iowa Falls, Ia.; Dr. W. J. Conner, Kansas City, Mo.; Dr. Georgia Carter, Hannibal, Mo.; Dr. H. W. Emeny, Eldora, Ia.; Dr. W. J. Novinger, Eugene, Oregon and Dr. J. F. Poage, Washington, Ia.

Dr. Anna Burke has decided to return, at the request of many former patients, to Monroe, La. Dr. Burke is an able representative of Osteopathy, and has done much good work.

A number of the senior and junior students of the A. S. O., went to Springfield, Ill., during the holidays to take the examination under the Medical Board, in compliance with the Illinois law regulating the practice of Osteopathy in the state. The examination was held in the Senate Chamber in the Capitol building on Dec. 29-30, and was conducted by Dr. J. A. Egan, Secretary of the Board. It is the unanimous opinion of the students that the examination was a fair one, and that it was conducted in a straight forward manner. Dr. Egan and his assistants won the esteem of all because of their kind and courteous treatment.

The Senior students are busy these days deciding upon locations: R. P. Powell and wife go to Mounte Vista, Colo.; D. L. Clark to Houston, Tex; H. L. Kennedy to Albia, Iowa; Mr. and Mrs. W. D. Greene, to Aurora, Ill; Mrs. Clara Rhotehamel to Lancaster, Ohio; Miss Ida McMurry to Franklin, Pa.; Miss Cordie Morey to Springfield, Ohio; W. E. Williams to Dayton, Ohio; S. R. Rightenour to Boise, Idaho; and Asa M. Willard to Colorado Springs, Colo.

We are sorry to record the death of the wife of Dr. J. H. Osborne of St. Joseph, Mo., which occurred Dec. 7th. We extend to Dr. Osborne our sincere sympathy in this, his hour of trial.

Clinical Record.

REPORTED BY W. H. ECKERT, D. O., 708
COMMERCIAL BLDG., ST. LOUIS, MO.

Case of Inflammatory Rheumatism, Stomach and General Nervousness:—

Mrs. Speh, of 3032 Olive street, had been an invalid for some time. After trying everything else and gradually growing worse, she concluded to try Osteopathic treatment. After taking one month's treatment she was able to come to the office alone and after three months she is comparatively strong and in better health than for years, and cannot say too much for Osteopathy.

* * *

REPORTED BY E. P. SMITH, D. O., ST.
LOUIS, MO.

Osteopathic Treatment for Infants:—

Mabel K—, five weeks old, was brought to my office November 15th; she had been constipated from birth, no action of the bowels taking place without an enema and sometimes it had to be soap suds. She had been given medicine by a regular physician, which, though very strong, had no effect whatever. I gave her a light treatment over the liver and through spine, and told the parents to bring her back next day; upon her failure to appear that day or the next, I hunted up the father and enquired why they had not brought her in, when to my surprise, he said she had been quite all right ever since the treatment. Upon several occasions since I have enquired about her and have always received the same reply, "she is as regular as can be and we are only too happy for it." She is their first child.

REPORTED BY CHAS. C. REED, D. O., WAR-
REN, OHIO.

CASE 1.

Hemiplegia:—

Mrs. D— had a stroke of paralysis about a year ago and was unconscious about twenty-four hours; gradually she got better so she could be up but did not get strong so she could get around well. Her right arm and limb were afflicted. The left side of her face and also her tongue were involved so that she was unable to talk well. Her bowels became constipated and would never move naturally. Her doctor said she would never be able to get around well any more. She took three and a half months Osteopathic treatment. Bowels became regular; and she is strengthened until she gets around and feels about as well as ever.

CASE 2.

Chronic Diarrhoea:—

Mr. K— had chronic diarrhoea for several months. He was weak and had lost in flesh. In a month and a half under Osteopathic treatment he gained ten pounds and was entirely cured of diarrhoea.

CASE 3.

Neuralgia:—

Miss D— had neuralgia in the third finger for several years. When she would sew it would become very annoying. She had three or four different doctors examine it, but they found no cause and gave her no relief. An Osteopathic examination revealed a slight lesion at the third cervi-

cal vertebra. A few treatments corrected that and the pain passed away and never returns even when she sews all day.

—
CASE 4.

Nervous Prostration:—

Mrs. G— had neurasthenia for several months and under medical treatment she "grew no better." She was so nervous she could scarcely get any sleep at all; a wagon or buggy passing the street would irritate her, as would any little noise about the house. She was also despondent and discouraged. In four months treatment she gained about ten pounds, all symptoms of nervousness disappeared.

* * *

REPORTED BY L. D. HICKMAN, D. O.,
PRINCETON, ILL.

Dislocated Innominate:—

There are very few students of Osteopathy who perhaps realize how much trouble and how many varieties of disorders a dislocated innominate bone will produce until they have practiced sometime.

Some of my first and quickest cases were in connection with this bone. I will describe briefly a few of such cases to show how many different disorders it will cause.

Case 1. Was causing sciatic rheumatism which I corrected in three treatments.

Case 2. Was causing stiffness and inflammation of the knee joint which I corrected in three treatments.

Case 3. Was causing a severe pain in the heel which I corrected in three treatments.

Case 4. Was causing a deep-seated pain and tenderness in the left inguinal and lameness in the hip. I corrected this in five treatments.

Case 5. Was causing contraction of the muscles and pain over the posterior sacral region. This case had been treated by

graduates of other schools who failed to notice these disorders. This shows how careful we should be in our examination and diagnosis.

There are many other disorders which can be produced by dislocation of the innominate which I will not mention.

* * *

The Osteopaths of St. Louis, met November 9th, at the office of Dr. W. H. Eckert and organized the "St. Louis Association of Osteopaths" with Ernest P. Smith, D. O., President; J. O. Hatton, D. O., Vice President and W. H. Eckert, D. O., Secretary.

The following committee was appointed to draft suitable by-laws for governing the association: H. E. Bailey, D. O., A. H. Sippy, D. O., Mrs. Ella A. Hunt, D. O., and T. D. Jones, D. O. The following invitation was sent to each member of the profession in Missouri.

DEAR DOCTOR:—

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The date of meeting has been fixed for Saturday, January 6, 1900, and we most earnestly hope you will be able to so arrange your business as to be with us at that time.

Yours very truly,
ERNEST P. SMITH, D. O., Pres.
W. H. ECKERT, D. O., Sec.

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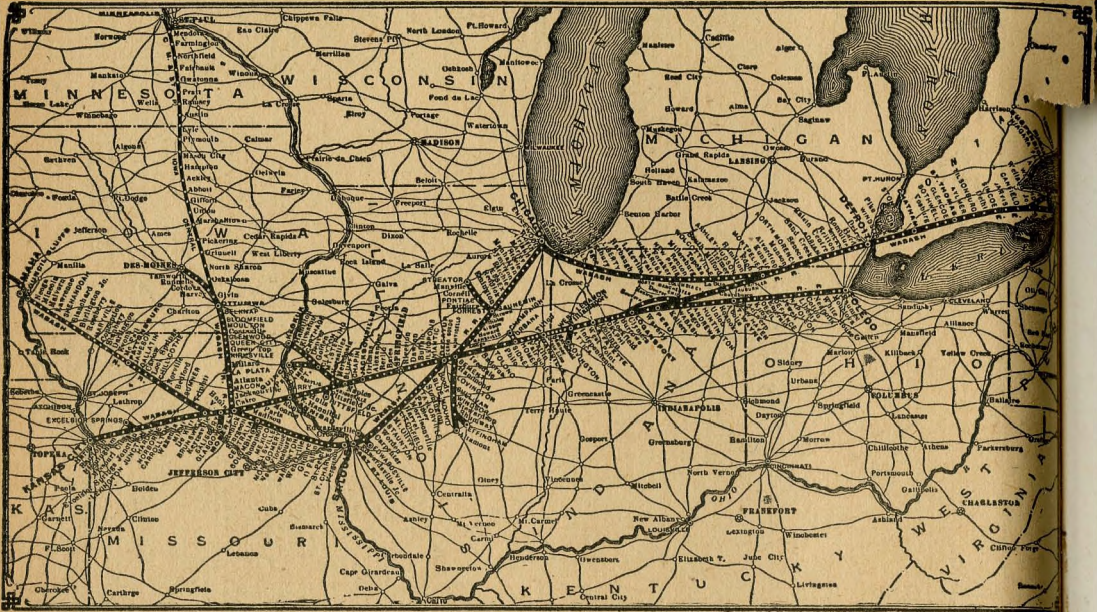
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