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The meaning of the word Diagnosis is “to know through and through.” The Osteopathic practitioner, by virtue of his thorough training in anatomy and physiology, knows the normal body through and through, for it is necessary that such knowledge should obtain before he could detect any abnormal condition which might be the cause or result of disease. It is the former, however, the cause, that is necessary to be discovered before appropriate treatment can be instituted, and it is in the method of search for the cause that the Osteopathic practitioner differs absolutely from other schools of healing. In fact, the main pillar in the temple of Osteopathy is its accuracy and precision of method in diagnosing disease. Its methods are peculiar to the science—the accuracy of which depends upon the operator’s knowledge of the structure and function of every organ and tissue of the body. It is, however, true, that the old school physicians study the structure and function of the body tissues, but they do not apply such knowledge in their method of diagnosis except in very limited degree. This they term physical diagnosis. The Osteopathic school goes further into the methods of physical diagnosis than other schools.

Abnormalities of structure lead to abnormalities of function. One rarely exists without the other. The old school diagnostitian says “that such abnormality of function gives rise to certain symptoms,” and his method of diagnosing the disease is mainly through these symptoms. There is no doubt but that such abnormalities will give rise to symptoms, but it is evident that it is the cause back of the symptoms that is of most importance; therefore the Osteopath cares nothing for symptoms, except as a partial guide, realizing that a mere removal of such, except in very rare instances, does not remove the cause.

The Osteopath’s viewpoint as to cause of disease differs absolutely from that of other schools. He reasons that a free, unobstructed supply of pure blood to all parts mean health, while any obstruction to same means disease. All diseases begin primarily with congestion, either active or passive, due to an obstructed blood supply to or from an organ or tissue.

It naturally follows, therefore, that it is necessary to determine the cause of such obstruction. The Osteopath finds this out by the application of his
knowledge or physiology to the case in point.

Blood flow is governed by what is known as the vaso-motor nervous system. This system comprises both vasodilatators and vaso-constrictors, and under the normal condition of the body, that is, when all its anatomical constituents are in their proper relation, there exists a constant equilibrium between these two divisions of vaso-motor nerves with a consequent normal blood flow to all parts. Should there exist some irritation or obstruction to either set of these nerves, due to some anatomical perversions, then such is bound to result in an abnormal blood flow, in which case there will result too much or too little supply to a part or parts of the body.

The reader might ask, "What does the Osteopath mean by an anatomical perversions?" By this is meant a subluxation of bone, a contraction of ligament or muscle, a slipped tendon; in fact, any displaced organ or tissue, interfering with a harmonious action of the body structures. These perversions are termed lesions, any one or more of which can be found in nearly all cases of disease.

Now going back to the fact that all disease, whether acute or chronic, can be traced primarily to congestion, the next point to be determined is, how does the Osteopath find these anatomical perversions or lesions that are the underlying cause of the congestion. Emphatically, he does not rely upon objective symptoms to determine such lesions, as it is a well-known and constantly demonstrated fact that symptoms are as liable to lead the physician away from the cause of disease as to lead to it. The Osteopathic practitioner, instead of plying his patient with innumerable questions as to symptoms, goes at once to the anatomical structures, realizing that abnormality of structure means disease. This he accomplishes through a most delicate sense of touch, which can be acquired only through constant practice.

By this tactile method of diagnosis, aided by his exhaustive knowledge of anatomy and physiology, he is able to determine disease in a manner which is peculiar to the principles of the science of Osteopathy. It is by knowing the normal body that he is able to discover the abnormal. Misleading symptoms expressed by the patient do not enter into the Osteopath's method of diagnosis. A distinct anatomical lesion points absolutely to some obstruction to nerve function interfering with the blood supply, resulting in disease of a part or parts of the body.

For example, let us take the common disease known as pneumonia or inflammation of the lungs, and compare the old school methods with the Osteopathic methods of diagnosis. Pneumonia, like all other diseases, begins, as we have stated before, with congestion. In fact, this congestion of the pulmonary vessels constitutes the first stage of pneumonia, and it is during this stage that the disease must be diagnosed, as its duration is short, the crisis occurring about the fifth day, so an early recognition is necessary in order to successfully treat the condition.

The next thing is to determine the cause of the condition. The old school says that it is due to the invasion of a specific pathogenic germ termed the pneumococcus or pneumo-bacillus. It is a fact that such an organism is present in this disease, but the Osteopath goes further and asks, "Why is it that the germ exists?"

He reasons that there must be a culture ground for its existence and propagation, and that an obstructed blood flow, by devitalizing the lung structures, serves as a ready nidus for the existence of germ life.

Furthermore, the Osteopath goes directly to the vaso-motor nerve supply governing the pulmonary vessels, which physiologists tell us are to be found in the spinal cord between the second and seventh dorsal vertebrae. By a careful tactile examination over this area he will find, first, tenderness due to irritation of nerve centers. Continuing with his examination he will
find contraction of muscles and tendons over the affected side. He may also discover a slight sub-luxation of one or more of the above-mentioned dorsal vertebrae. He may also discover a lesion of the ribs corresponding to the above vertebrae, namely, from second to seventh. A depressed clavicle is also frequently found. Any one of these mentioned lesions would cause an obstruction to the nerve and blood supply to the lung, resulting in a culture ground for the growth and development of the bacillus pneumonia.

The old school practitioners make use of palpation, percussion, auscultation and mensuration in their method of physical diagnosis. The Osteopath uses all these, but goes further, and examines for obstructions to the blood and nerve supply to the pulmonary structures. It is evident, therefore, that our methods of physical diagnosis are far in advance of the old methods. This statement is proven by the results obtained in treatment.

The rapid growth of this science of healing is a grand demonstration of its efficacy. No science could attain such results were the methods of diagnosis not accurate, for upon a correct diagnosis depends the success in treatment. A great advantage also in the new method, and one which commends itself to the patient, is its great simplicity and ease of explanation. It is a great source of satisfaction to the sufferer to have the nature of their ailment explained to them.

How a certain existing lesion may effect certain nerves and nerve centers. It requires but a few minutes to explain to the patient how a slipped tendon, contracted ligament or muscle, or a slight sub-dislocation of bone may affect an organ quite remote from the seat of such lesion. The Osteopath makes a special study of reflex nerve action, and it is through this special investigation that he is able to diagnose and treat disease in a manner absolutely different from all schools of the healing art.

Our methods of diagnosis are efficacious both in acute and chronic cases; in fact, it is in acute cases like pneumonia, that the Osteopath gets his most brilliant results. Another great advantage in Osteopathic diagnosis is the fact that no matter how many practitioners examine a case, it is extremely rare that a different opinion in diagnosis will be expressed. In the old school this statement is reversed, as it is seldom that one agrees with another's opinion. As the Osteopath bases his diagnosis upon anatomy and applied physiology, both exact sciences, his method is bound to be exact.

Dr. Edwin W. Tate has just opened up extensive offices at 800 to 804 Broad street, Newark, N. J., under the name of "The New Jersey Infirmary of Osteopathy."

We have seen the strong petition that representative people in Wilmington, N. C., sent to the Legislature asking for the best thing in the law for Osteopathy. There are no better names in the world than are on that petition. Dr. Walter W. Harrington has strong friends "at court."

Dr. Jno. T. Downing has sent us a fetching little pamphlet on Osteopathy. Dr. Downing is one of the foremost men in our science, and with Dr. Virgil Hook holds a high place in Scranton, Pa.

Dr. Joseph Sullivan, of 501 Masonic Temple, Chicago, is probably the best known Osteopathic physician in Chicago and has been in continuous practice in one place longer than any one we know. Very many people who call on us, in their travels throughout the country have learned that Dr. Sullivan gives them the best that can be had. Though a young man, he is a veteran in service. After May 1st he removes to Champlain Building, State and Madison streets, Rooms 1010 to 1014.

Dr. S. C. Mathews, formerly president of the American Osteopathic Association, and ex-president of the Atlantic School of Osteopathy, in association with Dr. E. E. Bee- man, has opened new offices at 500 Fifth avenue, New York, corner Forty-second street. Dr. Mathews is the author of an interesting book on "Osteopathy Fully Explained."
THE POLICY OF THIS JOURNAL.

From its beginning to the present time this Journal has been an exponent of Osteopathy—pure and unmixed. It has never been an exclusive organ of the Philadelphia College of Osteopathy, or any other school. It has never been the medium of mere personal aggrandizement. It has never been subservient to business methods or professional advertisement. It has never practiced any of those small diplomacies that please smaller individuals. It has a distinct ideal, and no influence shall swerve it therefrom. That ideal has ever been and shall ever be the scientific exposition of the great truths that underlie our therapeutic art, the defence of Osteopathy as a distinct and separate system of cure, its sharp differentiation from medical systems, its claim to all that's new and true in scientific research and discovery, its adaptability to all diseases and its practical efficacy in mastering the conditions of actual disease. This JOURNAL shall continue, as it began, the advocacy of a rational and expanded curriculum, and a higher qualification in the students and graduates of all reputable Osteopathic colleges. It shall unceasingly demand a broader culture in Osteopathic teachers, and a more consistent comity among the colleges. It shall stimulate to the highest ideals in legislation, and agitate until we have equal standing with other recognized systems of healing. It shall sit in judgment upon all professional and associational problems and policies without fear or favor. It shall seek to eliminate all mere subterfuge and politics from our State and National Societies. Osteopathy has now grown into the dignity and importance of a great science and art, and its professors and practitioners must live and act and work on a plane and in a spirit that comports with its real value. This JOURNAL is, heart and soul, with all that is best in Osteopathy.

Dr. Fred Woodhull, who graduated in February, has the enviable distinction of having made high grades throughout the entire course, and in mind and body is one of the best students we ever had. He is a giant, and the sick people will feel safe and sure in his hands.
From three distinct quarters we have received inquiries as to the exact nature of the movement of the Philadelphia College of Osteopathy, and one good, loyal Osteopathic physician in the city asked if it were true that "medicine would be included in our teaching." We are glad to answer, thus publicly and authoritatively, that the movement implies no change in the Osteopathic principles or policy of the College. It was simply a matter of convenience and business. The owners simply wished to separate the college work from their private practice and to give the students more room.

Several Osteopathic physicians in the city, all of whom were already or had recently been upon our Faculty, and who were interested in Osteopathic education, and had teaching abilities, pleasing and profitable to our students, were invited and received into the corporation upon equal terms, to share the responsibility and promote the success of the College. These additions to the corporation and Faculty carry the confidence and respect of the entire Osteopathic community and profession, and we beg to assure all interested that Osteopathy, both as a science and an art, is safe and strong in their keeping, and although two of them are graduates in medicine, yet we know them to be conscientious and consistent Osteopaths. Dr. Keene's article in this issue on diagnosis is a complete answer to the query that has been asked us, "if a doctor of medicine can be a true Osteopath?" We know that there is given nowhere in this country a better, all-round Osteopathic course than is now given by our College, and all our professors have been tried and tested, and their ability or loyalty is beyond question.

A THREE YEARS' COURSE AND A HIGHER EDUCATION.

There is no topic of greater interest and importance in the Osteopathic world than the extension of the time and curriculum for Osteopathic physicians. A three years' course is a manifest necessity. Our medical brethren in the legislative contests are wont to say that objections to legalizing Osteopathy would be withdrawn if we had a standard of proficiency equal to their standard. This we consider is a most generous admission on the part of the medical fraternity. We think it is also a genuine one. The coming of Osteopathic legislation in all the States is inevitable, and it is a manifest unfairness that we should be legalized as of equal standing with medicine doctors unless we secure for our practitioners a more thorough professional preparation. It is a fact that Osteopathic preparation, as a whole, is below that of medical schools. In some departments Osteopathic students are more thoroughly prepared, but this can be said of only a few of them. We are in the habit of saying that most of the time with medical students is spent upon Materia Medica, and, debarring this, Osteopathic students give as much time to other studies as do medical students. This is not so. Much of the work in the best of Osteopathic colleges, and in the important departments, is done in a too hasty and summary fashion. We are not afraid of contradiction on this
point. We know something of the teaching abilities of the present Osteopathic schools. It is not up to the general standard of the best medical schools. Osteopathy needs conspicuously, better trained teachers, and it should soon be made a condition that our teachers should be, at least, college graduates; and that the most important chairs should be occupied only by baccalaureates in arts. Some of the chairs may easily be held by graduates in science; but several of the studies in the Osteopathic course are learned disciplines, and can be held commandingly only by men learned in literature and academic arts. Medicine is not a learned profession. Theology and the law rank as such. It is a high ideal to cherish, but we hope that Osteopathy may rank as a learned profession. Osteopathy is a summative science, and it goes straight to Nature's storehouse, and it taxes the trained resources of the highest learning to rightly interpret its philosophy and principles. Its true dignity cannot be asserted except through letters and learning and scientific skill. It is pitiable, then, that those who are certified to go before the world to represent its claims, either as professors or physicians, should fall short of its high possibilities. The American Osteopathic Association made a stupendous stride when it issued that remarkable educational manifesto at its last meeting. We suspect that its import was scarcely understood by the profession at large. At any rate, the last meeting did little to make it imperative upon the colleges. The ideal set is not a whit too high. We must begin to put it into realization. The Association cannot recede. To abate one iota of practical loyalty to the highest ideal is to neglect our most vital interest. The chief significance of the Cleveland meeting should be educational. It will be puerile to go into pyrotechnics over legislative victories. Of course, we shall congratulate ourselves over every inch of ground gained in the domain of law; but our enduring supremacy is to be intellectual. Brass may shine and bullion glitter, but brains must be the coin of the Osteopathic realm, and the coin must be a genuine currency. Inflated conceits will burst through their own tension. Truth endures forever. The colleges must all swing into line and face about for the three years' course. The A. O. A. must marshal this advance step, and every college in its ranks must step to this front line. It is going to take some delicate diplomacy to get the colleges solidified on this issue; but we hope the A. O. A. may supply the generalship. The clearest keynote in the Cleveland programme should sound, high and harmonious, for an advanced educational standard. It should be made manifest to the world that Osteopathy means to stand abreast of the march and movement of mind in all matters scientific and therapeutic. The great strides of present-day science should thrill the Osteopathic student, and the most needed impulse in all our ranks is enthusiasm for a higher education. Brethren of the press, ring out on this issue. Programme Committee, concentrate the erudition and eloquence of the profession upon this one point, until it burns an impress upon all our minds, and blazes into a shining light throughout the country!
THE DEVELOPMENT AND OVERSIGHT OF OSTEOPATHIC COLLEGES.

The very heart of osteopathic education pulses in individual enterprise and effort. This takes brains, personality and financial management. Let no one forget these facts. Let no one disparage any honest, earnest, capable effort in projecting or furthering Osteopathic schools. No one who is neither a teacher nor an educator understands what it is to undertake them. Too many have tried their hands at this kind of business and found that it took more head and heart than they possessed. We may not always understand the "Origin of the Fit," but we learn that it is "only the Fittest that survive." This last law will look after Osteopathic colleges, and we need not worry. It may take time, but time always tells. In the meantime, the colleges need some central, impartial, stimulating oversight, and, withal, it should be rightly sympathetic. They should not be let alone. The best of them need a whip and spur, somewhere, lest they lose their right pace and let the wheels drop into a rut.

Competition is a fine stimulus, but a common and a higher standard must be set. You, the question comes, who should set this standard? At first the college generally does this, but is it best to let this continue? Several colleges should be able to know their needs and to supply them, but competition alone is a low level of excellence or character. There must be a higher motive. In the case of the Osteopathic colleges we believe the time has come when competition must be abandoned as the motive of excellence. We must have an outside, disinterested, exacting, and yet an appreciative, oversight. We think this should be placed in and should come from the profession. It is true that the colleges make the graduates, and the graduates make the State and National organizations, and the next step in an ordinary reasoning might be the conclusion that, therefore, the colleges make the associations; but this is not true. All honor to the colleges and their laborious teachers. They give character and strength to the profession; but the profession maintains the colleges. This is a fact. The practitioner in the work is the real supporter of the college. His favor or his frown makes or maintains the college. We would look every time to the profession for the right decision of any practical problem in college development. The American Osteopathic Association is a great Federal government—representative of every State and of every college. The autonomy of Osteopathic government necessitates its existence and it is the logical head of an orderly, articulated system. The unity of Osteopathic science can be maintained only by such a commanding organization. We especially think that educational interests should be placed in its keeping, and, if so, that representation of the colleges should be given distinctly in its corporate work. We can more easily and confidently entrust the interests of our college to the A. O. A. than to the A. C. O. We are in favor of the disbandment of The Associated Colleges, except, it may be, for merely mutual interests. We distinctly think that oversight should be relegated to the National Association. We prefer to carry all questions of working standards and professional qualifica-
tions to the one highest court of the profession. The A. O. A. is thoroughly representative, and carries our complete confidence in all matters educational.

THE REORGANIZATION AND EXPANSION OF THE OSTEOPATHIC CURRICULUM.

The curriculum has had the hasty growth of an emergency. Anatomy was, at first, its only study, and it was not without much opposition that physiology and chemistry were added. We were in the first class at Kirksville who secured these last studies, and many of the first graduates had nothing but eight months of anatomy. But things soon changed as the attention of scholarship was attracted to Osteopathy and college-trained students began its study. The history of projecting the Osteopathic curriculum will be interesting reading, by and bye. It has not yet been written. Growth was inevitable, and when colleges rivalling the American School were organized each sought to outdo its competitors, until the present curriculum came into existence; and, even now, the studies in the curricula of all the colleges are unequally maintained. The due proportion and perspective are unequal. While it is claimed that "professors" are "specialists in their departments," we have evidence that it is not always true, and some of the important departments are treated superficially. We can, at this time, only indicate some of the changes that should be made in the matter and method of Osteopathic instruction. One of the first needs is Physics, or the Science of the Forces. This is even more important than chemistry, or the science of the elements and their combinations. In the last analyses, an atom is only a centre of Force. Osteopathy deals, first, last and all the time with Forces, and in view of the growing fact that Physics is looming up into such stupendous proportions in all the great laboratories of the world and is fast modifying chemical conceptions, it is to the possibilities of the New Physics that the young Osteopath should be introduced. Both at Leipsic and Chicago great investigations are making that are moving the scientific world. Lord Kelvin, the greatest physicist in the world, is one authority we must own. The questions of the ether, as studied in wireless telegraphy, are of vital interest in Osteopathic potentials. It goes without saying that chemistry should be studied more deeply. The present course is inadequate. Biology is almost ignored, though it is the most important, both as to form and function. We talk glibly about anatomy and structure and normality, but biology makes and maintains all forms and functions. Vegetable biology, as botany, should have much study, as the one basis of support, which we recognize, of the living body. Zoology, and comparative anatomy, should have also a place; for these show us how nature constructs in other animals than man. Some of the most ignorant blunders that the best anatomists are to-day making, for example, concerning the use of the appendix, the coccyx, the thyroid, the tonsils, the spleen, and the male mammary gland, are largely blunders in comparative anatomy. The whole fallacy of drugs, as practiced to-day, can easily be shown by the facts of vegetable biology in relation to dietetics. If drugs are poisons truths by which, if judged, apart from individual acts, principles of ethics are carried into each and every act, and are not known to be subject to the law of the moral law and, therefore, the one and the other is not possible.
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truths by which all conduct is adjudged, apart from separate and individual acts. If we know the principles of ethics we can easily estimate each act and all conduct. If we do not know the principles and the standard to which these principles conform, we cannot estimate consistently any action. One may take a hat from a store; the act may be stealing or it may be one of rightful possession. The act is one and the same in both cases, and one could not judge of it, without the principle to judge by. Again, the science of law is a code of principles, and these may be stated and studied apart from any one case. This is jurisprudence, and the lawyer who knows the principles of law is a jurist. He estimates all cases by the principles involved; he states these principles and the case is decided by the principles involved. The lawyer who knows no principles is only a "case-lawyer," and is called a pettifogger.

Again, the principle of gravitation is a truth that can be stated apart from any object in nature, and that applies to every object. It is always and everywhere true. It is not a theory, but a fact. A child may ask, if told not to jump out a third-story window, why? And when told that he will fall and may be injured, he may still ask, why will he fall? He is taught the principle of gravitation, and when he gets the principle he can understand all motion in the universe, or all rest as well. The principle makes everything plain, but without it, all is muddle. Again, the principle of light is a definite rate of vibration in the impalpable ether, and it is true in all space, even when there is absolute darkness. The principle of light is not sight or color. It exists in the absence of these. Color and sight and scene are only illustrations of the principle. Even so, the principles of Osteopathy are reasoned truths—a body of such truths, that may be stated abstractly, apart from any and all cases, that explain all cases, that would be true and operative as well in health as in disease, and that would be true if there were no sickness. Any physician who masters the principles can diagnose any and all cases and can intelligently treat such cases, without hesitation or doubt. Without principles, he is only a "case-doctor;" he may have cases, but he himself is the greatest "case" of all. Instead of being a constructive, mechanical engineer, applying reason in his work, he is only an "engine-wiper."

The principles of Osteopathy are reasoned truths based upon all known facts of biology, morphology, histology, anatomy, physiology, physiological chemistry and toxicology, hygiene and dietetics, and pathology. These facts must be known and carried in mind, measurably at least. The facts must be the results of attention and perception. These varied perceptions must be reduced to concepts in the mind. These conclusions must then be rationalized into laws or principles. So, we see that a principle is far removed in process from the primary perception of facts. A thousand facts may be summarized in one principle. A thousand cases may be explained on one principle. It is this process of reasoning that the average student fails to make. He must learn to get the facts of all the
sports in the curriculum, and blend all these in his Osteopathic principles.

For example, Neuralgias involve a principle. We reach the principle in this way. Histology tells us of the microscopic structure of nerve. Physics tells us of its atomic constitution and action and reaction. Anatomy describes and demonstrates nerves as definite and delicate cables traversing every part of the body. Physiology tells us of their character as conductors of impulses, of the various kinds of impulses they carry, and laws of stimulation and the kinds of vibration—the relations of the nerves to other tissues, and the correlation of the three nervous systems and of the nerves in relation to centres, and the laws of equilibrium in nerve action and the dynamics of the brain, the problems of psycho-physics in relation to the muscles of the body, and the philosophy of sensation. These and many more primary facts are held in the mind and the principles are reasoned out from them. The principle of neuralgia is an overstimulation of a sensory nerve—it is pain in the nerve. What makes the pain is the stimulation—what makes the stimulation—how to reduce the pain—how long it will take, and how to treat it, is involved in the principle. The multiplication table embodies the principles of multiplication, whatever kind of multiplication is involved. But the average student does not carry the table of facts in mind. Instead of understanding that five one dollar bills make five dollars on the principle of multiplication, he wants to see the money counted out and added up instead of multiplying the factors. So, the average class in "Principles" wishes to skip the hard, close reasoning upon the facts of the other departments, and clamors for "specimen treatments."
The Principles imply memory, reason and acute thought. The student who forgets his facts, who can't reason, and who will not think, gets tired and wants to go into the practice. He thinks it laborious to do the constructive work of a mechanical engineer, and takes up a handful of rags and goes to rubbing off the grease and soot from the engine. Principle comes before practice. Practice will be poor without principle. Clinics will be druggery, if the facts of the entire curriculum are not embodied in principles.

The teacher of the Principles who compromises principle for mere illustration, will make tinkering instead of thinking operators.

**PHYSIOLOGICAL CHEMISTRY.**

There is nothing more important to the Osteopath, either as a matter of principle or of practice; and yet, it is scarcely mentioned in the sense in which it is supremely important and significant. We have been recently turning through some of the best physiological chemistries to see how applicable they were to Osteopathic use. We need not say we were disappointed, for we did not expect to find anything new or useful. The only physiological chemistry that has been compiled by an Osteopathic physician for Osteopathic use is deficient in the very point in which all the conventional ones are deficient. We suspect Dr. Proctor wrote his book before he became an Osteopath, but we are confident that his keen abilities are just as alive to the real problems of Osteopathy in relation to physiological chemi-
istry, as those of any one else. His book is a good manual; but it is lacking in Osteopathic interpretation. It is not of the facts of chemistry which we are speaking, it is the meaning of those facts. It is not even the philosophy of chemistry that we mean, though this is an extremely interesting question. It is rather the chemistry of a live, human being—of the living body under its own action, apart from anything done to the body, by experimenter or operator. We certainly do not mean the effects upon the living body of the introduction into it of laboratory chemicals. We mean the chemistry that act in the body, of its own initiation, and as a result of the bodily conditions. There such a chemistry? Does it minister to health, and is it a factor in disease? What are the conditions of its activity and are these conditions permanent or variant? Do bodily conditions affect this chemistry, and does this chemistry, in turn, affect the bodily conditions? These are the first questions of importance to Osteopathy. Before answering them we must define the sphere of chemistry in the body. Chemistry is the proportional play of atomic and molecular forces by attraction and repulsion, among the basal elements of matter. The result of the mysterious action of these forces is composition or decomposition of materials. It is both constructive and destructive. Both these processes are necessary. The balance of forces may constitute or destroy certain structures. There is a certain balance of these forces that constitutes Life. We do not yet know what this is, but we see it operative in nature. Whether Life is anything more than a definite combination of the known elements, not even the new physical chemistry is bold enough to say. It may be, but we do not know. We do know that Life is most intimately connected with chemistry, that mere chemistry does not and cannot constitute Life, and that Life may utilize and control chemistry. Life is dominant over chemistry, though chemistry is ancillary to Life. The Life processes do not act, so far as we can see, apart from chemistry, though chemistry may act at long distances from Life.

In the living body chemistry is the chief visible actor. In health it is always under control. This control is maintained through the nerves. In us the nerves are the ministers of life. The paramount question for Osteopathy that eschews the chemistry of drugs, is, may the nerves be responsible for the variant chemical changes in the body—changes that range from perfect health, through all degrees of disease, to death? We hold that the nerves control all such chemical changes. The study of the nerves in this connection should be our specialty. We talk much, and well, of vaso-motor nerves, that regulate the quantity of blood to an organ, and we have made threadbare the statement that “a normal flow of blood is health.” We have not gone further than this. We occasionally mention the lymph; but even this is only material to be used. The real seat of metabolism is in the glands. They also stand related to chemical changes, and they are governed by their nerves. Most important, then, are the glandular nerves. Then, again, nerves are classified with reference to the chemical changes they excite in a tissue in which they terminate. These are the great factors in
our physiological chemistry. Let us call them chemical nerves. These nerves control the conditions of all chemical changes. They are constructive and destructive. When they build up they are anabolic, when they tear down they are katabolic. All bodily action is chemical, and all such action uses up the tissue, though it liberates energy. This action is due to the katabolic nerves. All rest in the body results also in chemical action, during which the mass of the tissue rests and is built up. This is due to the anabolic nerves. The whole cycle of action is metabolism, and this is only chemical change, constructive and destructive, and this is controlled by the nerves. This is our physiological chemistry.

The treatment of nerves so as to effect chemical changes in the tissues—to build up new tissue and to tear down old tissue and carry the waste out through elimination, is the finest part of Osteopathic practice. It is as conformable to law and productive of definite results as the treatment of a lump of ice by heat is, resulting in water or vapor gas, according to the degree of heat.

PROFESSIONAL SELF-RESPECT.

So great is the competition among the several schools of medicine and among the eager members of an overcrowded medical profession that, we find, there is a lowering of the standard of individual independence which sometimes amounts to a compromise of self-respect. Very many sick people are spoiled. They act independent, easily take offense, grow petulant and hypercritical, and if their doctor does not cheer and flatter and pet them they go off to some other doctor and tell a story of neglect, discourtesy and mal-treatment. They whine and put on an injured air, and expect everybody to tolerate their distasteful small intrusions. All this is very trying on a doctor who is not obsequious and patronizing. Some doctors yield to it and become sympathizers, comforters, mourners and sycophants. If the patient has money, or social influence, or an imposing personality, the doctor becomes a slave, not from charity, but from mere weakness. These patients require much patience. They are not so much chronic invalids as chronic complainers, kickers and beggars. They have been humored and pampered and drugged until it is a personal sacrifice to wait on them. Any experienced doctor recognizes them and often does his best to help them, but they are hard to help. They are peripatetic patients, and tell you how badly they have been treated by other doctors. They go the rounds of all the new doctors and try all the specialties, and can easily entertain and entrap the newest doctor with their experiences. The best treatment for such is a strong treatment of self-respect. We have little time to spend with such patients. We generally assert ourselves positively against such and refuse to become obsequious. Such treatment will either kill or cure. If it cures, we get good therapeutic results. If it kills, we have succeeded in getting ourselves disliked and very soon hear of our treatment from some other doctor's office where the story of our meanness and brutality is told, and where too often it meets with ready credulity by some one who rejoices that he is a competitor and can succeed where we fail. Brethren...
of the profession, keep your self-respect, if you do lose the peripatetic patients who weep because no one understands them, and are looking out for inappreciation.

**HOW COMPLEX WE ARE.**

We are not simple things—not a bit of it. Nothing is, for all that. Our bodies are simply wonderful. We grew out from a little germ not much bigger than a blunt pin-point, and we grew up and into our big selves simply by a multiplication and differentiation of this little germ. These little germs we call cells. We are made up wholly of cells. A brain contains 1,500,000,000 cells, and these communicate with each other, more or less, by means of over 1,000,000,000 little fibres. It takes 500,000 of these fibres to communicate with the cells of the eye. The liver is a collection of 600,000 cells, and they are among the most important on the body. The lungs are a big bunch of air-vesicles, which look like little, tiny balloons, light and elastic, and there are 725,000,000 of these little air-balloons, and they are all lined by little air-cells, and all open out into the bronchial tubes and wind-pipe. Each of and all of these little cells are complete little beings. They have intelligence, can move, assimilate food, throw off waste, reproduce themselves, and can feel the effects of their surroundings. It is a crime to drug them. They do their best work under Osteopathic treatment.

**BROADER OSTEOPATHIC EDUCATION.**

By C. P. McConnell, D. O., M. D.

The future of Osteopathy, from the present outlook at least, is going to be just what the colleges make it. If they will be careful whom they matriculate, thorough in their instruction, then, now and forevermore Osteopathy will be assured of the dignity of a school of medicine (in fact the school of the healing art). Its friends will not be obliged to constantly combat such criticisms as "an adjunct to medicine;" and, what is of more importance, insincerity within our ranks will be an unknown thing.

Still further, it will not be necessary for the Osteopathist to take any or all of a medical course elsewhere to round out his present education if he desires to obtain surgical or other special knowledge. I am positive it will be found to be true that the large majority of those who have taken courses in a medical college are among the most ardent and sincere Osteopathic disciples. In fact, in the very nature of things, they are manifestly more competent than those in the Osteopathic field who spent only a comparatively few months in an Osteopathic college at a period when pathology or chemistry formed a small, if any part, of the course, and judging from their criticisms, have had even less to do with those fundamental subjects since. In this connection, let me say, if it is necessary, that I am not attempting to uphold "drug education;" my reference is to a few in the field, who, spending eight or ten months studying anatomy and physiology before entering practice, are, whenever occasion presents itself, rushing into print with statements that only bring upon themselves ridicule, to say nothing of a reflection upon the profession generally, by a display of gross ignorance of so vital a matter. By what right do they call the pursuit of knowledge "heterodox work?" May I ask, in all
fairness, what do such know about "medical education?"

"Why, I know a prominent Osteopathic college whose professor of physiology has for the past two years taken special courses in a medical college. Did it make him a less capable Osteopathic teacher? Where else at the present time could he obtain that knowledge? Indeed, look at the many good Osteopaths who have taken dissection in a medical college! Hypocrisy? The answer is left to you. * * *

Our schools should add to their course, so that any one can prosecute any and all Osteopathic and surgical work. * * * Our ambition should be to become competent and practical physicians and not Osteopaths in the narrower sense. We do much bragging and talking in generalities and talking what should be done instead of doing it. * * * It is evident that the course to pursue is to equip our colleges to meet any or all legitimate legal requirements. If we are not going to be a school of medicine on an equal footing with other schools our destruction is clearly mapped out—a tail to the medical kite."—Journal of Osteopathy.

THE DATE OF THE CLEVELAND MEETING.

The Trustees of the A. O. A., by unanimous vote, have decided that the Cleveland meeting shall be held in July. The intention was to hold the meeting on the same dates as that of the Epworth League convention, which is to meet that month in Detroit, in order, if possible, to take advantage of their rates. A hitch has occurred in the date for the Epworth League meeting, but a letter from President Teall, received just before going to press, states that the A. O. A. meeting will be held on July 14, 15 and 16. An effort will be made to secure rates, and it is hoped that those who can possibly attend will begin now to plan accordingly.

Dr. Addison O'Neill, after finishing his course on February 2, repaired to the Still College for a post-graduate course. We are glad when young doctors can afford this special work, and it offers them an opportunity to test the varied methods of instruction and to broaden along lines of specialization. The Philadelphia College has just received four graduates from other schools, who seem pleased with their present and prospective work. We are always glad when our graduates go elsewhere, for it invariably establishes their conviction that the instruction of their alma mater is of the first class.

Dr. Chas. Hazzard, of Kirksville, Mo., member of the A. S. O. faculty, will locate for practice in New York City, or in Brooklyn, about Sept. 1.

Dr. Henry G. Wolf has opened an office at 98 North Seventh street, and as he was an accomplished student, we are confident that he will be a successful practitioner.

Drs. W. J. Novinger and Murray, of Trenton, N. J., paid us a pleasant visit recently.

The Osteopathic World is before us, and is clear, compact and comprehensive. We are glad to note that Dr. Littlejohn is to be the editor. No one has a steadier poise on the editorial tripod than Dr. J. Martin L. The publishers, Dobbyn & Sons, Edison Building, Minneapolis, seem to have great executive snap. Their associate editors cover the geographic field, and ought to furnish a varied contents.
after finishing his repair to the Still muate course. We doctors can afford them an op­ varied methods of ven along lines of lephia College has duates from other with their pres­ k. We are always go elsewhere, for their conviction that alma mater is of of Kirksville, Mo., faculty, will locate City, or in Brook­

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