



ARTHUR GRANT HILDRETH  
OSTEOPATHIC PHYSICIAN

THE  
LENGTHENING SHADOW  
OF  
DR. ANDREW TAYLOR  
STILL

BY

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PUBLISHER

ARTHUR GRANT HILDRETH, D. O.  
MACON, MISSOURI

1938

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THE JOURNAL PRINTING COMPANY  
KIRKSVILLE, MISSOURI  
PRINTED IN THE UNITED STATES OF AMERICA

## DEDICATION

THIS book is dedicated:

In memory of Dr. Andrew Taylor Still, who contributed so much to man's progress in the art of healing, who not only gave to me the broadest, most marvelous opportunity in life, but also by his works and his teachings brought health, happiness, and sunshine into multiplied thousands of lives.

In memory of Margaret Corbin Hildreth, my first wife, who stood so closely by me through every effort and hardship necessary for me to become an osteopathic physician. To her I am indebted in a large measure for the great privilege of serving humanity through osteopathy.

To my daughter, Ina M. Van Vleck, who has been from the time her precious life came into our home one of the dearest daughters God ever gave to man. She has been all that a daughter could be and has added joy that can only come through the responsibilities of parenthood.

To Dr. Albert E. Van Vleck, the husband of my daughter, who has filled in a most unusual way the place left vacant in my heart and life by the death in infancy of my only son.

To my granddaughter, Margaret Hildreth (Peggy) Van Vleck, one of the rarest, sweetest girls that ever blessed a grandfather.

To my second wife, Hazel Waggoner Hildreth, who came to me with a love and a devotion that surpasses all understanding. She has brought comfort, joy, and happiness beyond expression in words and has been an inspiration for all that is good and best in life.

To my only sister, Della Hildreth Notestine, whose life has been so closely interwoven with mine and fills a very unusual place in my heart.

To her daughter, my niece, Dr. Flora Notestine, who has always been desirous of doing those things that she feels contribute most to my comfort and my happiness.

To all osteopathic physicians, osteopathic students, and persons everywhere who want to know more of Dr. Still's life and the system of healing he gave to the world.

## FOREWORD

It would not be possible, I think, to find anyone better qualified to write of reminiscences and experiences in osteopathy and of associations with the "Old Doctor" than the author of this book, Dr. Arthur Grant Hildreth. Closely identified with osteopathy since the establishment of the first osteopathic college in Kirksville, Mo., in 1892, and a member of the first class to be enrolled for the study of osteopathy in that institution, he has watched the growth and development of our great profession from its humble beginnings to its present important place in the world of modern therapeutics.

Dr. Hildreth was well acquainted with Dr. Andrew Taylor Still, the discoverer of osteopathy, for a number of years antedating the establishment of an osteopathic college. In that early day he was more or less familiar with the theories and practices of Dr. Still. On taking up the study of osteopathy it became apparent that here was a sympathetic and understanding student and one that followed closely in the footsteps of that great pioneer thinker and physician. Of the many thousands of students who have been attracted to osteopathy, I know of no man who more surely understood and appreciated the fundamental principles enunciated by our great leader than did Dr. Hildreth. More than forty years have rolled by, forty-six in fact, since the first college of osteopathy was established, and all during those eventful years Dr. Hildreth has continued to be, in season and out of season, an eloquent and loyal advocate of the great truths espoused by Dr. Still. Today, wherever osteopathy is known, the opportunity to hear Dr. Hildreth talk on the subject of osteopathic principles and practice is an immediate signal for closest attention and profound regard. If ever the mantle of one man fell upon the shoulders of another, then surely the mantle of Andrew T. Still fell upon Arthur G. Hildreth.

Dr. Hildreth was born on June 13, 1863, on a farm near Kirksville, Mo., and grew to manhood in that vicinity. Following his graduation, he was associated with the college more or less continuously for the next ten years as staff physician, instructor and

for a time as dean of the faculty. He has twice served as a member of the Missouri legislature, having been elected in 1900 to the House of Representatives and reelected in 1902, and in 1924 he was elected as State Senator and reelected in 1928, serving a second term.

For many years Dr. Hildreth was on call by various legislative committees of the different states to give advice and to assist in the establishment of osteopathic legislation. His outstanding ability as a speaker, his intimate knowledge of osteopathy, and his keen appreciation of the legislative needs for the development and protection of osteopathic interests, fitted Dr. Hildreth to serve the profession of osteopathy as few other men have had opportunity or ability to do.

After his long association with the college and in legislative work, he finally located in the city of St. Louis, where he practiced for eleven years, up to the spring of 1914 when, in association with Drs. C. E. Still and H. M. Still, he helped to found the Still-Hildreth Osteopathic Sanatorium at Macon, Mo., and took over the active management of that splendid institution for the treatment and care of the mentally ill. He has seen that institution become internationally famous.

The osteopathic profession has been proud to recognize and pleased to honor this stalwart champion. In 1899 at Indianapolis he was elected President of the American Osteopathic Association, and again in 1910 at San Francisco. He is the only individual ever to have been twice elected President of the National Association.

Dr. Hildreth has never missed an annual convention of the A. O. A. in all the years since its beginning except one. Not only does he have a remarkable record for attendance at A. O. A. conventions, but he has been most active in attending state and regional conventions over the entire country, making valuable contributions on many and various programs. His kindly manner, his readiness to share his knowledge and ability with others, his keen and alert appreciation of the needs and trends of our growing profession have peculiarly marked Dr. Hildreth as an outstanding figure in osteopathic history. He has set an example of unselfish service that will be an inspiration to his colleagues as long as memory lasts.

We are indeed fortunate in the fact that Dr. Hildreth makes this still further contribution to the profession which he loves so dearly and which he has served both long and well. His thousands of friends in osteopathy, I am sure, will join me in extending sincere appreciation for this evidence of his abiding interest in a great cause.

ARTHUR D. BECKER, D. O.

*March 1, 1938.*



## PREFACE

THE purpose of this book is to chronicle the events in my life which are closely interwoven with the work of a great benefactor of mankind, Dr. Andrew Taylor Still, the founder of osteopathy. It is hoped that the story will prove interesting not only to the men and women who have consecrated their lives to aid humanity through following Dr. Still's teachings, but to the public as well, especially those who would like to know more of the intimate things that contributed so much to Dr. Still's work.

My father and mother became acquainted with Dr. Still early in 1875. It was my privilege to come in contact with him when I was twelve years of age. He was a frequent visitor in our home. I knew of the struggles he was having in presenting his discovery to the world. I was a student in the first class when he began teaching osteopathy. Later I was associated with him as a member of the staff of physicians who helped him with his large practice, also as an instructor in osteopathic technic for a number of years in the original American School of Osteopathy. During all that time I enjoyed a close intimate friendship with Dr. Still, and I observed his work and all the details of the growth and development of osteopathy.

It is my hope to chronicle the incidents, and to record some of the results connected with Dr. Still's work in a manner that will bring to the reader, whether he is a physician or layman, a concept of Dr. Still's philosophy, his remarkable reasoning power, the high type of his character, and the almost unheard of ability he possessed, which enabled him to fight the great battle for osteopathy and win. It is also my hope that I may so interweave in the pages of this book the fundamental principles of osteopathy that every osteopathic physician and every student of osteopathy who honors me by reading these pages, may have not only greater confidence in the practice of their chosen profession, but also may glimpse at least a portion of the vision of the great man who gave osteopathy to the world. Better still, by a closer and better understanding of the man, his teaching and his example, may the osteopathic physician be inspired with a determination to carry on as he did.

I shall try to tell of some of the experiences of the Old Doctor with this in mind: to emphasize the fact that Dr. Still's success and the success of the osteopathic profession have come about through results obtained by the application of the fundamental principles which he gave to the world. I shall chronicle some of the spectacular cures accomplished at the beginning of his career which laid the foundation for the superstructure upon which the great osteopathic profession is built, and for the establishment of an osteopathic sanatorium for the treatment of insanity. In this field alone there is a range of usefulness that is absolutely limitless in opportunity for service to mankind.

Within this book there are various chapters on my own experiences in the treatment of many types of disease, both chronic and acute; also there are reports of cases by a number of widely known osteopathic physicians whose entire success in life has come through practicing the kind of osteopathy which Dr. Still taught. There are, in addition, chapters on many experiences of the writer in securing early legislation for the osteopathic profession.

This book is composed of two parts: The first part is written by myself. The second part is made up of several chapters contributed by widely known osteopathic physicians, successful men who have been in practice over thirty-five years, each having known Dr. Still personally, each owing his success to his ability to apply treatment based upon the fundamental principle discovered by Dr. Still. The object in inviting these distinguished osteopathic physicians to contribute to this book was to secure additional information about the personality and ability of the founder of osteopathy.

It should be remembered that the success of the osteopathic profession today is the result of the application of treatment based upon the principle of the removal of physical structural defects which Dr. Still claimed were the basic causes of most disease of the human body. The prime object in this undertaking is to give a fuller realization of the vast scope of osteopathy and a more intimate understanding of the man who contributed so much to the progress of the healing art.

Dr. Still has been termed a dreamer. He was. He dreamed a great dream and through working out the fulfillment of his dream he, already a philosopher, became a discoverer, an educator, and one of the world's greatest benefactors.

## CONTENTS

### PART I

CHAPTER	PAGE
I. Earliest Recollections of Dr. Still.....	1
II. Dr. Still's Fame Grows.....	13
III. Dr. Still Begins to Teach Osteopathy.....	29
IV. The School Makes a Healthy Growth.....	41
V. Early Personal Experiences in Practice.....	50
VI. More Interesting Cases.....	67
VII. First Experience in Legislation.....	77
VIII. Well-Known Persons Among Those Flocking to Kirksville.....	82
IX. Second Attempt to Legalize Osteopathy in Missouri..	94
X. Legislative Battle in Iowa.....	107
XI. Activities Shaping Osteopathic Destinies.....	121
XII. Ohio Recognizes Osteopathy.....	131
XIII. Member of House of Representatives in 1901.....	137
XIV. Virginia Legalizes Osteopathy.....	154
XV. Phases of Medical and Public Health Education....	159
XVI. A Glimpse of Some of Dr. Still's Philosophy and Technic.....	185
XVII. The Colleges, Our Educational Foundation.....	207
XVIII. Practicing in St. Louis.....	222
XIX. Why the Still-Hildreth Osteopathic Sanatorium?....	247
XX. If the Public Could Only Know.....	269
XXI. Still Family.....	282
XXII. Tributes to Dr. Still and Osteopathy.....	302
XXIII. Experiences of Patients and Osteopathic Physicians...	336

PART II	
CHAPTER	PAGE
Introduction.....	363
XXIV. Early Days of Osteopathy.....	365
Carl P. McConnell, D. O.	
XXV. Reminiscences and Observations.....	378
Asa Willard, D. O.	
XXVI. After Forty Years.....	386
Charles Hazzard, Ph. B., D. O.	
XXVII. Pioneering in Osteopathy.....	397
Harry M. Vastine, D. O.	
XXVIII. Following Osteopathic Principles.....	411
George W. Riley, Ph. B., D. O.	
XXIX. Some Anecdotes of the Old Doctor.....	436
Harry L. Chiles, D. O.	
Index.....	453

## ILLUSTRATIONS

Dr. Arthur Grant Hildreth.....	<i>Frontispiece</i>
	FACING PAGE
Dr. Andrew Taylor Still.....	1
The Original School of Osteopathy.....	32
The American School of Osteopathy.....	112
Dr. Still's Residence on Osteopathy Avenue.....	120
The Still-Hildreth Osteopathic Sanatorium.....	248
A Glimpse of Still-Hildreth Osteopathic Sanatorium Through the Trees.....	264
Mrs. Andrew Taylor Still.....	290
Dr. Charles E. Still.....	292
Dr. Harry M. Still.....	294

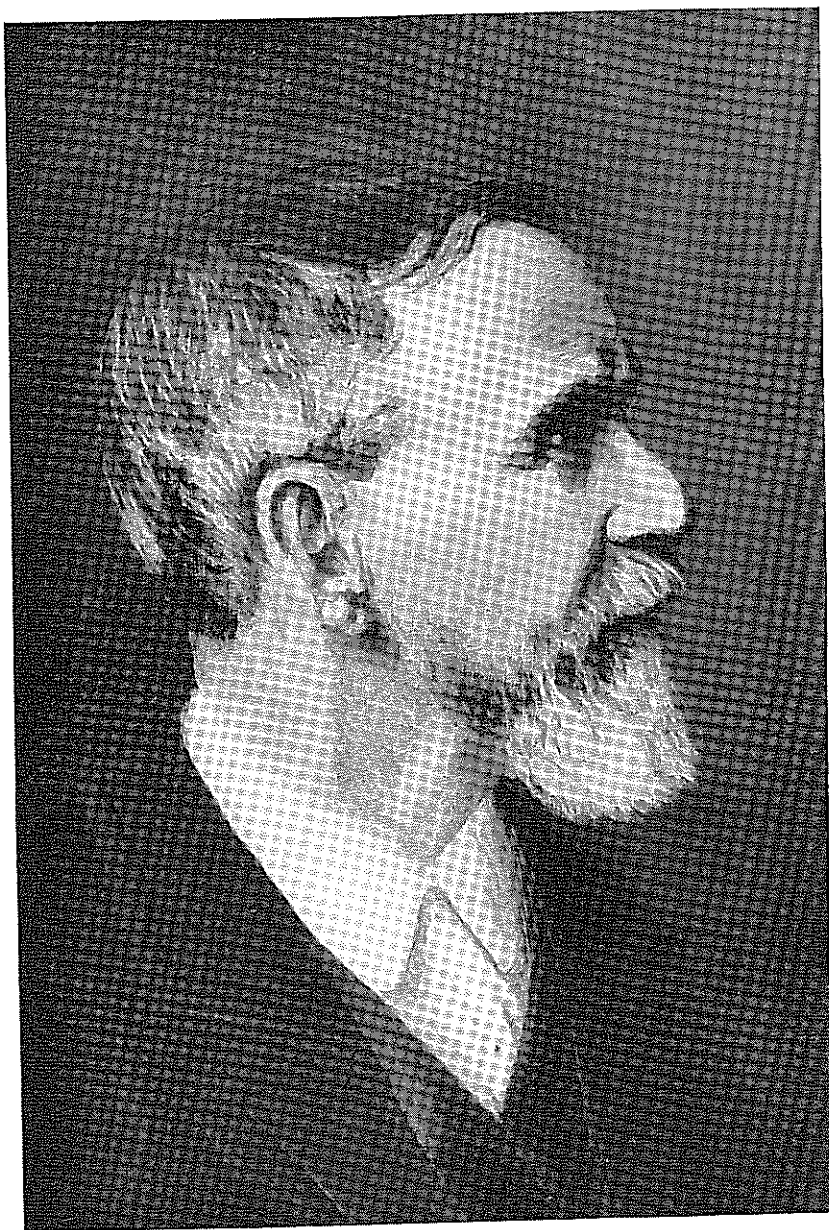
## REPRODUCTIONS OF DOCUMENTS

	PAGE
Article in St. Louis Republic.....	34-35
Certificate of Discharge from U. S. Army.....	300
Dr. Still's Registration as an "Old School" Physician.....	301

PART I

*"An institution is a lengthened shadow of one man."*

—EMERSON



DR. ANDREW TAYLOR STILL  
(1828-1917)

## THE LENGTHENING SHADOW OF DR. ANDREW TAYLOR STILL

### CHAPTER I

#### EARLIEST RECOLLECTIONS OF DR. STILL

My father and mother were among the very first to learn of Dr. Andrew Taylor Still's discovery, osteopathy. He visited in our home and found my father and mother ready to accept the principle of his natural method of healing. Even before Civil War times my mother was an advocate of the water cure system. She rode horseback across the Chariton hills in those early days to treat persons suffering with various acute diseases, such as typhoid fever, scarlet fever, and even smallpox. Her methods included the use of hot baths, hot packs, hot ears of corn, and hot water bottles. The object, apparently, was to produce elimination of toxins by sweating the patient profusely. This treatment, while a radical departure from the "old school" system of treating disease at that time, was very effective. Naturally her success in the treatment and care of the sick without drugs made her and my father ready to believe in Dr. Still's methods.

My father and mother lived on a little farm four and one-half miles southwest of Kirksville at the edge of the prairie and timber country. East of them was prairie; west, north and south were hills and valleys covered with native timber, and in this timberland in little cabins here and there people were living, trying to eke out an existence by growing little patches of vegetables in the summer time and by cutting and hauling wood for making and selling railroad ties in the winter time. Among these people was a woman, Mrs. Bush, who lived about a mile and one-half from my father's home. She was ill and my mother was very much concerned about her. One of my first contacts with Dr. Still and his work was when mother took me to Kirksville to consult him about treatment for Mrs. Bush.

Dr. Still walked into the office soon after our arrival. After exchanging greetings, mother told him what she had come for, and described as best as she could an enlargement on the patient's neck. Dr. Still listened attentively and finally said to her,

"I judge from your description that she has a goiter, an enlargement of the thyroid gland."

Mother said, "What can you do for her, Dr. Still?"

His reply was, "I can take it away."

My mother then told him that they were poor people and had very little money.

Dr. Still said, "Well, her husband can haul me a load of wood, can't he?"

Boy though I was, I distinctly remember this incident. Arrangements having been made, Mrs. Bush went to see Dr. Still, and after a few treatments, the swelling in her neck decreased gradually and finally disappeared. She lived for a good many years in our neighborhood and was never troubled with goiter again.

On one of Dr. Still's visits to our home, he and I wandered off down a little ravine west of our house. I expect we followed that ravine, which grew larger all the time, for some two or three miles. One of my pastimes as a boy was to wander up and down this ravine, climb hills, and pick wild flowers and wild strawberries in season. On this particular occasion I enjoyed visiting with Dr. Still. As we progressed down the ravine, we kept finding different kinds of colored rocks and pebbles. This was when Dr. Still became more than just another human being to me. He would pick up first one little pebble and then another; he would describe the strata they represented and the different kinds of formations that were the result of natural law. He was not only a student of natural law in the human body, but also a student of nature in many of its phases of perfection and sublime beauty. His talk to me that morning was an education in itself. Young though I was, I was much impressed with what he had to say. His descriptions and analyses of different formations were very interesting.

Looking back over the years of my life, it seems to me that my talk with Dr. Still that morning is one of the real worth-while things that came into my life as a boy; in other words, it is a bright spot in memory's storehouse, an incident that links the mind of that great man with a boy's earnest ambition to know more and more of things worth-while. Perhaps I had reached the threshold of young manhood and was eager for more and greater knowledge.

At a later time, when on a visit to our home, Dr. Still was told of a neighbor woman who had been bedridden for sixteen years. He became very much interested in the recital of her condition and went with mother to see this patient. The family had been quite skeptical and could not believe that benefit could be secured without some kind of medicine. Dr. Still examined the woman and then told mother what to do to help her get well. Judging from what she told me in after years, it was a case of uterine misplacement. Whether mother was obliged to use a pessary on this patient for awhile, or whether by replacing this organ a number of times, the muscular tissue became strong enough to retain the uterus in its normal position, I do not remember. At any rate the woman was soon able to do her housework and she lived a number of years after the examination made by Dr. Still and the treatment given by my mother under Dr. Still's direction. She was never bedfast again. The incidents herein described occurred between the years 1875 and 1880.

Again I see Dr. Still as he appeared in our country schoolhouse to talk upon the subject of his discovery. That must have been in the early eighties. In those days Dr. Still's teachings were beginning to attract a little more attention; however, his audiences were very small. At one of the meetings in the little old Troy Mills schoolhouse, about three and one-half miles south of Kirksville, there were fifteen to twenty persons in attendance, with only three women present—my mother, a neighbor woman who was a friend of mother's and interested in Dr. Still's theory, and the daughter of the woman Dr. Still helped mother to cure.

In those days Dr. Still was beginning to travel a little, and wherever he could secure an audience of half a dozen people or more, he would speak to them and explain his confidence in nature's laws and nature's power to do her own work if but given a chance unhampered by physical interferences.

During the period I have described, Dr. Still was a frequent visitor in our home. He would sit out on our porch or under the trees in the yard with his chair tilted back. Often he would have a Gray's "Anatomy" with him from which he would read to me, and then philosophize on what he read and what he believed. He dreamed a great dream; he created in his own mind an ideal, and by degrees through greater knowledge of natural law and indom-

itable will power he was seeking a way that his dream might come true. Many people have called Dr. Still a dreamer as other great men have been called before him. His studies led him to believe that the time would come when mankind would learn how to keep the body normal by the application of a method much more natural than that by dosing with drugs.

In the early eighties, soon after I was married, my wife and I were visiting her people in the east part of Kirksville. One Sunday morning I walked three or four blocks to where Dr. Still was then living, which was his first residence in Kirksville. After greeting me and talking with me for a few minutes, he led me around behind the house. This was a little five room structure, two rooms downstairs and two half story rooms above, and it had a one story L, built on in the rear. At the rear of the main part of the house at the side of the L, was a goods box about three or four feet square, the top of which was open and set against the side of the house. He turned this box around and from the inside pulled out a large gunny sack more than half full of human bones. He began to pick out first one and then another and place them together, telling me that that was the position they occupied in the living human body; he also told me of what effect a displacement of one of those bones would have on the nerves, or of the disturbance it would create in the circulation in the tissue adjoining these articular surfaces. He talked at length concerning his new theory of disease, which he told me at that time he had decided to call *osteopathy*. The term meant nothing to me and besides it was a hard name to remember, but it was the first time that I heard Dr. Still's name for his discovery. We visited for probably an hour and one-half. That was my first real insight into the depth and breadth of the dream which Dr. Still had had and his life's work he had mapped out.

That interview was a most outstanding incident in my life and a real factor in my final decision to study osteopathy. Dr. Still's interpretation of natural law, as exemplified in the human body, though not fully understood by me in all its details, was a marvelous revelation. With these fundamental ideas he built the great profession which today has become world wide in its influence on the progress of the healing art.

Reviewing memories of that period and my contacts with Dr.

Still, it seems to me that that interview must have been the very beginning of his great purpose. He was laying the foundation, perhaps unconsciously, for the mighty work he had before him. Unmindful even of surroundings and poverty, he had his eyes fixed upon a goal; he had mapped out for himself a superhuman task and step by step he was laying the foundation that eventually led to his great success in life.

Following this period came a time, when, through results obtained by Dr. Still in treating a loved one in our own family, I realized to the full the intrinsic value and worth of this treatment. My father became ill in May, 1885. My wife and I learned of father's illness at noon on May 7, when he came to our home for dinner. Mother was away at that time attending some sick person down on the Chariton River. When my wife called us to dinner, father said, "Margaret, everything looks so good."

He sat down at the table, undertook to eat and could not get a morsel of food to pass into his stomach. Whether he and my mother had kept father's illness from us, we never learned. From that day on this trouble in swallowing gradually grew worse. His condition was caused by some irritation at the lower end of the esophagus, where it opened into the stomach, resulting in spasmodic closure of the passageway. These attacks would come on periodically; he would be bothered for three or four days and then the muscular tissue of the esophagus would relax and he could eat quite comfortably for a time, but each succeeding attack grew worse.

Of course we were alarmed about him and were busy from the start trying to find help for him. We had him examined by a number of physicians and they all diagnosed the condition as a stricture of the stomach end of the esophagus. The only thing "old school" men could do was to force an opening by the passage of a bougie, but we found that this did not give him much relief.

Dr. Still was traveling quite extensively at this time. He would go from one town to another, stopping wherever he found someone who needed his ministrations. After several attempts, we finally succeeded in finding Dr. Still at home. It was in the fall of 1885 when he first examined father. He carefully sought out the rigid areas in father's neck and between his shoulders and relaxed the muscles. Dr. Still was the only physician who rendered a service



that in any way relieved the deplorable condition in which father was drifting day by day.

During father's entire illness from May 7, 1885, when my wife and I first learned of his condition, until May 7, 1886, the date of his death, it was one heroic fight each step of the way in attempting to relieve his suffering and stem the progress of the disease. Dr. Still came to us many times during that year and I shall never forget his last visit, during the remaining few days in April or the first few in May, before father passed on. Just at dusk of a cloudy and gloomy day, one of severe suffering for father, we heard footsteps on the porch at the front of our home. The door opened and in walked Dr. Still with the remark, "I felt you people might need me, so here I am."

Dr. Still had walked four and one-half miles from Kirksville out to our home, following the railroad to within a mile of our residence and then walking across the fields in some of the deepest mud that could be found in northern Missouri. It had been a wet backward spring, the roads were impassable, but he came to us across those muddy fields as a friend, as well as a physician, because he felt we needed him. This incident gives to the reader an insight into the real kindly spirit of the man we knew, of the kind of a friend Dr. Still was in the time of need. He contributed all there was in him, not only in trying to help father through his great trial, but also in a kindly wonderful way, soothing the hearts of those of us who had to stand by and watch the passing of a loved one.

Shortly after father's death I took my wife to Dr. Still for treatment of an eye condition that had been pronounced incurable by a number of the outstanding "old-school" physicians of that time. Since she was eight years old my wife had been troubled more or less with granulated eyelids. They had been treated by the old system, which at that time consisted of the use of blue stone, and other remedies to grind off the granules. This gave but temporary relief. The condition had become chronic, her eyes gradually growing worse until something definite had to be done for them or my wife would become blind. The local medical men of the "old school" said that there was only one hope of saving her eyes and that was to take her to a noted specialist in St. Louis, and have her eyes operated upon. This was advised because fungoid

growths had started, as a result of irritation from the granules, which grew from above downward over the outer covering of the eyeball. They were so large that when the eyes were closed one could see distinct lumps half as large as a good-sized pea pushing out the eyelids. It was to cut these off that the "old school" men advised my wife to see the specialist. We were very poor folks, barely making a living on a small farm, and it was a financial impossibility for my wife to go to St. Louis.

It was then we decided to consult Dr. Still. For weeks there had been times when she could scarcely see at all. The growths had extended downward until they practically obliterated one pupil and the other one was involved to such an extent that she could not recognize me six feet away. She suffered untold agony. For days and weeks she would wear an old-fashioned sunbonnet pulled down over her face in order to keep the light out of her eyes.

I wish I could paint a word picture so clear that it would be indelibly stamped on your minds and hearts what osteopathic manipulative treatment can do for diseases of the eye. Our experience with Dr. Still in the treatment of my wife's eyes and the events which followed during the next two years gave me a wonderfully clear conception of the foundation upon which osteopathy was built. Looking back on that first interview, there can be no doubt but that that incident was the beginning of greater opportunities in my life, for at this time the real worth of Dr. Still's discovery was imprinted upon my mind in a way never to be forgotten.

We found Dr. Still in a little second floor office just south of the southwest corner of the square in Kirksville. He had two rooms—one was an operating room and office, and the other a reception room. As we walked into the reception room through the office, he was treating a man's eyes. That man had a condition called pterygium, which is a growth from the inner canthus of the eye extending outward toward the center of the pupil. It sometimes comes from the outer canthus as well as the inner. That man had a very large, inflamed growth. We watched Dr. Still as he worked. He separated the lid, put vaseline on his finger and was treating the growth by pressing upon it. The patient was a dissipated fellow, who had been drinking heavily for a good many years. I

knew him quite well. Even with this handicap Dr. Still helped him in an incredible way.

After he finished treating this man, Dr. Still asked what he could do for us. I told him we had come to have my wife's eyes examined. We told him that we wanted a frank opinion as to whether he thought there was any help for them.

Dr. Still examined her eyes thoroughly, then examined her neck and her spine, in fact the whole length of it. When he had completed the examination he said to me, "Her neck is dislocated." In those days and for many years afterwards all variations from a normal position of the spinal column, whether due to contracted muscles pulling the vertebrae out of line to either one side or the other, or whether a real bony dislocation was present, were called dislocated vertebrae by Dr. Still. He said by way of explanation to us who were unfamiliar with medical terminology at that time, "This neck is dislocated, there is too much blood going into her head and face and it is seeking new avenues to deposit its strength, hence, the production of inflammation in the eyes and lids and the development of growths."

Then I asked him what he could do for her eyes. His reply was, "I can cure her; she will be able to see as clear as an angel."

Young and ignorant as I was about treatment of any kind for a condition like that, I said to him, "But, Dr. Still, how are you going to take these growths off unless you put something in there to eat them off, or cut them off by operation?"

Then I received my first lesson in osteopathic fundamentals. I glimpsed for the first time the opportunity in this field for unlimited usefulness. Calling me by my first name, he replied, "Arthur, the same law of nature which has been obstructed, permitting these growths to form, when re-established, will absorb them."

The one outstanding prayer of my heart at this time is that all osteopathic physicians who honor me by reading this book will weigh that reply in full and follow the fundamental principle—that basic declaration—as he, who proclaimed it, and gave osteopathy to the world, followed it conscientiously during his whole life. He said to me further, "I will take my hands and I will correct that neck and I will let that blood out of her head and face."

Could you have looked into my wife's face as I did, you would

have discerned the impeded circulation, the distended veins, the discolored tissue, and realized the truth of what he said. Treatment would be applied to correct faulty structure in the neck. The congested blood in her head would be released and after a time, when that part of the work was completed, he would lift those eyelids and dip his finger in vaseline and crease his fingernail across what he called the little feeders (arteries) that could be seen trickling from above downward over the sclerotic coat of the eyeballs into the growths. There were three of those arteries, on each eye—one central and two lateral. The central was the larger and easily discernible by the naked eye. He said, "I will use that treatment perhaps once a week until there will come a disconnection, a little place in those arteries where the blood fails to pass. I will also take my finger with plenty of vaseline on it and lift those lids and crush those granules by a squeezing process between my finger and thumb." The vaseline was used to prevent the sharpness of the fingernail from irritating the eye and adding to the inflammation.

He began treatment immediately. He treated the lids, both upper and lower, several times before he used his fingernail on the little arteries that fed the growth.

I wish every osteopathic physician could have witnessed Dr. Still's treatment of the neck. It consisted of skillful manipulations very similar to the technic used by every osteopathic physician at this time. He paid particular attention to the joints of the upper four cervical vertebrae.

When I asked Dr. Still how long it would take for him to cure my wife, he said, "Oh, I don't know, maybe two months, maybe six months, and it might take two years, but I can cure her."

In those days Dr. Still was traveling considerably, going to such places as Hannibal, Nevada, Independence, and other Missouri towns. He made friends easily and accomplished remarkable results. During the time he was treating my wife he was away a great deal. We made many trips to Kirksville and did not find him at home. When he was at home, he would treat her once a week, not oftener. Perhaps you can imagine, but you will never know, with what anxiety my wife and I watched the progress of his treatment. It did not take him long to allay the inflammation, but it was some time before he was able to use his fingernail in

cutting those little arteries that fed the fungoid growths. After telling us what he would do the day he examined my wife, he also told us that when those little feeders were severed, the eyes would begin to suppurate, that pus would pour forth from them and it would become difficult to keep the eyes properly cleansed. Could you have watched that process as we did, could you know as I know the results in that case, I am very sure that every osteopathic physician would have great confidence in his own profession and in the fundamental principle as taught by Dr. Still. Little by little improvement was noted. After the disconnection came in those feeders, there came a time when we could look right through to the sclerotic coat which was just as white as any other portion of the covering of the eyeball. When the blood ceased to pass through those little arteries, suppuration began.

It was a wonderful opportunity and experience to watch those growths become pale and then thinner and thinner until they disappeared entirely. My wife lived to be fifty-two years old; she never had a recurrence and never had to use glasses to read.

This is an astounding story, I am well aware, but it is a true story written by one who knows just what occurred during the treatment that resulted in saving his wife from blindness. When one takes into consideration all that Dr. Still said and all that he did, it is hard to conceive of that type of treatment accomplishing the astounding results that were produced in my wife's case. It was all so simple, all so practical, that it cannot help but appeal to the reason of anyone who analyzes the whole story.

After reading this, can you question this old-time osteopathic physician's radical attitude relative to the ability of osteopathic physicians to accomplish results if they will only rely upon the fundamental principle as taught by Dr. Still and exemplified in his treatment of this case alone?

There is another story I should like to tell which demonstrated the ability of one who has trained himself to look at the body structure in seeking cause for illness. Dr. Still happened to visit our home one morning after my niece had met with an accident. She had fallen out of a cherry tree and struck the ground with a hard jolt in a sitting position. She did not hurt herself apparently, but the following morning she was so dizzy she could not stand on her feet. She had to be carried from a chair to the bed. In addi-

tion to the symptom of dizziness, she suffered severe constipation; she could get no action of her bowels at all. Dr. Still appeared on the scene and was asked to examine her. He said that she had a fifth lumbar lesion and in addition the coccyx was bent in and was interfering with the nerves that controlled the sphincter muscles of the bowel outlet. He gave the girl one treatment, corrected, as he said, the fifth lumbar; then, using his finger internally, straightened the coccyx, correcting the injury at that point. A short time after the treatment she was able to get up and walk, and in a day or two there were no symptoms to indicate that she had had trouble of any kind; the dizziness had entirely disappeared, and bowel action became normal.

These cases, as recorded above, are experiences in my own family and the stories are told just as they occurred in order that the reader may gain a more intimate knowledge of Dr. Still, the man whom my family and I were privileged to know in the beginning years of his great life work.

I am indebted to the late Mr. George Mahan, a pioneer citizen of Hannibal, Mo., who was living there at the time Dr. Still first began visiting that city, for a report on the following experience in the early years of Dr. Still's struggle to present his discovery to the public. He was attracting so much attention in Hannibal by the many cures he accomplished that "old school" physicians became jealous and decided that he should be prosecuted for treating people without a license. Mr. Mahan was the prosecuting attorney of Marion County, in which Hannibal is located. Mr. Mahan was, for a great many years, one of the most outstanding and highly respected citizens of northern Missouri. It was a privilege to number him among my friends and to chronicle herein a report made upon my request. His letter is quoted as follows:

DEAR DOCTOR HILDRETH:

It has been so long since the trial of Dr. Still, many things have slipped my memory. But I do remember the following details:

Dr. Still first located as an osteopath in Hannibal—it must have been in the early 80's—and he soon had quite a following. He was generally called a "bonesetter," but it was soon discovered that he was very talented. Although somewhat singular in general demeanor, he was a thoughtful, careful, and prudent man and was well versed in anatomy, probably better than any other doctor in the city. As time passed, his practice increased and he became well known among all classes of people. He accomplished many remarkable cures and hence made inroads on the practice of other doctors.

One of the old-line physicians filed an information against him for practicing without a license. I happened to be prosecuting attorney. The public generally was not in favor of such a proceeding, as they thought Dr. Still was doing good and should be let alone, so the case was continued from time to time by agreement. Finally the day of trial arrived. It was cold and misty. The complaining doctor came, draped in a heavy, fur-collared overcoat, while Dr. Still and his wife wore shawls. The jury had assembled. Dr. Still came to me and said frankly, "I do not have the money to hire a lawyer, and, as this is a fight between doctors, why not let us try the case?" This proposition appeared to me fair, and I agreed to it. The trial proceeded, both the doctors being surprisingly active and intelligent in taking care of themselves. Dr. Still explained that he had graduated from a southern school, had lost his diploma during the Civil War; that the school had been burned down and he could not obtain a duplicate, and hence was not able to obtain a license. "But," he told the jury, "I do not have half as many patients in the cemetery as the doctor who is complaining against me, and hence I think my life and practice here is a general benefit to the people."

The jury took this view of the matter and acquitted Dr. Still. After that he had no further trouble in the practice of osteopathy. It is probable that this trial may have caused Hannibal to lose the great school and sanitarium that were afterwards established at Kirksville.

With best wishes,

Your friend,

(Signed) GEORGE A. MAHAN.

## CHAPTER II

### DR. STILL'S FAME GROWS

DURING the year 1886 Dr. Still moved from the little residence on the east side of Kirksville to the west side on West Jefferson street. He purchased one-fourth of the block on which the Nurses' Home of the Laughlin Hospital now stands, together with a one and one-half story house on the northeast corner. This house was more comfortable and roomier than the place in which he formerly lived. The residence fronted the east and there were shade trees on the lawn south of the house. It was in this residence that recognition of the work Dr. Still was doing increased rapidly. As the years rolled by his fame grew by leaps and bounds.

He treated people out on the lawn, often backed up against a tree. Holding the patients firmly against a tree, he manipulated their shoulders and arms and put pressure on different parts of their bodies in a way that corrected whatever defects he found. He also treated patients while they were seated on lawn benches, or on chairs on the front or side porches of the house, and within the house where he had one or two treatment tables.

After becoming established in his new home on the west side of Kirksville, Dr. Still continued traveling and visiting many towns scattered mostly over northern and western Missouri. On these trips he cured difficult cases, many of them pronounced incurable by other physicians. It was not long before patients began coming to Kirksville in great numbers for treatment because of the results Dr. Still had achieved in those scattered communities.

It was in this home and on the grounds around the home largely that he gave the treatment to my wife's eyes; it was here we made our visits from the country, frequently finding him away from home. But we continued to come because we soon realized that he was helping her. It was while living here that Dr. Still was called to the home of the outstanding presbyterian minister of that community, Dr. J. B. Mitchell, a man who was well known in Kirksville as well as in other parts of Missouri. He was a man of splendid character, and at that time had the largest church in

the town of Kirksville. The Mitchells had a daughter who was a cripple, she being unable to walk because of a condition of her spine.

Dr. Mitchell's wife talked with him one day about calling in Dr. Still. At that time there were a great many unkind remarks made about Dr. Still and there was much criticism of his methods of treatment. Many claimed he was closely related to Satan, and they were superstitious because of the seemingly spectacular results he obtained, unheard of through other methods. Because of the radical attitude he took relative to discarding drugs in their entirety, he was called a crank. I have been told that women who saw him coming down the same side of the street as themselves would cross to the opposite side to avoid meeting and talking with him. Nevertheless, through all this furor and criticism he marched steadily on his humble way, administering to the people who came to him, rich and poor alike, treating them wherever he found them, alleviating pain and disability. The patients who received relief were somewhat astounded, but they were very loyal to Dr. Still, giving him the credit he deserved for accomplishing results not obtained by other physicians.

So within Dr. Mitchell's home the mother wanted to call Dr. Still because of the results she had heard he had secured with other patients. The old Dr. Mitchell would not hear of such a thing; he even intimated that he thought Dr. Still was possessed of the devil and he would not want to call him to treat his daughter.

Soon after this discussion Dr. Mitchell was called away from home for a few days and Mrs. Mitchell took it upon herself to ask Dr. Still to come and see their daughter. This he did after nightfall, Mrs. Mitchell not wanting him to be seen coming and going from their home by their neighbors in the daytime. I presume her thought was that if Dr. Still did not help the daughter, she would not be obliged to tell her husband, besides neighbors might consider it disgraceful to have Dr. Still go into Dr. Mitchell's home and treat their daughter.

Dr. Still found the girl lying in bed suffering with pain and unable to walk. He treated her and relieved her in the first treatment. He went back the next day and treated her again. After the second treatment she was able to walk downstairs and upstairs again unassisted.

By the time the father returned home she was so much better that Mother Mitchell decided to lay the whole matter before him. He was sitting in the living room when Mrs. Mitchell told him of what Dr. Still had done and she called for her daughter to come downstairs. The daughter complied, walking down the stairs and into the room, and stood in front of her father. He looked at her in astonishment, and Mrs. Mitchell repeated that it was Dr. Still's treatment that had accomplished the cure. The daughter verified the fact that she was comfortable.

Dr. Mitchell wore a long heavy beard. He sat there for a little while and looked at his daughter and wife, stroking that beard; finally, he said, "The Lord has mysterious ways his wonders to perform."

Of course he was overjoyed. From that day on during his lifetime Dr. Still had no better friends, nor more loyal friends, than Dr. and Mrs. J. B. Mitchell—staunch, splendid supporters of Dr. Still's new system of treatment.

About this time Dr. Still called to see a farmer by the name of Dye who lived five or six miles northeast of Kirksville. This man had been chopping down trees, and, by some mischance, one of them fell across his shoulders and neck. The neck was dislocated, at least that was the diagnosis "old school" physicians gave. The patient was paralyzed; he was carried to his home and a prominent physician and surgeon of Kirksville was called. Other outstanding physicians, not only of Kirksville but also of cities some distance away, were called in consultation. The patient laid there scarcely able to move. The doctors said that if they undertook to change the position of the vertebrae in the neck, they would kill the patient. Finally Dr. Still was called. After seeing the patient, he went back to Kirksville and sent for his brother, Dr. Edward Still, who then lived in Macon, to go with him to see this patient. Dr. Still afterward told me he wanted "Uncle Ed," as he called his brother, to go along in order that when he corrected the misplaced vertebra, if it should kill the patient he would have medical authority by him to substantiate the fact that he was only trying to correct a condition he found there, which, if left uncorrected, would result fatally. Dr. Still set the neck. The man made a complete recovery.

Such results, as above described, could not help but spread Dr. Still's fame which grew rapidly thereafter.

Another incident occurred about that time of which I learned only in recent years. My brother-in-law, Grant Corbin, told me the story. This case was one of the most remarkable and illustrates the supreme ability of nature to aid the body when unhampered by physical interferences. My brother-in-law, who was then clerking in a dry goods store in Kirksville, had an attack of dysentery. He became very weak and emaciated, no medicine seemed to check the activity of his bowels. He grew weaker and weaker until he was hardly able to stand on his feet. He had reached the conclusion that he was going to die.

About this time he was compelled to go on an errand to the old Wabash Depot that stood north of Jefferson street, the street on which Dr. Still lived. This was the pathway between Dr. Still's home and the public square, the business portion of Kirksville. As he was staggering down the station platform, he met Dr. Still who said, "Grant, what in the world is the matter with you?"

Grant told him, and Dr. Still replied, "Come over here and sit on this truck." It was one of those long station trucks with big wheels in the center and small ones at each end. Grant sat down on this truck and Dr. Still reached around him, placing his hands at the level of the tenth and eleventh thoracic vertebrae. He pressed gently there until the tissues relaxed, then gave the back a little twist and said, "Now, Grant, if that bothers you any more, come down and I will finish the job."

I think my brother-in-law said he saw him once after that. He met him on the sidewalk between Dr. Still's home and the depot. This time Dr. Still had him sit up on a board fence that ran along the sidewalk and gave him another treatment similar to the one administered on the depot platform. This completed the cure. My brother-in-law was never troubled again with dysentery.

Results obtained in such cases as those chronicled above attracted wide attention. People were beginning to comment favorably on Dr. Still's work. The public could not help but acknowledge his ability to relieve human suffering. Soon patients were coming to Dr. Still in large numbers until finally the time came when he had to train his sons to assist him in caring for the sick that were pouring into Kirksville. Charlie and Harry Still were instructed in osteopathy and went into practice with their father.

I should like to pause here long enough to relate a story which Harry Still told to me, illustrating the fun-loving character of his father. In those early days Dr. Still had made many friends in different parts of the county. One day he was called to Shibley's Point, about twelve miles northwest of Kirksville. His son, Harry, was to drive his father out there. They had a horse and buggy in those days. Harry knew that the call was an urgent one and was anxious, seemingly more so than his father, to get there as quickly as possible and he was applying the whip strongly to the horse. Finally his father said to him, "Harry, quit pounding that horse."

Harry replied, "Father, those people are anxious and worried and need your services quickly."

Then Dr. Still said, "Son, do you know that many a life has been saved by a doctor being late?"

Another time, when preparing to make a trip to some of these towns away from home, Dr. Still said to "Mother Still," as we who knew her well called her, "I do hate to leave you and make this trip. While I love to meet people, get out and travel and all that, yet I regret to leave my home and take all the brains with me."

So, you see, while working energetically with his hands, and his life and heart full of responsibilities, there was a deep-seated vein of humor running through all his life's undertaking.

The facilities for caring for the increased patronage in his new home soon became inadequate and Dr. Still was obliged to purchase the northwest corner of the block. This property contained a cottage of some five or six rooms, and stood where the west portion of the Laughlin Hospital now stands. He set aside one room for patients waiting for treatment and the others were utilized as treatment rooms. It was not long before Dr. Still was forced to make another purchase, this time across the street and north of the second cottage. There was a small residence on this third piece of property which was also utilized as reception rooms and treatment rooms for Dr. Still's increasing practice. By this time his fame was reaching farther and farther and patients were becoming more and more numerous. His practice in his home and in those cottages grew so fast he began to realize the necessity for training other people to carry on the work he was doing. He knew he was rendering a needed service because many of the pa-

tients he relieved had been pronounced incurable previously under other systems of practice. He wanted to give to the world in a bigger and better way the benefits of his discovery.

I should like to chronicle here a story told by a very good friend of mine, John S. Simler, because it fits into the incidents related above that occurred during the period of Dr. Still's work in his new location on the west side of Kirksville. Mr. Simler's father, I. C. Simler, was a very early friend of Dr. Still, having been treated by him in the early days when he was beginning his struggles to establish a new system of healing. The elder Simler had a condition of his eyes which had reached the stage where he was unable to read. Growths extended from the inner canthi of the eyes outward until they almost covered the pupils. He went to Dr. Still for examination and treatment. In this case, as with that of my wife's eyes, he treated the vertebral joints in the neck, and relaxed the muscles of the neck, thereby releasing the congestion of blood in the head. Then, with his fingernail well lubricated with vaseline, he separated the eyelids and put his finger directly on the growth close down to the nose. He applied pressure there and manipulated the fingernail on the little arteries that fed the growth. After several treatments of this type, Mr. Simler's vision began to improve markedly. Eventually he was able to read again. The younger Simler did not recall whether the growths over his father's eyes were entirely absorbed, but so much of his vision was restored that he could see to read newspaper type during the rest of his life.

The Simler families were among my parents' closest friends. They were near neighbors during Civil War times when my mother treated typhoid fever, and even a few cases of smallpox, with the use of wet hot sheets, hot packs, and by sweating the patients, curing them without the use of drugs. John Simler and his family have been intimate friends of mine throughout our lives. We still visit each other frequently, and to John Simler I am indebted also for the following report:

John and his wife took their first baby to see Dr. Still. This little fellow, when about eighteen months of age, was troubled with a skin condition on each cheek. The "old-school" physicians called it eczema. He had a small spot on one of his little shoulders similar to the skin lesions on his cheeks. From the description

given of the baby's condition, the skin on his cheeks would break out and then scabs or crusts would form over quite an area. It would peel off finally and there would be an exudation of serum from the cheeks, then other scabs would form.

Mrs. Simler's father, O. B. Milligan, came by one day and said, "Something has got to be done for this baby. I am going to see Dr. Still."

Mr. Milligan was one of Dr. Still's early friends and a strong supporter of his discovery. The child had been treated by "old-school" physicians for some eight months or more for this condition without any benefit. Mr. Milligan went to see Dr. Still, who told him to have the baby's parents bring the child to him. This the father and mother did.

In describing Dr. Still's treatment of their child, the Simlers said he took him in his arms, played with him, rolled him around on the table and finally took hold of his little neck and manipulated it without hurting the baby at all. The baby laughed and cooed. Finally the Old Doctor said, "I have treated him, that is all I want to do, but come in here and I will show you what I did.

He took them into a room where he had a good-sized chart of human anatomy and pointed to a spot in the upper portion of the neck, to one side of the spinous process at the base of the skull. He said that the little fellow had been hurt at birth during delivery, resulting in irritation to the nerves that controlled circulation to the face. By treating his neck he simply freed the nerves to the head, at the same time opening up the avenues for return flow of blood. Nature would do the rest.

He told them the baby should get well from that one treatment, and it did. Mr. and Mrs. Simler told me that before they reached home they thought they could see a difference in the circulation to the baby's cheek. They described it by saying that the cheeks did not look so congested, they were pink, a more normal color than previously. They did not have to return to Dr. Still. When Mr. Simler asked what the bill was, Dr. Still said, "Oh, your coming through this cold and getting your noses pinched is pay enough." It was in January.

Mr. Simler is a very conscientious man and one who pays his bills promptly. He told Dr. Still he would rather pay him. Dr.



Still said to let it go. A few weeks later, when in Kirksville, Mr. Simler met the "Old Doctor" down by the Wabash depot. He reached into his pocket and handed him a five dollar gold piece. Dr. Still accepted it with thanks and said that showed he was an honest man. A five dollar gold piece at that time meant more to Dr. Still than one hundred dollars meant a few years later. This demonstrates again the kindly spirit of the man, Dr. Still, and his desire to help his friends.

To Dr. Charlie Still I am indebted for reports on a few remarkable cases that attracted wide attention. As stated in another chapter, Dr. Still for a number of years before opening the first school of osteopathy, made trips here and there, healing the sick. He traveled to Rich Hill, Nevada, Independence, as well as to Hannibal, Palmyra and other Missouri towns, finally entering Kansas City where he did some very remarkable work and received considerable publicity.

Dr. Still sent Dr. Charlie to Kansas City, Kansas, upon request of some prominent men connected with the live-stock trade in that city, men who had received some splendid results through Dr. Still's treatment and were anxious to have him come or send a representative to their own town in order that some of their friends might receive treatment at home.

One of the very first patients that came to Dr. Charlie was the daughter of a very wealthy business man of Kansas City, Mo. At that time Kansas City, Kans., was really a part of Kansas City, Mo., more so than now. This young girl came to Dr. Charlie, her case having been diagnosed previously by one of the most eminent surgeons of that city as a tuberculous condition of the hip. She was a student in high school, seventeen years of age, and had been quite athletic. She had been champion high kicker for some little time when a new girl entered school who was able to outkick her by reaching a higher mark on the blackboard. This was a challenge to her and she, ambitious to retain her record and standing in high kicking, undertook to win back her laurels. Standing close to the wall, she raised her foot some four inches above the mark made by her competing friend. She was standing so close to the wall with her body so straight and her limbs in such a peculiar position that at the height of the kick she strained her muscles to the extent that it was difficult for her to lower her

limb without falling. She took a bad tumble and when she was finally able to get on her feet, she found that she could not walk on the limb with which she had performed her kicking stunt. Even though she had retained the championship, she could not walk. A carriage was ordered and she was taken home immediately. A distinguished surgeon was summoned who came and pronounced the condition a tuberculous hip joint!

Think of it! The girl had only been injured a short time, a question of three or four hours, when this distinguished man, at that time an officer in the Missouri State Medical Association, and an authority in the medical world, pronounced this condition a tuberculous hip. Most every intelligent person knows that tuberculosis of the hip usually is a gradual development, it does not come on over night. The patient had been under treatment of this surgeon some five or six weeks when Dr. Charlie arrived in Kansas City, Kansas, with headquarters at the Ryus Hotel.

The father of this patient, hearing of the remarkable results obtained by Dr. A. T. Still, decided to take his daughter to Dr. Charlie, his son, because he was not satisfied with the treatment of the attending surgeon. Dr. Charlie found the patient with her hips, thighs, and limbs bound with adhesive tape, from the ankle to the hip. She was wearing an extension brace and walking on crutches. The surgeon who had charge of the case had ordered extension on the limb in order to stretch the muscles and relieve tension at the hip. The object was to keep the hip as free from motion as possible and to check the inflammatory process. When Dr. Charlie saw the case, heard the history and learned of the diagnosis, he was afraid to assume complete responsibility because of the prominence of the attending physician and the family. He decided he needed assistance and sent a message to Kirksville, asking his father to come to Kansas City at once. Dr. Still came, and, after taking off the braces and adhesive tape, examined the girl. He diagnosed the condition a dislocated hip joint.

Dr. Charlie, in explaining his father's treatment of the girl, said that the patient was treated while she stood up, that he, Dr. Charlie, helped to hold her erect on the good limb, while Dr. Still on his knees by the side of the patient, manipulated the dislocated limb into proper position. His method at that time for treating such conditions was to use one hand to guide the hip joint, while



the other hand moved the leg. He flexed the leg on the thigh and the thigh on the abdomen and with his chin placed on the patient's knee rotated it outward or inward as the case required. In this way he secured the movement that dropped the head of the thigh bone into the socket of the hip. Dr. Still reduced this dislocation in one treatment. When he arose from his knees, he said to the woman, "Young lady, you can walk."

She replied, "Oh, no, Dr. Still, I cannot walk!"

He said to her, "Try it, it will not hurt you to try it." To the girl's surprise, and to her father's unbounded joy she walked across the room and back without pain. The patient made a complete recovery in spite of the adverse opinion of the prominent physician who had stated she had a tuberculous hip.

I call attention to the absurdity of such a diagnosis. How could there have developed a tuberculous inflammation of the joint so soon after the injury? This girl in her strained position, and, dropping to the floor, had twisted her hip. This was a very remarkable case and attracted wide attention not only in the large communities of Kansas City, Kansas, and Kansas City, Mo., but also in the surrounding smaller towns.

Dr. Charlie told me that a Kansas City newspaper, one which had been recently established and its reporters on the alert for unusual news, gave that case an extended writeup, which, of course, influenced many people to consult the Stills, both father and son. To my knowledge this was the first newspaper publicity ever accorded osteopathy.

After the distinguished surgeon, who had made the diagnosis of tuberculous hip, read the account in the paper, he sent the father of this girl a large bill for services rendered. The father refused to pay it. Finally suit for collection of the bill was started. It was reported that the father of the girl waited three or four months in order to find out if the cure was going to be permanent and then brought suit for damages against the doctor for improper diagnosis and malpractice. The one suit offset the other and both were finally dropped.

Another interesting incident which Dr. Charlie related to me was the case of a young man who had injured his knee. This boy came from a family in Kirksville who were great friends of Dr. Still. At a time when Dr. Still was out of town, this young

man who was working with an adz in a cooper shop, through some misstroke, dropped his tool and it struck his knee, resulting in a deep cut. A nearby doctor was called and examined the boy. He said that the accident had resulted in the escape of joint fluid from the knee. Very soon after, the limb became inflamed, blood poisoning set in and three of the local doctors were called in consultation. They decided that the limb would have to be amputated. The mother of the boy would not consent to having the amputation performed until Dr. Still returned home. Two of the physicians insisted that the limb should come off immediately and not later than the next day, or the boy's life would be lost. The third man of the three, Dr. F. A. Gore, one of the finest men I have ever known and one who was a personal friend of Dr. Still, said to the other doctors, in the presence of the mother, that he was in favor of waiting, that Dr. Still had secured some very marvelous results in the past and he himself would like Dr. Still to see this case before the operation was performed.

The Old Doctor unexpectedly returned to town that evening, and, even before hearing of the case, while out in the east end of Kirksville where the boy's people lived, he called upon them and was surprised to learn of the son's condition. The mother, describing this visit to Dr. Charlie, said that he went into the room, looked at the boy, and examined his knee for a few minutes. Then he sat down in a chair by the side of the bed, put his feet up on another chair, and pulled his hat down over his eyes. He sat there so long in contemplation that the family became alarmed, and they were afraid he was not going to do anything. Evidently having satisfied himself as to procedure, he arose and went to work. He manipulated the thigh and the pelvic bone on that side, gently rotating the thigh, and stretching the limb a little, thus causing relaxation of the contracted and inflamed tissues around the knee. Then he went away. By morning the swelling had materially decreased and by afternoon, when the doctors who had advised amputation came, they found there was absolutely no necessity for an operation.

The above cases were spectacular. Such results were fast making Dr. Still famous and attracting more and more people to Kirksville for treatment by the "Lightning Bonesetter," as many called him at that time. That was the name the reporter gave him in

the Kansas City papers after he had secured such splendid results in the so-called tuberculous joint case, and many times during that early period he was so designated.

I am also indebted to Dr. Charlie for another case or two. Before the first school of osteopathy had started, people were pouring into Kirksville in great numbers. One afternoon Dr. Charlie and his father were walking toward town from their home. About half way to the Wabash railroad station they sat down on the edge of the sidewalk to await the arrival of the one train daily from the south. They did not want to go very far away from the offices because patients frequently came on that train to be examined and treated. The train steamed into the station and a few minutes afterwards a very stylishly dressed woman with a boy about twelve years of age came walking toward them from the depot. Dr. Charlie and his father were still sitting on the edge of the sidewalk. The woman stopped and asked if they could direct her to Dr. Still, that she wanted her boy to be examined by him. Dr. Still arose and in his good old-fashioned way said, "I am Dr. Still."

She haughtily replied, "I want to see the man who has become so renowned in curing disease. He is the Dr. Still I am looking for."

Then Dr. Still said, "I am the man you are evidently looking for." He told her to have the boy lie down on the sidewalk and he would see what was the matter with him.

Very indignant the woman said, "I am Mrs. Lord of St. Louis."

"I don't care if you are the wife of the President of the United States," was Dr. Still's reply, "if you want that boy examined and treated by me, have him lie down on the walk."

She reluctantly told her boy to lie down, and Dr. Still proceeded with the examination. He found severe lesions at the base of the skull and in the neck, which he then and there corrected. He learned from the mother that the boy was suffering from petit mal epilepsy. Dr. Charlie told me that the boy and mother remained in Kirksville about a month and that this small patient made a permanent recovery.

A negro had been employed by Dr. Still to lay a brick walk along the side of his house from the front to the back door. Evidently the man was not laying the bricks as Dr. Still thought they should be laid, so he said to him, calling him by name,

"Greenwood, bring me the brick and let me lay them." He dropped to his knees and began showing the negro how the work should be done. As he was working, there appeared around the corner of the house two well-dressed women, who came up to him. One of them said, "We are looking for Dr. Still."

Remaining on his knees, his trousers covered with the dirt, he replied to the women, "I am Dr. Still."

They told him they were looking for the *famous* Dr. Still about whom every one was talking.

He said, arising to his feet, holding a brick in one hand and a trowel in the other, "I am the only Dr. Still here. If it is clothes you are looking for, Mother has them hanging in the closet in the house."

That was the Dr. Still I knew and the Dr. Still the citizens of Kirksville knew. Clothes did not mean much to him and fame was a second consideration. The first and only consideration, as he saw it, was to render a service to his fellow men by freeing them from pain and disability.

He continued his work in his own way throughout all the years of his life. While some thought his ways peculiar, yet he proved they were effective. He achieved results and built a profession which has grown far beyond that of his fondest dreams.

It is interesting to relate that one of those women, who caught Dr. Still laying brick, later enrolled as a student in the first class organized by him to study osteopathy.

Another incident told to me by Mrs. George Laughlin, daughter of Dr. A. T. Still, was of a man who came on crutches to see the Old Doctor and asked for an examination. This was shortly after Dr. Still located on the west side of Kirksville. He had this fellow sit down in a chair out on the lawn under the trees. Kneeling down beside him, he began to examine his hip. With one hand on the foot, he lifted up the limb, flexed the knee, and rotated the hip, while he felt with his other hand where the head of the thigh bone joined the pelvis. After working a minute or two, he stopped abruptly, and set the foot down. Looking up into the man's face, he said, "Who paid you to come over here to see me?"

The fellow was so embarrassed he broke down and cried. He said that he had been hired by some medical men down town to come over and see if Dr. Still would treat him, and if Dr. Still

did, they would expose him because there was nothing wrong with the fellow's hip.

This is an example of the length to which allopathic physicians went to try to curb the fast growing practice and fame of Dr. Still. They themselves could not understand the work and they hoped to catch him by this crude hoax. Dr. Still was too fine a student of anatomy, too thoroughly equipped by experience and knowledge of the human structure not to be able to recognize instantly the difference between a normal joint and an abnormal or diseased one.

I have said many times to various members of the osteopathic profession that Dr. Still's method of explaining to his patients what he found and what he was attempting to do in treating them laid the foundation for their confidence in him and kept them coming to him until a cure in most instances had been effected.

His practice grew so rapidly between 1885 and 1892 that it became unwieldy. It was a problem how best to take care of the people that were flocking to him. He did not find time enough to treat all adequately. Many of those who came had been pronounced hopeless by other physicians. Some of them *were* hopeless. But he was able to cure enough of these so-called hopeless cases to keep adding to his reputation and his fame which extended into ever-widening circles.

One morning in the spring of 1892 I went to Kirksville to take the train for La Plata where I had a little business to transact. I had hardly taken my seat in the coach when Dr. Still came walking in and sat down beside me. We exchanged greetings and passed the time of day. He turned to me and said, "Arthur, I am looking for one hundred young men who do not drink whiskey, chew tobacco or swear. I want to teach them osteopathy."

I knew very well what he meant and that he was feeling me out in an attempt to learn whether I would be interested in studying with him. My reply was to the effect that the type of young man he was looking for was rather scarce and then said, "Dr. Still, there is only one reason why I would not say to you right now that I would study osteopathy."

He asked what that reason was, and I replied, "Because I am afraid I could never learn to diagnose diseases as you do."

Many people thought that he had clairvoyant or supernatural

powers to be able to diagnose and treat conditions as he did. I felt that it would be impossible for him to teach others.

His reply was, "I can teach you all I know." He had always been very truthful with me.

We soon reached La Plata. I stepped off the train and he went on. That evening, when I arrived home, I told my wife of my conversation with Dr. Still. By that time her eyes had made a complete recovery. We knew what he had done for us and knew of many other cures he had accomplished, seemingly as miraculous as the cure of my wife's eyes. We discussed for some time the possibility of my studying osteopathy.

The reasons in favor of studying osteopathy were threefold: First, I was eager to have a profession wherein I could have more opportunities to contact people and to grow in intellect and experience. Second, through osteopathy I could contribute something, if only in a small way, to the good of my fellowmen. The third reason was a financial one. While we owned that little country home and farm, I could not see a future there. I felt that I could not earn enough money to guarantee comfort in our old age. We could make a living and that was about all.

My wife and I discussed this matter thoroughly and finally decided we would try it for two years. We decided not to sell the farm, so that if, at the end of the two years of study, I was not able to learn the things that Dr. Still knew, we would still have a place to earn a living. However, I felt that if I could learn to secure results like Dr. Still, there would be a place for me in the healing world and opportunities of development I so longed to have.

I consulted with some of my closest friends, especially with my wife's father who lived on a farm two miles away from our home in the country. He would not advise me one way or the other, but he told me years afterward that my wife and I had hardly left his home when he went to see George Bell, one of my best friends and tried to get him to advise against my attempt to study osteopathy. He still thought it was more or less a very doubtful method of treatment, to say the least. I think, however, he changed his attitude somewhat after seeing the results obtained in the treatment of my wife's eyes and in other remarkable cases.

One morning early in May, I walked into Kirksville carrying

a bucket of eggs. The mud was so deep it was impossible to drive a team. I called on Dr. Still and gave him one hundred dollars in cash as part payment on my tuition and ten dollars for a textbook, "Gray's Anatomy."

When I was duly enrolled, Dr. Still said to me, "Arthur, if you are coming to me because of the dollars you think you can make out of it, don't come. But if you are wanting a place in life where you can render a real service, then I want you and I need you, and you need not be alarmed about making a living, because the services you will be able to render will take care of your financial needs in a bountiful way."

After doing my little trading in town, I walked back to the farm carrying my new textbook under my arm. As it happened, that morning, May 10, 1892, Dr. Still had just received from Jefferson City, the State Capital, a charter to teach osteopathy, which made certain the establishment of a school. Then Dr. Still began in earnest his preparations for opening a class the following fall.

In this chapter it has been my desire to give in detail some of the incidents in the life of Dr. Still from the time he came into my life. I have but one purpose in mind and that is to help those who read this book to secure a more intimate knowledge of the character and spirit of the man who gave osteopathy to the world. He was quiet, unassuming, full of wit and humor, but the most determined in his efforts—the most thoroughly persistent man under difficulties of any it has ever been my privilege to know. His high purpose in life was to serve those people who needed him most in the best possible way.

## CHAPTER III

### DR. STILL BEGINS TO TEACH OSTEOPATHY

WITH the granting of the charter to teach osteopathy, there was an immediate increase in the duties of Dr. Still as he planned for the first school. The home of the Old Doctor, the cottage to the south, and the cottage on the north side of the street became veritable beehives of activity. That locality will undoubtedly go down in history as the sacred spot where osteopathy secured its first real start.

As the practice grew and the fame of Dr. Still spread, Dr. Charlie Still was prevailed upon to go to another state. He located in Red Wing, Minn., and took with him a young friend, Dr. Charles Hartupee, who, under Dr. Charlie's training, became his first assistant and afterwards one of the leading osteopathic physicians in that part of the country.

As soon as the charter to establish a school of osteopathy was issued to Dr. Still, he, with his advisers, began to lay plans for the organization of the first class to study osteopathy in the fall.

During the preceding summer, Dr. William Smith, a graduate in medicine of the University of Edinburgh, Scotland, who was traveling in this country for a wholesale medical supply house, visited Kirksville. Having heard of the Old Doctor and his miraculous cures, he decided to investigate. He told me he went over to call on the Old Doctor and to have a good time quizzing him. But lo and behold, like the prophets of old, he came to ridicule and to make light of Dr. Still but came away to praise him. From that visit on Dr. William Smith became quite a factor in the growth and early development of osteopathy. Later it was arranged for him to join Dr. Still the coming fall as the first teacher in anatomy in the first college of osteopathy.

Dr. Still arranged to build a little frame structure, fourteen feet wide and twenty-eight feet long, in which to hold his first class of instruction in osteopathy. The fact that this building was so small proves that Dr. Still had no conception of what his needs were going to be. This building was erected in front of

the last cottage he bought on the north side of Jefferson street. It was here in this little building, on October 3, 1892, that the first class for studying osteopathy was organized. It was my privilege to be a member of that class. My wife and I had decided that we would undertake this move and determine through actual experience whether I could learn to do the same kind of things Dr. Still was doing and to secure the same results. Our farm was well stocked with cattle, hogs, horses and some machinery. We sold all of these things and by the first of October we were living in Kirksville.

On the morning of October 3, 1892, at ten o'clock, Dr. A. T. Still and Dr. William Smith began teaching the handful of men and women who were assembled there to study osteopathy. They began to teach the system of treatment for human disease that was destined to become one of the most successful ever discovered. There can be no question of the fact that Dr. Still had little conception of what effect his discovery would have upon the practice of medicine. His teaching was absolutely new and revolutionary and at complete variance with the teaching in medical institutions of all time. It did not seem possible that his discovery would be as far reaching in its effects as it turned out to be.

Dr. Still spoke to the class that morning in his own inimitable way, and gave us an even better insight into his dream of a new science of healing. He emphasized, especially, his confidence in natural law as he understood it and the power of that law when unhampered by physical disturbances or interferences. We were led to understand his limitless confidence in that law and his belief that the human body had the power and the ability to manufacture all necessary substances for its own maintenance and repair. That was a memorable occasion for those of us who had cut adrift from all other ties in life and were there for the purpose of following the teachings of Dr. Andrew Taylor Still. Dr. William Smith emphasized the fact that he had come there in the beginning to ridicule and to make light of Dr. Still's teachings, but that after listening to Dr. Still's reasoning, he could not help feeling that his theory was sound and based upon eternal truth. He gave us our first lesson in anatomy and proved to us the necessity of understanding the nervous system and its control over the body. He was one of the ablest and best teachers it has ever been my privi-

lege to know. His method of demonstrating his teachings carried a conviction of truth in what he was saying and enabled us to learn readily. He gave to us students a knowledge of the origin of nerves and their function, the location of arteries and veins, the relationship of muscles, bones, and joints to the skeleton as clearly and as impressionably as if he were dissecting these structures on a cadaver.

At that time, of course, it was impossible to secure dissecting material. The school was new, unrecognized, unheard of, except in a small way, and certainly without any standing in the medical world. Hence, Dr. Still and those enlisted with him were very fortunate in having Dr. William Smith, with his training and his high degree of intelligence, teach anatomy and physiology. He was a very fine instructor and rendered a service to the school at that time, and for a number of years after, that was invaluable in laying a foundation for the establishment of osteopathy. His method of teaching was of such an impressionable type that one who listened to him could virtually look into the human body with his mind's eye and see all its numerous functions. Although we were handicapped so far as dissecting material was concerned, we were truly fortunate in having a teacher, in those first days, who was so capable of presenting all subjects in a practical, understandable way.

This original class numbered seventeen before the winter was over. The students came from various cities and towns. One young man came from California, one young woman from Sedalia, Mo., three students from Kansas City, one from Independence, Mo., two from Keokuk, Iowa, another from Davenport, one from Quincy, Ill., one from Texas, and one from Kansas. There were two homeopathic physicians (father and son) and Dr. Still's own family, consisting of Harry, Miss Blanche Still (now Mrs. George M. Laughlin) and a younger son, Fred Still, and myself. The class was composed of men and women of independent thought, people following their own intuitions. The ages of the members of this class ranged from eighteen to sixty-five years. Thus started the first class in osteopathy.

During that first winter Dr. Still's practice increased considerably. Those of us who had been receiving instruction for a few months were beginning to help him. We would hold the



patients in position while Dr. Still and his assistants worked upon them, explaining to us as he treated why he gave this movement in one place, and a different movement in another. He would tell us what it would mean to the nerves that came from that particular region if muscles were tied up, or a bone was out of line.

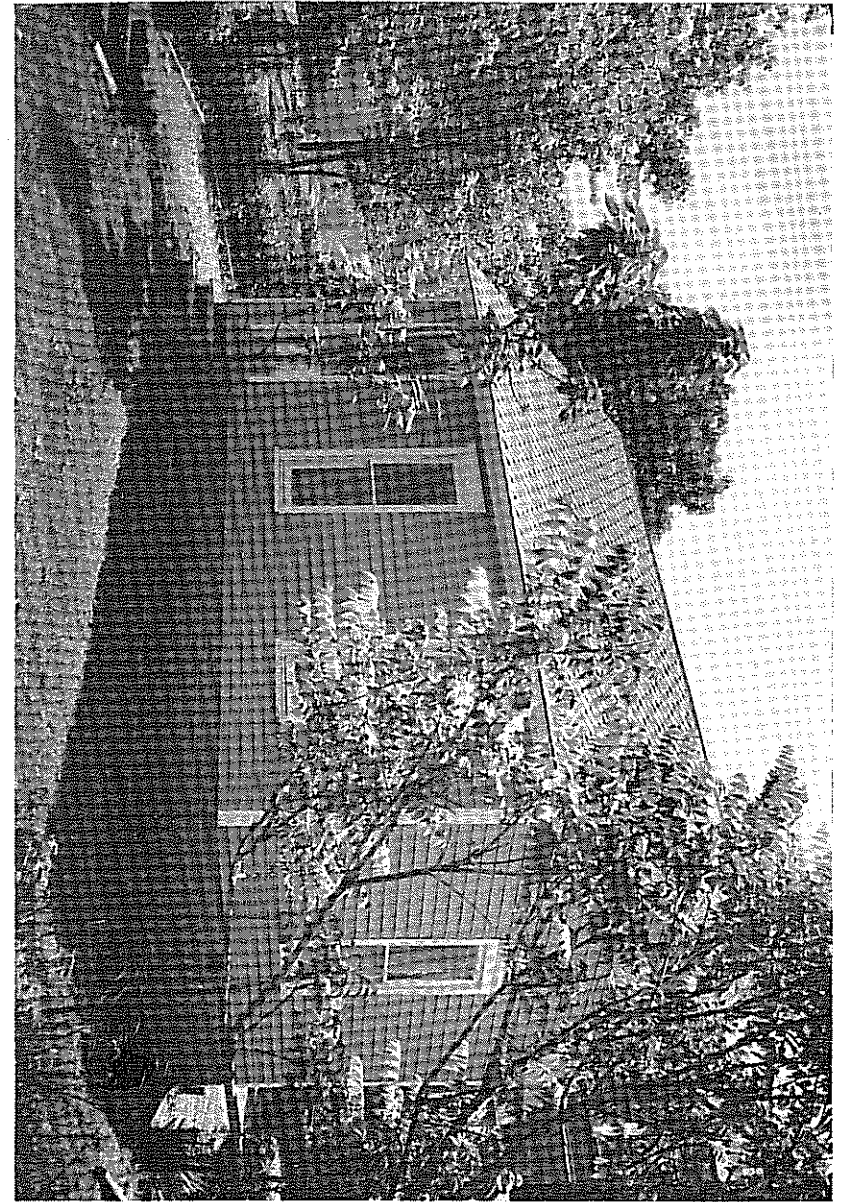
It is my belief that Dr. Still's method of explaining to the patient he was treating just what he was trying to do and what the effect would be, was one of the great factors in his ability to keep people under his treatment until the right kind of results were obtained, or until he had corrected the condition which he found. He had, in his office, an anatomical chart, but soon after the school started he was able to secure a skeleton. This first skeleton was called "Mike." Dr. Still would take a patient, or the patient's relatives, to the skeleton and point out the location wherein the nerves were involved that produced pain, or disturbed functions of the body and illustrated how, when nature was doing her work in her own beautiful way, such a condition could not exist. He would explain that his treatment took away the cause of the condition and thus helped nature do her work.

There can be no question but that he sold osteopathy to his patients. It was a rare privilege to work with him during those busy days and hear him, in his own practical, simple, old-fashioned way, explain to the students gathered around him, as well as to the patients, what he was doing and why results were achieved.

Dr. Still came into the classroom frequently and lectured to us. I have never known a man who had as much confidence in natural law as he had. He was a student of nature and had unlimited confidence in her power to heal the body when sick provided the body was structurally normal. His teachings started lengthy discussions among so-called regular physicians, who considered him an "old quack." They even attempted to prevent him from teaching osteopathy or practicing his system because it was not recognized by law.

During the winter of 1893, only four months after the first class was organized, there was a bill introduced in the House of Representatives of the State of Missouri that had for its purpose the curbing or preventing of Dr. Still from treating people without the use of drugs. The bill was introduced by a physician member of the House. When the bill was introduced, Hon. John E.

THE ORIGINAL SCHOOL OF OSTEOPATHY  
In this building, erected during the summer of 1892, Dr. Still began his teaching of osteopathy. Here at 10:00 a. m., October 3, 1892, the first class in osteopathy met. This little building was truly the cradle in which the infant of osteopathy was rocked.



Swanger, representing Sullivan County, who afterwards was elected Secretary of State, and later appointed by the late Governor Hadley as Bank Commissioner, fought the measure on the floor of the House. Following a brilliant speech against it, the bill was defeated. Of course, Dr. Still was grateful to Mr. Swanger. He became one of the most staunch friends of the osteopathic profession. He was always a consistent, conscientious, earnest supporter of osteopathy from the day he defended it on the floor of the House of the Missouri Legislature until the end of his life.

In the late spring of 1893, recognition of Dr. Still's work appeared in one of the large St. Louis dailies. The old *Republic* sent a man, Mr. Dodge, to Kirksville to investigate and to report what he found regarding Dr. Still and his system of healing the sick. This representative spent a month or six weeks watching his work. Finally there appeared in *The Republic* over two columns on osteopathy and Dr. Still, its founder.

It contained a fairly good sketch—a good enough likeness so that anyone who knew Dr. Still would recognize him readily. The article gave Dr. Still and his system credit for securing some very wonderful results, although it ridiculed the idea of curing disease without drugs. The writer acknowledged the fact that he was not able to explain how Dr. Still secured his results, but reported that without doubt there was something back of his work that was worth-while and should be encouraged. The article was more or less sensational, it was as fair to a system as new as osteopathy as one could expect.

Many difficult cases came to Dr. Still's attention during that first winter and spring following the opening of the school. Two cases especially were so remarkable that they attracted attention far and wide.

One of these cases, a woman by the name of Mrs. Cornelius, whose husband was employed by the Terminal Railroad Company of St. Louis, arrived in Kirksville in the afternoon, on the four o'clock Wabash train. She hobbled off the train with the aid of crutches and took the old, original bus over to the office of Dr. Still. I remember her arrival. She was taken into the little cottage on the south side of the street and examined by Dr. Still in person. In reciting her history she stated that some eighteen months before she had caught her foot under a pipe and had fallen.

THE AMERICAN SCHOOL

Of Osteopathy, Born Upon Missouri Soil, Will Live and Flourish,

Despite the Efforts of its Enemies to Drive It From Its Native Home.

banish us from the Garden of Eden if you will, but first let us partake of the fruit of the Tree of Knowledge.

Special Correspondence of the Republic.

KINGSVILLE, Mo., April 20, 1893.—Ever since the human race began to realize that it was capable of indefinite development the most wonderful and miraculous voyages have been made upon the scientific sea. Each hero of voyage is confronted with storms of every description, of whales and sharks on every side and it matters not what the object of the voyager may be, or how pure and sweet his intentions, he will come in contact with these poisonous obstacles just the same.

Dr. A. T. Still of this city is the sole discoverer of the drugless truths of osteopathy. He has discovered that many diseases pronounced incurable are caused by partial or complete dislocation of the bones of the neck, chest, spine or limbs. Hence his discovery is another laurel added to the list of scientific wreaths and is within itself a science. This is fully demonstrated by the fact that fully 90 per cent of 200,000 souls treated by him have been cured or benefited, and attest their gratitude in unmeasured terms for Dr. Still. Many come and go and are cured in a day of diseases that have set the medical fraternity at defiance for ages; and why, simply because Dr. Still, by close application to the study of this science for over 30 years, has arrived at the conclusion that we are all the children of nature, and to nature must we look for health and comfort, peace and happiness. Many rumors are afloat to the effect that Dr. Still is an old "windish Doctor," and that his treatment is a wild, miraculous, visionary affair. Nothing could be further from the truth, for Dr. Still is a graduate of the old school of osteopathy. For years prior to his discovery of osteopathy was a practicing physician of that school. His better judgment led him to believe that he was on the wrong track and the discovery of osteopathy was the result. His theory is quite simple, and when fully explained and understood ceases to be a theory and becomes a cold fact—something that must be admitted and cannot be denied. If the



Dr. A. T. Still.

blood is flowing freely and unobstructed to all parts of the body, as a natural result the entire machinery must be in perfect working order and the entire body in a perfect state of health. If not, one disease may attack you and possibly many others. It is owing to the obstruction and where it is located. Now, if this obstruction be removed and the blood permitted to pursue the unobstructed course intended by nature, does it not follow, and is it not an unanswerable argument to say that the cause of the ailment is removed, and hence the trouble ceased? If the free flow of sap in the branch of a tree is obstructed in any way, does not that branch begin to wither and fade? As a matter of course it does, and when you treat that branch in such a manner as to renew the free flow of sap does not that branch again become healthy? Of course it does, and it is upon this principle that Dr. Still has met with such marvelous success in his treatment of patients. The blood bears the same relation to the body that the sap does to the tree, and on this theory the American School of Osteopathy has been founded and it is incorporated under the laws of the State of Missouri. Articles of incorporation have been filed with the Secretary of State and attested to by him. Article 1 of "articles of incorporation," reads as follows: "The purpose and object of this association shall be to improve our system of surgery, midwifery and treatment of general diseases in which the adjustment of the bones is the leading feature of this school of pathology, also to instruct and qualify students that they may lawfully practice the science of osteopathy as taught and practiced by A. T. Still, the discoverer of this philosophy." Not a

single word in this article is said in regard to the "practice of medicine." In fact, Dr. Still makes no pretensions toward the practice of medicine or practice on anyone with medicine, but has discovered a science and is organized and duly incorporated under the laws of the State of Missouri to transact business; and yet the State Board of Health, which met last week in Moberly had warrants issued for the arrest of some of Dr. Still's graduates who were then in Warren for treating patients by this new method, because they had not complied with the registration laws, which provide that physicians who desire to "practice medicine" shall register, etc. A bill was introduced in the Legislature last winter for the express purpose of driving Dr. Still out of the state. This was House bill No. 28 and was one of the most atrocious and exacting bills ever introduced in any Legislature. It failed of its passage, however, but not till a petition from Kirksville and vicinity, signed by 3,000 people, was presented praying that the bill be killed. What! Drive a man from the State of Missouri who has proven such a benefactor to mankind; who is treating upwards of 200 patients daily, and who has turned from his door 200,000 happy souls who had entered it downcast and in gloom, "and who had been dragged to death," still no relief came? Is this the thanks and gratitude that Missouri will show such a man? Most certainly not. It is true that Dr. Still is eccentric and peculiar in his methods, but what man would not become likewise after 19 years close application to any particular subject and to the exclusion of all other subjects. To show the peculiarity of the man is given below a fourth of July prayer issued by Dr. Still to the doctors of Missouri last year:

THE PRAYER.

"Our Father, who art in heaven and in earth and in all things but whisky and such things as men have no business with, thou hast been asked to take the place of father, or us, give us our daily bread, and no more; give us reason and keep snakes out of our boots. Give us good knowledge of our true bodily forms and tell us how to know when a bone has strayed from its true location and how to return them to their natural places. Also lead us not into temptation to get drunk when our limbs are in a strain and make a few pains, but teach us how to cure or stop fevers, mumps, measles, and all diseases of the seasons as they fall around. Thou knowest our people do foolish things when they are sick. O, Lord show a few lightning bugs of reason on our minds. Thou knowest their eyes can't all see at once like a litter of pups, but light them out one at a time, and if thouallest, open the minds of the people so they will not be subjects of experiments any longer, and deliver us from all drugs, for thou soost that in front of us a world of maniacs, idiots, criminals, nakedness for the babies and hunger for the mothers. For thine is the Kingdom from now on. Forever and ever. Amen."

Thus it can be seen that here is an eccentric man of many peculiarities, but who has by close application for 19 years made a discovery that will live forever, and who himself will never vanish from the hearts of a grateful people, while those who are trying to injure him and tarnish his good name will die and moulder in forgotten graves.

BOON.

Courtesy of the State Historical Society of Missouri.



When she got up, she noticed that her limb felt peculiar, and it was hard for her to walk. It was only a short time until the limb began to pain her to such an extent that she could barely walk with crutches. She consulted a number of prominent physicians in St. Louis, who pronounced her condition "rheumatism." She was treated at first by one, and then by a number of other specialists without any results whatever. She gradually grew worse instead of better. Having heard of Dr. Still and his success with cripples, she came to Kirksville.

He laid her on one of the old-fashioned treatment tables and examined her hip. He told her it was dislocated. He manipulated the thigh bone, turning it in several directions and then told her to get up and bear some weight on her leg. He told her she could walk on it a little, but that she should use crutches for a few days and not to put too much weight on the weakened limb. Within ten days from the time of her arrival in Kirksville she sent the crutches home. I recall walking down the street with her when she was on her way to the express office to send them back to St. Louis. She stayed another two weeks in Kirksville and made a complete recovery. It happened that when Mrs. Cornelius went to take the train back to St. Louis she contacted the same conductor who had brought her to Kirksville. The change in her condition so astounded him he was unable to express himself. The news of this incident increased the reputation of Dr. Still, and soon there was a larger number of patients coming from St. Louis.

The second remarkable case which came to the attention of the Old Doctor early in the spring of 1895 was that of O. H. L. Wernicke of Roller Top Desk fame. His home was in Minneapolis, where he owned a manufacturing plant. He had another plant in Grand Rapids, Mich. He was a large, square-shouldered man, and wonderfully built. He came to Kirksville from Hot Springs, Ark., where he had been for two or three months under treatment for sciatica. I do not remember how long he had been ailing before arriving in Kirksville, but I believe he had suffered for some time. Dr. Still examined him and found a twisted innominate (hip bone) which disturbed the sciatic nerve and produced what had been called "sciatic rheumatism." After a month's treatment, this patient was sent home entirely relieved.

Upon Mr. Wernicke's return to his home city, he told all of his business acquaintances and friends about Dr. Still. Osteopathy began to grow in the minds of the business men of Minneapolis. Mr. Wernicke's sister, Clara, later studied osteopathy and is at present one of our prominent osteopathic women physicians with a wonderful practice in Cincinnati, Ohio. His niece also took up the study of osteopathy.

These were but two of the interesting though outstanding cases treated by Dr. Still in that first year following the opening of the school, when the foundation was being laid for the superstructure now known as the osteopathic school of practice. Satisfactory results were obtained in the simplest way, so simple that it was hard to understand how seemingly insignificant manipulations of a leg, arm, or vertebra could relieve the nerves to the extent that pain was eradicated and normal function restored.

That first fall and winter was a period of vast importance in laying the foundation for all that has followed in the building of the osteopathic profession. It was a period of historic events. It was a period when Dr. Still, quiet, unassuming, earnest of purpose, resourceful, demonstrated the type of man he was while treating patients and while instructing his students. He never wavered in his confidence of the power of the law with which he was dealing, he was always ready with a kind word and a kind deed to assist some suffering individual, thus carrying on the great work he had undertaken. It was good to be there then. It was inexpressively fine to be thrown in close contact with a man who was doing so much for humanity, who was always ready to serve not only with his hands, but also with his purse, if necessary, the unfortunate. His was a kind-hearted, noble, and outstanding character.

He never faltered in his steady march ahead during those beginning years of osteopathy. His dream to him was always the same supreme goal. He gave his life's best efforts to make that dream come true. The one great ambition of his life was to reach the goal he had set in order that humanity might be blessed through his life's service.

My first fall and winter in Kirksville I spent partly in the classroom learning anatomy and physiology under Dr. Smith and listening to Dr. Still's lectures, and partly in the treatment rooms

while Dr. Still and his assistants examined patients and gave treatments. At that time a great many of the patients were treated while sitting up on high stools with high wooden backs. It was a privilege to watch Dr. Still examine those patients and treat them. It was not long before he was having us help him. So our winter's work there was a combination of study and rare experience through association with Dr. Still.

In groups, we listened to him explain what he found and what it meant in the way of producing the condition of which the patient complained. I would like to impress on the minds of the osteopathic physicians who read this book the necessity of realizing the fact that the results Dr. Still obtained in his work in that beginning period were secured by manipulative treatment only. Not an iota of drug was ever given, and yet he was securing results unheard of in any form of treatment for diseases of the human body. If this fact could be comprehended to the full, it seems that osteopathic physicians would have greater confidence in the work which he started and would render a service comparable to the service which Dr. Still gave. If the student of today could realize the wealth of power in his own hands, there would be no desire on his part to dabble with drugs.

In the latter part of April, 1893, the first osteopathic banquet was held in the old Pool Hotel, now called the Stephenson. The guests at that banquet were Dr. Still and his family, Judge Andrew Ellison who was Dr. Still's lawyer, and his wife, and the students of that first class, with their families. The total present at that gathering numbered between forty and fifty people. Dr. Still was certainly the center of attraction on that occasion. It was a memorable affair, especially to each individual who attended, and marked the beginning with just a handful of people present, of what later grew to be lavish events. The writer has attended osteopathic banquets in recent years throughout the length and breadth of this land, at which the guests numbered from a thousand to fifteen hundred or more and held in some of the world's largest hotels.

In the late spring or early summer of 1893 Dr. Still sent me with his brother, "Uncle Ed," to two or three different towns to see what we might accomplish in the way of a practice, such as he had done for years in various places in Missouri. "Dr. Ed" was an

"old school" physician who had lived and practiced as he pleased wherever he chose to locate. Hence Dr. Still thought that with "Dr. Ed," I, and some of those other students who were practicing, would secure experience that we could not obtain at home. Consequently he first sent "Dr. Ed" with Dr. Herman Still and his wife and myself to Ellsberry, Mo. The experience in Ellsberry was very interesting. We were only there for one month, but we treated a large number of patients. The town was small and as soon as we arrived, everyone in town knew that the osteopathic physicians had come, and they flocked by the dozens to our hotel in that little country town. Dr. Herman Still had been married recently and was there with us really for an outing as well as experience. I, with "Dr. Ed" supervising, did most of the treating. As a result of our work in that town there were three or four students matriculated during the next few years at Kirksville in Dr. Still's school of osteopathy. Here in Macon, after more than twenty years, a patient came to me personally because of results we had secured during our month's stay at Ellsberry, Mo., early that summer of 1893.

Think of it! I had only been in school then about nine months, and was not a graduate of osteopathy. Dr. Still had given me, together with other members of that first class, a certificate that simply stated we had attended lectures in a school of osteopathy for nine months. It was not a diploma, simply a document certifying my attendance at his school. The results achieved there at Ellsberry were secured by students, not graduates of osteopathy. The facts were that in a few months we had gained, through the teaching of Dr. Still and his associates, a practical knowledge of how to manipulate in a practical way based upon our instruction in anatomy and technic taught that first winter. Our results there were far beyond our expectations both in the cure of patients and in financial remuneration.

During the summer months our class scattered. After our experience at Ellsberry, Dr. Still sent me with "Uncle Ed" to Louisiana, Mo., to see what we could do there. "Uncle Ed" stood by me, helped examine the patients, and guided me somewhat in my work. While there, a woman was brought to us who was paralyzed from the waist down. We treated her during our stay, which was about thirty days, then she followed us to Kirks-

ville. That was one of the most peculiar cases that I have ever taken care of. There were osteopathic lesions in the patient's spine between the fifth and sixth, and sixth and seventh thoracic vertebrae. If we secured exactly the right turn in treating these lesions through rotation or extension of the spine, she could get up and walk. If we would go to her room to treat her when she was able to walk and we would make the wrong manipulation, down she would go and would be just as helpless to move a foot or limb as if the limb did not belong to her body. I cannot recall whether or not there was a sensory paralysis as well as a motor paralysis. There was no disturbance of nutrition; the limbs were well developed. This continued for some time. One day I started down to her room to see how she was getting along and met Dr. Still on the way. I asked him if he would go with me to see her and told him I believed Mrs. Green's condition could be entirely cured if we secured the right movement and made a permanent correction. He went with me. I told him I was afraid to treat her as vigorously as I thought necessary in order to do the work, and I wanted his guidance. While she was sitting on a chair, I made up my mind I was going to correct the lesions. When we went to her room that day we learned that she had had a relapse and was unable to walk. I reached around her body and placed my fingers on each side of the spine at the location of the sixth and seventh thoracic vertebrae, where we had found the specific cause of her condition, and with a rotary movement, combined with extension, I felt the muscular tissue under my fingers relax and also felt a slight movement in the vertebrae themselves. It was not an extensive movement, but enough to know something had taken place, and to my surprise and Dr. Still's she got right up and could walk. From that time on she had no more trouble in walking.

We kept in touch with this patient for years afterwards and there was no recurrence of the paralysis. This case was one of the most remarkable experiences of my entire osteopathic career. It may look to some like a miracle, but it was not, it was simply a correction of a physical interference with the motor nerves that controlled movement of her lower limbs.

## CHAPTER IV

### THE SCHOOL MAKES A HEALTHY GROWTH

WHEN fall came again, there were forty to fifty persons who wished to study osteopathy. It was fast becoming evident to Dr. Still that it was necessary to have better and more commodious facilities to care for the increased student body. With that thought in mind, the little school room that was erected in the summer of 1892 was moved across the street and placed between the little cottage and the Old Doctor's home. Here the school's second class was organized.

Among those new students who matriculated in this second class early in October were a number of prominent Kirksville business men. There was a former postmaster, Ed Pickler, who, after graduation, made an enviable reputation in the practice of osteopathy in Minneapolis. He and some friends started a small college in Minneapolis known as the Northern Institute of Osteopathy, from which school a number of men and women graduated and became pioneers in the osteopathic field of practice.

Dr. Aubrey Moore, a hale-fellow-well-met and a close friend of Dr. Ed Pickler, was a member of that class. He graduated and located in Los Angeles. Later he joined some people who started the old Pacific College of Osteopathy which was finally absorbed by the present College of Osteopathic Physicians and Surgeons of Los Angeles. The old original Pacific school graduated some very outstanding members of our profession.

George Tull, a man in his late forties, photographer by trade, graduated and located in Indianapolis and practiced there for a great many years, until he died about two years ago.

Henry E. Patterson, a prominent real estate man in Kirksville, and his wife, were both students in that second class. Mr. Patterson, because of his knowledge of business methods, was soon made secretary of the school. He proved to be a very able assistant to Dr. Still and his sons in that rapidly growing institution. His wife also became one of the best known osteopathic physicians in the profession. Mrs. Patterson, soon after graduation in the

spring of 1895, became a member of the staff of physicians. They were both with the school for several years and were very active in its affairs. They were numbered among the most intimate friends and loyal supporters of Dr. Still.

After leaving Kirksville and the school, the Drs. Patterson located first in Florida and then later moved to Washington, D. C. Unfortunately Dr. Henry Patterson was injured in an attempt to raise a heavy window in his office. Complications from this injury resulted in his death. His wife carried on for many years in active practice in Washington, D. C., and became widely known. She treated many illustrious people in diplomatic circles, some of them from foreign countries. Her good work and that of her husband before he died paved the way for the osteopathic physicians who later located in Washington and helped to spread the reputation of Dr. Still's discovery to foreign lands. There were a number of other members of that second class who made enviable records. The persons named were among those I remember best.

There was a Mrs. Ella Hunt of Minneapolis. She became interested in osteopathy through results obtained by Dr. Harry Still in her home city. Mrs. Hunt graduated in 1895 and located in St. Louis. She was the first woman osteopathic physician to practice there and made a splendid reputation.

There was added to the faculty in the second year a Mrs. Nettie Hubbard Bolles whose father had come to Kirksville for treatment in the summer and early fall before Dr. Still organized his first class in 1892. She studied with Dr. Still in that first class and, being a very brilliant woman, soon was able to assist Dr. William Smith in the teaching of anatomy. With the increase in the number of students, Dr. Still alone was unable to teach all of the subjects necessary for a good foundation for our practice. Hence, Mrs. Bolles was employed as assistant instructor in that second class.

It was here in that little schoolhouse after it was moved, during the second winter of our study of osteopathy, that Dr. Still gave a lecture which to me was one of the most worth-while and impressive ever heard. He was talking to the students upon the subject of eczema, explaining the osteopathic treatment for it. He claimed that the functional nerve control of the circulation to the skin was located in the lower part of the brain. In order that this

nerve center in the brain may function normally, the upper vertebrae in the neck must be in correct position. He was trying to explain to us the power of the law with which we were dealing and how wonderful nature was in curing disease if given the proper help, but somehow he could not put across his ideas to his own satisfaction. He stopped in the middle of his talk and said, "Wait a minute, I will be back."

He walked out of the door and up to his own home and in a few minutes returned with a stuffed fowl, of web-footed variety, and placed it upon his desk in front of him. I wish I had the ability to describe the beauty and the perfection of that bird. Some taxidermist had done a wonderful piece of work in mounting this fowl and it stood before us in all the glory of its sublime beauty. It had a dark bronze colored back and a strip of the same color running up back of the neck to the head, also a white band about three-fourths of the way around its neck. The breast was not white but a very light color, perhaps a light tan, and scattered throughout the breast and lower portion of the body were round spots of dark bronze; those spots were almost perfect in shape and color.

As Dr. Still placed this bird on his desk, he said, "Here, look at this fowl and get this fact into your heads, if you can, that this perfection, the beauty of this fowl, is maintained by the natural law of supply and demand within its body. So long as the nerves and the circulation within that fowl perform their natural function and needed materials can reach their intended destination in a normal way, the beauty will continue. In other words, every grain of wheat, every kernel of corn, or any other variety of food taken into the fowl's craw, carries with it the building materials to keep up, and carry on, the beautiful perfection you see before you, provided there is no physical interference. It is the same magnificent law working within the human body with which you are to deal. There cannot be eczema if the body is normal."

He gave some rare lessons during the year's work, wonderful lessons, all of them in that same simple homely fashion, but most impressionable. To me it is regrettable that there cannot be some way provided wherein the members of our profession might come in contact with the actual teachings of Dr. Still, that there isn't some way they might glimpse his vision and make it a part

of their ambition to carry on in the same simple way the system of healing he gave to mankind.

One can scarcely realize the remarkable cures he and his associates obtained in those beginning years. They secured results through the application of their hands, guided by their knowledge of the natural law with which they were working and the fundamental principle of osteopathy. They were laying the foundation for the osteopathic profession of today.

It is difficult for a lay person or beginning student to realize, after osteopathic treatment has been given, just how the good effects have been brought about. Not so with Dr. Still. He never faltered, never swerved, always hued to the line, always had confidence in the power of the law with which he was dealing to do its own work in its own way when given normal nerve control of the function involved.

It was truly a privilege to be associated with him in that formative period of laying the foundation for our great profession, and to visualize with him the work that could be accomplished in such a simple way. Better yet, it was wonderful to know that one was able to relieve suffering and disability like Dr. Still was doing by following his teachings.

The fall of 1893 and the winter of 1894 were busy periods in Dr. Still's life and in the lives of those associated with him either as his assistants or as students in his classes. It was soon evident that more commodious quarters were necessary to handle the greatly increased clientele. Hence, he commenced the construction of what is now the central portion of the old original permanent American School of Osteopathy building. This was completed a year later and dedicated January 10, 1895. The new modern brick structure proved a valuable asset in caring for his fast increasing practice and the ever-growing student body. It was created as a Memorial Hall, named for the young son who entered the first class of osteopathy but who died from pulmonary tuberculosis before he finished his course.

At the opening of the second class in the fall of 1893, a man by the name of Strothers who had been a member of the first class the fall and winter before and who had been practicing a little at Davenport, Iowa, during the summer of 1893, returned to Kirksville for further study. There came with him a man who

said his name was Palmer. This person, probably in his fifties, was a large, heavy set man with a dark brown beard. He came to Kirksville, it was said, to take treatment from Dr. Still. Dr. Still's daughter, Blanche, now Mrs. George M. Laughlin, told me that this man Palmer was not only treated by her father, but also sat at the family table upon the invitation of the Old Doctor. She told me that as many as eighteen places would be laid at Dr. Still's table at that time, and some of the most prominent people, who were being treated by Dr. Still, would eat with him.

Palmer took treatments from Dr. Still for a few weeks. He also talked with Dr. Still's students, and was treated by many of them. When we next heard of him, he had "discovered" a method of treating disease by the hands, which he called chiropractic.

My first experience with the method taught by Palmer at Davenport was a demonstration given by Dr. C. E. Achorn, then of Boston, at our American Osteopathic Association convention in 1900 at Chattanooga, Tenn. Dr. Achorn had come to Kirksville in an early day and studied osteopathy. He later graduated from the Northern Institute at Minneapolis. He also visited Davenport and witnessed a type of adjustive treatment there which was called chiropractic. Dr. Achorn showed that the Palmer method was along the line practiced by Dr. Still for a number of years before opening his school in 1892 at Kirksville, only it was a very crude and very poor imitation of the kind of manipulative therapy Dr. Still practiced.

There has been much discussion as to whom the credit should be given for the discovery and use of adjustment in the cure of disease. There is no question in the minds of those osteopathic physicians who were associated with Dr. Still and knew the history of the growth and development of osteopathy where the credit belongs.

Dr. Still was using manipulative methods for the alleviation of pain and suffering years before the man from Davenport was ever heard of. Hence, to Dr. Still, alone, belongs the credit for the discovery of adjustment of physical defects as a basis for the cure of disease.

Another incident occurred while Dr. Still was treating people in his home, on the lawn under the trees, in the little cottage on

the north side of the street where the old original permanent college buildings now stand. One day I found him sitting down on the side of the little porch on the east side of the cottage west of his house, treating a man's foot. The man was sitting in a chair. The Old Doctor was sitting on the steps of the porch with the man's foot on his knee. This man had come from Memphis, Scotland County, Mo. He was a miller by trade and a prominent business man in his home town. He had been on crutches for several months. The pain in his foot had gradually become worse, until he was unable to bear his weight on it. He heard of Dr. Still and came to Kirksville to see what might be accomplished. Dr. Still, sitting there on the porch, working away with that crippled foot, left a lasting impression on my mind. After the treatment, he said to this patient, "Stand up and walk."

He replied that it would be impossible to place his weight on the foot.

Dr. Still said, "You don't know what you can do now. I have fixed that foot. I have adjusted one of those small bones in your foot." He told the patient he had felt the bone slip into place. He had adjusted the foot to normalcy.

The old gentleman arose and timidly stepped out. To his surprise he found that Dr. Still had told the truth and that he could bear his weight on that foot and could walk. It was only a few days later when he left for home; this time he was walking without his crutches and without pain.

This case reminded me of a similar experience one day in the spring before I had matriculated in the first class of osteopathy. It occurred on one of my trips to see Dr. Still in making arrangements to study with him. I found him sitting on the front porch steps of that residence where he performed so many remarkable cures. This time he was getting ready to treat a little country fellow, who, because of some foot trouble, had been brought to Dr. Still by his mother. This boy, like the old gentleman, was sitting in a chair and Dr. Still was seated on the upper step of the porch. There must have been a dozen or more people clustered around him, watching the performance. The mother of this boy evidently wanted him to make as good an appearance as possible. For that reason she had put on his little feet and limbs a pair of her own white stockings, and he evidently wore a

pair of his mother's shoes. Dr. Still, with the boy's foot in his lap, unlaced first one shoe and then the other and slipped them off. Then he slipped the stockings off. It would be impossible to describe to you the condition of those feet. They did not look as if they had been washed for months and dirt had accumulated between the toes and on the feet until they were terrible to look at. After carefully removing the outer covering of dirt, the Old Doctor looked up at the boy and said, "Son, I believe if I were you, sometime this summer I would wash those feet." The crowd roared with laughter.

Dr. Still at one time told me that for years he carried the tarsal and metatarsal bones, and the phalangeal bones of the feet, as well as those of the hands and wrists in his pocket. He knew each of those bones by their feel one from the other and could tell with what other bones of the hand or foot each bone articulated. He could tell also whether the bone he had in his hand belonged to the left or right hand or foot. This was one of his methods for teaching himself so that when he was called upon to treat a human foot, he was thoroughly familiar with the bones. Thus he was able to know when each bone was in normal position.

I am reminded again of the Old Doctor and some of his methods during those beginning years when he was trying to impress upon the minds of students, and all others who were interested in osteopathy, the fundamental principle upon which his therapy was based. He repeated again and again the necessity of studying until one became well acquainted with the structure of the body both in health and disease.

In the treatment of diseases of the pelvis, for instance, Dr. Still not only would seek out and correct the mechanical conditions in the low back that interfered with the nerves to that region, but also he would gently lift the organs of the abdomen out of the pelvis in order to relieve the congestion and improve the circulation. Adequate drainage was the big thing he wished to emphasize in the treatment of pelvic diseases. Sometimes he would press one hand against the region of the low back for the purpose of affecting the lesser splanchnic or posterior lumbar nerves and with the other lift the pelvic viscera upward. This is a treatment that has proved, in my experience, to be well worth-while. If he could not secure the effect he wanted by that method, then he

would place the patient in the knee-chest position, and, reaching around the patient's body, place both of his hands on the abdomen above the pubis and gradually manipulate the abdominal organs up as much as he could. In my opinion, this is one of the most helpful treatments that can be applied to the human body and should be a part of the technic of every osteopathic physician.

In this chapter I have tried to picture the Old Doctor in his second year of school activity. In his teaching methods he concentrated his thought and energy upon some one locality in the body, or the functioning of a certain set of nerves. Thus he thoroughly grounded his students in fundamental anatomy as it applied to osteopathy. They could not help but grasp his meaning with constant emphasis on the anatomy and physiology of the set of nerves under discussion.

His philosophy of life was remarkable. This together with his knowledge of natural law were, in my judgment, the basic factors in his ability to stem the tide of human criticism and rank bitter antagonism to his theories.

Dr. Still's success, his ability to overcome all obstacles, and the growth, development, and standing of osteopathy today, are due to the marvelous results he secured early in the practice of osteopathy. He taught that disease in the human body is simply and purely discord in the divine law of creation, and health is harmony, a harmony that is brought about through keeping the body tissues in tune, if you will, with divine law, in tune with the power that created it, in tune with the infinite.

Dr. Still always took pleasure in referring to the osteopathic physician as a mechanic of the human body. Some of our people did not like this term. They seemed to think it was not a creditable name, at least not dignified. To me it is the finest in the world! For we are mechanics, pure and simple, of God-made mechanical laws as found and exemplified in the human body.

Another comparison comes to mind and that is that we are experts in the care of a beautiful instrument, one from which the most delightful effects may be derived. We are simply keeping in tune the instrument that creates the most marvelous harmonies in the world and that is keeping in tune the human body. The violinist tunes the four strings of his instrument at proper pitches to produce harmonious effects. The pianist must have every

string of his instrument in proper tone relationships with every other string. The instruments in a symphony orchestra are carefully tuned in order that harmonious and beautiful music may be played—music so marvelous that the souls of men are touched and inspired with a love sublime for all the best things in life.

So, too, the osteopathic physician must keep in tune the mechanical law that gives to the individual human being the most sublime harmony in life—health, happiness, and success.



## CHAPTER V

### EARLY PERSONAL EXPERIENCES IN PRACTICE

THIS chapter is prayerfully written with the hope that I may be able to cover a period in my own life by relating some experiences which left a lasting impression upon me.

My purpose in compiling these reminiscences is to give to the osteopathic profession something to think about. It is my hope also that those who read this chapter may be able to comprehend more fully the real intrinsic value of the fundamental principle of osteopathy, the basis of osteopathic treatment for disease, as Dr. Still taught it and gave it to the world. Perhaps not only physicians and students of osteopathy will enjoy these reminiscences and case reports, but also lay readers may become interested.

With these thoughts in mind, it seemed to me that to report the case histories, as nearly complete in detail as possible of some patients whom I treated with my own hands during those beginning years from the time the school was organized until I severed my connection with the college, might be worth-while.

It has been said that "Memory is the bridge that spans the gulf which lies between the past and the present." Those years were full of incidents and experiences that have grown richer and more beautiful in my storehouse of memories as time passes.

Dating from the morning of the organization of that first class in October, 1892, and extending through the ten years of my association with Dr. Still and his sons, each day brought experiences of real intrinsic worth. If the writer could but paint a word picture of the absorbing incidents during that time, a lasting imprint would be made upon the minds of his readers and they would have unbounded confidence in Dr. Still and his teaching.

Early in the spring or summer of 1894, Dr. Still said to me one morning, "I promised Dr. Noe, an homeopathic physician downtown, that I would examine a boy for him. But it is imperative that I go to Macon today, so will you make the examination for me? See what you can find and advise whatever you think is

best." Dr. Noe had told Dr. Still previously that he had done all he could for this patient, and unless osteopathy could help him, the patient would die.

This case was one of my first real responsibilities. I walked into Dr. Noe's office and met the patient, a boy about sixteen years old, who was accompanied by his father, an old neighbor of mine whom I knew when I lived on the farm down near Troy Mills. I was intimately acquainted with both father and son. Could you have looked at that boy, you would have been terribly shocked because of his emaciated condition. He was almost a skeleton! Even his teeth protruded. He was so emaciated the skin on his cheeks and face was drawn tightly over the bones. The father told me that his son had not been able to eat solid food for ten days or two weeks.

It has never been my duty to examine a more emaciated individual than that boy. We laid him upon the table. Dr. Noe happened to be in the office at the time, and I commenced my examination. There was no question in my mind, after the first glance at the boy, but that he was starving to death and his trouble could probably be found in the nerves that governed the action of his stomach and intestines.

I examined the entire length of the spine, especially from the third to the seventh dorsal vertebrae. There were lateral twists between the fourth and fifth, and between the fifth and sixth dorsals. There were not only lateral twists in the vertebrae, but also there was a bulging of the fourth, fifth and sixth ribs on the right side. In other words, the contraction of the intercostal muscles between the ribs had pulled the ribs together and thrown them out of line. It was my opinion that these structural faults were caused by some direct injury the boy had received. Without exaggeration his body was so nearly a skeleton, it seemed like the spinous processes of the vertebrae and the ribs must protrude through the skin.

I said to Dr. Noe, who was sitting at his desk writing, "Have you ever examined this boy's spine?"

His reply was, "Only pathologically."

Dr. Noe had told Dr. Still, when he asked him to come and examine the boy, that unless something could be done the boy was going to die and he had no medicine that was effective.



I listened to his heart and found it to be normal. In my opinion there was a specific lesion in the spine that was causing the trouble. Dr. Noe got up and came over and put his hands on the point in the spine where I designated, and he said that anyone could readily recognize the fact that it was not normal.

I said to the boy's father, "Charlie, (as I had always familiarly called him—his name was Charlie Englehart) Eddy has been hurt, either kicked by a horse, fallen out of a tree, haymow, or something that has injured his spine at that point."

The father replied, "Oh, no, Eddy has not been hurt." He could think of no injury he had ever had.

I said to him, "No matter whether you can remember it or not, he has had an injury of some kind that has produced a disturbance to the great splanchnic nerves which together with the pneumogastric nerves control the digestive functions. Here I wish to pause a minute to say that many of Dr. Still's friends in the beginning thought that the Old Doctor had supernatural powers of diagnosis or that he could read in some mysterious way the causes of disease. Suffice it to say that in this instance when the father returned with the boy for treatment the next day, his face was beaming. He seemed to think that I, too, was gifted with Dr. Still's powers for he said to me, "Doctor, do you know Eddy *was* hurt? An old mare kicked him in the side and he had a pain from that time on. And it was not a great while after that when his stomach began to hurt him and he was unable to digest his food."

After examining and treating Eddy that day and telling the father what I had done, he turned to me and said, "Can you cure him?"

I did not answer him before the boy, but took him to one side and said, "I do not know whether we can cure Eddy or not. You have waited until you think he is going to die and then brought him to us. My opinion is that if we can correct the cause of his condition or help the nerves at that point do their duty, it will at least give him his only chance for recovery."

I do not remember how long it took to cure that boy, probably two or three months. My treatment consisted of pressure with my hands flat on each side of the spinous processes, ranging from the third to about the seventh vertebrae, for the purpose of relaxing the tightened musculature. At the place where the specific lesions

were found in the joints between the fourth and fifth and between the fifth and sixth dorsal vertebrae, corrective treatment was applied. After this I felt the tissues relax. Those contracted, starved muscles, began to take on new life, the boy's appetite improved and he gained weight steadily. This treatment was given almost daily until the cure was completed.

I am not sure whether Dr. Still ever examined him, though I do know I counseled with him. In those days Dr. Still was always right there with his kindly, fatherly interest in his students and their problems with patients. What a privilege it was to watch him, in his unassuming way, and with what simple methods he treated his patients. By example he taught us how to treat ours, or at least suggested to us where the lesions could be found. Oh, what a faculty he had for selling osteopathy to those who came to him for treatment! He would examine a patient, locate what he felt to be the cause of the condition and then explain to the patient what nerve or nerves were disturbed. He would tell them how, by relieving that disturbance, the condition he found, or the pain the patient was suffering, would be alleviated.

One time he was treating an old German patient who had a pain that extended down one limb to the end of his toe. Dr. Still had him lie down on his left side on the table. He then examined him and found a lesion or joint disturbance of the fifth lumbar vertebra. He therefore commenced his work by treating the lower portion of the spine. The old German protested and said, "Why Doctor, it is not my back that is paining me, it is my limb and my toe."

The Old Doctor smiled in his genial, splendid way and said to the patient, "If your foot stepped on a cat's tail, you would hear the noise at the other end of the cat, wouldn't you?" This retort amused the old German very much and explained in a way to the patient the cause of a condition which may often be found at the other end of the nerve from where the pain is felt. In due time after adequate treatment, the old German lost the pain in his limb and toe, and he went away to spread the gospel of osteopathy.

The next patient that comes to my mind was a woman of perhaps sixty years of age who had a severe case of eczema. Dr. Still had examined her, and he called me into his treatment room to see her. He showed me what he had found and told me that he

wanted me to treat her; she was to be my patient. The skin eruption covered her entire body, including her face. It was the most horrible thing to look at I have ever encountered, so much so I even dreaded to touch her, fearing I might become infected with the same condition. Lesions were found in the region of the first, second and third cervical vertebrae but the worst ones were in the region of the fourth, fifth, and sixth dorsal vertebrae. Dr. Still told me that eczema could exist only if the vasomotor nerve center in the medulla or lower portion of the brain was disturbed. He said that to affect that center reflexly one had to correct the lesions in the dorsal vertebrae, not forgetting, of course, those in the upper cervical. In my awkward, beginning way I treated that woman and to my astonishment she began to get better. In a short time the scales and eruptions began to peel off, leaving the skin underneath as clear and beautiful as that of a baby's. This case was a very convincing lesson to me. It showed the power of nature to reestablish healthy skin tissue when all interferences to normal nerve and blood supply were removed. There, with my own hands and nothing else, except my confidence in Dr. Still's fundamental principle, I was enabled to achieve this astounding result. You can understand something of the joy that came to my heart when I found I could bring about such results as in the two cases just described. It was early, positive proof that Dr. Still had confirmed what he said to me that day on the train, "Arthur, I can teach you all I know."

After these two experiences I had reached the time when I knew there was no question but that I could learn what Dr. Still knew. A year later I received a telegram from my mother who was living with my sister and her family in Winside, Neb., in which she asked me to come at once, that my sister was dangerously ill. When I arrived in Winside and walked into their little home, I was horrified to find that my sister was suffering apparently from the same condition that had caused my father's death. For three or four days she had been unable to swallow a morsel of food. Even water failed to pass into her stomach. I have already described to you my father's death by stricture of the lower end of the esophagus. Notwithstanding the relief that Dr. Still gave him, we had to stand by and watch father literally starve to death.

You can comprehend how I felt when I found the same condition apparently in my sister. My first thought was, "Do I have to stand by and watch her starve to death, too?" I wondered if the condition could be hereditary. Then followed the thought: where do the nerves come from that govern the muscular function of the esophagus? There I was, back to the fundamental principle upon which Dr. Still founded the science of osteopathy. Young as I was in experience, and new as I was in the practice of osteopathy, I knew that the great splanchnic nerves together with the tenth cranial, or pneumogastric nerve, were the regulators of muscular action of the lower end of the esophagus. My first treatment was to relax the muscular tissue around the fourth, fifth and sixth dorsal vertebrae, pressing gently with my hands until the tissue relaxed and the tension there, which was extreme, began to lessen. Then I examined the neck and gently treated it in order to give the pneumogastric nerves freedom of action, with the result that in less than half an hour she could swallow a little soup. It was a joy supreme to think that I could relieve my own sister of a condition that, upon first thought, seemed hopeless. Soon after, she returned with me to Kirksville for a continuation of osteopathic treatment. Dr. Still examined her and coincided with my diagnosis, also with the findings I claimed were the cause of her condition. She gradually recovered. I do not remember how many months it took. Today, after nearly forty years, she is living with me in my home. She is now in her eighty-seventh year, a well woman so far as any recurrence of that old trouble, which I thought, and had good reason to believe, in the beginning, might have been hereditary and might have led to her early death.

During my many years of practice it has been my privilege to contact five similar cases. The first, my sister's, as I have recorded, was cured. The second was a woman from Illinois who came to us in Kirksville for treatment and was benefited very much. We kept in touch with her for a number of years, and, while not a complete cure was obtained in that instance, because of lack of time given us, she did make good substantial gain and could get along comfortably. The third patient was a man who came to Kirksville and was examined but did not remain for treatment.

Then, while practicing in St. Louis, a number of years later,

there came to me a man, between sixty and seventy years of age, with the same condition. He had a similar lesion to my sister's and he recovered under osteopathic treatment.

Another man was brought to me for examination by one of our lady doctors in St. Louis. This man was only about thirty-five years of age. He lived near Montgomery City, Mo. I helped this doctor examine the patient, and after examination, I told her of my success with similar conditions such as my sister's by trying to correct the cause which lay between the shoulders and upper cervical vertebrae. The doctor reported to me, a few months later, that the patient had made a good recovery.

Can you, my friends, who know me well, or can you, the beginners in the practice of osteopathy, blame me for being a radical ten-fingered osteopathic physician? The fact that I, with my own hands, was able to assist nature by correcting structural causes and thereby reestablish normal function, was proof enough for me at least, that osteopathy was all-powerful.

While in Winside, examining and treating my sister, I saw a man by the name of Dan Cavanaugh, who was in a serious condition. He had been a livery stable man. He had sold out his business for the purpose of going to Hot Springs, Ark., to take the baths and treatments. This patient was nearly six feet tall, very much stooped and emaciated. On examination I found he had an abscess in the groin on the right side and another one down lower in the muscular tissue on the inside of the right limb just above the knee. These abscesses, according to the local doctors, had come from an infection of the right psoas muscle in the low-back region. There was a third abscess which was open and draining pus from the left lower portion of the abdomen. I examined his spine. Why? Because my first thought as always, since beginning the practice of osteopathy, is when I see a diseased condition, where do the nerves come from that govern the area involved? This man thought he had a tuberculous condition. Some of the doctors had told him he had pulmonary tuberculosis. On examination of his spine I found lesions in the region of the tenth, eleventh, and twelfth dorsal vertebrae, a condition of the spine which I knew disturbed the nerves at the point that control the circulation to the area where the abscesses existed. Upon examination of his lungs, no signs of tuberculosis could be detected.

In those days, understand, we examined the lungs with the ear, not with a stethoscope, and listened to the heart's action with the ear laid on the chest. I could detect nothing that would indicate a disturbance either of the lungs or the heart.

The patient asked me if I could cure him. I knew him quite well and I said, "Oh, Dan, I don't know. My opinion is that here is your trouble," putting my finger on the spot in the lower part of the dorsal region. I said, "There is only one way we could know and that is by going to Kirksville and trying treatment." While he was there on the bed I gave him one of our old-fashioned pioneer kind of osteopathic treatments and when I had him in a certain position with knees flexed and my fingers on the tenth, eleventh and twelfth spinal vertebrae, wherein I had located the cause of his condition, I felt the tissue relax. The vertebral joints were released from their tightened positions and I secured some motion in them. There was no setting of a dislocation. The vertebrae were not dislocated, but either through contraction of the tissue around there, or a strain of some kind, the nerves at that point were functionally disturbed. I treated him very thoroughly and came home. In five or six weeks after my return to Kirksville, Mr. Cavanaugh came for treatment. He did not look like the same fellow. He told me he had gained twenty pounds in weight after that one treatment and the glorious part of it was, one of those abscesses had healed entirely and the others were much improved. He remained in Kirksville several weeks for treatment. This is another case in which old-fashioned ten-fingered osteopathy administered by a man, young in the profession, was able to remove the cause that resulted in health being restored to a seemingly hopelessly sick patient. He lived for a good many years afterwards without a return of his old trouble.

It is not my object to weary the reader with case histories, yet it seems to me that in no other way can I emphasize the results obtained with various conditions that seemed so hopeless, in many instances the patients had been given up to die by doctors of the "old school." Hence, I hope you will bear with me and let me continue, hoping that I may help you to realize more fully the power within the human body to heal itself when the nerves that are structurally disturbed are released to do their work in their

own beautiful way. May you realize that there is a better way to cure disease than by dosing with drugs and poisons.

While treating a patient in one of the rooms assigned to me there in the old American School of Osteopathy building, I noticed a man in a wheel chair being brought by an attendant into the adjoining room. When I was finished with my patient, I went in. The man introduced himself as Mr. Kennedy from Fort Madison, Iowa. On asking him what he wanted, he replied, "I want you to examine me."

I said, "Have you not been under treatment here before?" He told me he had been taking treatment from Dr. Harry Still.

I said to him, "Why come to me from Dr. Harry when he can do all for you that I can?"

His reply was, "I want to try you."

I asked him if Dr. Harry knew he was coming to me and he said, "Yes, he advised me to come to you."

I looked up Dr. Harry and told him of the incident and he told me to go ahead and treat him, that it was a difficult case, but that the patient wanted me. On returning to my room, the attendant and I laid the patient upon the treatment table for examination. I noticed at once a condition of dropsy. The abdomen was swollen with water to such an extent that the viscera were crowded high into the thorax. It was difficult for the patient to breathe even when propped up to almost a sitting position with pillows. Not only was the abdomen distended, but the limbs and feet also were enlarged. His feet were so large it was almost impossible for him to secure shoes big enough to fit and he had to wear overshoes instead. I could indent the surface of his body by pressure at almost any point, especially over the abdomen and limbs. I listened to his heart, which, as might be expected, was laboring hard. Then I turned him on his side and examined his spine. There were several lesions in the mid-dorsal region where the nerves were undoubtedly disturbed that supply the heart and in the lower dorsal region which govern the function of the kidneys and all organs of elimination.

The man was not cowardly. He was ready to face death if necessary. I said to him, "Do you want me to tell you just what I think?"

He replied, "I do."

"Well," I went on, "if I were in your condition I think I had rather be at home with my family and my friends than anywhere on earth."

He looked at me very straight and said, "Doctor, you think I am going to die?"

"Yes," I replied, "I think your chances for passing on are much greater than for recovery, in fact I question our ability to help you."

He said, "Dr. Hildreth, I know that unless you help me I am going to die. I want you to treat me."

"All right, if that is the way you feel about it, I am ready to go the limit with you. I am ready to do everything in my power."

I wish that the students in our osteopathic colleges today and the osteopathic physicians who have recently graduated could have stood by and witnessed the treatment given to this man and the gradual recovery that he made. To see one so near death and yet become well again when the power of nature was released should make these young physicians realize why some of us old-timers are so solidly and enthusiastically loyal to genuine ten-fingered osteopathy—the variety that was taught in the beginning and brought about such results as I have described. In those early days we used nothing but our hands and our knowledge of the natural law with which we were dealing. The glory of it all to me is the fact that the results achieved then, and from that time on down to the present, have proved that the fundamental principle of osteopathy when utilized can and will do, today, all it did in those beginning periods, if practiced now as it was in the beginning.

My one prayer is that God in his infinite wisdom will guide the destinies of our profession so as to bring close to the heart of every individual who practices osteopathy the realization that Dr. Still gave to the world a complete system of healing, one which has proved itself and one which may be relied upon in the most difficult cases. I am not going to weary you with a recital of the technic used in this case. It was directed to those regions in the spine that controlled heart and kidney function. Suffice it to say the dropsical condition was overcome and the patient lived a good many years after.

Another incident in that early period is vivid in my memory. I was called to Unionville, Mo., to examine Judge Ben Thompson, a prominent farmer, a graduate of Yale, and a former county judge. He was a gentleman of the highest type. He had been injured when thrown from a two-wheeled cart, landing on the back of his head and shoulders. The accident was described to me as follows: He was going to drive downtown and hitched up a little mare to a two-wheeled cart. At the entrance of his barnyard there were a couple of bars across the driveway instead of a gate. After driving out of the yard, he put up the bars again and got in the cart. He had not driven but two or three blocks when his horse became scared and whirling around galloped back toward the barnyard. Instead of waiting for the bars to be lowered, he jumped over them but the cart crashed against them. The judge was thrown out and struck on the back of his head and shoulders. From that hour on he became violently insane.

Presiding Judge Ellison of our circuit court district was instrumental in my going to see this patient. On my arrival late one afternoon, the seventy-first day following Judge Thompson's injury, I learned that on the day previous a consultation had been held by seven prominent physicians and surgeons—one from Chicago, one from Centerville, Iowa, and the others from the vicinity of Unionville. I also learned that after the examination these physicians had advised the family that Judge Thompson had only one chance out of a hundred to live. They wanted to operate upon the skull to see if they could locate a blood clot, or some pressure on the brain. I knew the case was a grave one and it was necessary that I be as careful as possible in my diagnosis. Judge Thompson was a man who stood high in the community. Many of the citizens were anxious about him and two or three local business men walked out to the Thompson residence with me after supper (as we called the evening meal in those days) to see the old Judge. Knowing he had been examined the day before and that a tentative diagnosis of a blood clot on the brain had been given, I was very guarded in what I had to say and very careful about my examination. On entering the room I found the old Judge lying on his back in bed, with a cold compress around his head. A son and a daughter were in the room with him, and one of them was trying to keep the Judge covered, as he was rolling and tossing from one side to the other.

I began my examination. The pulse was nearly normal. On the chart which the family had been keeping during those seventy-one days, there was no temperature recorded at any time. I could see no reason for disturbing the patient by keeping an ice compress on his head and asked to have it removed. Lesions were found high up in the spine. There was a particularly bad lesion of the joint connecting the third and fourth dorsal vertebrae. I felt that that was the center where the greatest disturbance lay. There was no dislocation of any vertebrae in the neck. After the examination, I treated the Judge thoroughly. When I left I told them I would be back in the morning. I did not think he needed the compress on his head, and requested his attendants to leave it off.

An unusual condition existed in the Thompson household with regard to my being called in on the case. The Judge's wife and one son were very much opposed to consulting an osteopathic physician and I did not meet either of them on my first visit to the house. The son and daughter who were present when I examined the father that first evening were determined to have an osteopathic examination because of Judge Ellison's recommendation.

I walked back downtown with the business men who had accompanied me. After a good night's rest I made a second visit to Judge Thompson's home. Unlike the evening before I found Mrs. Thompson, the Judge's wife, sitting in the room with the son who wanted me to examine the Judge, taking care of the father. Mrs. Thompson was dressed in solid black silk of that old-fashioned type, so stiff and rustling, it would almost stand alone. Her treatment of me was very cool, in fact I could almost feel the frigid condition of the atmosphere when I walked into the room. It was an experience one could never forget. I found the Judge had rested that night a little better than usual. I told the son and the mother that I would have to return to Kirksville that afternoon, that there was no possible way we could treat Judge Thompson unless they brought him over to Kirksville. Also I told them he might die on the road, though there was no more danger of his dying on the trip to Kirksville than there was while lying there in his own bed. As to results there was no way for us to know what could be accomplished other than by trial. I felt, however, that

there was more than one chance in a hundred to save his life through osteopathic treatment.

The next afternoon the old Judge landed in Kirksville with the son and the daughter who were anxious for him to try osteopathic treatment. I do not recollect whether Dr. Still ever saw him. I rather believe he did, for the old Judge was my patient, and I treated him during his stay in Kirksville. After he had been there about three or four weeks, he was up and able to walk downtown and back. On one of these trips, early one morning, he met Judge Ellison driving in his carriage down the street. Judge Ellison stopped to exchange courtesies with the Judge. While able to walk and get about town, he was still somewhat confused, and when Judge Ellison, in his courteous way, began talking to Judge Thompson, somehow the old Judge, still mentally unbalanced, did not understand what was going on and threatened to pull Judge Ellison out of the buggy and give him a thrashing there on the street.

After three or four more weeks, the old Judge conceived the idea that his children at home were undertaking to rob him of his property and everything was going wrong. He felt he should go home and see about things. Dr. Still was consulted, and we decided he should be permitted to go home.

When Judge Thompson returned to Kirksville, after a few days, for further treatment, the proud little mother, his wife, came with him and was able to care for him and control him without other assistance. He had made wonderful improvement during his brief stay at home. He was in Kirksville, all told, not exceeding two months. His eventual recovery made a lasting impression not only upon the patient and his family, but also upon other people with whom the family was well acquainted, resulting in many of them coming to Kirksville for osteopathic treatment.

The morning Judge and Mrs. Thompson left for home I was sitting out on my front lawn, about seven o'clock, reading the morning paper. I saw them coming up the street toward my residence. They walked up to me and the old Judge shook my hand, saying that they were leaving for home and had come expressly to say goodbye, to thank me again and tell me how much they appreciated what we had done for him. The wife turned to tell me goodbye and extended both hands which she placed in

both of mine, but could not utter a word. Blinding tears were running down her face. I can see them yet as they turned and walked away—he, a well man, and the little wife overwhelmed with gratitude.

The successful treatment of this mental patient was one of the influencing factors which gave the writer the courage to undertake the work he is now doing at Still-Hildreth Osteopathic Sanatorium in Macon, Mo.

Two or three years later I had a telephone call from Judge Thompson who wanted to know if I could come over to Unionville right away and see John, his son. He was the one who was so antagonistic to my going to examine the old Judge in the beginning. I said to the Judge over the phone, "What is the matter with John?"

He replied, "He has acute appendicitis and the doctors want to operate, but I will not let them operate until you come to see him. Will you come at once?"

My reply was, "I will be there as soon as I can." I arrived at Unionville about three o'clock that afternoon. John lived seven miles out in the country on a farm. I was driven there by horse and buggy, arriving late in the afternoon. I found John lying flat on his back in bed with pillows under his knees and between them to keep his limbs from straightening down and thus adding to his pain. He had a temperature of 103 degrees Fahrenheit. On putting my hands on his abdomen, I found the muscles very tight and tense. I laid them there gently, but did not manipulate, just held them there flat and easy, until the tissue began to relax. Then I said, "John, turn over on your side."

He said, "Man alive, I cannot turn over, it will kill me."

I said, "All right, we will wait awhile and see what can be done." Then I began treating him again by reaching across his body and around to the back on the opposite side, relaxing the muscles along the spine, especially from the eighth and ninth dorsal down. I worked first on one side and then on the other and then said, "Now John, let's try to turn over, I think I can help you." I removed the pillows, took hold of his knees and gradually helped him turn on his side. I worked with him quite a bit until the muscular tissue softened along the spine and the abdomen relaxed and softened to quite an extent.



About that time his allopathic physician came from Unionville. I said to him, "Doctor, I am not here to interfere with your practice, I cannot stay and take care of this man. I am here because Judge Thompson and his family requested me to come to see John."

He replied, "That is all right, I have every confidence that you know what you are doing." He treated me kindly and courteously. He had brought with him a physician friend from south Missouri and before the doctor left he said to this friend, "Examine John and see what you think." He passed his hands over the abdomen a time or two, but did not touch his back. Then he remarked, "Typical case, a typical case of appendicitis." Then the doctors left.

In about another hour I treated John again. By that time I could roll him from one side to the other—he was already getting better. I thoroughly treated the muscles up and down the spine until I felt them soften and relax to the point where I knew they were sufficiently normalized that I could safely return to town.

I have often heard osteopathic physicians remark that the patient should not be treated when an acute inflammation is present. I shall never forget what Dr. Still had to say about a case of inflammation of the bowels. He advised treating, but said one cannot manipulate or treat vigorously such a condition because it is like spanking a child when crying to make it stop crying. The area there is already inflamed and one secures results only by applying what he called "inhibition," or a quieting treatment by laying hands flat on the tissue and relieving the tension there, in other words one should use a soothing method to the abdominal surface thereby affecting the nerve endings and through them reflexly affecting the muscles.

I spent the night in Unionville and returned the next morning to find him very much improved and the temperature lowered about three degrees. I treated him again and told the family that it would be impossible for me to remain longer, but that downtown there was a woman who was a good osteopathic physician, Dr. Foster. She could continue the treatments. I suggested that they have her treat him once a day for two or three days, at the end of which time he should be much improved. He, who had been so bitterly opposed to my coming to see his father was very

grateful. There isn't a doubt but that John would have been operated upon for acute appendicitis had it not been for osteopathic treatment.

A few years later the old Judge came to me at St. Louis to have his eyes examined. While he was there I asked him one day about John. I was anxious to know if he recovered permanently. He said, "Sure, never had any more trouble. And, do you know, that is a funny thing to me, Dr. Hildreth, those doctors up there all said that you might relieve him temporarily but the trouble would return; but it did not return."

I kept in touch with John for twenty years or more. He never had another attack of appendicitis.

It would be easy to fill a large volume with just such incidents as those that have been chronicled herein. Throughout all the years of my association with Dr. Still, while osteopathy was growing and developing, it has been my supreme desire to find the way wherein I might serve to the greatest advantage those who are not only practicing this great profession, but also those who might need osteopathic services. My heart's great longing, through my connection in this profession, has been to give to suffering humanity that which would guarantee the most relief.

Dr. Still's great dream resulted in the discovery of a system of healing late in the nineteenth century which has left to humanity a rare heritage, assuring the continued lengthening of the shadow of a great man.

During the entire time of my association with Dr. Still in Kirksville, in the schoolroom, in the clinics, on the streets, and in our own home where he came frequently (ofttimes coming early in the morning before we ate breakfast and sitting down to our table and eating with us) everywhere, he was just the same man. The growth and development of his system in no sense disturbed the superb mental balance of the man and never in any way seemed to give him a more exalted opinion either of what he had accomplished, or of himself. He was an influence for good at all times. His mind was centered constantly upon the high purpose of his life's work and how best to accomplish it. He had no exalted ego, no thought that he was doing other than following in the simplest, plainest, most common sense way the work that had been given him to do. So simple was his method in carrying out

his purpose, that it was hard to realize all of the greatness of the man who had accomplished so much for humanity.

All of these case histories have been briefly outlined and the results of treatment chronicled to the best of my ability. I desired to tell the exact truth of the alleviation of suffering which was accomplished with my own hands with simple old-fashioned technic used in the beginning of osteopathy. I wish I had a knowledge of words to give to my readers, especially osteopathic physicians, the specific technic as employed by Dr. Still. It is a shame that he did not put in writing some of the important manipulative methods which made him famous.

## CHAPTER VI

### MORE INTERESTING CASES

VIRGIL Hook, a man with whom I attended our state normal school at Kirksville in the late seventies, and with whom I became very well acquainted, walked into one of my treatment rooms in the old American School of Osteopathy building one day in August, 1895, and said, "Arthur, I want you to examine me." He was a well-built man, six feet tall, square shouldered, and well-proportioned.

I asked him, "Virgil, what is the matter with you?"

He said, "The doctors claim I have pulmonary tuberculosis and advise me to wind up my business because I will not live very long."

I placed my ear against his chest and listened carefully. No rales or other abnormal sounds were audible at any spot in his lungs. On percussion of his chest I found some dullness in the area between the fourth and fifth ribs on the left side. On examination of the bony framework of the thorax, I found a very sensitive point at the junction of the fourth and fifth ribs with the spinal column on the left side. While he was lying on the table, I treated him.

Then I said, "Virgil, if you will stay around here for a month or six weeks we will know more about your condition. My opinion is that you do not have a tuberculous condition of the lungs."

But he replied, "I cannot stay here now, I must go home and attend to my business." He was filling some county office in his locality in Oklahoma.

"How can I help you," I said, "unless I can get my hands on you and treat you?"

Nevertheless, he went home, and, surprisingly, in a short time, he was so much improved that he was able to take care of his business and did not have to sell it. The following February, in 1896, he returned to Kirksville for a month's treatment. He improved rapidly and gained twenty to thirty pounds in weight. He was wildly enthusiastic about osteopathy. What did he do



but return to Oklahoma, wind up his affairs, and land in Kirksville in May, 1896, to study osteopathy. After graduation he located in Wilkes-Barre, Pa. He practiced a great many years and became one of the most prominent osteopathic physicians. He started a small college of osteopathy and conducted it for a number of years. Just lately he passed to the great beyond.

The results obtained in that one case brought six or eight Hooks, brothers and sisters, to Kirksville to study osteopathy. At the present writing descendants and relatives of the Hook family are still studying osteopathy.

Some time during the fall of 1894, while shopping downtown in Kirksville, I met a friend, Horace Sheeks by name, who was the son of a former sheriff of Adair County. The family was widely known. Horace had had typhoid fever during the past summer and had come near dying. However, he pulled through and was slowly recuperating when I met him in a store. He was hobbling along with the aid of a cane. He was unable to stand straight, being drawn over to the right side. He said to me, "Dr. Snyder of Millard is going with me tonight to Hot Springs, Ark. I am going down there to see what those baths and packs will do for me."

I said to him, "All right, Horace, go on, keep on trying experiments, and when you reach the time when you have given up and think you are going to die, come over and we will cure you."

He replied, "Osteopathy is all right for some things, but it could not cure me."

That was the attitude taken by a great many people in the early days, and we find even now intelligent people who think osteopathy is good for some things but not good for others. Some six weeks later I was notified at the office of the American School of Osteopathy building that there were some folks waiting to see me. I was informed it was the elderly Sheeks, former Sheriff, and his son, Horace. It made me mad to think that he had undoubtedly done exactly what I had told him to do when I saw him in town before he went to Hot Springs—Horace was coming to see us when he thought he was going to die.

I found the patient very much emaciated and drawn still farther over to the right side. He told me that he had been suffering for weeks with dysentery, that no matter what he put in his mouth

it passed right on through him without any indication that the digestive tract had handled the food at all.

On examination I found a distinct lesion in the region of the ninth and tenth dorsal vertebrae. The spine in that area was convex on the left and concave on the right. The tissue of the entire lumbar region was very tense, and the muscles of the abdomen were rigid. I said to him, "Horace, what did you do? You have injured yourself sometime here," pointing to the lower back.

He replied, "Oh no, I have had no injury."

"I do not know what you have done, but by strain or other injury the nerves in the low-back region have been disturbed. After giving him a thorough examination, Horace said, "Author," for that was the way he pronounced my first name, "can you cure me?"

My reply was, "Old man, you have put it off a long time; you have done exactly what I expected you would do—you have waited until you think you are going to die, then you come here and ask me if I can cure you?" I told him I did not know what osteopathy could do for him, but if it was his desire, we would do the best we could.

"All right, Author," he said, "treat me." This I did, every day for some time. The essential part of his treatment was directed toward releasing those nerves affected at the tenth and eleventh dorsal vertebrae. There was little inflammation and no fever in the case, consequently I could give a pretty thorough corrective treatment. In addition to the manipulation, I applied steady pressure, usually at the end of the treatment, over the sacrum and lower vertebrae of the back while the patient laid on his side. This intended to "inhibit" the abnormal activity of the bowel. Dr. Still taught us also to stop flux, dysentery, and almost all bowel involvements by correcting the floating ribs on the left side. His reasoning was that the lesser splanchnic nerves controlled the function of the descending colon on that side.

It had been my privilege previously to watch Dr. Still cure a man who had been troubled for two years or more with chronic dysentery. He had been in hospitals all over the country, including one in Chicago, with no improvement in his condition. Watching Dr. Still treat that patient was one of my first lessons in bowel disturbances, hence, in the Sheeks case I was following Dr. Still's

teaching to apply inhibition and treat the left floating ribs, as well as correcting the spinal lesions as I found them.

When this patient came into the room for his second treatment, he said, "Author, I *did* hurt my back! I now remember I strained my side at that point one day when unloading a carload of potatoes. As I lifted a heavy sack full of potatoes, pain shot through my right side where you put your hand when you examined me." In that region may be found nerves which reflexly control intestinal function. Disturbed bony structure had irritated these nerves to such an extent that the bowel function was upset and dysentery resulted. Here, again, I had positive proof that Dr. Still knew what he was talking about when he said to me that day on the train that he could teach me all he knew.

Another explanation of the symptoms produced in connection with that case is interesting though a little technical. Typhoid fever centralizes its reflex effects in the very area where those nerves which were disturbed are found. The reflex irritation of the posterior nerves produces a contraction of spinal muscular tissue which offers a reasonable explanation for the bent-over position of the patient.

In spite of his apparently hopelessly chronic condition, Horace recovered in a reasonable length of time.

Experience with this difficult case added to my confidence in osteopathic therapy and it should prove to every osteopathic physician, as well as laymen, the great therapeutic value of Dr. Still's discovery. If I, with only my hands, could secure a result like that in those very early days of osteopathy, what should our osteopathic physicians with their wonderful diagnostic advantages, increased knowledge of disease, and improved treatment methods today be able to accomplish if they only had the same confidence in Dr. Still's fundamental principle.

In the fall of 1895 Dr. Still sent me to Sioux City for a few months to take care of a number of patients who had previously been in Kirksville for treatment. They were business men and women who were not able to return to Kirksville for their treatment. Some of them wanted their friends to have osteopathic treatment. While in Sioux City I received a letter from Horace Sheeks who asked if he could study osteopathy with me. Think of it! I wrote him immediately and told him the place to obtain

osteopathy was in the school at Kirksville and for him to enter and learn it as he should in the right way. But he did not accept my advice. The next I heard of him, he was located in Atchison, Kans., practicing osteopathy. He probably had secured some individual osteopathic physician to teach him something of osteopathic manipulation. Strange to say, he made quite a reputation for himself and practiced what he called osteopathy in that town until he died. He made many friends and when the state of Kansas recognized osteopathy by law, his friends helped him, I believe I am correct in saying, to secure a license to practice osteopathy even though he did not have a diploma. At least he was able to practice without interference from the authorities.

I met him one time in Kirksville after he had been practicing for awhile in Kansas and I said to him, "Horace, if I had known you were so 'onery' that you would undertake to fake the system that saved your life and go out and offer to treat people without proper knowledge, I would gladly have let you die when you came nearly dead to me that time. That is what you deserved." He laughed about it, but to me it was no laughing matter.

One day, I think it was in the spring following the first winter class, Dr. Still's hostler, a man who had taken care of his horse, carriage, and stable, was missing. The next we heard of him he was over in Indiana claiming to practice osteopathy. The Old Doctor said, "I never thought that anything I might do or give to the world would be used to rob people of their money, or lead up to their trying to do something they knew nothing about." To him it was a source of grief to think that this ignorant man, and he was ignorant, would undertake to practice osteopathy. There was only one consolation, he said, and that is that only the genuine things in life are counterfeited, that even this man's counterfeiting proved the worth of his discovery. There were many others who tried hard to fake osteopathy in those early days. Dr. Still was truly a great man, a philosopher, and not always understood.

One Saturday evening a very distinguished looking gentleman and his wife arrived at the infirmary. There being nobody left at the school building but myself, they were sent to me. They came into my treatment room and the man introduced himself as Dr. J. T. M. Johnston, a baptist minister. His parish at that time was the First Baptist Church at Jefferson City, Mo. He was

a tall, fine looking man, a man of prominence in church work and widely known all over the state. He was quite wealthy and had been spoiled somewhat by having his own way. The minute he came into the room I observed that he had some kind of an inflammatory condition of the eye.

After introducing himself, he told me that he had come to us for examination and treatment of his eyes. He felt that he knew a great deal about his own condition. He had inquired for Dr. Still, but Dr. Still was not around. My recollection is that he was referred by the late Governor Lon V. Stephens, who had been a patient at Kirksville. Governor Stephens knew of Dr. Johnston's long suffering and suggested that the latter go to Kirksville.

Dr. Johnston said that he had been going to specialists in St. Louis without much benefit. He told me his eyes pained him terribly. I observed that the eyes were bloodshot and the lids and tissue around the eyes were inflamed. After talking to me a little while and giving me the history of his case he said, "Can you cure me?"

I replied, "I don't know whether we can cure you or not and we can only know by trial."

He said, "How long will it take?"

My reply was, "It might take a month, and it might take two or three months, but it will be necessary to give us a fair trial."

"Man alive, I am a busy man, I cannot stay here, I must go back home to my work."

He had been acting in such an independent manner, I became a little independent myself and replied, "All right, they are your eyes, you can take them back as they are if that be your desire."

He looked at me, then, and smiled, and said, "You may examine me." I found that the muscles of the spine from the first to the third cervical vertebrae were very tense and the surface tissue very sensitive to touch; there was also a joint lesion between the first and second dorsal, in which location Dr. Still taught us to look for various eye troubles, especially when the eyeball itself was involved.

After examination, I said to Dr. Johnston that I believed we could help his eyes. He said, "Do you mean to tell me that you can cure my eyes without putting medicine into them, or something of that kind to relieve the pain? Do you know that I have,

in my little grip, a dozen different kinds of medicine? What shall I do if those eyes begin to pain me in the night?"

My reply was, "Get out of bed, come over to my house and I will treat you."

He replied, "And you think you can relieve my eyes in that way and you do not want me to use any of that medicine?"

I then explained to him that if I did not believe I could help him I would tell him so, and added that I did not want him to use one drop of that medicine; if I was going to take care of him, I wanted to treat him my way. He agreed. Part of the treatment consisted of placing my fingers one on each side of the spinous processes of the upper three cervical vertebrae and then pressing gently until I felt the tissues beneath my fingers relax. Then I would carefully rotate (no popping of the bones in my treatment then or since) and extend the neck until the tissues felt normal. The treatment of the first and second dorsal was similar, only greater force was applied in order to get complete freedom of the nerves at that point.

When he was preparing to leave the room, I told him to come over to my home on Sunday afternoon, and I would treat him there. At the appointed time he and his wife walked in. I did not even ask him how he felt. He had aroused my antagonism to such an extent I wanted to be as independent as he was. I knew, however, that his eyes were better because the inflammation had already subsided to quite a degree. This may seem almost unbelievable, but when one has witnessed other remarkable effects secured by osteopathic treatment, he is not surprised. I treated him that afternoon and told him to come to the office the next morning. In those days we were very busy. We only had the original part of the present old school building in which to take care of patients, and during treatment hours the treatment rooms, up and down that hall, were always full. The great big waiting room on the west side was crowded, too. Early that Monday morning I was called to the desk in front, and as I walked toward the window in the secretary's office, I heard a voice say, "Oh, Dr. Hildreth," and it was Dr. Johnston fighting his way through the crowd. In a loud voice he said, "Dr. Hildreth, I have confidence in your treatment and in you now." On looking at him I could see that his eyes were much clearer.

I told Dr. Johnston that I was glad he had confidence in me, and added, "however, that was not necessary for the cure of your eyes." Dr. Still examined Dr. Johnston soon after he arrived. He verified my findings and told me to continue my treatment. He was interested in this case because of the prominence of the patient, and was happy over the results. Dr. Johnston and I became good friends. His eyes improved rapidly. He was with us about a month or six weeks. All the pain left and the inflammation was eradicated. Not a drop of medicine was used, just good old-fashioned ten-fingered osteopathy.

Dr. Johnston was planning to make a trip to Europe the following summer. He wanted me to go abroad with him as his private physician and treat him while on that trip. He made me a handsome offer, but I was just beginning the practice of osteopathy and felt that I could not spare the time. However, I was pleased with the thought that he wanted me.

The cases described in this chapter are perhaps spectacular in the eyes of those unaccustomed to osteopathic results. But my desire has been to report a diversity of conditions with which I was fortunate enough to obtain good results, so that the physician, or student, or lay person, who reads this book may know something of what was accomplished in the beginning with hands that were comparatively inexperienced in years. Each patient whose case is chronicled here was made well by the power of Nature exercising the law of the human body, which, in substance, is that when nerves are undisturbed in their function and the blood supply is unobstructed, health will be the result. The most frequent cause of blood and nerve disturbance is a mechanical defect of the nature of the osteopathic lesion. Correcting physical defects gives Nature the opportunity to do her own work in her own magnificent way.

There was a winter or two in Kirksville when quite a number of children were brought to us who were left with the after effects of cerebral meningitis. We secured very remarkable results with these children in most instances. Many of them would have been left cripples for life if they had not had osteopathic treatment. But we could have obtained even greater results if they had been reached and treated early in the disease. I have often wondered how many of the crippled children now being treated at Warm Springs, Georgia, would have had to go there, had they been treated by osteopathy in the beginning stages of the disease. Judging

by our experience at Kirksville, there is no question but that great numbers of them could have been cured and their crippled conditions avoided if they could have been reached in time.

I distinctly remember the case of one little girl, probably eight years old, the daughter of a man I had known for years. She was brought into my office one morning in the arms of her father. Her limbs were lifeless so far as motion and sensation were concerned. She was paralyzed in both legs and partially in both arms. She had been in that condition for a week or ten days. She had gone to bed seemingly in the best of health and awakened in the morning without the use of her limbs. On examination of that little patient I found specific lesions in the region between the fourth and eighth dorsal vertebrae. I applied my treatment to correct these defects and gave general treatment to improve circulation. The father was faithful in bringing her to me for treatment and in a reasonable time her limbs began to respond.

There were a number of children brought to us about that time and I believe I am correct in stating that all who came were cured except one. This unsuccessful case had been of longer standing than the rest and the parents allowed us only a short time with the patient. We do not know whether her condition was curable or not.

It seems to me that if the results secured in cases of cerebrospinal meningitis in that early day were known more widely today, children would be given the benefit of osteopathy, not only to prevent crippling, but also to build up their resistance to such diseases. Here is another field where osteopathy could render a service little dreamed of by many well-meaning people who think that their only recourse for such conditions is through the use of serums, vaccines, etc.

Another very interesting childhood case was the son of one of our students. This boy, about ten years of age, was suffering with diabetes. His father brought him to me after he had been in school a short time and said that the outlook for his son, judging by what others had said, was not at all good. He was very anxious, and when I took the case, so was I. The boy's abdomen was distended and he was passing quantities of urine; if I remember correctly as much as a gallon and sometimes a gallon and a half during one night. He was emaciated and very sallow. I undertook the case with much misgivings. He had a rigid spine from about the eighth dorsal vertebrae down and specific lesions at the

ninth, tenth and eleventh dorsal. My treatment consisted of manipulations of the soft tissues together with rotary movements and some extension of the spine. I would stretch the spinal column and the tissues on each side of it with my hands, extending the treatment from the base of the brain down to the sacrum, loosening the muscles and correcting whatever little deviations I found. But specific corrective work was given at the ninth, tenth and eleventh dorsal vertebrae. To my surprise and the father's joy, the son soon began to respond and eventually made a very satisfactory recovery. The father of this boy is at this time a prominent osteopathic physician in one of our Ohio cities.

Dr. Still said many times that if the osteopathic physician was a master of his art and thoroughly qualified in his system of treatment, there were many thousands of people whom he could save by intelligent use of his fingers, save them from years of invalidism, operations, and even death.

There is so much that could be said relative to his example, his far-reaching vision and confidence in the power of the law with which he was dealing; osteopathic physicians should know all of these things, not alone for their individual sake and success in life, but also for the sake of the sufferers who come to them, that they might be enabled to render a service worthy of the man who gave osteopathy to the world, a service superior in every way to any system ever discovered.

It was my privilege recently to hear a talk in Omaha by Dr. C. B. Atzen, a former president of our American Osteopathic Association, and a pioneer in osteopathic practice. His subject was "Selling Osteopathy to the Osteopaths." That is the crying need of our profession at this time, "selling osteopathy to the osteopaths." We are living in a day and age of an enlightened public and as a rule those people who want an osteopathic treatment and osteopathic service are posted. When they go into the office of an osteopathic physician they are hungering for an "A. T. Still treatment" and not for physics, hot air machines, or anything else but the genuine article. As a rule they want a manipulative type of treatment and are disappointed if they do not get it.

To me it is almost a crime that all osteopathic physicians could not have had the opportunity of standing by the Old Doctor in those early years and of watching his technic.

## CHAPTER VII

### FIRST EXPERIENCE IN LEGISLATION

IN January, 1895, Dr. Still and his sons selected me to go to the State Capitol at Jefferson City, to see what I could do towards securing recognition by law for the new profession. It was necessary that the graduates of the American School of Osteopathy have the right to practice their profession as law-abiding citizens in the state of the birth of osteopathy. Messrs. F. M. Harrington and Henry F. Millan, two of the leading lawyers in Kirksville at that time, were sent with me. It was my first visit to our State Capitol, in fact to any state capitol, and I knew absolutely nothing about the procedure necessary for securing the passage of a bill recognizing our profession. Mr. Harrington and Mr. Millan instructed me, as best they could, spent two or three days there introducing me to the leaders in the two bodies of the legislature, and then left me to fight the battle.

At that time the only osteopathic physicians practicing in Missouri were at Kirksville—Dr. Still and his associates; hence we had a new proposal to make to the legislature about a new kind of healing absolutely unheard of except in a very few scattered communities in the state where Dr. Still, on various trips, had demonstrated his ability to reestablish health in sick bodies. It was necessary, first of all, to educate the members of the legislature as to what osteopathy was and what the osteopathic profession wanted and needed in the way of legislation. That was my task. Inexperienced as I was, and feeling very green and unprepared for the undertaking, I, nevertheless, went to work with every confidence in our success.

From the beginning, I made it a practice to offer to treat every member of the legislature who was not well. Soon after our arrival in Jefferson City, Mr. Harrington introduced me to the late State Auditor, Colonel Seibert. He informed me that he had been suffering with "rheumatic gout." He was using crutches. He said that he had heard of osteopathy and wanted to try our treatment. I treated him later that day and many times after

that. In two or three weeks he had discarded his crutches, and was able to be about the city in comparative comfort. He certainly took every opportunity from that time on to tell his friends who and what had benefited him in such a wonderful way. He was so much interested in our needs that he took it upon himself to take members of the House and Senate home with him to dinner in the evening and there would tell them how much osteopathy had done for him, how much relief it had given him, and that he believed there should be a bill presented and a law enacted to recognize osteopathy and to give the people in the state an opportunity to have osteopathic treatment. His assistance was one of the main factors in securing passage of our first bill in Missouri. Colonel Seibert, who was for many years associated with the Missouri Pacific Railway Company, lived until just a few months ago. He was always a staunch friend of the osteopathic profession.

My task was interesting because my heart was in my work. I had every confidence in our own system and did not hesitate to tell others. What the members of the legislature needed most were the facts, so far as we could give them, relative to what osteopathy was accomplishing. After becoming better acquainted, I treated the members of the legislature for sore throats and colds, for nose bleed, sciatica, and constipation, in fact for all types of ailments, acute as well as chronic. It is surprising how many real friends were made for the osteopathic profession in that way. Considering the fact that only a little over two years ago I began the study of osteopathy, I was securing results, by manipulative treatment only, which brought friendly support for that first bill.

There was a group of about ten House members from south Missouri who were kind enough to listen to me but nonetheless skeptically. While they did not say much, I knew that they were not going to vote for this measure unless they had more convincing information than I had been able to give them. In thinking over the people who had been benefited at Kirksville, I remembered a farmer from northwest Missouri whose wife had been treated successfully by Dr. Still and who was quite enthusiastic over the new treatment. I wrote Dr. Still and asked him to have this man come to Jefferson City for two or three days, if possible, and help me with this work. In bringing this man to Jefferson City

I especially had in mind the representatives from south Missouri whom I had been unable to interest in our cause. When he arrived, I took him to meet one of the members of that group. To my surprise and his this representative happened to be a man who had worked for this friend of ours on the latter's farm and, of course, they were delighted to see each other. As a result of this little meeting, every one of those members who had been skeptical gained information from this mutual friend and helped in every way possible to pass our bill.

So often one hears people say, "Oh, politics are corrupt and the members of the legislature are just as corrupt because they resort to very unscrupulous procedures." Let me answer those people by saying that after spending two terms in the House and later two terms in the Senate as a member of both of these bodies from my district in Missouri, I want to here record that during this long period, beginning in 1895 and ending (so far as close contact with the work was concerned) in June, 1931, there was always a great number of the members, a large majority in each body who wanted to do the right thing if they only knew what that was; in other words, they welcomed information based upon facts in order that they might vote intelligently for the best interests of the communities which they represented. It was a fine experience and while one occasionally contacted individuals who were expecting something, yet the majority of the members were always ready to do the just thing. It is a pleasure to chronicle my experiences here because of the prevalence of the idea that there is so much corruption in legislative procedure and among the members of the legislative bodies.

The osteopathic bill was introduced in the Missouri House of Representatives by Perry D. Grubb of Gibbs, Adair County. He was very valuable to the successful passage of our bill.

Inasmuch as I knew that the physicians of the "old school" looked upon us unkindly, I did not think it was wise to try to discuss the proposition with them. My work was simply with the lay members of the two legislative bodies. As a result, our bill was passed, in the House, by a good majority, and, in the Senate, by every vote except the votes of three allopathic physicians. This is not mentioned because of animosity toward that profession, but I wish to call attention to the fact that in our first



battle for recognition, the only political opposition came from the allopathic profession. This was true not only in the Senate, but also in the House. Quite a number in the House who voted against our bill were not physicians but were not as well informed as they should have been. It is true that during my entire legislative experience, from the beginning battles to the present day, the only organized opposition to the growth of the osteopathic profession has come from that one source. However, I believe that the allopathic members thought they were taking a stand that was just to the public welfare and the health of the people in the state of Missouri.

Feeling that I was not the man to meet the Governor and lay the matter before him for his signature to the bills passed by the Senate and House, I returned to Kirksville and left that matter to A. N. Seaber, our Senator from Kirksville. He was a fine man and had done much to accomplish the passage of our bill. We were confident the Governor would sign it.

Only a few days after my return to Kirksville, Senator Seaber wired Dr. Still to the effect that, in spite of all he could do, Governor Stone had vetoed the osteopathic bill. Perhaps you can imagine my disappointment, and I might say heartache, because it was a big undertaking to get that bill through both houses, and our graduates needed such a law.

My first thought was of Dr. Still and how badly he would feel. I wanted to find him and console him. He was not at his home, nor at the infirmary; finally I was told he had been seen going downtown. My home was between the osteopathic school and the business district of Kirksville, so I planted myself in our front window and waited for Dr. Still to appear. After a while I saw him coming. It was in early spring and the weather was a little cold. I slipped on a light overcoat, put on my hat, and ran out to meet him. Before I reached him, fifty feet or more away, I could see he was smiling and the nearer he came to me the broader his smile. His first words were, "Arthur, you need not worry over that veto—that was a poor bill. Next time we will get a better one."

This incident is related for the purpose of helping the reader to understand that no matter what the adversities were, Dr. Still always met them with the same indomitable will power and un-

conquerable spirit. I asked him to come into the house and chat awhile, but he declined. Instead, he walked around back of our little home and to the side of the woodhouse. The wind was cold and raw from the northwest, so we stood on the side which broke the force of the wind and likewise lessened our exposure to the cold. We had quite a visit there. In talking over the situation that afternoon, he was trying to console me and there I was worrying about him, wishing I could lighten his burden. He told me that I need have no fear as to the future of osteopathy. It had been given to mankind for a high purpose and he knew it would be carried on and eventually become one of the most important methods, if not the leading system, in the cure of disease. Through all the later difficulties, with all his stupendous responsibilities, fighting against those who attempted to stop the progress of our profession, he manifested the same attitude he had with me when he said: "That was a poor law. Next time we will get a better one."



## CHAPTER VIII

WELL-KNOWN PERSONS AMONG THOSE FLOCKING TO  
KIRKSVILLE

DURING the spring and summer of 1895, Dr. Still continued to attract attention with his work, securing even more spectacular results and creating a broader and better foundation for the future of osteopathy.

While familiar with the following case, I am indebted to Dr. Charlie Still for the report in detail:

This case was remarkable because the patient had been suffering for months and was virtually cured in one treatment. At least the first treatment did so much for him, he felt that a miracle had been performed. This treatment went a long way towards correcting the condition, though, of course, he was kept under observation for two or three weeks longer. The patient was using crutches when he came to Kirksville. His home was in Council Bluffs, Iowa, but he had gone to Chicago to consult an internationally known surgeon. The eminent authority had pronounced the condition tuberculous synovitis of the knee, and had recommended immediate amputation of the limb, or the disease might spread and prove fatal. With that thought in mind, the patient returned to Council Bluffs to get his business into shape before undergoing the operation. Enroute to Chicago for the amputation of his limb, a conductor on the Burlington train, seeing him on crutches said to him, "Why don't you get off the train at Ottumwa and go on to Kirksville and consult Dr. Still, 'the bonesetter' down there, who has been securing some remarkable results? I have brought people to Ottumwa from different parts of this state and country who were on their way to Kirksville to see Dr. Still. Many of them were seemingly worse than you are, and after a reasonable time have returned home well. Why don't you try him? I will let you off at Ottumwa, and if you find that Dr. Still cannot do anything for you, I will accept your ticket for the balance of the journey. I feel that you might be greatly benefited at Kirksville." This gentleman accepted

the advice of the conductor, took a train for Kirksville and arrived there at 10:00 o'clock in the morning.

There was a train, at that time, that ran from Ottumwa through Kirksville to Moberly. The patient alighted from the train at Kirksville and hobbled on his crutches into a bus that was standing there for the purpose of transferring patients to the infirmary and to the hotels. On arriving at the infirmary, as the old part of the original school building was called at that time, he asked to see Dr. Still. He was directed into one of the treatment rooms which happened to be one of Dr. Charlie Still's rooms. At that time Dr. Charlie was a very young, boyish looking fellow to be called a physician. As he entered the treatment room he said to the patient, "What can I do for you?"

Very curtly the patient replied that he came there to see Dr. Still.

Dr. Charlie said, "I am the son of Dr. Still and I assist him in this work."

"Well," the patient replied, "I came here to see Dr. Still, and not one of his hired men."

Dr. Charlie sent for the Old Doctor and told his father that this man did not want to see one of Dr. Still's hired men. Unperturbed, Dr. Still asked the patient what his trouble was.

"I have a tuberculous knee," he replied, "and I was on my way to Chicago to have my leg amputated by Dr. Blank, the noted surgeon."

Dr. Still said to him, "Lie down on the table." He found the limb in a brace, the purpose of which apparently, was to keep the weight off the inflamed knee. After removing the brace, he began his examination.

He said to Dr. Charlie, "Hold this man on the table while I examine him," which Dr. Charlie did. In making the examination, Dr. Still, seemingly, ignored the knee while he palpated the hip. He diagnosed the condition a partial dislocation of the hip joint. He asked Dr. Charlie to hold the patient firmly. The Old Doctor held the hip with one hand, while the other grasped the patient's foot and used it to flex the limb and rotate the hip into the correct position. He used his chin on the knee, pulling externally while the limb flexed, then he straightened it down and corrected the dislocation. After this treatment, he said to his

patient, "Stand up!" Then, "Now, stamp your heel on the floor!"

The patient replied, "Why, Dr. Still, my surgeon forbade my bearing weight on that limb."

"I am your doctor now, do as I tell you."

The patient obeyed and stamped his heel a time or two. Then Dr. Still said, "Now you can walk across the floor." By this time the patient was excited, and while remonstrating, he walked across the room and back two or three times; he found that the one simple treatment which Dr. Still had given him had relieved him of all pain. He was overjoyed.

The patient had rooms at the old Still Hotel which was then quite a large building in comparison with others in that small city. It was erected by Dr. Harry Still, son of the Old Doctor. Before going to his hotel, the patient had the bus driver take him directly to the station from which he sent a wire to his wife and family at Council Bluffs: "I am cured, sound and well." Upon receipt of this telegram a friend of the family was sent immediately to Kirksville because his family and friends felt that he had lost his mind. The friend arrived the next day and after seeing the patient and talking to him, he wired the family that a miracle had been performed. They were so excited over the matter, the whole family, including the patient's mother and father, set out for Kirksville. Not only the family from Council Bluffs came, but also the patient's mother-in-law and father-in-law who lived in New York City.

The mother-in-law had spent a great deal of money and time trying to get well from a condition that had been pronounced incurable. She was very wealthy and had gone to Carlsbad, Germany, for several months, and had patronized the most noted physicians, but without securing relief. They arrived in Kirksville in due time and joined the family of the patient. Such a jubilation and rejoicing, you never saw. This mother-in-law, after learning of the patient's recovery, immediately placed herself under Dr. Still's care and made a remarkable recovery. These cures resulted in attracting the attention of some of the most prominent people in the country to osteopathy.

A little incident which happened in connection with this case might prove interesting. A young man, whose wife was in Kirks-

ville at that time for treatment, happened to be at the station when the above described patient alighted with difficulty and climbed into the old bus. He had noticed the cripple and wondered if Dr. Still could cure him. Later in the afternoon, upon returning to his hotel which happened to be the Still Hotel, he learned that his wife had changed their room, having moved into a larger room next door. In the room they had vacated, they heard someone walking. Then his wife remembered that she had left some little article in the old room and asked her husband to step in and get it. When he knocked and the door opened, to his surprise there stood the man he had watched get off the train with his crutches and get into the bus and start for Dr. Still's office. This young man said to the stranger, "Why, are you not the man I saw a short time ago alight on crutches from the train?"

"I am."

"What has become of your crutches?"

He replied that the Old Doctor, over there, had set his hip and he had taken his crutches away from him. He added that he was walking very comfortably without them and was extremely happy over the results.

In later years this young man became a close friend of mine. He and I served together in the Missouri State Senate for two terms of two sessions each. He was representing St. Louis County and I was representing the Ninth Senatorial District of Missouri, which was composed of Adair, Macon, and Shelby counties. It was during one of our numerous talks together that he told me of this experience in the old Still Hotel.

With the completion of the first permanent brick structure which, as you remember, was dedicated on January 10, 1895, the increase of patients as well as students became quite marked. There were a few graduates of the first class who were employed on the staff of physicians. Dr. Alice Patterson, Dr. Ella Hunt, and Dr. Joseph Sullivan, who had matriculated with the second class, assisted Dr. Still in his practice. Any one who had any connection with the school was kept very busy.

There were a number of prominent patients who came to Dr. Still about that time. One of the most noted was the two- or three-year-old son of the late United States Senator J. B. Foraker, whose home was in Cincinnati. His wife, with their infant son,

accompanied by a trained nurse to help her with the boy, arrived in Kirksville.

His condition was very difficult to treat. It had been pronounced hopeless by some of the noted specialists in the United States. It was not many weeks, however, before a definite change for the better was noted. Slowly this boy gained strength, but it was months before he was pronounced cured.

Mrs. Foraker lived in Kirksville most of the time for three years and became very active in the women's affairs in that town. She, it was, who made the statement that if Dr. Still, while he lived, had accomplished nothing more than the results he was securing through osteopathic treatment in diseases of women, that his name should last throughout all time. Mrs. Foraker, and her husband as well, were always ready to say good things about Dr. Still and osteopathy. With their help and influence a great many people were brought to Kirksville for treatment by Dr. Still.

Late in the summer of 1896, Mrs. Foraker purchased a residence in Kirksville. She purchased the home which my wife and I had owned for about six months until we left Kirksville for the purpose, as we supposed, of permanently joining Harry Still in Chicago. It is a house that stands on Osteopathy Avenue, fronts Pierce Street on the east and joins Dr. Still's residence in which he lived until his death, and for years owned and occupied by Mrs. Blanche Still Laughlin and her husband, Dr. George Laughlin.

During the Forakers' stay in Kirksville, Col. A. L. Conger, chairman of the National Republican Committee, was stricken with apoplexy. He was in Boston at the time. Knowing Senator Foraker and his wife and of the results secured in the treatment of their little son, Mrs. Conger at once called Dr. Still on the telephone. She asked if he could help her husband. He told her he would have to see the patient first. Colonel Conger and his wife reached Kirksville in a private car and he was at once placed under treatment. The Colonel was not cured entirely, but materially and wonderfully helped, so much so that he became quite active again. The stroke affected the whole right side of his body. He improved until he could walk fairly comfortably with the use of a cane. He and Mrs. Conger, like the Forakers, became very active in championing Dr. Still's discovery, osteopathy.

During the rest of Colonel Conger's lifetime he added his influence with that of the Forakers and many other distinguished people in bringing patients to Dr. Still for osteopathic treatment. Colonel Conger lived for a number of years. When he passed away Mrs. Conger, his wife, continued to be very active in aiding the cause of osteopathy. She even decided to become an osteopathic physician, and after graduation practiced her profession for a number of years in Akron, Ohio, their original home, not in an energetic way, but in a way that helped a good many people back to health. She was a very fine woman and contributed in a marvelous way to the growth and development of osteopathy.

It was during this same period, the early part of the year 1895, that Kirksville awakened to the fact that through the work of their one-time lowly citizen their little city was fast becoming world-famous. Its reputation as the home of osteopathy was placing Kirksville on the map, so to speak. One man, with his hands, was administering a treatment based upon the theory that disease is caused by structural alterations in the body machine, and through correction of such defects was curing many deplorable conditions that had been pronounced hopeless in many instances by men of high standing and splendid reputation. Dr. Still was attracting the attention of the public not only to himself but also to the city in which he lived. Thus his shadow was beginning to lengthen even as early as 1895. He was laying a foundation for an influence that would reach on and on until it would touch all civilization—an influence for good, an influence which was destined to result in many sick persons being brought back to health, happiness, and usefulness. How little Dr. Still dreamed, in those early days, of all that was to come through his discovery. It was an impossibility to even guess the results that would be accomplished by manual treatment applied according to the basic physical causes of disease. It was wonderful to watch the progress of that first institution. Through it all, day by day, with the work growing and expanding, with people flocking as patients and students to Kirksville, Dr. Still was the same man, unassuming, quiet, persistent, with marvelous courage. He was wholly absorbed by the work that was given him to do. But he was just the same man as I remembered him when I was a boy on the farm. There was no question but that his great dream was grad-

ually coming true. Although he was a very busy man, through all those years, he yet had time enough to put his hands on the people who came to him and asked him to rid them of disease, time enough to listen to hard luck stories of unfortunate human beings, and always ready with his purse to alleviate suffering and help unfortunate humankind.

During that same spring and summer of 1895 there were a number of people who came to Kirksville for treatment from Sioux City, Iowa. Among them were some very prominent business men of that locality. They urged Dr. Still to send a representative to their city in order that they might have treatment at home to finish the work that he had so ably begun. Complying with their request, Dr. Still sent me to Sioux City "to try my wings," as he termed it, and to see what I could do when on my own. My going to Sioux City was only three years after matriculation in that first class and a little over a year after receiving my diploma as a graduate physician. I opened an office in the Toy Block on September 1, 1895.

Within a few days I was notified by Dr. Conniff, the President of the State Board of Health, who lived in Sioux City, that I was practicing without a license and would have to stop. I consulted a lawyer, a man by the name of Linn and made arrangements for him to defend me if the Board of Health should press a charge against me. Mr. Linn looked forward enthusiastically to the prospect of a legal fight between doctors. He had had some experience in handling medical suits and he was anxious to get at it. Dr. Conniff notified me that he was going to interfere with my practice. I sent word back to him that my office was in the Toy Block and that I was living at the Mondamon Hotel where he could find me any time, day or night. If he wanted to start anything of that kind, I would welcome the opportunity to defend myself and give the people of Sioux City a better knowledge of what osteopathy could do. Nothing further was heard from him.

A Dr. Melvin, homeopathic physician, sent word that he would be glad to consult with me about any difficult case that might come my way and that I could count on him and his influence should I need help if the State Board undertook to interfere with my work. He said that he also had been a fellow-sufferer from medical persecution.

My experience in Sioux City was not only my first undertaking in private practice, but also one of the most interesting of my entire career. I was there four months and treated between 100 and 150 patients. During this time I was able to increase my skill and became even more firmly convinced that manipulative treatment of structural defects as taught to me by Dr. Still was the most natural way to treat disease. It was imperative that I do this because I had no knowledge of drugs. I had nothing in the world to use but my hands, my knowledge of osteopathy as taught by Dr. Still and my confidence in the system and the man who had discovered that system.

Throughout my entire life's work in this profession, there have come to me rare experiences, valuable beyond description. When I say valuable I am not thinking of the financial success so much as the professional success and the joy of helping people to get well.

I believe I am safe in stating that I was the first osteopathic physician to start practice in the state of Iowa.

On my return to Kirksville I carried with me, after paying all expenses of the trip which were heavy because my wife and I and our daughter had lived in the best hotel in that beautiful city, \$150.00 more than we received for the little farm on which I had grown to manhood and labored so hard for twenty-five years or more. Thus our venture was also a success from the financial standpoint.

After returning home from Sioux City my wife and I, who were then living on Jefferson street between the school and the downtown district of Kirksville, purchased a residence on Osteopathy Avenue. But we only lived there six months when we moved to Chicago, as later recorded, and sold the property to Mrs. Foraker.

In the spring of 1896 there was again an insistent demand for osteopathic services in Sioux City and Dr. Still was compelled to send me there a second time. I went for one day only and examined seventeen patients. A number of these patients followed me to Kirksville for treatment.

I shall never forget the last patient examined. After having a very busy day, between nine and ten o'clock at night, a rap sounded on the door of my room in the old Garreston Hotel. I opened the door and there stood a distinguished looking gentleman who

introduced himself as Senator Blank from Beresford, South Dakota. He wanted to know if I would examine his wife that evening. It was late and I was tired, so I told him that if she was not in pain I would make the examination early the next morning as I was leaving for home at nine o'clock. I called at their rooms early and found the wife propped up on pillows in bed. Her abdomen and limbs were terribly swollen. The abdominal cavity was so full of water it was impossible for her to breathe when lying down. At that time I had had no experience with that particular type of condition. After I had examined her, the Senator and I stepped out into the hall. There, he gave me a more detailed history of the case. He said he wanted my frank opinion. I told him that if she were my wife, I would rather have her at home among friends where she could be cared for in the best way possible.

He said, "You mean by that you think she will die?"

"Yes, Senator, my judgment is that she will die and the end is not far off."

He looked at me a minute and then said, "I know she is going to die unless you people can help her, for I have tried everything else and I now want to try osteopathy."

I said if he felt that way about it, to bring her to Kirksville. She might die on the way, but she was no more liable to die on the road there than in her own bed in the hotel. He brought her to Kirksville, arriving there within the next day or two.

Dr. Still examined this patient and assigned her to me, notwithstanding her seemingly hopeless condition. Then I began my battle to save this human life and it was a royal battle. The treatment was applied to the region from the fourth to the sixth dorsal vertebrae, also corrections were made of the ninth, tenth and eleventh dorsal because the great splanchnic nerves are associated with the spinal cord in that region, which control the functions of digestion, and elimination through bowels and kidneys. This woman responded to treatment from the very start, and while it was necessary to treat her at first in the boarding house, in less than four weeks she was able to walk to the infirmary for her treatments. That was one of the most remarkable cases in my earlier practice. Within three months' time she was discharged as cured.

Following this incident, there came to Kirksville from that

little city of Beresford, South Dakota, on one train and at one time, eleven patients. Three or four were related to the Senator and his wife, and knowing of my success in the treatment of their relative, they wanted me to treat them. Among those eleven patients one man in particular stands out in my mind because of a remarkable cure achieved by treatment. He was built as solidly as an ox and had great broad shoulders. He was five feet tall and looked the picture of health. He reported that for four years he had not been able to retain food at breakfast time, that is, after eating breakfast he would become nauseated and invariably vomit within an hour.

On examining him I found a sensitive point at the head of the fifth rib on the left side and it was the only sensitive spot I could find in his entire body. Of course, I examined here first because I knew that trouble at that point might produce that kind of a symptom by functionally disturbing the nerve control and circulation to the stomach. Treatment was given to this patient according to Dr. Still's instructions, as I remembered them, in similar conditions. I requested him to lie down on my treatment table on his right side and I placed a pillow under his head. Taking my position in back of him, I raised my knee to the table and placed it on the angle of the fifth rib. With my left hand holding the sternal or front end of the rib, my right hand lifted his left arm up as high as I could above his head. With that manipulation the muscular action of the chest lifted the lesioned rib. I held his arm high above his head and put my knee as a fulcrum on the fifth rib until the tissues around the rib relaxed. Then, with strong pressure of my knee on the angle of the rib and my left hand holding the sternal end of the rib, I stretched the chest as tight as I could, and then gradually rotated his arm backward and downward. As the arm dropped down, the rib was adjusted.

This patient never lost another breakfast after two treatments although he was under observation for several weeks. Dr. C. E. Hulett, one of the early graduates at Kirksville who was working on the staff for a short time, took the case over when I was called out of town. I gave Dr. Hulett a history of it and warned him not to treat the fifth rib. I suggested a light treatment over that area but not to manipulate too hard. I was simply following Dr. Still's axiom, "Find it, fix it, and let it alone." Dr. Still's

reasoning was that if treatment was given too soon after the correction of a lesion, the tissue was apt to be traumatized and the disturbance would be worse than before treatment. There is no question in my mind but that our osteopathic physicians, including myself, very often, in our zeal to cure the patient quickly, will treat too often.

In the fall of 1896 Dr. Harry Still, who was then practicing in Chicago, came to Kirksville and wanted me to join him in his practice. He discussed the matter with his father and the school management. It was decided that it would be all right for me to join Dr. Harry providing I would agree to come back in January, when the Missouri legislature met again because they wanted me to attempt the passage of another bill.

Let me digress enough to say that Dr. Harry Still had been practicing in Chicago for two years. He was living in Evanston and had his offices in downtown Chicago. He also had with him, at the time I joined him, Dr. Charles Hazzard. Part of the time that Dr. Harry was practicing in Chicago, he was assisted also by Dr. C. P. McConnell. In leaving Kirksville for Chicago on November 23, 1896, I supposed I was severing my connection with the school, so far as continuous work on the staff and faculty was concerned. Dr. Harry had business which required his attention elsewhere for a short time, and I took up the practice with Dr. Hazzard until Dr. Harry returned.

It was during that time that Mr. Wernicke, whose cure of sciatica was reported in an earlier chapter, wanted me to go and examine his brother-in-law who was living on a farm near Appleton, Wis. This patient was a large-boned, tall, broad-shouldered man, but anemic almost beyond belief. He had been a giant in strength and did not think anything could possibly weaken him sufficiently to interfere with his work. His farm had been cleared of timber, much of the work being done by himself. He had discovered stone on his farm which he quarried and sold for building purposes. While doing this heavy work, he had strained and overfatigued the muscles of his body. The nerves that control nutrition had been disturbed because I found specific lesions between the fourth and fifth, fifth and sixth, and sixth and seventh dorsal vertebrae. He was badly emaciated but there in the spine, in my opinion, was the physical cause of his trouble. I could not stay in Appleton

so advised him to come to Chicago. When he arrived Dr. Harry was out of the city, but I will never forget what Dr. Harry said when he returned and saw him. "Dr. Hildreth, what did you bring that man down here for? He is liable to die on our hands. We will both be locked up." At that time there was no law covering the practice of osteopathy in Illinois and the medical law was very strict. We had no legal right, for that matter, to practice in the state of Illinois.

I said to Dr. Harry, "I brought that man down here to be treated, I intend to be responsible for him."

I began treating him to remove the lesions which I had already found. After three months of treatment he was able to return home a well man.



## CHAPTER IX

SECOND ATTEMPT TO LEGALIZE OSTEOPATHY IN  
MISSOURI

THE first of January, 1897, rolled around quickly, at which time I came back to Kirksville and from there went to Jefferson City where the battle for recognition of osteopathy was again resumed. The first bill to recognize osteopathy was that one introduced in the Missouri legislature in January, 1895. After passing both bodies, it failed to receive the signature of the Governor. Missouri was not to receive the distinction of passing the first osteopathic law. It remained for Dr. George J. Helmer of Montpelier, Vt., to secure the passage of a bill that became the first osteopathic law in any state. He had met with considerable antagonism from the "old school" physicians in Montpelier, but he was so very successful in his practice and had made so many friends, he was able to secure their services and influence. He introduced a bill similar to the one that had been vetoed in Missouri in 1895. The Vermont legislature was in session during the fall of 1896 and there Dr. Helmer fought the first osteopathic legislative battle outside of Missouri. He was successful, and late in November, 1896, the Governor signed the bill to recognize the right of an osteopathic physician in that state to practice his profession by registering his diploma with the county clerk of the county in which he wished to practice. Thus Vermont honored our profession by putting on its statute books the first law in recognition of the practice of osteopathy. Here in Vermont, as everywhere else, the only opposition to the passage of that law came from the allopathic school of medicine.

During the fall of 1896 there came to Kirksville a Mrs. Helen de Lendrecie of Fargo, North Dakota. She came there for treatment by Dr. Still, for a condition pronounced by other physicians cancer of the breast. The growth in the mammary gland had reached nearly the size of an ordinary hen's egg. The lump was very hard. The doctors to whom she had gone in Fargo advised an operation for removal of the breast, but she did not want to undergo the operation until she first had tried Dr. Still's treatment.

I have often pondered what Dr. Still said to Mrs. de Lendrecie, that the growth was due to the fact that the fourth and the fifth ribs were lying too close together. The intercostal nerve that supplied the muscular tissue in the region was irritated and caused contraction which in turn affected the mammary vein and artery, such interference resulted in congestion and inflammation and brought about the formation of this lump. By correction of the condition of the fourth and fifth ribs, the disturbance of the intercostal nerve would be relieved and all other structures in the region would return to normal. What Dr. Still had predicted, came to pass; the growth entirely disappeared after several months' treatment.

This patient was so very enthusiastic over Dr. Still's discovery and the results in her own case that she decided to have a bill introduced for the recognition of osteopathy in the North Dakota legislature in order that an osteopathic physician might be given the right to practice in her home town. This bill was signed in February, 1897, and North Dakota became the second state in the union to recognize osteopathy. Later she and her brother studied osteopathy. Her brother practiced for several years in North Carolina and died in that state.

During the time that the legislative work was going on in North Dakota, I was in Jefferson City sponsoring a bill before the Missouri legislature. Dr. Henry Patterson, who was then the secretary of the school at Kirksville, was sent with me on the first trip and made two or three trips later to assist me in my work. This time, unlike two years before, I had, through the experiences of meeting people, gained greater courage and felt more confidence in demanding recognition because of the progress made by our profession during the two years since our first attempt in the Missouri legislature. This time I had made up my mind to familiarize every physician member of the legislature with our needs for a bill. It seemed to me my duty was to present our measure to the doctors as well as to the lay members of the legislature. Among the physicians in that House was Dr. Alonzo Tubbs, the representative from Osage County, who had also been a member of the House during our struggle for recognition two years before. At that time, 1895, he with other doctors on the floor of the House, vigorously fought even the intimation that we should be recognized.



As soon as I arrived in Jefferson City I made it a point to see Dr. Tubbs. I had never met him, but I had the opportunity, while there in 1895, to observe him. I felt that while he was radically against us, he was the type of man who wanted to vote as he believed right. So, the first opportunity I had I contacted him. Walking up to his desk when he was not busy and the House was not in session, I asked if I might introduce myself.

He replied, "You may."

I told him I was the osteopathic physician who presented our measure there two years before and said to him, "Dr. Tubbs, I was here long enough during the last session to observe your attitude on this floor and believe that you voted to the best of your knowledge. I have great respect for a man who fights the battle for what he believes to be just and right. I have no quarrel with anyone simply because he disagrees with me personally. You voted against our bill in 1895 but we want to introduce another in this session and I was in hopes we might talk this matter over and come to some understanding."

"Yes," he said, "I did vote against that bill and if you introduce another one like it I shall vote against that. Your bill was a vicious measure, but if you will introduce a decent bill I will vote for it, because I believe your profession should have the same right to kill people as we do."

From that time on Dr. Tubbs and I were on common ground. My reply was, "Dr. Tubbs, what was wrong with that bill and what kind of a suggestion have you to make for a better one?"

Then he told me that he thought if that bill had become a law, it would have prevented a surgeon or physician of any other school or system from setting a bone. He thought it gave osteopathic physicians the exclusive right to practice bloodless surgery and would prevent the average physician from setting a broken arm.

I said, "Dr. Tubbs, I will get our bill in shape and bring it to you for your suggestions and amendment." I also told him we had no desire then, nor at any time, to interfere in any way with the rights and privileges of the graduates of the "old school," or any other school or system. He told me he would be glad to advise me and help us pass a bill if we would make it a correct bill.

When our proposed bill (which was virtually the same bill we

had introduced before) was completed, I took it to him and asked for his suggestions. He proposed that we amend it to say that nothing in this bill shall be so construed as to interfere with the practice of any licensed physician or any system. I thanked him and told him his amendment would become a part of our measure, because it did not affect our bill in any way and it satisfied him, although it did not satisfy some of the other physicians on the floor. Dr. Tubbs became a personal friend of mine and was just as anxious to fight for this measure and talk for the bill as he was to fight and talk against the bill two years before.

Years afterwards, Dr. Tubbs was elected as a member of a constitutional convention for the state of Missouri. He wrote me a personal letter and said he was very sure the subject of medical practice would come before that body and he wanted me to know that he was our friend and that he would be glad to consult with me should the necessity arise. Dr. Alonzo Tubbs was from then on a staunch friend of the osteopathic profession and he was one of the exceptions in the group of "old school" doctors who aided us in securing recognition.

The conduct of my campaign that year was similar to the one two years earlier. I made it a point to meet every member on the floor of the House and Senate and lay before each, as frankly as possible, the facts relative to our practice and why we needed a law. I pointed out the fact that we could not practice our profession according to the interpretation of the then existing medical law and simply made a clear statement of facts about the Kirksville college and its educational facilities. We felt that we were deserving of consideration by the legislative bodies in the home state of the osteopathic profession. We also felt that the public who wished to consult osteopathic physicians should have some way of knowing when a man or a woman was qualified to practice osteopathy. My method of procedure so far as treating those who needed me, was the same as two years before, and, I am very sure, gained many friends. State Auditor Seibert continued to be a staunch friend of osteopathy and an untiring worker for our bill.

The late Judge Edward Higbee, a very able lawyer representing Schuyler County, just north of Adair County, the home of osteopathy, introduced our measure in 1897 and was a great help in the successful passage of the bill. Judge Higbee became one of

the most noted lawyers in the State of Missouri, and later was appointed a member of the Supreme Court Commission. He was always a loyal supporter of the osteopathic profession. His son, Judge Walter A. Higbee, is today Circuit Judge of the district adjoining Kirksville, and a teacher of jurisprudence on the staff of the Kirksville College of Osteopathy and Surgery. He has delivered many speeches at osteopathic gatherings and has addressed the American Osteopathic Association twice. He is a talented, fluent speaker, and, like his father, a loyal supporter of osteopathy.

Many of our osteopathic physicians have come to believe that there is only one way to secure the right kind of laws to legalize osteopathy and that is to pattern after the laws that regulate the "old school" of medicine. My conviction is that this is absolutely the wrong attitude and a mistake from start to finish. We are an independent system of healing. The results of those beginning years in the cure of patients have proved beyond any question of doubt that we have a superior service to render. If we could appear before legislative bodies and by simply presenting the facts of osteopathy secure legislation such as we did in the early days, there should be no question of doubt in any man or woman's mind but that our own system is all sufficient and that we secure the greatest results by practicing the kind of osteopathy taught by Dr. Still.

We passed our bill by a large majority in both bodies. There were only five votes against it in the House and three against it in the Senate. Those three votes were cast by allopathic physicians, the same three who voted against our measure two years before.

Lon V. Stephens had been inaugurated governor of the great state of Missouri early in January, 1897. Mr. Stephens and his wife had both taken osteopathic treatment from Dr. Still at Kirksville and they were patients of mine during my stay in Jefferson City. Hence, he was friendly to us and attached his signature to the first bill that became a law recognizing osteopathy in the state of Missouri. He signed that bill at eleven o'clock on Friday morning, March 4, when the cannons were booming in recognition of a new President, William McKinley, who was at that very moment being inaugurated in Washington, D. C.

The fourth day of March, to me, is an epochal day. The first bill was signed. It was my mother's birthday, and strange to say, it was also on the fourth of March in 1914 that the first patient was admitted to the Still-Hildreth Osteopathic Sanatorium at Macon, Mo. This was the first sanatorium in which nervous and mental diseases were treated osteopathically, hence, like the school at Kirksville, became a pioneer in this field of endeavor.

Dr. Patterson was with me in Jefferson City at the time and went with me to the Governor's Mansion where we witnessed his signature to our bill. We left for Kirksville soon after this historical event and when we arrived were royally received by the students and citizens of the town. It was a wonderful homecoming, the entire population of Kirksville turned out to celebrate. The securing of this law in Missouri set a precedent which helped greatly in getting similar bills passed in other states.

I returned to Chicago to resume practice with Dr. Harry Still. Dr. Al Boyles, of Bloomington, Ill., one of the first osteopathic physicians to locate in that state, who was a brother-in-law of Dr. H. E. Patterson, came to Chicago with his attorney and told Dr. Harry and myself that there had been a medical bill introduced in the House of Representatives at Springfield, which, if allowed to pass, would prohibit the practice of osteopathy in that state. He insisted that Dr. Harry and I take up the matter and that I be sent to Springfield to oppose the bill. It was decided that I should go. Dr. Harry had treated the wife of a very prominent lawyer of Elgin, Ill., who accompanied me to Springfield on our first trip in the early part of March, 1897. He was well acquainted with the leaders in the House and in the Senate and introduced me to those he thought would aid in defeating any legislation detrimental to our profession. We had learned before going to Springfield that this medical bill was to be heard before a certain committee in the House. It was the Public Health Committee.

As it happened there were not as many physicians in the legislature in Illinois as there were in Missouri, and there were only one or two, if any, on the Public Health Committee, which was a large one. I explained to the chairman of the committee that my mission was not to oppose any needed, worth-while medical legislation, and that we never had opposed in any instance legislation that was constructive or would bring a higher type of medical

practice. Our whole aim was to secure laws that would allow us to practice our profession unhampered, and to protect the public who wished to patronize our system. In my conversation with the chairman of this committee, I told him I was there to investigate this bill and its chances of passing, and if it was evident the bill would be defeated in the committee without my saying a word about the matter I would not want to be heard, but if at the hearing it seemed probable the bill would be reported favorably, then we would like the privilege of being heard upon the measure. He told me that this privilege would be granted and invited me to attend the committee hearing or be present in the room when the matter was brought up. It was evident from the start of the hearing that there was no chance of that bill passing and becoming law.

The public is not aware of the fact that medical legislation was being met even then with disfavor by the majority of legislators because they felt that the kind of legislation the medical people all demanded was more to protect their profession than it was to protect the people. They were trying to monopolize the healing art and to allow nothing else to appear on the scene that was not according to the doctrines of their own system. At that committee hearing there were four physicians who undertook to present the bill. One man was the spokesman and it was evident very soon that they had few if any friends. The committee, after hearing the representatives of medicine, killed the measure in the presence of the advocates of the measure before adjournment. That took away all necessity of my being heard at that time. Our lawyer who was with me then said, "Now, Doctor, you passed a bill in Missouri, my opinion is you can pass a similar bill here, and this is a mighty good time to introduce it." We talked it over and were able, through our lawyer's influence, to have a representative in the House and another in the Senate introduce our measure.

That was the middle of March, 1897. Introducing that bill necessitated my attending the session of the legislature at Springfield, intermittently, during the rest of the term. The Illinois legislature, unlike Missouri, has no constitutional time limit as to the length of the sessions. It was liable to continue as late as May, sometimes June, until all the work of the session was completed. This gave us sufficient time to handle our bill, but it

would necessitate my being out of our Chicago office much of the time until June 1. I returned to Chicago and told Dr. Harry Still what I had done. We discussed the matter and decided we would give two days a week to legislation in Springfield. I would leave Chicago about eleven at night, the sleeper being switched off in Springfield the next morning. Then I would take a sleeper in Springfield at nine o'clock in the evening and be back in Chicago the following morning. This made it very convenient, for in that way I could go to Springfield Tuesday night, have all day Wednesday and Thursday there, and be back in Chicago on Friday morning for Friday and Saturday. I followed that schedule throughout the rest of that session. Dr. Harry Still and I paid out of our own pockets all the expenses for the work that was done that year in the Illinois legislature.

As in Missouri, I made it a point to make the acquaintance as soon as possible of every man on the floor of the House and the Senate. Through that kind of work we were enabled to pass a bill about the same as the one in Missouri. Judge Alschuler, now a member of the Federal Court in Chicago, was the leader of the Democrats on the floor of the House at that time and L. Y. Sherman, who later became U. S. Senator from Illinois, was the leader of the Republicans on the floor of the House. Both of them were staunch friends of osteopathy, fought for us and enabled us to pass the bill during that session. Governor Tanner, like Governor Stone of Missouri, vetoed our bill. Thus ended the legislative experience in Illinois for 1897.

Dr. Harry had been treating the Postmaster of Grand Rapids, Mich., the late Hon. John F. Carroll. He walked into our office one day and said, "Look here, I cannot afford to come over here once a week as I have been coming and keep it up indefinitely. I need osteopathic treatment. I am going to Lansing and pass a law so I can have an osteopathic physician of my own in Grand Rapids." He wanted to know if we would help him, or if I would come over and help him conduct that fight. I told him it would be impossible to go there and stay as I had been doing in Missouri, and as I was doing in Illinois, but I would be glad to appear before the Health Committees.

On his next trip or shortly afterwards, he notified us he had been to Lansing and had had a bill recognizing osteopathy intro-

duced in the state of Michigan. The bill was similar to the one that had been passed in Missouri and the other states. We learned from him that when he arrived in Lansing, he found that the statute of limitations, which is regulated by the constitution of the state of Michigan, had expired. In other words, the time for the introduction of any bills had passed, but he also found that Senator Charles W. Moore of Detroit had introduced a skeleton bill by title only, to regulate the practice of osteopathy. Senator Moore had introduced this bill because he had read an article by Opie Read published in a recent issue of *Munsey's Magazine* regarding a remarkable cure accomplished by Dr. Still at Kirksville. This was the case of Senator J. B. Foraker's son. Senator Moore was so impressed by this article that he felt there might be a necessity to consider such a matter; hence his introduction of that bill by title only. To me that seemed to be providential. It certainly demonstrated the fact that there were outstanding influential men in this country who were becoming vitally interested in a system outside of the "old school." It proved to your writer that the same divine law that selected Dr. Still as the instrument through which to give osteopathy to the world was still guiding the osteopathic profession, or better still that God through his infinite wisdom was guiding the destiny of this new system of healing. Mr. Carroll made arrangements for a joint hearing of the Health Committee of the Senate and House members for a certain date and asked me to be there at that time.

Going to Lansing from Chicago, we passed through Grand Rapids. Mr. Carroll boarded my train and we went on together to Lansing, the State Capital. A hearing had been set for eleven o'clock in the forenoon. There were eight members of the House Health Committee and three of the Senate Health Committee in joint hearing. The chairman of the Senate Committee is always chairman of the joint committee in all legislative bodies. Senator Preston (who, like Senator Moore, was from Detroit) was the chairman of the joint committee. Health committees in that state were the smallest I have ever contacted anywhere. There was only one physician in the committee and he was a homeopath. Senator Preston called the committee to order and only remained a short time until he excused himself and left the chairmanship with the ranking member of his committee. We never had a

better hearing anywhere or greater interest than was manifested right there. Even the doctor, who was a member of the House Committee, proved to be one of the strongest supporters of our measure and one of our best friends. In fact, every man who heard me that morning voted to recommend our bill. Mr. Carroll and I were not satisfied with the treatment received from the chairman of the committee. He clearly gave us to understand by his actions that he did not have much confidence in our work nor time to listen to what we had to say. When the committee adjourned it was luncheon time, and Mr. Carroll and I walked over to the hotel. On our way there Mr. Carroll remarked he nearly always took a stimulant before eating a meal. I told him I would go with him. A saloon was between the capitol building and the hotel. He drank a toddy and I drank a lemonade. This was the only time during my entire legislative experience that I stepped inside of a saloon, or drank with any friend or acquaintance who was helping us in any legislative fight. This is chronicled here at this time to strengthen the statement made elsewhere in this book, that it is not a question of being "one of the boys" or carousing in saloons or spending money in questionable ways in order to secure the passage of legislation. All legislative bodies, as stated elsewhere, have a good majority who want to vote for the best interests of all the people.

On our return to the capitol building after lunch, while passing through the Senate chamber, we encountered Senator Preston. Mr. Carroll was recognized as an influential outstanding Democrat of that state, and was a citizen of high standing. He walked up to Senator Preston and said, "Look here, Senator, we are not satisfied with your treatment of us and our measure this morning. We are satisfied with the treatment accorded us by the entire committee but you did not take the time to hear what we had to say and we would like to have a hearing by you and your committee."

Senator Preston said, "Mr. Carroll, only yesterday we passed in this body a stringent medical practice act, which had for its purpose the stamping out of all unrecognized systems or methods of treatment. To turn around today and recommend this measure of yours, with this body knowing nothing about osteopathy nor what it can do, would look to me like child's play. At least it would be very inconsistent."

Mr. Carroll said, "All right, it may look that way to you, but Senator Preston, I am a citizen of this state. I want this treatment and I want it at home and I appeal to you to give us a hearing. We are not asking you to support our bill but learn more about what we have before you condemn it."

Senator Preston replied, "Mr. Carroll, my committee meets tonight at seven o'clock on some other matters. It will only take us a little while, and if you and Dr. Hildreth will be here in the Senate chamber at that time and wait, I will send for you." We thanked him and left.

From there Mr. Carroll took me to call upon Governor Pingree, with whom he was well acquainted. He was a very fine appearing man, affable and kindly, and he greeted us very cordially. When Mr. Carroll told him of our mission, that we were there to present the matter to the Health Committee and had already met them, he became very much interested. Feeling perhaps we were staying too long, we got up to leave his office three different times. Each time he said, "Sit down, Doctor, I want to know more of this new system of yours. I want to be informed, so if the matter comes to me I can act intelligently. We spent over an hour with the Governor and I was never treated finer by a Governor in my life. We spent the remainder of the afternoon meeting people and getting better acquainted with members of the Senate and the House.

We kept our appointment with Senator Preston in the Senate chamber at seven o'clock that evening. My train for Chicago left at nine o'clock, hence our time with Senator Preston's committee was short. Soon after our arrival we were sent for. As we walked into the Health Committee room, Senator Preston turned to me and said, "Dr. Hildreth, I am going after you with a sharp stick."

I replied, "All right, Senator, we are here to furnish all information possible. I shall be very happy to inform you about any phase of our work."

His first question was, "Dr. Hildreth, what would you do with a case of peritonitis?"

My reply was, "Senator Preston, what is peritonitis?"

He said, "Oh h-- -, I don't know."

I explained and described peritonitis in detail. I said to him,

"Senator Preston, which sounds more reasonable? We can put our hands on the spine of the patient and affect the nerves which control circulation to a given area. It is circulation alone upon which a reduction of fever is dependent. By manipulation, or changing the position of the patient, we can change the action of the nerves that control the circulation in the inflamed area. In this way we also bring fresh blood to the area to replace that which has deteriorated. Is not this more reasonable than putting in a spoonful of water two or three drops of medicine that would be taken into the system through the mouth, which medicine would spread around all over the system and locate the spot of inflammation?"

He replied that the manipulation theory sounded logical and reasonable.

I talked as fast as I could and answered questions very carefully. Senator Preston was so interested he kept us until train time. When we were leaving the committee room, he said to me, "Dr. Hildreth, I am not going to tell you and our friend Mr. Carroll what I will do."

Here Mr. Carroll spoke up and said, "Senator Preston, at least place this bill on the calendar. Whether you recommend it favorably or not, give it a chance to be heard. I need this treatment, I have been benefited by it, I am a citizen of this state and I want this bill to pass and become a law that I may have the kind of treatment which I want in my home town."

Senator Preston replied, "I like you both. You are good fellows and I will see what I can do." We left. The outcome was that Senator Preston's committee had our bill placed on the Senate calendar for consideration. I do not remember whether it was a favorable report, or whether it was just placed on the calendar as a measure for the consideration of the Senate without recommendation. Mr. Carroll, who sat by and heard the argument in the Senate when the bill reached that body for final consideration, reported that Senator Preston stood on the floor of the Senate and made a most able speech for the passage of our bill. The bill passed both the Senate and the House and became a law. It was signed by the Governor in May, 1897. Thus Michigan became the fourth state in the union to recognize osteopathy.

Mr. Carroll influenced a Dr. Sam Landes, who was an early graduate of the school at Kirksville, to locate in Grand Rapids. He practiced there a great many years, was a pioneer in osteopathy in Michigan, and as I remember he was the first osteopathic physician to locate there. He was very successful, practicing the simple unadulterated A. T. Still kind of osteopathy. He has now passed on. For years he spent his winters in Florida and his summers in Northern Michigan. Dr. Landes was one of the old-time, "dyed in the wool" osteopathic physicians. He secured his results through manipulation of the body and the correction of physical defects, as he found them, with his hands. He made an enviable reputation and laid the foundation, in the great state of Michigan, for other osteopathic physicians to carry on our great profession.

## CHAPTER X

### LEGISLATIVE BATTLE IN IOWA

FOLLOWING the legislative activities during the winter of 1897, students poured into Kirksville in great numbers, and the work became so heavy that early in the spring Dr. Still wrote to his son, Dr. Harry, with whom I was associated in practice, and asked us to return to Kirksville. Dr. Charlie Still had already returned from Red Wing, Minn., and had become an important factor in the development of the school. When Dr. Harry Still returned to Chicago from a trip to Kirksville, his first words were,

"Are you willing to return to Kirksville and enter into the management of the school and carry on with whatever duties may be necessary, both in connection with the school and the practice of osteopathy?"

It should be remembered that I entered the first class of the first school of osteopathy in October, 1892. A little less than five years later, the founder of osteopathy and his sons were inviting me to return to Kirksville, at a salary that at that time was considered large. From the first day of my association with Dr. Still until the time I severed my connection with the home school in 1903, it was never a question of what I could earn, as much as it was a desire to serve where I seemed to be most needed. I never refused to return to Dr. Still when he thought he needed me.

On the twenty-third day of May, 1897, Dr. Harry Still and I arrived in Kirksville and again took up our work with the school. He had been in practice in Chicago for six months, during which time my wife, daughter, and I had lived with Dr. Harry in his comfortable home in Evanston, Chicago's most beautiful suburb. Notwithstanding the axiom that no house is large enough for two families, it was a real privilege to live with Dr. Harry and his good wife during that winter, one of those rare experiences that leaves an imprint in memory's storehouse. Mrs. Harry Still, mother of Drs. Fred M. and Richard H. Still, was a woman of rare ability and high character. We were one harmonious family, and I have never spent a more pleasant and enjoyable winter, nor

had a finer experience. She was devoted to her husband and her home. She was always pleasant and congenial. Later she became one of those who contributed much in a quiet way to the age in which she lived. When we left Chicago, Dr. Harry sold our practice to the late Dr. Joseph H. Sullivan, who carried on for a great many years in a most able way.

The passage of the osteopathic bill in Missouri, and the rapid increase of students which followed, made it necessary to consider adding to the original school building (completed in 1895). The north and south wings of that building as it now stands were completed in 1898.

When January (1898) rolled around, the Iowa legislature convened. By then there were a number of students from Iowa in Kirksville, all clamoring for recognition of osteopathy in their home state. In those days, Iowa held its biennial sessions on the even-numbered instead of the odd-numbered years, as in most states. Again I was drafted for legislative work. Dr. Still sent me to Des Moines to investigate the possibilities of having a bill recognizing osteopathy passed in that state. My report was favorable, and it was decided that I was to conduct a legislative campaign for the passage of such a bill. From the early part of January until the end of March I spent Wednesday and Thursday of each week in Des Moines. I would leave Kirksville Wednesday at 3:00 a. m., arrive in Des Moines at 9:00 a. m., leave on Thursday at 7:00 p. m., and arrive back in Kirksville a little after midnight. Thus I filled two tasks during the winter, carrying on our legislative work in Des Moines and handling my practice in Kirksville. At that time there were less than a half dozen osteopathic physicians in Iowa. The late Dr. J. H. Baughman of Burlington was one of the pioneers, and was rendering good service by aiding me in securing recognition of the osteopathic profession in that state.

On my first trip, I called upon Senator B. F. Carroll, the only man in the Iowa legislature whom I knew personally. Senator Carroll had married one of Adair County's best known and loveliest women, whom he had met while they were students in the old State Normal School at Kirksville. She was a native of the county in which Kirksville is located, and although she and the Senator had been married before Dr. Still was very well known,

they both were able friends of osteopathy. They both graduated from the Normal School with high honors, went to Iowa to locate, and at the time of which I write Senator Carroll represented the Bloomfield district in the State Senate. He received me with every courtesy, and went so far as to take me to call on Governor Shaw, who afterwards became Secretary of the Treasury of the United States during the McKinley administration.

By that time I had gained a good bit of courage and was not even afraid of governors. Each year added to the strength of my ability to meet and interview people in all walks of life. Upon my introduction to Governor Shaw by Senator Carroll, I told him why I was in Iowa and explained that it was necessary to ask his legislature to recognize osteopathy. He had heard of osteopathy, but wanted to know more about it. I explained, as clearly as I could, something of our work and the necessity of having a law, both for graduates who might want to locate in that state, and for citizens of Iowa who might wish the services of an osteopathic physician and could not afford to go to Kirksville.

Governor Shaw was interested. I gave him a copy of the bill we wished to have introduced, and I said,

"Governor, we have no desire to have that measure introduced and take up the time of the legislative bodies if you feel in advance that you cannot conscientiously sign it. I am not asking you to make a promise, but if, in your judgment, this is unwise legislation at this time, please tell us so."

The Governor was holding our bill in his hand. It was very similar to the Missouri, Michigan, and other osteopathic practice bills which had been passed thus far. He looked at it for a minute, then handed it back to me.

"Go on and see what you can do with it," he said, "those people up there [meaning the members of the Senate and the House] are responsible for the laws of the state of Iowa."

His statement made me very happy, for I knew then he was leaving the matter wholly up to the two legislative bodies.

Senator Carroll introduced me to different members of the Senate, among others the chairman of the Health Committee, who was an "old school" physician. Iowa, unlike Michigan, had a Health Committee that was very large, with eleven members in the Senate and nineteen in the House. The three allopathic



physicians in the Senate were members of the Health Committee. The chairman of the Committee was very kind to me, and since in each state the constitutional provisions for the introduction of bills differ, gave me all the necessary information as to procedure in introducing a measure. As I say, I was treated courteously, but I could feel keenly that he considered us too insignificant in number and reputation to become troublesome.

After I had met the chairman of the Health Committee, Senator Carroll took me to Dr. Gorrell of Newton, another physician member of the Senate. While we were visiting, the third physician member came up and I was introduced to him. During our conversation, Dr. Gorrell said, "Doctor, I have heard of your profession. I am not in a position to tell you what I am going to do about your bill, whether or not I will support it, but I know of a person you people cured at Kirksville whom members of my profession could not benefit, and I am inclined to believe that if you could secure such results consistently with your treatment, you should be recognized. The people of Iowa should have the privilege of being treated at home rather than having to go to Kirksville."

"Do you remember the name of the patient who was treated at Kirksville, Senator?" I asked. He told me and described her condition. I remembered her very well because she had been my patient, so I went further into detail, and described the treatment I used.

This one case made a powerful friend for osteopathy. Dr. Gorrell not only became our friend, but also explained to others why he took the position he did. He went into the Committee room when our bill was brought up and spoke for the measure. It was largely through his influence that the bill was favorably recommended to the Senate.

After becoming acquainted with the rules of the Committee, it seemed wise to take our measure directly to the Health Committees in both bodies. I believed we could secure a majority, even though each committee chairman was an allopathic physician. In other states we were obliged to have our bills referred to the Judiciary or some committee like that because our system was not well known and the physicians of the older school of practice were antagonistic. The Judiciary Committee in the usual

legislative body is a powerful committee and when it recommends a bill for passage, the recommendation carries great weight.

In the Iowa legislature, unlike those of some of the other states, bills were not killed in the committee, nor was the chairman permitted to hold bills indefinitely, hence, whenever a measure was voted upon in either committee of the House or the Senate, the bill was reported immediately and placed upon the calendar for final action. As soon as our bill was reported favorably to the Senate, I hurried over to the House and had it introduced. There we were fortunate in being able to get prompt action. If we had not, the time would have been too short to secure its passage at that session. There were fifty members in the Senate and one hundred in the House, and the battle in both branches was a close one. The pressure brought by home physicians was so strong that when the roll was called in the House, we had pledged to us only fifty-eight members. Fifty-one were required to pass the measure.

The only time during my legislative experiences that we resorted to having the question asked in order to prevent continued debate and thus to get quick action was in the Iowa House of Representatives. It was a necessity, in that instance, because a member of the House had died and a committee of eight had been appointed by the Speaker to attend the funeral. The morning the bill came up in the House was the morning of the funeral, and unless we could get action before the delegation left, there was no question but that the bill would be defeated, because six members of that delegation would vote for our measure. Our representative from Chariton county, who handled the bill, told me what the situation was, and said he had arranged with a friend of his to move the previous question. This is not at all advisable, as a rule, and is not considered courteous to the opponents of any measure. We regretted to resort to it, but in the extremity of our situation there was no other course to pursue. The minute the bill was called up, which was just a little past 9:00 o'clock that morning, one of the physicians on the floor of the House gained recognition and made a lengthy speech against the bill. Our friend, who introduced the bill and handled the measure so successfully for us, sent a note to the Speaker of the House, asking to be recognized next, and following him, the gentleman who had agreed to move the

previous question. While the physician's speech was lengthy, our representative talked only for about ten minutes, and then the Speaker recognized the man who moved the previous question. The vote was called for.

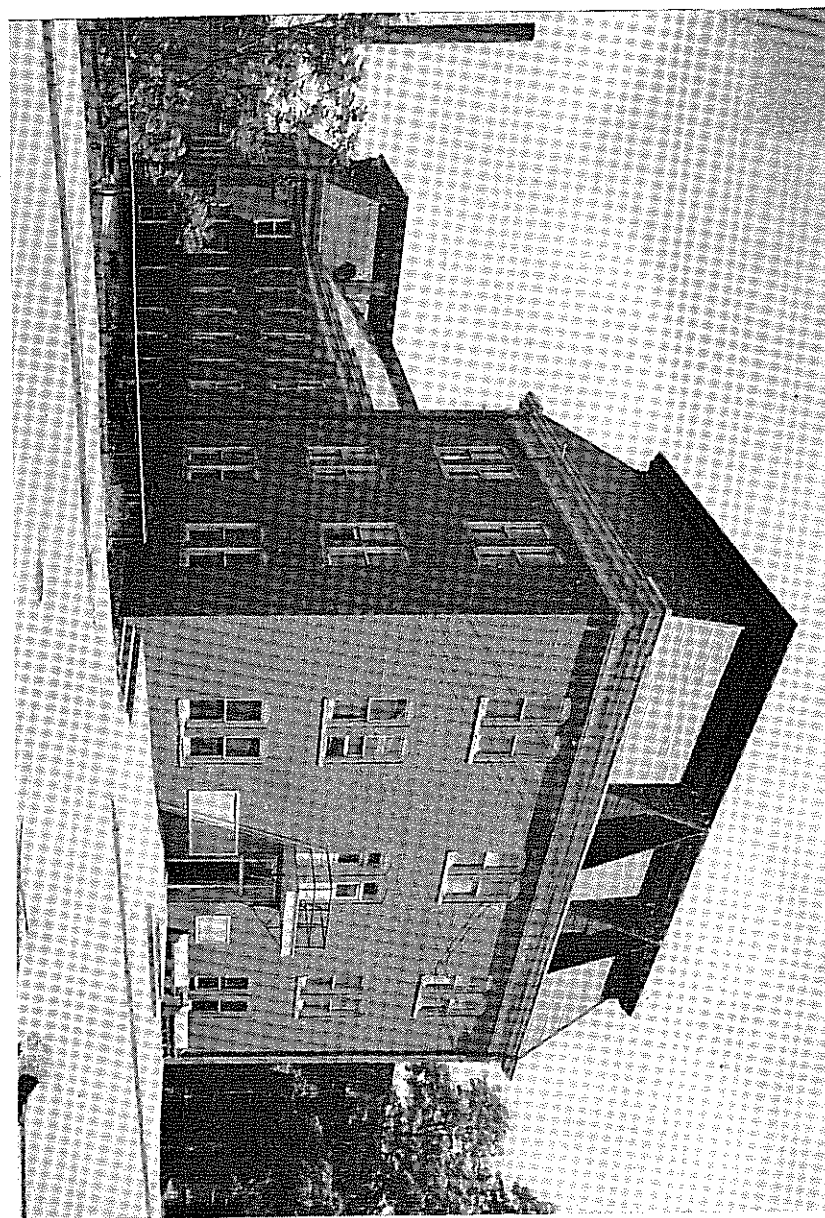
The following conversation shows how close the vote was and the pressure that was brought to bear upon the members from different areas of the state by their medical friends. Two men who were on the floor came to me and said,

"We want to vote for your bill, Doctor, and we will, if necessary in order to pass it. While the roll is being called, we will stand down at the desk and wait until we know you have enough votes to pass it before we vote. Then, if you do not need us, we will vote 'no'."

It is impossible to picture the tenseness of that situation, or the loyalty of our friends, or the regrets of many members who voted against our bill. One man, especially, who had become very friendly and wanted to support our measure, explained to me he could not do so because of the pressure brought upon him by the "old school" medical men of his constituency. He was prevented from making a speech against the bill only by the question being called for. That closed all further discussion.

After the bill became law this friend wrote me one of the finest letters I have ever received, a letter I have on file now. He wrote that he had felt the bill was just and that we deserved what we were asking for but that pressure at home was so strong he had felt it necessary to speak and vote against the bill. He was, however, happy over the outcome and congratulated me.

The bill was hastened to the Senate. It had to go back to the Health Committee in that body. There again quick action was taken because the majority of the committee demanded it. Notwithstanding that the same bill had been acted on by the Health Committee in the Senate and was then on the calendar, when a bill goes from either body to the other it must go back to the Health Committee and be reported out again. This matter was handled there with dispatch and there was no question but that our good friend Dr. Gorrell had a very large part in its being placed on the calendar again so quickly. One might be surprised to know how accurately votes can be estimated for and against a measure. We barely had votes enough to pass our bill in the Senate.



THE AMERICAN SCHOOL OF OSTEOPATHY  
The central portion of this building, the first brick structure erected for the teaching of osteopathy, was dedicated on January 10, 1895. The north and the south wings, as Dr. Still called them, were completed in the years 1897-98.

On that memorable morning, just three days before the session adjourned, I walked into the Senate Chamber. (The courtesy of the Chamber had been granted to me by the Sergeant-at-Arms.) The chairman of the Appropriations Committee came to me and said,

"Dr. Hildreth, I am going to call up our appropriation bills this morning." (Appropriation bills always have the right of way in all legislative bodies and are subject to call of the chairman any time after they have been passed upon by the committee.) He continued, "So, you had better see Senator Mitchell who introduced your bill in the Senate and have him call up your bill the first thing this morning because when we get started on the appropriation bills, we will probably have no more time for passage of other bills."

Think of it! We were asking for a law for a new profession. In presenting our measure we had won friends who listened to us because they believed our cause was just and wanted to support us. And this man, the chairman of the most important committee, one of the prominent men in the Senate, wanted us to have that bill passed and came to me and told me to have our Senator call up the bill before it was too late. In the Senate, as in the House, we had only a very few votes to spare that morning—only three over the necessary number to pass it, if all who were for us were present. There is seldom a full vote in any legislative body—some will be absent from the chamber on account of sickness or being out of town. One of my friends was away, which, according to my tabulation, left us only two more than necessary. There, as in the House, one man walked down to the clerk's desk, stood there until the votes were counted, and when he knew we had twenty-seven votes cast in favor of our bill (one more than was required for a majority) he voted, "no." In that instance there was one unexpected vote cast for our measure.

An incident which occurred that morning in the Senate seems worth recording. When I arrived, Dr. Gorrell (who was a man past seventy years of age) came to me and said he had a severe pain in one of his limbs. The old gentleman was alarmed, and he asked me if I could relieve him. I told him nothing would make me happier than to relieve him, and arranged to treat him in his room as soon as the Senate adjourned for luncheon. After adjournment we went directly to his room.

It was difficult for him to relax. He held his muscles tense and stiffened his limbs, but finally by encouragement and careful manipulation, I helped him to relax sufficiently to give me an opportunity to correct the condition which produced his pain. The sacroiliac joint was in lesion and the resulting inflammation and swelling in and around the joint was disturbing the sciatic nerve, causing pain along the entire course of the nerve, even into the foot. After the treatment, I said to him, "Get up and walk, Dr. Gorrell."

I shall never forget that scene. He walked rapidly across the room several times, then he turned to me.

"What did you do to me?" He repeated his question a second and third time, and told me every particle of the pain was removed.

From there I went to my hotel, the old Savery, and as I walked into the lobby, met Governor Shaw coming out of the dining room. After greetings had been exchanged, I told him he was the next milestone in the progress of our measure. He said,

"Has your bill passed the House?"

"Yes," I replied, "and the Senate too. I do not want to intrude or ask for an unethical procedure, Governor Shaw, but if there is opposition to your signature on our bill, we would like to be heard."

He said, "You may be heard, but it is not necessary, for I shall sign your bill."

That is the only time a Governor told me what he would do before the bill reached his office for his signature. Maybe you can realize the joy in my heart. Then I said to him, "Governor Shaw, we are making history for our profession and if it is not asking too much, I should like to witness your signature."

"You may," he replied.

I thanked him and went on to the dining room where I had my lunch, then hastened back to the Capitol building in order to follow the bill from the Senate back to the Enrolling Committee in the House. When I reached the Senate, the members gathered about me and wanted to know what I had done to Senator Gorrell. They accused me of hypnotizing the old doctor. He was parading about the Senate telling the members that I had performed a miracle in relieving him entirely of the pain he had been suffering. I told the Senators that if I had had any tricks to perform, I

surely would have sprung them before our bill was voted upon, not after.

Our bill, being a House bill, had to be returned to that body for enrollment. It is very necessary, in securing legislation, that whoever handled the measure should watch in detail every move made by everyone concerned in helping the measure become a law. Sometimes a measure is lost between the Senate and the House or between the House and the Senate, hence I was there to see to it that our bill was sent back to the House and that it reached the committee necessary for final enrollment before going to the Governor. I looked up the chairman of the Enrollment Committee, who was the representative from Muscatine county and told him the Governor had promised me the privilege of witnessing his signature to our measure, and if he did not object I should like to go with him to the Governor's office. He told me the bill would be ready for the signature of the Governor the following morning at nine o'clock, and that I might go with him. He added,

"By the way, Doctor, I want to tell you that the pressure from the physicians in Muscatine was so strong I was going to be forced to fight the bill on the floor if I had had an opportunity, but I am very happy over its passage because I believe you are asking for justice and I want to congratulate you upon your success. I believe your profession deserves recognition and I congratulate you and am glad for you and your co-workers.

So, you see, we made friends of those whom we expected would fight us. In spite of strong opposition, and with so few in the state who were practicing osteopathy, we were successful in passing an osteopathic bill in Iowa. I firmly believe that we could secure legislation today by handling it in the same old-fashioned way, by placing some person in charge who would go there and stay on the ground. He should meet every member of both bodies and lay before each one the facts of the situation and appeal to him from the standpoint of justice to the people of the great state in which the law was being requested—justice because it gives them a chance to employ osteopathic physicians who are of recognized ability and are able to render a service the people need. In all the legislative battles I fought, and there were many in that early day, my plea was always recognition for the sake of the

people, not our profession—recognition in order that those who wished to take our treatment could know they were taking it from an educated, qualified osteopathic physician. That should be the attitude today and at all times. The opposition of the "old school," even in those early days, was just as strong as it could possibly be today. Perhaps the allopathic physicians were not quite as well organized or as well entrenched behind monopolistic laws then as now, but the opposition was certainly very bitter. The pitiable part was, and is now, that the opposition was based largely, almost wholly, upon prejudice and ignorance of the system it was opposing. Think of it! In those days there was only here and there an osteopathic physician in any of the states where, from 1895 to 1903 I fought legislative battles. Consequently, very few friends were made through contact with osteopathy or results achieved through osteopathic treatment in the home town of the members of the representative body.

It was at the conclusion of the Iowa experience that my activities ceased so far as my spending time personally with the legislative bodies. Having gone into practice for myself, it was impossible for me to be so much away from my office for extended periods.

The morning after our bill was passed in the Iowa Senate I met the chairman of the Enrolling Committee who took our bill, with several others, into the Governor's office and handed them to his secretary, who gave the chairman a receipt for them. The Governor had not yet arrived. I sat and waited. In a few minutes the Governor came in with one of the leading men of the state. He shook hands with me and said he would see me in a few minutes. He and his friend, as they walked into his private office, were having a discussion over some legislation regarding control of state institutions, and this man with the Governor was one of the men who was handling that legislation. They had been in the Governor's private office just a few minutes when in filed five doctors, the delegation composed of the chairmen of the Health Committees of the Senate and the House and three other allopathic members of the House.

Incidentally the evening of the day our bill had passed the House, the chairman of the Health Committee in the Senate, with one of the leading surgeons of Des Moines and the superintendent of the insane hospital at Cherokee, looked me up in the hall in

the Capitol and requested a conference with me. I told them I was at their service. The chairman of the Health Committee was spokesman and said,

"Dr. Hildreth, we want to talk to you a little about your measure. We have counted noses and believe we have you defeated in the Senate, but if you will amend your bill we will be glad to withdraw all opposition and help it to become a law." I asked them how they would like to have the bill amended. I do not recall just what they claimed was wrong with our measure, but it was of very little consequence one way or the other, and I knew if I undertook to amend the bill at that time, with only three or four days of the session ahead of us, it would be impossible to pass it in the Senate and get it back over to the House for the House concurrence before the session adjourned. They said that the bill was a poor bill, and if it passed it would not be what the profession needed, and that they felt it should be amended.

I replied, "Gentlemen, I am well aware that ours is a poor bill. But I am also aware that a poor measure can be more easily amended than a new one created. I appreciate your coming to me and offering your services, but I cannot accept them. Like yourselves, I have counted noses. You may be able to defeat us in the Senate, that is your privilege, but if it is within my power and that of our friends, that bill as presented to the Senate is going to pass without the crossing of a "t" or the dotting of an "i". If, in your judgment, you believe you should try to defeat it, and if you can, it is all right with me. Good day, gentlemen." When the delegation of doctors came into the Governor's office, I shook hands with them, because it was my custom never to let a difference in opinion make me less friendly, be he doctor or layman. Just after greeting the doctors, the secretary of the Governor motioned for me to enter the Governor's office. As I walked up to the desk Governor Shaw was just finishing his signature to the osteopathic bill.

"Governor Shaw," I said, "it is not for me to complain of a deed well done, and I am deeply grateful to you for your signature, but there is a delegation of gentlemen in the other room who, I am sure, wanted very much to confer with you before you attached your signature to that measure."

"That would have made no difference," he replied, "I would have signed the bill anyway."

Again I thanked him and said, "You are making history for my profession. I have in my pocket a gold fountain pen. If you will allow me, I would like to present this pen to you in exchange for the pen with which you signed our bill." He willingly accepted it. I left his office a very happy man.

The day my wife, daughter, and I reached Kirksville from Des Moines there was much excitement among the students. There were then about twenty from Iowa, and they led a parade of some four or five hundred students. When the train stopped at Kirksville, six or eight great husky students picked me up as I stepped from the train, hoisted me to their shoulders and carried me through a dense crowd to a carriage from which the horses had been unhitched. A long rope attached to the carriage had been stretched up the street and the Iowa students picked it up and hauled the carriage to the school steps. A girl student, from Iowa, perched on a high seat in front, drove the human horses with ribbons of red and black, the school colors. That was a great day in Kirksville and they celebrated in a big way the recognition by law of the new system of healing in the state of Iowa.

I append a recent letter from my good friend, former Senator Carroll, the man who introduced me to Governor Shaw and to prominent members of the Senate and House, and who did so much in securing the passage of the first bill recognizing osteopathy in the state of Iowa.

DEAR DOCTOR HILDRETH:

Your recent short visit with me at my office in Des Moines recalls to my mind some incidents of many years ago in connection with early osteopathy, and the founding by Dr. A. T. Still of his osteopathic institution at Kirksville, Missouri, which, to me, were quite interesting.

I knew Dr. Still so long ago, nearly fifty-five years now, that I feel that I was almost "in at the birth" of the osteopathic infant. I was a student at the State Normal School at Kirksville during the years 1882-1884 and one evening, as I was returning from school to my boarding place, I saw Dr. Still sitting on the edge of the sidewalk on Normal Street, between the Cumberland Presbyterian and the Methodist Episcopal Churches, and an aged Negro was standing in front of him, I stopped to see what was going on. The Doctor was manipulating the bones in the man's wrist. The wrist apparently had been entirely stiff but the hand could then be moved a little. The doctor said some of the carpal bones were dislocated but that with another treatment or two he could entirely relieve the trouble.

That was my first lesson in osteopathy, and it was at the very beginning of the development of the science.

In the early '90's before Dr. Still had permanently located his institution at Kirksville, he was having trouble with parties in Missouri who claimed that the laws of the state did not permit the practice of osteopathy there. He decided to locate elsewhere, and took up with the people of Bloomfield, Iowa, the matter of locating his institution at that place which, at that time, was my home.

All that he asked of us, as I now remember, was that we furnish him a suitable plat of ground on which to locate his buildings. That we agreed to do and tentatively obtained an option on a beautiful tract of ten acres or more of land.

The doctor came up to Bloomfield and met with our people in a public meeting at the opera house. He was greeted by a large crowd of people who were anxious to help the movement along. Everything passed off nicely and there seemed to be no doubt as to a successful outcome until one of our citizens, who at that time chanced to be a member of the Pharmacy Commission of the State, announced that he did not think the practice of osteopathy was permissible under the laws of the State and that he would do all that he could to prevent the establishment of an osteopathic institution in our city. Dr. Still thereupon stated that if he had to have a fight anywhere, it might as well be in Missouri as in Iowa and that he would abandon the idea of locating at Bloomfield.

Thus our little city lost its opportunity to become a place of importance because it was so unfortunate as to have in its midst a narrow-minded druggist who, at the time, occupied an official position.

You will doubtless recall that in 1898 when you procured the enactment of a law by the Iowa Legislature authorizing and regulating the practice of osteopathy hundreds of protests against the enactment of the law were sent to the members of the General Assembly by the M. D.'s of the state. The protests were uniform in kind, having been printed and sent out to the doctors for signature. I was then a member of the Senate and received a large number of protests from Appanoose County, one of the counties of my district, but received none from my home county. After the legislature had adjourned and I had returned to Bloomfield, I was in the office of Dr. J. W. Young, my family physician and one of the leading men of his profession. I asked him why I had received no protests from Davis County. He said, "I am the president of the Davis County Medical Association. The blanks were sent to me for distribution but I never distributed them. They are sticking in that pigeon hole in my desk. If I can't compete with osteopathy maybe it is I who should quit practicing." Many other physicians were not so liberal and broad-minded in their views as was Dr. Young.

Some of us who supported your bill were told that it meant the end of our political careers, but it, in reality, seemed to be only the beginning for some of us. As for myself, I later served the state ten years as Auditor of State and as Governor.



These are only a few of the things that I could relate but even they may be lacking in interest to other people.

I have watched with interest the remarkable growth of osteopathy and the splendid success which has attended your work in the profession. I congratulate you on the establishment of such a wonderful institution as your sanatorium at Macon.

It has been a great pleasure to me to have known you and to have watched your successful career for so many years, and I take pride in the fact that I did what I could to assist you in getting your osteopathic bill through our legislature.

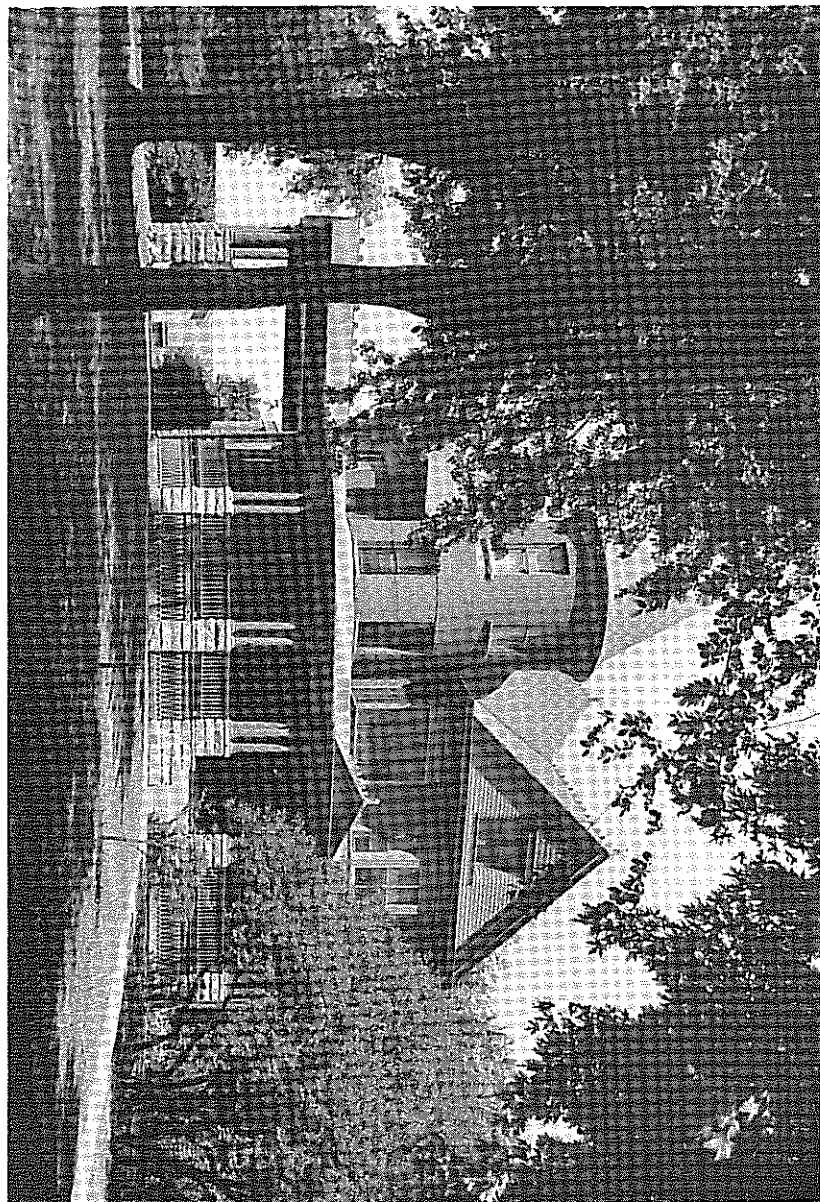
With personal regards, I remain

Sincerely yours,

(Signed) B. F. CARROLL.

In this beautiful home and on the grounds surrounding it, many historic incidents took place. Here Dr. Still spent the last years of his life and enjoyed to the full the blessings that were showered upon him in such a beautiful way as the result of his life's work.

DR. STILL'S RESIDENCE ON OSTEOPATHY AVENUE, ERRECTED BY MOTHER STILL  
1898-99





## CHAPTER XI

### ACTIVITIES SHAPING OSTEOPATHIC DESTINIES

On April 1, 1898, Mother Still began the erection of a new home on Osteopathy Avenue. It was completed on March 1, 1899. During the spring, summer, and fall of 1898, following the Iowa legislative battle, my time was spent in the school and infirmary.

The completion of the north and south wings to the original school building gave ample room for the educational work and treatment of patients. By fall everything was ready for the smooth running of the school.

It was then that I took up with the Old Doctor the advisability of my going into independent practice, and he reluctantly consented to my severing my connection with the school. On January 1, 1899, I opened my offices in St. Louis at the southeast corner of Olive at Sixth street, on the seventh floor of the Commerce Building, 706-07-08, the same number of offices and rooms I later had in the Century Building. During that year my practice grew rapidly. I had the advantage of the acquaintance of a number of St. Louis people who had come to Kirksville for treatment. My practice was similar to that in the school, at Sioux City, Iowa, in Chicago with Dr. Harry, and elsewhere. I added to my knowledge and confidence in the system Dr. Still had given to the world. I had the supreme satisfaction of seeing many persons, who had been pronounced incurable by well-known doctors in other systems of treatment, freed from pain and disability. Every cure came as the result of removing the cause of the condition. This was according to the teaching of Dr. Still. In other words, I used only genuine osteopathy, the osteopathy that made Dr. Still famous and was the basis of the new system of healing. All we are, all we ever have been, has been brought about through results obtained in removing causes. Our future usefulness depends upon our adherence to that teaching, based upon the principle that nerves must be freed of physical interference in order that nature may be given the opportunity to do her work in her own marvelous way. Results made Dr. Still's suc-

cess, and from the beginning until the present time results alone are responsible for the success of the osteopathic profession.

During that summer of practice in St. Louis, four senior students from the parent school came down to practice with me and to gain experience. Before they came, I began to tell my patients that if they had friends who needed osteopathic treatment and were not able to pay for it, to send them to the free clinic we were planning to conduct for the summer. By the time the students arrived we had a goodly number of patients enrolled, and we held our clinic in my office from 4:00 until 7:00 o'clock each afternoon and evening. These four senior students secured surprising results, and in later years I was amused when Dr. W. H. Eckert, to whom I had sold my practice, told me that he received as many worth-while patients as a result of cures procured by those students as he received from my own general practice. It was a splendid experience for them and a benefit to those who needed our treatment and were unable to pay for it.

For a while during that summer, Dr. Harry Still divided his time between the school at Kirksville and my office in St. Louis. It was a pleasure for us to be associated again. Late in August he told me his father and Dr. Charlie wanted me to return once more to Kirksville and assist them in their work. The passing of laws in various states recognizing osteopathy had increased the student enrollment to such an extent that they needed my services again. So as I had said to Dr. Harry before, I said again:

"If your father thinks he needs me, I will go back."

Upon my return to Kirksville, Dr. Still and his sons requested that I share and share alike with them. I was to have one-fourth interest in the original home college. I was to share with them not only in the ownership of the buildings and the income from the institution at that time, but also the responsibility for all obligations that then existed and should be incurred later.

Thus, again I stood side by side with the world's greatest benefactor and again entered into legislative activities as the emissary of Dr. Still and his sons in securing wider recognition for the system that was growing to such marvelous proportions.

I have never regretted answering Dr. Still's calls. From the very beginning when he called me to study osteopathy, and later as the years rolled by when from time to time he gave me important

positions to fill, I have always been thankful. Even the position I hold as President of the Still-Hildreth Osteopathic Sanatorium at Macon, Mo., was due largely to Dr. Still's request and that of his two sons, Dr. Harry and Dr. Charlie. I have always considered it a privilege to have had the opportunity to serve for so many years in so many capacities with the Still family.

On my return to Kirksville, I was made dean of the college. The September class of 1899 numbered a little over 200 students and brought the total enrollment to a little more than 700. Think of it! From a class of seventeen in 1892 the enrollment had grown in seven years to more than 700 students. You can imagine, perhaps, something of the demands of that wonderful student body. You may be able to imagine the activities of the men employed by Dr. Still to help him carry on this work. Some of the men, whose names have already been mentioned, were there at that time and every one of them had all he could do to teach and to help care for the immense practice that had come to Dr. Still through his fast-spreading fame.

During that fall quite a dissention arose over the fact that a man who was not a graduate of a recognized higher educational institution had been made dean, and had been placed in a position which gave him great power. There were four men on the faculty at that time who were graduates of the allopathic school of medicine. Their opinion was that I was ultra-osteopathic and would tolerate nothing other than the strictest adherence to the teaching of osteopathy in the way Dr. Still himself had taught it for a number of years. A written protest was sent to Dr. Still, his sons and family, and to myself, all of whom were members of the Board of Trustees. It was signed by the four graduates in allopathic medicine, and said they refused to serve as members of the teaching staff of the American School of Osteopathy if I were to be retained as dean. I was opposed then, as I have always been, to any and all tendencies toward mixing the teaching of drugs and osteopathy. The feeling grew strong among members of the student body.

It is not my desire to go into a detailed account of an unpleasant thing, but rather to chronicle those outstanding features that had to do with guiding the activities of what had become a great educational institution. Always, throughout all my associations with

Dr. Still, in my general practice, and in legal and legislative work my supreme desire has been to render service true to the principles taught by Dr. Still.

Through experience I had learned that the greatest opportunity for service for those who wished to study osteopathy, as well as for those who wished to be aided by osteopathy, must come from an absolutely independent system. Perhaps I might have been a little radical, at least that was the feeling of the four graduates of medicine. Among them was Dr. William Smith, the man who had done so much in the beginning, in his teaching of anatomy and kindred subjects, in laying the foundation of the osteopathic profession. I have complimented his work highly in an earlier chapter. He and his associates seemed to think that because my education was not equal to theirs it was beneath their dignity to serve with me. I was so opposed to having anything taught but osteopathy that they resented it. It was very clear that the objectors felt that a combination of old school medicine and osteopathy would mean most. They had a perfect right to their opinions just as I had a right to mine, just as Dr. Still had the right to think and fight for a truth as he saw it.

The students took up the matter and a very large majority of them were loyal to Dr. Still and osteopathy. Such men as Drs. McConnell, Proctor, Hazzard, W. M. Clark, Will Laughlin—in fact nearly the entire faculty of the college—went to Dr. Still and his sons and demanded that the medical influence be eliminated. In other words, they stood by me in my position, and plainly stated that unless the medical influence was eliminated, they would resign from the positions they occupied. With the majority of the students taking the same attitude, or at least throwing their influence with the osteopathic teachers in the college, the only thing these four men could do was to retire. Dr. Smith resigned at once, the other doctors completed the year and then resigned.

This was one of the great internal struggles of a kind that come to all institutions. Through it all Dr. Still and his family stood firmly by the teaching of osteopathy in its purity. If our osteopathic students of today and all the osteopathic physicians in the profession could have stood by and watched the battles fought on that historic ground, fought and won to maintain the high standard of the system in which Dr. Still had accomplished so

much, they certainly would absorb at least a part of the enthusiasm of those old timers. The accomplishments of that time, and on down to today, have all been brought about through results obtained in the treatment of disease by osteopathic manipulative therapy.

As long as we follow the line of practice as laid down by Dr. Still, it will continue to be a superior service. Whenever we deviate from that fundamental principle and the basic osteopathic technic of correcting causes, we wander into forbidden paths, lessen our ability to accomplish the best results, and cheapen our profession. We even lessen our individual opportunity for success.

Two years before I became dean of the college, a handful of graduates of the original school formed an organization at Kirksville and called it the American Association for the Advancement of Osteopathy. Later the name was changed to the American Osteopathic Association. The first President was Dr. D. B. Macauley of Chicago, who served for one year. The second annual meeting was also held in Kirksville, and Dr. S. C. Matthews, now of New York City, was elected President. In July, 1899, when the meeting was held in Indianapolis, I was elected President. This was while I was still practicing in St. Louis, just before my return to Kirksville. The by-laws of the Association at that time provided that members of the faculty or board of trustees of any of our osteopathic colleges were ineligible to hold office in the national Association, hence, on my return to Kirksville it was necessary for me to resign from the Presidency. The Vice-President, Dr. F. W. Hanna of Indianapolis, became President and filled my unexpired term.

From Indianapolis the convention went the next year to Chattanooga, Tenn. Thus you see that during the rapid growth of the profession at Kirksville there were strides being made by the national Association, the nucleus of a great organization that today has more than 5,000 members scattered all over the United States, in Canada, and other foreign countries. In England, at the present time, our profession is becoming well represented.

During the summer of 1900, the question of the legal standing of our profession, or the best kind of legislation for our profession, was again being agitated in Missouri. This agitation came through the fact that the dominant school of medicine, watching

the growth of the movement at Kirksville, had decided the time had come when this rapidly increasing system of therapeutics should either be checked or controlled. The allopathic school of medicine, being the oldest, considered itself the power which should take drastic measures to control this outlaw in medical science.

The medical men in Missouri began the discussion of a bill to present to the coming session of the legislature. Rumors of such a measure reached Kirksville. The Honorable S. M. Pickler, a loyal friend of osteopathy, who for three or four sessions had been a member of the House of Representatives from Adair County, in which Kirksville is located, and who had been nominated for the next term, was asked to resign by the Republicans so that they could run him for Congress. His resignation left a vacancy on the Republican ticket for representative to the state legislature.

The Republican Central Committee members for Adair County offered me the place made vacant by Mr. Pickler's resignation. I told them that I did not feel I had the time to make the usual political canvass, nor did I feel that I could afford to spend the time in the legislature which was required of a member of the House. They urged me so strongly that I told them I would take the matter up with Dr. Still and his sons. I asked the Committee to come back in three or four days, and I would give them my answer.

After consulting Dr. Still, Dr. Harry and Dr. Charlie, and a few other members of the school organization, we decided it might be a good plan to have a representative of the osteopathic profession on the floor of the House, especially with the legislation that was likely to be presented at that session. When the members of the Republican Committee returned, I told them I would accept the nomination on two conditions: first, that it was to be given to me without effort on my part, and second, I would not have to spend too much time in the fall campaign. In November, 1900, I was elected as a member of the House of Representatives of the State of Missouri from Adair County, the birthplace of osteopathy.

Before going further into my legislative activities at Jefferson City, I should like to tell of the first class rush at Kirksville. This was in the fall of 1899, and the freshmen were avid to let the town know that theirs was the largest class so far matriculated in the American School of Osteopathy. They took every opportunity

to put their class on the map. About a week after the class matriculated, on September 1, Buffalo Bill came to town with his Wild West Show. In the circus parade, the '01 class (at that time the course was four terms of five months each, or two years of ten months each) managed to have pennants obtruding from the windows of the various types of conveyances and from every other possible place available. Not satisfied with their display in the parade, they had their colors flying from every conceivable place on the circus grounds.

A few days later, while walking from my home early one morning, I glanced at the top of the school building. There, floating from the flag pole, was a banner probably five or six feet square. The center was a circle of white about sixteen inches in diameter and the background was of solid blue, the colors of the '01 class. It did not dawn on me until after I reached the school building, in fact not until that afternoon, that a college rush was on. Even though our institution was only a little over seven years old, the class rush fad—to me a very extreme one—had infected our school body.

By afternoon the sophomores had taken offense at this flag floating from the top of the school building, and had succeeded in hauling it down and dragging it around in the mud in the town square. Immediately the scrap was on. The freshmen, who outnumbered the sophomores, recaptured their flag, had it laundered, and returned it to the flag pole.

My duties at that time were heavy, and that afternoon I was so tired I called my home and my wife came by with the old-fashioned surrey and we took a drive out into the country. On our way home, as we drove down Jefferson street toward the school building, we found hundreds of people on the streets, sidewalks, lawns and terraces. When we came near enough, we saw the roof of the college building black with students. Surrounding the flag pole was a group of men defending the freshmen colors, with the sophomores again attempting to capture the flag. About that time the Old Doctor appeared on the scene. The central portion of the school building had a large open-topped porch on the east, extending from the south to the north wing. The Old Doctor carried a ladder to that porch, and climbed until he was even with the eaves.

"Here, you people!" he shouted, "Get down from the top of this building! Clear out, and you men defending your colors, take down that flag, and raise in its place the Stars and Stripes. This college is the American School of Osteopathy, and the American flag is the emblem that shall float from that flag staff at all times as long as I have anything to say about it."

You should have seen those people scampering down! The marvel of it to me even now is how those hundreds of people could find a foothold on that roof and keep from breaking their arms, legs, or even their necks. But not an accident occurred. Thus ended the first class rush, and it ended for all time the endeavor of any class to try to substitute their colors for the Stars and Stripes, a flag that the Old Doctor dearly loved and revered during his entire lifetime. He had fought for it during the Civil War and was ready to fight for it again.

In 1904, the American Osteopathic Association held its convention in St. Louis, on the World's Fair Grounds. Headquarters were at the Inside Inn, the pioneer Statler Hotel, and meetings were held in the Missouri State Building a short distance away. Dr. Still attended this convention and I wish it were in my power to portray the scene in that Missouri Building the morning Dr. Still came walking down the aisle to the platform. There must have been more than a thousand osteopathic physicians and their friends present. The minute Dr. Still stepped into the door every person in the room was on his feet and the cheering that filled the air the next ten minutes was beyond description. It was a great ovation, a tribute to the man who had made one of the most remarkable discoveries of the nineteenth century, the man who had contributed in such a marvelous way to the good of all people. Such an outburst, such cheering, such enthusiasm; men threw their hats to the ceiling, howling lustily and continuously. Finally, when the cheering had subsided and Dr. Still appeared on the platform, he in his simple, splendid way spoke for a few minutes to those men and women who loved to be called "his children." He expressed his joy over being there, his happiness over their success; he said he knew they were successful or they would not be there. He was proud of their ability to represent the profession he had discovered, he was proud of the service that made them outstanding citizens in the communities in which they lived.

The Inside Inn was the brain-child of Mr. Statler, whose fame in the hotel world has become so widely known. As president of the local St. Louis Osteopathic Association, I had the opportunity of becoming very well acquainted with him. At the close of the St. Louis Fair, the last day of October, my wife and daughter and I called on Mr. Statler and his assistant, Mr. Watcham, at the Inside Inn to thank him again for the very wonderful service rendered convention guests. During our visit, Mr. Statler said to me:

"Dr. Hildreth, we have entertained many, many conventions during this year, but not a single body of men and women have I seen whose members were of the splendid type of your profession. So far as our saloon was concerned we would never have known your convention was being held in our hotel."

It has been a source of keen satisfaction that in every hotel where we have held our conventions during all these years the same high compliments have been expressed again and again to me by the managements. Our conventions have been held in the greatest hotels of the country and in most of our largest cities, from Seattle to Norfolk, Va., from Boston to Los Angeles. Throughout the country, in all the best hotels, the compliments to our character and conduct have been ones of which I am supremely proud.

During the summer of 1908, while I was still in St. Louis, it was my privilege to become well acquainted with the Sunday editor of the *St. Louis Daily Globe-Democrat*, who at that time was a patient of mine. In August of that year the American Osteopathic Association met again in Kirksville to celebrate the Old Doctor's seventy-ninth birthday. One day I asked this editor if he did not think the coming osteopathic convention to be held at the birthplace of osteopathy deserved a good write-up in the *Globe-Democrat*. This paper was then, and is now, my favorite St. Louis newspaper, and has been read by the members of my family for over fifty years.

Not long after, he sent me to a home in University City, in the west end of St. Louis, to be interviewed by a lady assistant editor. This woman and her husband received me very graciously and after we had chatted for sometime and I had furnished her the information she wanted, she said,

"Dr. Hildreth, I had a very interesting experience with Dr.

Still once. I was born and reared in Hannibal, Mo., and my mother was Dr. Smith, one of the first, if not *the* first, woman physician licensed in the state of Missouri. During the time when Dr. Still used to visit Hannibal and treat people, he secured some very remarkable results, some of them in the most prominent families of that community. My mother became interested in him, and they became quite good friends, so much so my mother consulted him relative to patients under her care and even used, very successfully, his assistance in some of her practice."

She then told me that one time while Dr. Still was in Hannibal, her mother called him in consultation. The patients were two very sick men. One of them, Dr. Smith felt, was improving, but the other was so seriously ill she questioned whether or not he would get well. She told Dr. Still her opinion. After he had examined them, Dr. Still said,

"Dr. Smith, that man you think is getting better is not; in all probability he will die; the other man you think is the worse of the two will get well." That is just what happened.

She went on to tell me of another incident. "One morning I boarded a Burlington train which runs from Hannibal to St. Joseph, Mo. I was bound for Chillicothe. I was suffering with the most violent of headaches, so much so I wondered how I was going to stand the trip. About the time the train pulled out Dr. Still took the seat just behind me. He had not gone far until he came to my seat and said,

"Young lady, I judge from the way you are twisting and turning, that you must be suffering. Is it a headache?" I told him it was, and a violent one. I knew who he was, but questioned whether he recognized me as the daughter of Dr. Smith. Then he said, 'I would like to relieve you.' I assented, of course. He put his hands on the back of my neck. Through his careful manipulation he relieved my headache entirely."

The *Globe-Democrat* published nearly three-fourths of a page in the Sunday edition just preceding the opening of the convention at Kirksville. There were pictures of the school building, the campus, and the student body. The progress of the osteopathic system of practice was described. Dr. Still was complimented highly and many fine things were said of the school. That article helped in spreading the fame of Dr. Still and his undertaking.

## CHAPTER XII

### OHIO RECOGNIZES OSTEOPATHY

DURING the early part of 1900, it was decided that I should go to Ohio to secure recognition for our profession in that state. At that time there were between ten to fifteen osteopathic physicians practicing in Ohio. Among them Dr. M. F. Hulett of Columbus, and Dr. H. H. Gravett of Piqua, assisted me very ably in the legislative work. We made some very wonderful friends in both the House and the Senate. Former United States Senator Willis of Delaware, Ohio, who at that time was a young member of the House, proved to be one of the most loyal supporters of osteopathy from the beginning of our acquaintance until his untimely death. He spoke before osteopathic gatherings at many places and made one of the graduation addresses at Kirksville. He also spoke at the American Osteopathic Association convention held in Kirksville in August, 1924, celebrating the fiftieth anniversary of the discovery of osteopathy. Nicholas Longworth, of Cincinnati, afterwards Speaker of the House of Representatives in Congress, was also a member of that Senate, as was the late President Warren G. Harding.

Using the same tactics as in the legislative campaigns in Missouri, in 1895 and 1897, I attempted to contact every member of the House and of the Senate and lay before them the argument that people who wished to have osteopathic treatment could not do so unless there were at hand osteopathic physicians who had a legal right to practice. It was necessary for the citizens who wanted osteopathic physicians, as well as for the profession itself, to have a law that would enable these doctors to practice.

I was in Ohio from January 1 until late in the spring. Their session did not adjourn until the very last of May and everything seemed to be going our way. The bill passed the House. The opposition by the medical people, however, was so very strong that at the time the bill was brought up for action in the House a number of physicians from cities around Columbus were present and endeavored to defeat it. Many of these were family physi-

cians and were seated by the sides of members on the floor of the House when the bill came up for final action. Notwithstanding this obvious influence, a number of the members voted for our bill, even though their family physicians, seated at their sides, opposed it.

About that time, or just as the excitement was at its height, and it looked as if the bill would become a law, the leader of the medical opposition wired Senator Foraker in Washington, D. C.:

"Eight thousand physicians in the state of Ohio will hold you responsible if the osteopathic bill, to be voted upon by the State Senate at ten o'clock Saturday morning, becomes a law."

Senator Foraker promptly wired that he was not aware that such legislation was pending in Ohio, and that if he had been, he would have used his best efforts to see that the measure became a law. Thus you see the type of friend osteopathy had in Senator Foraker. We had not troubled him with the fact that such a measure was introduced; he was a busy man, and we felt that we could win the battle upon the merits of the measure alone.

Our bill was passed in the House and it was sent over to the Senate, where the same earnest effort was put forth. We would have had enough friends to pass it there, had it not been interfered with. A senator who professed to be our friend secured the floor when the bill was called up and offered an amendment. He claimed that he had discussed the matter with me and that both the allopathic physicians and I had agreed. That was absolutely untrue. I had never even heard of the amendment until after it had become a part of that bill. The amendment he offered was about as follows: A provision permitting an osteopathic physician, who is a graduate of a recognized college requiring a course of study of four years of five months in four separate years, to take an examination under the State Medical Board in anatomy, physiology, diagnosis and chemistry. The Senate passed the bill with the amendment.

In Ohio it was not necessary for the Governor to attach his signature for a measure to become law; therefore, no chance for a Governor's veto was possible. There were no colleges at that time giving that length of course, neither was there a medical college devoting that much time to the study of medicine; thus, when the osteopathic physicians in the state fought the law, the Supreme

Court ruled it was unconstitutional because the law demanded qualifications of the osteopathic physicians not required of the graduates of other schools of medicine. I might mention that previous to the presentation of this amendment the medically controlled members of the legislature offered a substitute bill. That bill provided that all osteopathic physicians who wished to practice in Ohio should take an examination under the medical board in anatomy, physiology, diagnosis, and chemistry. We were able to defeat that bill, but were tricked by an amendment to the original osteopathic bill.

From that day to this, the average medical examining boards have been bitterly antagonistic toward the osteopathic profession. For us to take an examination from a board, which does not understand our system or method, which has little, if any, knowledge of our qualifications or our ability to treat the sick is farcical and does not in any sense test our qualifications for the service we propose to render. What the medical faction wanted us to take under its board would mean little so far as knowledge relative to the ability of the applicants to practice their profession was concerned.

The opinion of the Supreme Court made it necessary that the battle in Ohio be fought over again two years later. So in 1902 we introduced a bill for an independent board. It has never been my privilege to fight a more bitterly contested battle than was fought in Ohio at that time. There was, unquestionably, a majority in favor of our bill. As in other states, we were obliged to take our measure to the judiciary committee of nine members. Five of them were ready to vote for the osteopathic measure any time. Four were against us. We recognized the fact there was no possible way to move the bill out of the committee without some sort of an agreement. Strong pressure was brought to bear on each member by friends from both sides. The men who were for the bill were real friends because they felt our measure was a just one; the opponents were members upon whom so strong a pressure was being brought to bear politically that they felt they did not dare vote for the osteopathic measure. That was a great experience.

There were a number of the most prominent physicians of the state at the hearing. The room was packed with allopathic physicians. There were only three osteopathic physicians present—Dr. Hulett, Dr. Mary Dyer, and myself. Those allopathic



physicians accused us of being ignorant. They claimed our colleges were not educational institutions, and that our graduates were not qualified to practice osteopathy. They called us anything and everything but gentlemen. When they finished their argument the chairmen of the judiciary committee called on me. I said I could not understand why men who represented the outstanding, wonderful, high type profession of medicine could afford to come before them and make the statements they had just made without having conscientiously investigated a single one of our educational institutions. I said they were opposing a bill covering a system of healing about which they knew absolutely nothing, that I believed there was not a man within the sound of my voice who had ever stepped foot inside an osteopathic college. An insignificant little man stood up and yelled that he had read our books. I asked what he had read. He replied that he had read a book published in Kansas City. I told him I knew all about the book, that it had been written by a man who knew as little about osteopathy as he did, and that it was my opinion that the information of those who had spoken against our bill had probably come from just such a source.

The book in question had been written by a man who had faked osteopathy in Kansas City and elsewhere. He was not even a graduate of any school. I suspected that this book was about the extent of the little doctor's knowledge and explained further to the committee, and visitors, that our profession, like theirs, had fakes and one of the rankest of the fakes had written that book. I received quite a bit of encouragement from the committee over that statement, but it adjourned for the day without taking action. Understand, the medics had introduced the same bill as at the session two years before, that is, to have all osteopathic physicians examined by the allopathic board in four subjects— anatomy, physiology, chemistry, and diagnosis. We wanted and asked for an examining Board composed of osteopathic physicians, men capable of passing upon the qualifications of osteopathic applicants.

Soon after the committee hearing, a representative from Cleveland—a brilliant lawyer—came to me.

"Doctor," he said, "I have a proposition to make. Let the medical board examine osteopathic physicians in the four subjects

provided in their proposed bill—but with the provision that your profession be given a committee from your own school to examine your own applicants in the other subjects taught in your colleges."

I had said to the committee previously that we were opposed to an examination by a board that knew nothing about our system, especially so without representation on that board. Also we were not satisfied for our applicants to be examined in only four subjects—there were ten or twelve kindred subjects they should be examined in, as well as the four named in the proposed bill— anatomy, physiology, osteopathic practice, and chemistry.

This lawyer said he was satisfied that he could get the medics to agree upon this plan. I told him I would see what our osteopathic physicians had to say. Those whom I consulted told me to use my judgment. We finally decided that such a law would be better than no law. We knew it would be impossible to get our bill out of the committee and pass it under the existing conditions. I immediately told the lawyer we would accept their amendment if they would substitute obstetrics for chemistry in their examinations. They did that, and the bill became a law. In the spring of 1902, after the agreement was reached there was no opposition to our measure; thus Ohio became the sixth state to recognize the osteopathic profession.

These were the high points in my experience in legislative work in Ohio. The osteopathic physicians of that state have been practicing under that law for thirty-five years, although it has since been amended to give osteopathic physicians the right to practice surgery and use anesthetics.

I had several reasons for recommending the substitution of obstetrics for chemistry. The prime one was that I knew if the medical members of the board examined our people in obstetrics our obstetricians would be legalized without further discussion, and that our people would be granted the same rights as those of the medics in the practice of obstetrics. To be honest, that is one little thing that was accomplished during my work with legislation that I have always been just a little proud of. While we did not secure an independent board, we did secure recognition of a broad character and have been practicing osteopathy successfully in Ohio ever since.

A second reason for asking for the substitution of obstetrics for

chemistry was that osteopathic physicians were doing a work in obstetrics that was far superior to any other system known at that time. Osteopathy today is rendering the same kind of service when our physicians practice the kind of obstetrics taught by Dr. Still. We should have our obstetricians in every city; women should have the advantages that can be given only through osteopathic obstetrical care. Still another reason for substituting obstetrics for chemistry was that in several states where we had been recognized, our archenemies, the allopathic physicians, tried in every way to obstruct osteopathic practice and raised objections to osteopathy in obstetrics. They even tried to prevent osteopathic obstetricians from signing birth certificates. This, however, was no different from the opposition that met us in Missouri in 1895, and that has followed the osteopathic profession all the way.

Before closing this chapter, I wish to emphasize the fact that all opposition against our profession has come from one source. In Ohio I found this opposition emphasized as much as in any state during my entire legislative experience. The opposition was bitter; it was prejudiced, due to ignorance of our system of practice and a desire by organized medicine to throttle the growth of the profession started by Dr. Still. There is no use beating around the bush or trying to get away from these facts.

I am not at all embittered toward the "old school" physicians or their system. I believe that the great rank and file of the men who practice medicine, according to the old system of healing, are conscientiously serving to the best of their ability. But it is time our people in the osteopathic profession rise to a man and get rid of all types of laws that throttle the growth and development of osteopathy. After all these years the osteopathic profession is still handicapped by medical influence, by the same old arguments that were used in Ohio. Justice should be demanded in order that the citizens of Ohio may receive a superior treatment, and that our profession may be recognized by the high standard of results it obtains.

## CHAPTER XIII

### MEMBER OF HOUSE OF REPRESENTATIVES

HAVING been elected to the Missouri House of Representatives from Adair County, in the fall of 1900, it was necessary that I appear in Jefferson City on the first of January, 1901, to take up my duties. The interests of my county and state were to be considered as well as the needs of our profession.

In that Forty-First General Assembly of Missouri I had the most interesting experiences of my entire legislative life. Feeling that the actions taken by that body affecting the osteopathic profession are of great moment, I ask my readers to bear with me if I go into detail, recording some of the incidents which occurred during that, to me, most memorable session.

In the afternoon of the first day, soon after reaching the Capitol building, I called upon Governor Lon V. Stephens to pay my respects. It was near the close of his term of office. He seemed pleased to see me. He said, "Dr. Hildreth, we Democrats at Jefferson City heard that you were going to be defeated, so I watched your progress during the campaign with much interest. I would have felt that the people of your county had not indorsed my action in signing your osteopathic bill in the spring of 1897 should you not have been elected. I congratulate you and your profession upon your election to our legislature and wish for you and your interests continued success."

It was very different to find myself in Jefferson City as a member of that legislative body as compared with my former appearance as a lobbyist for our profession. I was treated much more cordially and with greater respect. My election seemed to prove to the other members of the legislature, and many others who were interested, that a member of our profession stood as high in his community as did the representatives of any other profession. This gave me a very strong leverage in securing what was best for our profession, in fact placed me in a position to obtain whatever legislation seemed necessary for my county and state as well.

During this session, my whole work for osteopathy was defen-

sive because we were being attacked by the representatives of the medical profession. They proposed to abolish the law that was passed in 1897 under which osteopathic physicians had been practicing since that time. Their intention was to allow us but one member on the State Board of Health, which, at that time, was also the examining board for license to practice medicine in the state of Missouri. Should they have been successful in their undertaking, we would have had one osteopathic physician on a board composed of seven members, four of whom were allopathic physicians.

I had barely unpacked my things in one of the old-fashioned, but comfortable, hotels, when I was called to the telephone and the voice of a young woman told me that her brother was suffering with tonsillitis and she wanted me to come at once to treat him. I had to tell her I was not in Jefferson City to practice, that my legislative duties would occupy all my time so that it would be impossible for me to take even a few patients. She pleaded with me. "Dr. Hildreth, this is my brother and we know of your ability and we want you to come and treat him." This young woman, I found out later, was the daughter of J. S. Sullivan, one of the most prominent and influential citizens in Jefferson City. Mr. Sullivan was a manufacturer of saddle trees. I agreed to make the call because I remembered that I had met the young woman before but did not know her name. It was on a recent trip to Columbus, Ohio, to take up legislative matters in that great state. On the train was Col. J. H. Carroll and his wife accompanied by this young woman. (Col. Carroll was the attorney for the Burlington Railroad system. His home was in Unionville, Mo., and he was a close friend of Judge Andrew Ellison, the circuit judge who recommended me to Judge Thompson, whose case is reported elsewhere in this volume.) Col. and Mrs. Carroll's young friend was suffering with a severe headache and Col. Carroll wondered if I could relieve it. He secured a stateroom for me to examine and treat her. Examination revealed a third cervical lesion which was easily corrected. I felt that this would relieve her headache and left. I never heard of her again until my arrival in Jefferson City as a member of the legislature. The young woman turned out to be Miss Sullivan and she reminded me that I had stopped her headache almost immediately, and that was the

reason she was so anxious that I see her brother. Without going into detail, her brother responded nicely to treatment, and after several visits to his home he was well and went back to his school. My acquaintance with these two was the means of not only my entree' but my wife's and daughter's also into a most magnificent home where we were entertained in a splendid way many times. A few years later these good people moved to St. Louis and during my practice there for eleven years, beginning in the spring of 1903, they were not only staunch friends but also selected me as their family physician and sent me a great many patients.

The session in Missouri that winter opened on January 2. There is not much business transacted in a legislative body before the inauguration of the incoming Governor. We had ten days in which to get acquainted with the members of the House and the Senate and the selection of committees and arrangements for active work.

The Speaker asks the members to send up a note giving the names of the committees upon which they would prefer to serve. I designated the Public Health Committee and the Committee on Normal Schools as my preference. Our constitution provides that the regular session of the legislature shall open on Wednesday following the first Tuesday in the month of January. The incoming Governor, A. M. Dockery, was not inaugurated until January 12. During this session, James Whitecotton of Paris, Mo., was elected Speaker of the House. He was an experienced legislator, having been a member of the House for a number of years. He made a very able Speaker; he was extremely fair in all his rulings, impartial to both Republicans and Democrats. He placed me on the two committees requested and on two others in addition.

The period between the organization of the House and the inauguration of the Governor gave me ample time to meet the members whom I was anxious to have interested in our affairs. Among the leaders was the Honorable Matt Hall, representative from Saline County, who was elected by the Democratic caucus that elected Mr. Whitecotton, Speaker. Mr. Hall, like Mr. Whitecotton, had been a member of the legislature for a number of years. He was there when we passed our bill in 1895, which was vetoed by former Governor Stone; he was also there when we passed the same bill in 1897, which Governor Stephens signed.

Mr. Hall had always voted "no" on our measure. He had two brothers who were prominent "old school" physicians, one practicing in Kansas City, and the other in Marshall, Mo. It seemed to me that he was only doing what anybody else would have done who had relatives practicing medicine.

One morning, just after we had convened and quickly adjourned (this was before the inauguration of the Governor and the two bodies were simply called to order at ten o'clock and after responding to roll call, adjourned for the day), I walked over to Mr. Hall's desk and introduced myself. He treated me cordially, said he knew who I was and was glad, indeed, to meet me and get better acquainted with me. He congratulated me on my election to that body.

I said to him, "Mr. Hall, during my experience here in securing the passage of our measure for the recognition of my profession, osteopathy, I remember that you voted against it. When a man does what he thinks best I never have any fault to find, whether he is voting for what I believe to be right or not. You always voted against our osteopathic bills and I am in hopes this time, should anything arise wherein we were interested, you will feel differently toward our profession and might lend your vote and your influence to our cause."

He was a very large man, tall and distinguished looking, well liked by everybody who knew him. He had a loud, far-reaching voice, and he said to me, "Dr. Hildreth, this House will not pass any legislation against your people."

After thanking him, I said, "Yes, Mr. Hall, I feel that way about it, but had rather have you as my friend than as my enemy and I hope this time you may see your way clear to lend your influence for us should we need it." We chatted a while and I went back to my desk to handle some of my correspondence. (We Republicans were very much in the minority in that body and were not given stenographers.)

A few minutes later Mr. Hall returned my visit. Walking up to my desk, he said, "Dr. Hildreth, will you serve with me on my World's Fair Committee?" This was a special committee created for the sole purpose of handling all matters that might come up in the legislature relative to preparations for the World's Fair to be held in St. Louis in 1903, later postponed to 1904. I thanked

him and told him that I felt it a very high compliment and one I assured him I appreciated to the full. Again we chatted a little while before he walked away.

Soon after he left my desk, I remembered that one of the strongest osteopathic friends in the House, the Hon. Frank C. Sickles, a lawyer who represented Putnam County and who had voted for both of our earlier bills, wanted to be a member of the World's Fair Committee. Many others in the House had expressed a desire to become members of that committee also. At that time I did not know of any reason for this, unless it was to secure passes to the fair, or more than likely the privilege of handing out jobs for the great work necessary to put on that exposition.

I walked over to Mr. Sickles' desk and told him what Mr. Hall had said to me. In the organization of the House Mr. Hall was elected by Democratic caucus as its leader. He, together with the Speaker, named all the committees.

After telling Mr. Sickles of what Mr. Hall had said and that I knew he had expressed to me the thought he would like to be a member of that committee, and feeling perhaps the committee which was to be sixteen in number might be selected by putting one man from each congressional district in our state on the committee, I was afraid that my appointment might interfere with Mr. Sickles' appointment to that committee because we were both from the same congressional district. I would much rather he would have it than myself because of his great friendship and loyalty to our profession. (Mrs. Sickles had been a patient of mine in Kirksville before coming to the legislature and he had brought his wife to Jefferson City to continue the treatment. I treated her during that session until she was so much improved she did not need my services further.)

Mr. Sickles' reply was, "You accept the appointment, Dr. Hildreth, because I am a member of the Judiciary Committee, the Appropriations Committee (another of the most important committees), and I have all the work I can do without being a member of Mr. Hall's committee."

I told him I did not want that position if it would rob him of it, that I would not accept it if it did, also that I would find out whether it would interfere with his appointment.

Again I returned to Mr. Hall and told him how I felt about the

matter and wanted him to know that while I appreciated to the full the high compliment he had paid me by offering me a place on the World's Fair Committee, yet if that committee would be composed of one member from each congressional district, our mutual friend, Mr. Sickles, had expressed a desire to be placed on that committee, and if my appointment would in anyway interfere with Mr. Sickles' appointment, I would prefer he would give the appointment to Mr. Sickles.

He looked at me hard and said in that wonderful big voice of his, "Dr. Hildreth, I want men on that committee I can trust at night as well as in the day. You are going on that committee and Mr. Sickles is going on that committee also."

I thanked him and knew where I stood in the opinion of that outstanding leader.

The committee was important, I learned later, because our legislature appropriated a million dollars for the St. Louis World's Fair. The duties of that committee were to outline the manner in which this appropriation was to be expended; the importance of reliable men on the committee was evident. This incident made me very happy and was the forerunner of other incidents that brought satisfaction and happiness during my entire legislative experience, also gave to me a real worth-while friendship that has lasted through all the years.

My wife and little daughter spent that winter with me in Jefferson City. We had rooms at the old McCarty House, a historical place, known throughout the state of Missouri as a home for old-time Missourians, most of whom were prominent Democrats. This hotel was a very large, roomy, old-fashioned residence. We spent a very enjoyable winter there and made many friends.

One night early after the organization of the House, I was called to the telephone. It was Mr. Hall's voice and he said, "Dr. Hildreth, Dr. Peers of Kansas City, the man who has been selected to represent the medical profession is in town and wants to see you."

It was then 11:00 o'clock in the evening and I had gone to bed. My reply to Mr. Hall was that I would be delighted to meet Dr. Peers and asked him when they wanted to see me. Mr. Hall promptly replied, "Right now, we would like to come over to your hotel and have an interview with you."

After being introduced to Dr. Peers, he said to me, "When I arrived in Jefferson City and heard what you had said—that you hoped you could vote for our medical bill, I could have thrown up my hat and shouted with joy."

I replied that I had so expressed myself. Neither I nor my profession had any desire to oppose any needed medical legislation. Further, I said, "Of course you can readily understand we could not submit to repealing our little law that now stands on the statute books of Missouri unless we could secure a law much better in its place. It is my hope that your bill will be so written as to let the law under which we are working so satisfactorily alone. We want you to know, Dr. Peers, that neither I nor my profession has any quarrel with "old school" medicine; our whole object is to formulate only such laws for ourselves that will inspire confidence in those people who wish to be treated by us. Further, I want you to know that our influence will always be given to all legislation deemed necessary for the good of the people and that will give the laws necessary to protect your chosen profession." We talked until nearly 2:00 o'clock in the morning.

A few days later Dr. Peers called in the medical representatives from all over the state to discuss the proposed medical measure. Mr. Hall came to me and said, "Doctor, there are a number of medical men here from all parts of the state of Missouri who are conferring upon a proposed medical measure and we would like to have you come into the conference."

I told him that I did not know what good I could do but would be glad to meet the medical men, if it was his desire. He took me to their council chamber and I was introduced to a number of prominent physicians from all over the state of Missouri, among them Dr. McAllister who was then, and had been for a number of years, dean of the medical department of the state university of Missouri located at Columbia. He was an old-time, typical Missourian of the type one could readily understand would fit into the profession he had chosen as a life's work. He was one of the men who appeared before the Judiciary Committee of the House, when our measure was pending in 1895, and again in 1897, and opposed our recognition most strenuously. He had a very earnest co-worker, Dr. Lutz, widely known physician and surgeon of St. Louis. Both of them, together with others, were somewhat bitter

against osteopathy. They, like most of our opponents during the entire history of our legislative battles, were prejudiced against us.

There is no question in my mind but that they felt, in opposing us, they were fulfilling their sacred duty in trying to protect the health of the "dear people" from what they feared to be "quackery." To this day it is hard for me to understand, because I was ignorant of legislative procedures at that time, how we were able to get a favorable report on these bills in the earlier sessions. It must have been because of our reasonable way of treating diseased conditions and our appeal for justice. There was another side to the question, one that could easily be understood—the average legislator was tired of the demands of the "old school" for various types of legislation. They were constantly coming and asking for something, so that many of the members questioned whether it was necessary legislation. Anyway, the opposition had been strong and this representative body of medical men, gathered there in Jefferson City to propose new legislation, was not a bit more friendly to us, so far as their honest convictions were concerned, than it was in those earlier sessions when we were appealing for recognition, and yet, as I found out later, they wanted to control and regulate our new system by giving us one member on a board of examiners composed of seven members, three of whom were medical men.

The physicians assembled in this conference treated me very cordially and Dr. McAllister, to whom I had never talked before, was very kind. He was the spokesman who interviewed me mostly and his whole plea was that we accept a member on their Board of Health. That Board, at that time, not only controlled all of the health activities of the state, but also was the examining board that passed upon the qualifications of all types of physicians that practiced in the state of Missouri. He extolled the benefit and the prestige that a member on their board would give our young profession and urged my acceptance of such an arrangement.

I told him frankly that personally I would not consider such a proposition, but that I would consult with Dr. Still and the management of the American School of Osteopathy at Kirksville before giving him my decision. I told him that I would go to Kirksville that week-end and would take up the matter at that

time, but that I could assure him there was scarcely a possibility of our people accepting such a proposal.

Dr. McAllister said to me, "Dr. Hildreth, you should not be so hard-hearted and strong in your attitude, you should accept this kind of a law."

My reply was, "Dr. McAllister, put yourself in my place and tell me if, in this great state of Missouri, you had had to battle, as I have had to battle, opponents entirely composed of men who represent another profession, in order to secure a law recognizing your profession, would you accept one member, on a board of seven members, six of whom had proved antagonistic to your system from the start? Would you, my good sir, be agreeable to such a proposition?"

Dr. McAllister wore a very long gray beard, which added to his distinguished appearance. He sat there in front of me and stroked his beard for a minute or two and then said, "Well, Dr. Hildreth, I do not believe I would want a position of that kind."

My reply was, "My brother, treat me and my profession as you would want to be treated yourself should we change places." Then I left the committee room.

At Kirksville Dr. Still and the college management indorsed my actions, advising me that in their judgment I had taken the correct attitude and should not accept the proposition under any circumstances.

On my return to Jefferson City, my distinguished friend Matt Hall walked up to my desk one morning and handed me two bills, saying, "Dr. Hildreth, here are two bills the members of the medical profession have recommended and they want me to introduce them. I have told them I would only introduce them upon one condition and that was that they would take care of my friend, Dr. Hildreth, and osteopathy."

Can you imagine the joy in my heart, to know that after so short a time it was my privilege to have such a valued friend? He further said, "Write your amendment to this bill," handing me the copy. This was the important measure, the other was not of so much consequence and was dropped.

Think of it! There I was, a lone osteopathic physician on the floor, with 142 members of the House, twelve of whom were allopathic physicians. There, laid on my desk, was the allopathic



bill that had been proposed for the sole purpose of controlling all features of education, practice, etc., of the healing art and that bill was not going to be introduced by the man they had chosen to introduce it unless it was agreeable to the osteopathic profession. I wrote an amendment which was to the effect that nothing in the medical bill should be so construed as to interfere with the osteopathic law as found in the revised statutes of Missouri at that time.

Mr. Hall introduced their bill. He had an understanding with the Speaker of the House that when the bill reached the calendar on second reading, I was to be the first man recognized to offer an amendment. Then he, Mr. Hall, would accept the amendment. This procedure is always accepted by a legislative body that gives to the man who introduced the bill the right as author of the measure to correct or amend his own proposed law.

I was a member of the Health Committee before whom this bill had been heard. During that session they had selected me as secretary, and it was my duty to write the report on all bills that came before us. When this bill appeared before our Health Committee, I said to the chairman and members of the committee, "Now, this is your bill. Whatever you want to do with it is all right with me." My attitude there was in accord with an agreement with Mr. Hall and the Speaker of the House that our amendment would be attached later. I did not want to raise any antagonism in that committee.

This gives the reader one of the most interesting historical incidents in all the history of osteopathic legislation. The bill was reported favorable by our committee, placed on the calendar with the recommendation that it pass. When the bill was called up by Mr. Hall, I immediately arose. The Speaker recognized me at once, and I offered my amendment. Before Mr. Hall could get to his feet to accept the amendment, a doctor from the northern part of the state had secured the floor and was talking against my amendment. Mr. Hall occupied a seat directly back of this doctor and in front of the Speaker's desk. After listening to the Doctor for a minute or two, Mr. Hall arose and without apology or excuse called in his stentorian voice, "Mr. Speaker, Mr. Speaker!" When the Speaker asked what the gentleman from Saline County wished, he stated that he wished to accept the amendment

to his bill offered by the representative from Adair County. The doctor who had been speaking, turned and looked at him a minute and then sat down. There was considerable discussion over this amendment and a lot of opposition. Many of the members felt that it was too drastic and tried their utmost to kill the bill.

The leader against the bill, the late Mr. Dickinson from Clinton, Mo., who was for a great many years a member of Congress, arose and asked to interrogate the representative from Adair County. His question was, "Doctor, if this amendment of yours is adopted, what will be your attitude on the bill?"

I very frankly told him I had agreed with the author of the bill that if my amendment was accepted I should vote for the bill, but would not vote for or against any other amendment, neither would I help pass the measure because I felt that the allopathic profession should be strong enough to secure the passage of the bill without expecting assistance from a profession as young as ours. This did not entirely satisfy my very splendid friend, Mr. Dickinson, nor a good many others, who endeavored vigorously to defeat the measure.

When the decision was made that my amendment should be accepted, a number of our friends on the floor of the House came to me, and there were a good many of them, wanting to know what they should do relative to the medical bill. My reply was, "Vote whatever way you believe right, vote for or against the measure, it will not affect us a particle if our amendment is accepted." Of course, should we fail to secure our amendment, then our friends would assist me in defeating the bill. This was my attitude. I told the medical men exactly what they could expect from me and lived up to it to the letter.

The assembly fought over this bill from 10:00 o'clock in the morning until 6:00 o'clock in the afternoon. Amendments were offered in profusion from every quarter of the house and every effort possible was put forth by its enemies to kill it, but it passed that body by a vote of seventy-six for the measure which was only five votes more than necessary to pass the bill.

The purpose in reciting this story is to bring out the fact that the osteopathic profession was not fighting the medical profession; the fight was made by men who were sent to make laws in the interest of the people. To the majority of them it seemed that



the medical profession had asked for extreme measures which had for their purpose the giving to their organization unwarranted, unnecessary, and absolute domination and control of all laws regulating the practice of medicine and all laws that had to do with public health. There were many of the legislators who felt that that law was being created more for the benefit of organized medicine than for the benefit of the public.

In the Senate there was a bitter fight on the measure before it was finally passed. My medical friend, Dr. Peers, met me out in the corridor between the Senate and the House one day during the discussion of that bill in the Senate and said, "D-- you, Dr. Hildreth, you have caused me the hardest fight of my life." Of course, he laughed about it. He secured the passage of his measure with a very small majority in the Senate. It was a hard fought battle, with a very close decision for the medical profession, truly not a victory of which to be proud.

The day after the medical bill passed the House, I had been over in town and was walking back to the Capitol building. Looking up the hill ahead of me, I saw coming toward me Mr. Leonidas Wood, a prominent lawyer member of the House. (He was later elected circuit judge of his district.) He was a very staunch friend of our profession in the legal battle of 1897. I saw as he approached that he was very much amused about something. The nearer he got to me, the greater his amusement. He walked up squarely in front of me, blocking my passage on the sidewalk, and stopped. With his hands placed just above his knees, he bent over with convulsive laughter. When he could talk, he said, "Dr. Hildreth, do you know what you did yesterday?" Then he laughed harder than ever. I knew what was coming. He said, "Do you realize that osteopathic physicians are the only physicians in this state who can treat the sick, even give an enema or bath or even prescribe a home remedy, or do anything to relieve suffering without being examined by the State Board, or taking out a license to practice medicine?"

"Sure," I said, "I am well aware of that fact, but if you dare mention it to a living soul you and I will go to the mat. If the members of that House want to pass that bill that is their business."

The bill was signed by Governor Dockery and became law. This

law which was passed in 1901 was left intact for a great many years. It was not changed until 1929 when a substitute law was introduced. I was a member of the State Senate, then, and again voted for a medical law that is now on the statute books of the state of Missouri. Thus it happened that twice during my membership, once in the House and once in the Senate in the state of Missouri, I voted for medical bills notwithstanding the fact that the medical profession, even *The Journal of the American Medical Association*, blacklisted me when I was a candidate for the State Senate in 1924, claiming that I was against all medical legislation and urging their friends to vote for my opponent. The secretary of the State Medical Association wrote a letter to every doctor in my district, urging that they use every effort to defeat me because of my antagonism toward medicine. The truth is that the antagonism was at that time, and is today, all on their side.

Our thought in approving the former bill was that if the medical profession secured the kind of legislation they wanted for their profession, they would, in all probability, let us alone for the next few years.

In the fall of 1902 the Republicans reelected me to the House of Representatives from Adair County. It was hoped that I could secure a better law for osteopathy during my term, one that would set a precedent, if possible, for future legislation for our profession in other states. Dr. Still and other osteopathic physicians with whom we consulted felt that our law in Missouri was so poor we should try for a better one.

In January, 1903, the Forty-Second General Assembly in the State of Missouri convened. It was during that session that we decided upon the type of legislation that was finally approved by the American Osteopathic Association as a uniform measure for all the states. It was adopted at the Denver convention in 1905. The important feature of this type of legislation was an independent board to be composed of five osteopathic physicians, not more than three of whom would be members of the majority party in the state. This bill provided for educational requirements of four terms of five months each in two separate years, or ten months in each year. Our board was to examine our graduates in all subjects taught in our schools and issue licenses to all who passed. This board was to function without expense to the state. Examina-

tion fees from those who wished to practice their profession in the state were set to cover any expense. Osteopathy, unlike the practice of "old school" medicine in many states, has never been a source of expense to the taxpayers of Missouri.

The bill provided also that the graduates of osteopathic colleges should practice according to the teaching in the recognized schools of osteopathy. The above description covers the measure, not exactly, but in substance.

At the time of my arrival in Jefferson City, the State Board of Health was in session. I asked permission to come before this Board and present a matter which I had in mind. The request was granted. My old friend of two years before, Dr. McAllister, was a member of the State Board of Health, also Dr. Sweatman of Kansas City who was the President of the Board and who at one time had practiced medicine in Kirksville. There were seven members on this Board. In appearing before them, it was my purpose to make clear what was the best form of legislation for the osteopathic profession.

I said to members of the Medical Board, "Gentlemen, you know who I am; you know how my profession through me, as its representative, approved your bill two years ago. We helped you secure the law you wanted. Now, I am here again in the House and if possible want to have passed a better law regulating the osteopathic practice, giving us the proper standards of qualification. We want a board composed of five osteopathic physicians to examine and pass upon the qualifications of graduates from our schools, and to regulate and guide our profession in this state. We also want to be regulated by the same laws that you are in connection with infectious and contagious diseases and the signing of birth and death certificates; in other words, we want to conform to all rules regulating public health that your law requires. It is my purpose to introduce a bill, and we would appreciate it if neither you nor the representatives of your profession oppose it. We believe we deserve a better law."

Dr. McAllister stroked his beard. He sat thoughtfully for a minute or two and said, "Dr. Hildreth, I will not oppose your measure. I will ask my friends to vote for it."

Dr. Sweatman, the President of the Board, expressed himself likewise, and the entire Board assured me that they would not

oppose the measure. Later our bill was introduced and passed with only five votes against it. In the Senate there were only three votes against. The bill was signed by Governor A. M. Dockery in March, 1903. Thus we established in the home state of osteopathy, the first independent board to regulate the practice. The Missouri law became the standard for the osteopathic profession and has virtually been the standard from that time until the present, with some few changes, mostly because of the raising of educational standards first from two years to three and then from three to four years.

During that session, it was also my privilege to introduce a bill that provided for the prorating of anatomical or dissecting material among the institutions of the state that were teaching anatomy and kindred subjects. This bill was one of the type that took the most careful and judicious handling of any measure I ever attempted to pass. Up until that time, "old school" opponents of osteopathy took a great delight in accusing the osteopathic physicians of being uneducated. They had strenuously objected at all times to our securing dissecting material at Kirksville, or any other type of material that would prove advantageous in educating our students. We were unable to secure dissecting material until this bill became a law, because of the bitter fight waged against us. The passage of this bill was of vital importance to the college at Kirksville and was needed legislation for our profession.

It was hard for me to understand, then, and it is to this day, how it was possible for us to pass that measure, but we did; it was signed by the Governor and became a law. From that day until this, our colleges in this state have been given ample dissecting material.

These experiences cover the earliest period in osteopathic effort to secure recognition by law. In all of our undertakings we were very careful to introduce measures that not only recognized our profession, but also at the same time were for the best possible benefit of the people who wished osteopathic treatment. I feel safe in saying that it has always been our desire to secure laws which are just as beneficial to the public, or even more so, as they are to the profession. In other words, no law should ever be created that gives to any one system all the control in public

health work. Never did we try at any time throughout our legislative experience to interfere with the laws that the "old school" felt were absolutely necessary to regulate and govern their own practice in the best possible way.

It seems to me that it is all wrong for any one system to dominate the entire field of usefulness in the control of the public health and the practice of medicine. The Federal government, together with the sovereign states, are spending millions of dollars every year under the guise of necessity for the protection and best good of the health of our "dear people." In recent years there has been fastened upon the people a heavy financial burden that is today virtually controlled by the dominant school of healing.

Legislation secured in the beginning of our practice in all those states, on down to the present day, was the foundation that gave us broadened opportunity and helped us in a large measure to render the type of service that has made us what we are today—a power in the progress of this mighty age in which we live.

In these later years, legislation has been guided largely through the American Osteopathic Association who recommend uniform bills and encourage the individual states to carry on a legislative program that will assure the new system of healing, osteopathy, continued life.

I have been called from time to time before the legislative committees in Indiana, Pennsylvania, Virginia, New York, Massachusetts, Minnesota, Texas, Arkansas, Kentucky, Tennessee, Alabama, and some others. In all of these states where our profession has been recognized, there has never been any opposition except from one source, and that, the dominant school of medicine.

For a great many years organized medicine has been very active in fastening upon the public laws which they claimed to be for the good of the people. All lay persons should understand this situation. While we know that it is necessary to safeguard the public health in a sensible way, we question the advisability of going to extremes, especially giving the entire control of health problems to one system.

I would oppose, likewise, any law that would give to the osteopathic profession control of all public health activities and the treatment of disease. All laws should be made and guided by a

combination of systems which have proved efficient, for the reason that there is scarcely a treatment that does not have some good in it and all people should have the right to choose their own physicians just as they have a right, under the constitution of the United States, to choose their own religion.

## CHAPTER XIV

### VIRGINIA LEGALIZES OSTEOPATHY

THE experiences in Richmond, Virginia, before the legislative committee in that state were very interesting because of the fact that in this great state there were only a handful of osteopathic physicians who undertook to secure recognition. In the winter of 1903 it was my privilege to present the osteopathic measure before a joint committee of the House and Senate at Richmond. There was a great crowd in that old historic assembly room (the old state Capitol at that time and the committee meeting was held in the Chamber where the first Congress of the Southern Confederacy assembled). This large joint committee was the same one before whom my good friend, the late Dr. Patterson, who assisted in securing legislation in Missouri in 1897, appeared when he represented the profession at the previous session. The occasion for the two sessions being held in two separate years was that the first session, the one that Dr. Patterson attended, was the regular session and the next winter, the one before which I appeared, was a continuation of the regular session of the year before; hence, the committees were the same.

When Dr. Patterson appeared before the committee in the winter of 1902, there were "old school" physicians from all over the state of Virginia opposing the osteopathic measure. In their talks against the bill they said everything they could think of disrespectful of our profession, claiming we were ignorant and uneducated, that our colleges were only colleges in name, that our profession had no educational foundation, and that our graduates should not be allowed to practice in the state of Virginia unless they took the same examinations and qualified just as other physicians did.

Strange to relate, when I appeared there to represent the osteopathic physicians just one year later, we found conditions materially changed. Instead of there being a hall full of doctors from all over the state to oppose us, we found only one man, a dignified, gentlemanly physician of the "old school," a surgeon of wide

reputation, a man who ranked high in surgery throughout not only his home state but the United States as well. I found that this man had been selected by the Virginia Medical Association to oppose the osteopathic measure, or at least to watch the situation relative to osteopathic intentions. He accepted this duty on one condition—that he be allowed to handle this legislative problem in his own way and he was not to be hampered by directions from the state associations or by physicians in the state. Therefore, when the committee assembled, the medical people had but one representative and that was this distinguished physician and surgeon, Dr. George Ben Johnson, of Richmond.

When the hearing opened, I said I would like to hear the opponents first. This scholarly physician stood up, and unlike the opposition of two years before, informed the committee he had been investigating our profession. He had contacted men and women osteopathic physicians and had informed himself regarding our colleges. He said that he had found the members of our profession educated and well-qualified. He produced catalogues of each one of our colleges in the United States at that time, and expressed the belief that they were legitimate educational institutions and doing very creditable work. He read the curriculum from one of the catalogues and called attention to the fact we used in our colleges the same textbooks that are used in all recognized colleges of medicine. Then he said to the committee that he was not there to oppose this system of practice, that he had found the members of that profession to be high class, intelligent, well-educated men and women, but that he did think and feel that if they were to practice in the state of Virginia, they should take the same examinations the applicants for the practice of medicine took and they should take it from their medical board and then be authorized to practice medicine in all its branches according to whatever system they might choose.

Dr. Johnson talked convincingly and presented his side of the question in a dignified, intelligent, and gentlemanly way. There was no criticism of our profession.

In reviewing his speech, one is inclined to feel that the attitude of this distinguished physician was a sensible one and his suggestions should have been accepted by our profession. However, up until that time and ever since, the only opposition to osteopathy

or osteopathic legislation has come from one source, the allopathic profession. Our past experiences made us realize that we could scarcely expect to secure just treatment from a Board composed of a system of medicine that had fought us so bitterly for so many years and whose representatives only a year previously had opposed us in such an unjust way.

It was difficult to answer seemingly so fair and reasonable a presentation as had been made by Dr. Johnson. Your writer was wondering to himself for a few minutes just what his line of argument should be, or what attitude he should take. When I was called by the committee to present my side of the question, I thanked the committee for the privilege of being heard in behalf of the osteopathic profession. Then I thanked the distinguished doctor for his tribute to the worth of my profession and the type of men and women who served in that profession and was grateful for the compliment he paid our educational institutions. I proceeded to call the committee's attention to one fact—that the attitude taken toward our profession by the distinguished gentleman who had just spoken was in such direct contrast to the argument of one year before, it was hard for me to understand what had wrought the change. We were no different than twelve months before when this matter was before this same committee for their consideration and action. The argument against the bill one year ago by representatives from that great profession from all over the grand old dominion of Virginia was very bitter. There was not a name they could call us, or language vile enough, in giving vent to their anger, which they did not use. In just one year's time it was hard to conceive of such a radical change. Here this distinguished representative of their profession had come and said such beautiful, creditable things of our profession, but my opinion was that the feeling of the medical profession had not changed, that simply the method of presenting its argument had changed. I said further that we were grateful for the change, but we could not help but feel that it was only a change in argument, and not in any sense a change in heart of the medical profession as a whole toward our profession. Then I told the committee that it is true that our colleges are using the same textbooks as are used in all medical colleges for the reason that our system was young and had not reached the time when we had textbooks of

our own. When it came to anatomy, physiology, symptomatology, pathology and all other kindred subjects relative to the art of healing, these were taught in our schools the same as in medical schools, but that when it came to therapeutics and methods of treatment we were as opposite as the north and south poles of the earth. One treated symptoms and the other the causative factors of disease. Our treatment depended entirely upon our knowledge of the mechanical factors which disturbed nerve function. In other words, our treatment was based upon physical defects as the principle causative factor in producing disease. We asked the right to practice our profession in the commonwealth of Virginia based upon the fundamental principle as taught by Dr. Still that if mechanical alterations in the body structure are corrected, the body will restore itself to health. We needed a Board of our own, composed of men of one school, who were acquainted with our system of practice and were not prejudiced against us. We could not possibly expect to receive justice at the hands of medical men who were absolutely ignorant of osteopathy and who were incompetent to examine the graduates of our school and pass on whether they were qualified to practice our system.

Another point which I tried to make covered the practice of surgery. I explained that graduates of medical schools when they were given the M. D. degree, were entitled to practice surgery, that our school at the present time (1903) was not even trying to qualify our graduates for the practice of surgery. We believed that when the need for osteopathic surgeons came, we would prepare them and make them better qualified than the majority of those medical men practicing surgery at that time. I hoped that the time would never come when every man and woman who graduated from osteopathic colleges would be given the right to practice surgery without more adequate training and experience than was now being given in most medical schools. I boldly stated that multiplied thousands were being sent to untimely graves by surgical operations that should never have been performed, and that the deaths that occurred following needless operations, if called by their right name, would have been labeled legalized murders. A great cheer went up from the audience in that Chamber, and for some minutes the speaker was unable to

go on because of the applause. Then I wound up by saying that I was sure the distinguished gentleman who had opened the argument against our measure upon that occasion would agree with me that the practice of surgery was beyond the ability of the average graduate of a medical school. The osteopathic profession was not asking either to practice major surgery or to use drugs and internal medication for the cure of disease. I ended by making a plea for recognition along those lines.

We secured recognition, not by a board of our own, but by a representative on the medical board. There was a great battle in the legislature, but part of it before the committee. It is my understanding that the examinations in Virginia have, throughout the years, been as fair as in any state where examinations are taken from a mixed or medical board.

An incident occurred in later years that might prove amusing in connection with my contact with Dr. George Ben Johnson. One day there appeared at the Still-Hildreth Osteopathic Sanatorium a young woman accompanied by her husband. She was suffering from intercostal neuralgia. This is pain between the ribs caused by irritation to an intercostal nerve. She gave a history of having suffered with this condition for a number of years. She told me also that she was directly related to Dr. Johnson and that he called her his osteopathic cousin because of the fact that she had been treated by osteopathic physicians before coming to Macon. He had diagnosed her condition correctly, but had said that there was no surgical treatment for it. Suffering as she did, she decided to consult other authorities. She went to Mayo Brothers Clinic at Rochester where some member of the staff examined her and told her about the same as Dr. Johnson and did not offer her any hope through surgery. From there she came to Macon. We examined her carefully and found certain osteopathic lesions affecting the ribs and irritating the nerves between the ribs. After about six weeks of treatment, the pain entirely disappeared and to our knowledge she has had no recurrence.

## CHAPTER XV

### PHASES OF MEDICAL AND PUBLIC HEALTH EDUCATION

THE American Osteopathic Association met at Denver in July, 1905. The Old Doctor, in his seventy-seventh year, attended that convention in person, but he narrowly missed being killed on his trip out there. The train on which he was traveling collided with another and he was thrown violently against the end of his berth, bumping his head and injuring his neck. He never fully recovered from the after effects of that injury, and he expressed the opinion that it was partially the cause of the illness which he suffered until the end of his life.

It was at the Denver convention that the national Association finally adopted a uniform osteopathic practice bill which it recommended to all divisional organizations seeking better osteopathic legislation. The Association adopted the Missouri law with some few changes. Such a measure, if successfully placed on the statute books, would be a guarantee to the people of the state that the osteopathic physician whom they employed would be a qualified graduate of a recognized school and duly licensed.

At this convention, Dr. Harry Bunting, who at that time was editor of *The Osteopathic Physician*, a periodical published in Chicago, took the stand along with some other osteopathic doctors, that we should be satisfied with membership on a composite board, which in most instances would be a medically controlled board. Several states in the Union have this type of composite or mixed board at present. I argued against Dr. Bunting very strenuously. A number of my friends helped me, with the ultimate result that the independent board type of osteopathic bill was adopted by the American Osteopathic Association.

Since then, a legislative committee of the American Osteopathic Association has been guiding legislative matters in the various states; hence my activities in legislation grew less and less as the years passed by, until 1923. During that year representatives of the American Medical Association in Missouri were planning a

campaign aimed at control of the osteopathic profession. Fear for the future of osteopathy prompted the management of the Kirksville College of Osteopathy and Surgery, together with osteopathic physicians all over the state, to demand that the writer again undertake to represent our profession in the state legislature, this time in the Senate.

There was a plurality of more than 3,000 Democratic votes in the ninth senatorial district in which I lived. The fact that I was a Republican made it very questionable whether I would be elected. However, I was nominated, and the struggle began for votes to secure my election. During that campaign in 1924 a supreme effort was put forth in my behalf. I was successful by a small majority. After twenty-two years I was being sent again to Jefferson City to represent our profession and the senatorial district where the first school of osteopathy was started thirty-two years before. The only medical legislation of any consequence introduced during the session of 1925 was not hard to dispose of; this time our opponents met defeat at the hands of the chiropractors.

It was never my intention to return to the state Senate after my term expired, but again I was asked to accept the nomination to succeed myself; this time, however, the request came through the State Senatorial Republican Committee of this district. I had told the committee members I would not be a candidate, but about six weeks before the election they came to me and insisted upon my running. I said there was no question in my mind but that I would be defeated because I had no such organization behind me as I had in 1924. Nothing would satisfy the committee, so finally I accepted the second nomination. To my utter amazement I pulled through with a comfortable majority, seemingly without effort either on my part or on the part of my friends.

During this second term I once more helped the medical profession to secure a new law. It had been working under the law I helped to pass in 1901. In 1929 I was in a position to help the allopathic profession improve its law.

At the first session of the Senate after I had been reelected, or to be accurate, in the session of 1929, there was a physician member of the Senate with whom I had become well acquainted. We had served together on the Roads and Highways Committee in

the session, 1927, and I knew the doctor would undoubtedly want to go back on the same committee. I went to him and said, "Doctor, how do you stand on highway legislation? Are you still in favor of the present law without tampering with it?" He assured me that he was. I said, "All right, I am going to recommend a friend of mine in north Missouri to take my place on the Roads and Highways Committee for the reason that he and I have been good friends; he has been a leader in road legislation for years and I feel he deserves a place on that committee more than I do." This seemingly pleased the good doctor immensely.

Only a day or two following this conversation he came to me and said, "Dr. Hildreth, the State Medical Association is meeting over at the old Central Hotel and we would like to have you attend that meeting."

My reply was, "I cannot understand what those fellows want with me." But on the doctor's urgent demand, I consented to go with him. On arriving at the meeting place, I learned that the association was discussing proposed legislation for that session. After a little while I was invited to speak. Thanking him for this privilege, I said that I did not exactly understand why they had invited me unless they wanted to discuss with me the proposed legislation. However, since I had this opportunity, I was going to take advantage of it and lay before them a few facts concerning medical legislation in Missouri and my connection with it from 1901 until the present time.

I said, "Gentlemen, your profession has always seen fit to oppose every osteopathic measure we have proposed in any state in this union and during the campaign for my election to the Senate four years ago, your official *Journal* in an editorial said that I was against all medical legislation. Even the secretary of the state medical organization wrote a letter to every medical physician in my district advising them to vote against me because I was opposed to medical legislation. Now, gentlemen, I am not saying what I have to say with any malice in my mind nor with any desire other than to have you know the facts which I am very sure you do not know or you would not have taken the attitude you did. Here are the facts: In 1901 when elected to the House of Representatives the first time, you asked for the passage of a new medical law and I supported that law, notwithstanding the fact that



representatives of your profession had, in 1895-97, opposed our osteopathic measure virtually to a man. When that bill came up, I felt you were asking for legislation you needed and I agreed to support it, provided you would leave our then existing law of 1897 alone. The bill was amended to that effect. I voted for it, and some of my friends did also. Without this support your profession could not have passed that law because there was great opposition to the measure. It only had five votes to spare in the House and a very small margin in the Senate. If that was against medical legislation, I was against it, but that is the record. You can go look for yourselves. My vote is a matter of record in this Capitol building."

Then I said, "Two years ago when your Senator Mitchell introduced an amendment to your existing medical law which had for its purpose the elimination of the selling of diplomas by diploma mills, I considered it a just measure and as a member of the Health Committee in the Senate I made a motion to recommend that amendment for passage. I voted for it on the floor of the Senate, but it was killed in the House. The chiropractors were strong in that body and they killed it. Now you have another bill. You have exempted from that bill everything else but the osteopathic physicians, and I expect to vote for your bill provided you agree to leave us out, but, gentlemen, there is not even a possibility of your passing this proposed bill unless you make terms with the chiropractors. That House over there will not vote for any medical measure unless you people agree to allow the chiropractors to have a bill that will recognize their profession. If anybody should be fighting such a measure it should be our profession, but we are not. Our courts will not convict chiropractors and the best thing to do in my judgment is to educate them."

Then the members of the association asked me what I would suggest. I said, "Meet with the leaders of the chiropractors and agree not to oppose a bill of theirs provided that they will not oppose your measure. My suggestion is that you ask them to require a three year course of nine months each in three separate years in their colleges, with a high school diploma for matriculation. This should educate them much more than they are being educated at the present time and would stop those men from enter-

ing the state who had simply bought diplomas and had never attended college."

The association accepted my advice and I had the pleasure of helping pass both those measures, the chiropractic law and the proposed medical law. This was one of the rare experiences in my life in legislation and it helped to settle the medical controversy in the state of Missouri once and for all I hope.

My second term of office as Senator ended in 1932, but the osteopathic profession is still represented in the legislature in the person of Dr. Charles E. Still, son of the Old Doctor. At this time, 1938, Dr. Charles E. Still has completed his fourth term as a member of the House representing Adair County, the home of osteopathy. He certainly is a power in the legislature. It is fine that he can be there and represent the system of healing his father discovered and gave to mankind. As long as Dr. Charlie is in our House of Representatives, there is no danger of drastic legislation against the osteopathic profession.

There are phases of medical and public health legislation, however, which the public as well as our profession should understand. Medical and public health laws have been placed upon the statute books of the various states largely through the influence of the representatives of the dominant system of medicine. Many of the laws relating to educational requirements for matriculation and the length of the professional courses in colleges have been secured by political doctors who wish to control and regulate the practice of medicine.

In all of the osteopathic legislative campaigns which have been conducted up to the present time, no voice has been raised against the osteopathic profession other than that of the representatives of the allopathic school of medicine. In all fairness, however, I must admit that there are a growing number of physicians of the "old school," some of them high up in medical circles, who are now recognizing the fact that the osteopathic system of practice is rendering a distinct service to suffering humanity and that it should not be hampered but encouraged. Nevertheless, organized medicine as a whole is against us, from the time in 1893 when the late Hon. John Swanger stood on the floor of the House of Representatives in the Missouri legislature and raised his voice against the passage of a bill that had for its purpose the stamping out of

osteopathy, until the present day in every legislative body, in every state where an opportunity for the osteopathic profession to better itself arises, there is always one or more representatives of the A.M.A. present to oppose us.

In the beginning, allopathic physicians undertook to block the passage of all laws recognizing osteopathy as a system of healing. Their whole aim seemed to be to guide all legislation into the channels of their own selection in order that they might kill, absorb, or control the osteopathic profession. They first undertook to eliminate us, but failed in this. Their next move was to try to absorb us by forcing us to accept a meager representation on their own medical and public health boards.

Some of the best osteopathic physicians in this country, men who are just as honest in their opinions and beliefs as I am, have allowed themselves to be misled by listening to the voice of our old enemies. These osteopathic physicians have advocated composite boards, which would allow us one man out of a possible seven or more representatives of medical practice. A large majority of allopathic physicians would love us no more after placing our representative on their board. Their whole object in legislation is today and always has been, to obtain full control of all laws having anything to do with the practice of medicine. To me it is humiliating to realize that there are a number of good men in our profession who cannot see the seriousness of this situation. There is no reason why our system should not stand on its own foundations and be recognized as an independent system in a way that will guarantee its members every opportunity to render the best service to humanity.

Again, there are men in our profession who honestly believe that we could secure necessary legislation in states where we do not have favorable laws at present, by creating the same preliminary educational standards in our schools as are required in medical colleges. In my opinion this is a mistake. What a rank injustice, both to our profession and to the public who need and want our services? If that is true, tell me how it was possible in the beginning, with scarcely no representation, with opposition more bitter than now, for us to secure independent boards in twenty-nine states of the Union, which remain in force today?

One of the latest and most adroit moves of our medical oppo-

nents has been to try and throttle our profession by the establishment of so-called basic science laws in all the states. Some of my best friends will criticize and disagree with me, but here and now I want to go on record as indorsing but one form of law which is for the best interests of the public as well as for the osteopathic profession, and that is the law creating independent osteopathic boards, with which the osteopathic profession can control the educational standards and licensing of its own physicians. I feel strongly on this matter, and while I live you will find me at all times advocating laws which give to the osteopathic profession the type of legislation conducive to its growth and development, and guarantees the people medical freedom and the right to select their physicians from whatever system of healing they choose.

The osteopathic profession can only survive by assisting our educational institutions in every possible way to increase the number of students. The standard of four years professional course with a high school diploma for matriculation in our colleges has given to the world thousands of osteopathic physicians who are today rendering a service superior to any other system of healing. Should all the states of the union pass laws requiring two years preosteopathic courses in addition to a high school education, there would soon be a dearth of physicians because only the sons and daughters of wealthy people could afford to take up a professional career. It is a well-known fact that after spending six or seven years in securing a medical education, many graduates of medical colleges are not satisfied to locate elsewhere than in our large centers of population, thus leaving the country communities and smaller towns without a service which in many instances is badly needed by them. Legislation should be secured with but one thought in mind, and that is the needs of all the people rather than the few.

The laws regulating the practice of medicine, as created by the representatives or political doctors of the American Medical Association, have brought about the most gigantic monopoly in the United States. The A.M.A. has been able to secure laws throughout the land which not only have restricted the liberties of the people, but also have dictated public health activities.

It is time the public was aroused to this situation. All our eleemosynary institutions for the insane, the blind, the crippled,

etc., are created by the states with public funds raised by taxation of the people. Every individual who pays a dollar in taxes contributes to the support and the upkeep of those institutions. Yet should a loved one be placed in a public institution, it would be difficult to have him or her treated by any physician except the one appointed by the "powers that be" and in most instances the "powers that be" are controlled and regulated completely by the will of members of the allopathic school of medicine. The pitiful part of it all is that insanity is increasing rapidly. Allopathic physicians admit that they have no specific treatment for insanity, yet they object to other systems trying to cure the insane. Osteopathic physicians are not allowed to treat patients in almost all tax-supported hospitals, not alone institutions for the insane.

In the state of Missouri, however, citizens have the privilege of selecting a duly licensed osteopathic physician, homeopath, or allopath in a state institution to treat a patient, provided the service rendered adds no expense to the state. This has been made possible in Missouri by an amendment to our present law and was secured when a Central Board of Control of State Institutions was created during the Hyde administration in the 1921 session of the Missouri legislature. There was but one object in connection with this amendment and that was that those persons who have loved ones in a state institution might secure for them treatment by a physician of their choice. People in other states should realize the conditions as they exist in their own community and demand that they too be given the right to choose their own physicians from whatever school they please, just as the Constitution of the United States provides that they may select their own churches and follow the dictates of their own conscience in religious matters.

For some years the A.M.A. in collaboration with the American College of Surgeons has set certain standards and regulations for the approval (by these self-constituted authorities) or public as well as private hospitals. A hospital upon whose staff an osteopathic physician is found is not approved. This lever of hospital approval gives the allopathic profession absolute control of the appointment of physicians in virtually all public hospitals. No matter how much one might contribute in taxes to create and support these institutions, he cannot have the physician of his

choice to wait upon him or his loved ones when sick in these hospitals.

This, like many other antagonistic moves against the osteopathic profession, is proving to be a boomerang, because it is making people in localities who are helping to support a few of these standardized institutions realize the enormous injustice of this type of dictatorial power. The movement is spurring our profession on to create hospitals and sanitariums of our own. At present there are over 125 osteopathic hospitals scattered throughout the country and all but one of them are privately owned or operated in connection with osteopathic colleges. This lonely osteopathic hospital is in Los Angeles and is called the Los Angeles County Osteopathic Hospital. It is tax-supported and is staffed completely by osteopathic physicians.

In many localities where allopathic hospitals have been created by public funds, subscriptions, etc., the people are becoming aroused and demanding that all systems of practice be recognized in these institutions.

These are only some of the influences endeavoring to block the progress and growth of the osteopathic profession. At the great A Century of Progress Exposition held in Chicago during 1933 and 1934, our profession, through the American Osteopathic Association, attempted to secure space in the Hall of Science. The request was readily granted by the management of the Exposition. It had been arranged that the osteopathic profession was to have ample space in that building, but when a representative of the American Medical Association learned the fact, he promptly informed the management that if osteopathy was to have space in Science Hall, the American Medical Association and all the influences of the medical profession would be withdrawn from that great exposition.

Think of it! It seems ridiculous to believe that the great American Medical Association is afraid of our little osteopathic profession. Nevertheless, they are afraid that we will be able to demonstrate our worth and detract from the glory of their great system. To me this was an absurd attitude. It placed those men representing the older school (although there are many of them who deserve credit) in a position where it looked as if they were not willing to extend to humanity the benefits of any type

of treatment from any other sources than their own. I have felt sincerely that the physicians of other systems of healing older than ours should have been the first to have reached out a welcoming hand to Dr. Still, should have come to us in a broad-minded, whole-hearted way and conscientiously investigated what osteopathy was doing and accomplishing. Instead of that, they have condemned us persistently, all these years, without fair investigation. The political men in their great organization have been the most persistent in their condemnation.

To me it is a crime that all the healing professions do not work together. The name, "physician," is a sacred one and should carry with it a full realization of the grave responsibility resting upon the shoulders of each and every individual licensed to practice the healing art, no matter from what school he may come. Here at least all influences should combine and work in harmony to guarantee to the individual sufferer the best there is in all systems.

Coming back to our exposition story, fortunately the men who were appointed by the Governor as members of the Missouri Commission to A Century of Progress were well acquainted with the fact that Missouri was the home state of osteopathy and were proud of, and friendly toward, the osteopathic profession. These men were genuine Missourians, and when the secretary of the Commission was asked to sign the contract for space to erect a Missouri Building on A Century of Progress grounds, they found in the contract a clause that provided the management of the fair should have the right to approve or disapprove any exhibit the Missouri people might want to present. This, the secretary of the Missouri Commission, Mr. R. E. L. Marrs of Carthage, flatly refused to sign. He stated that the Commission for Missouri would only sign a contract which would guarantee to Missourians the right to present in their state building any and all products, discoveries, etc., which the commission considered worth-while to exhibit to the best advantage of that great state. The management of the Exposition, under protest of a representative of the American Medical Association it was reported, finally produced such an agreement and it was signed by the secretary. When the Missouri Commission began to seek material for exhibit of the resources of the grand old state of Missouri, it remembered the

osteopathic colleges at Kirksville and Kansas City and the Still-Hildreth Osteopathic Sanatorium at Macon. In commemoration of a worth-while contribution to the progress of Missouri, the osteopathic profession was given a prominent place in the state building for an exhibit. Our display included pictures of osteopathic colleges, a bust of Dr. Still, and literature concerning osteopathic education in the United States and much information regarding the progress of our profession. In further recognition the name of Dr. Andrew Taylor Still was placed on the roll of honor with other distinguished Missourians in a separate exhibit. Through our staunch Missouri friends we secured the right of presenting our great profession in a better way than if it had been given space in Science Hall, because every visitor who came to the Missouri State building, and there were hundreds of thousands, could not help but know more of osteopathy after his visit; while if the display had been in Science Hall, the building was so vast and had so much in it, visitors would have had difficulty in locating it.

To me one of the outstanding blessings of our great country is the fact that each individual has a right to his or her own opinion. In saying what I have said concerning legislation and public health matters I know that I have stepped on many persons' toes, but I base my opinions on more than forty-five years in practice, part of this time in public service as a legislator, and I feel that I know the needs of the profession. There can be no question but that the members of our profession owe it to themselves to get together and unanimously demand that type of legislation which has proved to be the only kind safeguarding the future of osteopathy. That type of legislation is embodied in the Independent Osteopathic Examining Board made up solely of qualified osteopathic physicians.

One of the latest and most vicious attempts by organized medicine to curb osteopathy is seen in the proposed basic science bills which have been introduced in many states the past few years.

A basic science law, briefly, requires all persons who intend to practice the healing art to take an examination in certain fundamental sciences, such as anatomy, physiology, chemistry, and bacteriology, before taking the regular state board examination to secure a license. The uniform bill as proposed by organized

medicine provides for a separate board to give the basic science examination and issue certificates, such a board to be composed of professors of the various sciences in the state university (not necessarily M.D.'s) and one or more licensed M.D.'s representing organized medicine. The viciousness of this law is readily seen. Even though there should be an Independent Osteopathic Board in a state, if a medically dominated basic science board had to examine osteopathic graduates first, what chance would these graduates have of ever reaching the Independent Board? These proposals remind me of the spider and the fly and mean only entangling our profession in a mesh that has for its object the annihilation of the osteopathic profession.

There is published at the end of this chapter an address which was presented by Dr. Asa Willard before the American Osteopathic Association convention held in Philadelphia in July, 1930. He shows that in states where basic science laws have been created licenses issued to osteopathic physicians have diminished in number, and at the same time a lessened number of students have been sent to our colleges from these states. God forbid that another basic science bill shall ever become a law.

The American Osteopathic Association is thoroughly aroused to this situation and is doing its utmost to prevent the further passage of the basic science bills. Executive Secretary Dr. R. C. McCaughan and Editor Dr. Ray G. Hulburt wrote in a recent issue of the *Journal of the American Osteopathic Association* (June, 1937) of the deluge of basic science bills introduced in 1937 and what happened to these bills. Their editorial is quoted in part as follows:

For a dozen years there has been a rather steady rise in this craze for basic science legislation. As early as 1915 there was what was virtually a basic science law, since repealed. But the medics became really serious about it a decade later. Two states adopted basic science in 1925 and three in 1927. Something of a lull followed, one state adopting it in 1929 and three defeating it in 1931. Then the upswing in the way of an effort both for and against basic science began in earnest. In 1933, two states enacted basic science laws and at least four defeated them. In 1935 one state enacted such legislation and at least seven defeated it. Nineteen thirty-six may have been the first "off" year when basic science was considered, one state reenacting such legislation as had been invalidated on a technicality, and another repeating its action of two previous years in defeating it.

Then came the deluge. Basic science bills were introduced in 15 states and Hawaii this year. As has been shown they failed in most cases, and the

monstrosities which succeeded in getting through some of the legislatures must be cause for sleeplessness on the part of those who introduced the original measures. The cost in time and money has been heavy. Our people, as well as the M.D.'s, have spent many days in legislative halls which should have been devoted directly to the maintenance or restoration of the people's health.

In time of war, there may be "suicide boats," and "suicide planes," bearing "suicide squads," whose members go to certain death in order to bring great damage to the enemy. Does the A.M.A. think us of enough importance to justify itself in making of itself not only a laughing stock but even a "suicide squad?"

The writer has repeatedly stated in this book that all of the opposition to the growth of osteopathy has come directly from one source, the allopathic school of medicine under the leadership of the American Medical Association.

From the very beginning, in 1895, when its representatives undertook to prohibit the teaching of osteopathy to the present time all kinds of schemes have been concocted to try to throttle the development of Dr. Still's methods in the treatment of disease. But in most instances such schemes have proved a boomerang. The monstrosities referred to in the editorial just quoted are those basic science laws considered in Georgia and Kansas. In Georgia the Hygiene and Sanitation Committee of the Senate approved a bill to make the board consist of one chiropodist, one chiropractor, one osteopathic doctor, one drug doctor, one horse doctor, one Christian Scientist, one chemist, and one astronomer. In Kansas, a so-called basic science bill was passed which does not apply to M.D.'s, nor yet to osteopathic physicians, to chiropractors, or to dentists, pharmacists, optometrists, barbers, cosmeticians, or Christian Scientists. These bills were nothing more nor less than farcical and could not help but make the proponents of that measure feel theirs was an ignoble defeat.

Even across the water in Hawaii organized medicine undertook to put across its nefarious scheme to throttle the pioneer physicians practicing osteopathy there. In this far away land, a good many years ago, two girls, the Drs. Morelock, opened offices to practice their profession. They helped so many people back to health that when they wished to secure an osteopathic law on that island, their many patients and friends aided them materially and such a law was established. And now last year (1937) the allopathic

octopus attempted to fasten upon Hawaii a basic science law with the hope that if it passed no more osteopathic physicians would be able to practice there. The bill was defeated due to the efforts of the Drs. Morelock and their friends.

Surely the time has come when such outlandish and extreme measures to try to kill or throttle a treatment that the world needs should cease to exist.

To fully emphasize my position on all matters relating to legislation I herewith publish, with his permission, an article by Dr. Asa Willard of Missoula, Montana, who was, for years, chairman of the legislative committee of the American Osteopathic Association. This article was published in the *Journal of Osteopathy* (of Kirksville), after Dr. Willard had read the article to the convention assembled in Philadelphia in July, 1930. This article emphasizes in a much better way than it would be possible for me to emphasize the conditions as they have existed throughout all these years. He quotes statistics and facts relative to all legislative matters which have had to do with our profession for nearly forty years. Read it, every word! Digest it, and then tell me if there is any excuse on earth why we should ever accept overtures from the allopathic profession? They and they alone have been the opponents of all progress other than that coming from their own ranks. Dr. Willard quotes statistics showing that in many instances in states having basic science laws there is discrimination against the osteopathic applicants for licenses to practice. He also shows that such laws are barriers, preventing the increase in numbers of osteopathic physicians in those states, at the same time lessening the number of students going to osteopathic colleges from those states.

Legislation cannot make the colleges but legislation can break the colleges and thus kill osteopathy as a profession.

We urge our colleges to stress the osteopathic concept and practical osteopathic application in all subjects, to teach the students to reason osteopathically, to bring to their problems an osteopathic attitude of mind. Our best college brains seek to do this and are giving their best to the end of selecting and correlating from the mass of available scientific information that which is most usable to an osteopathic physician in curing the sick and afflicted.

In the May *Forum*, I read a feature article urging us "To inculcate the teaching of every proved fact pertaining to the healing art in our schools."

No school ever did, ever will or ever can. You couldn't, in a four year's

professional course, if you studied nothing else, learn all the known facts of even the one subject of anatomy. It is those facts that are most usable to us in our work that we need to have taught.

Now assume that we have reached our ideal educational goal and in our colleges the wisest possible selection of these most usable facts has been made and ideally correlated and presented. That the students are made osteopathic reasoners with confidence in their science and art and in themselves, and trained to the weighing of relative values under varying conditions. To know what is necessary to keep the human body adjusted within itself and to its environment.

Such mechanics of the human body, the Old Doctor visioned. As such they will be the most affective general practitioners of the healing art in the world.

Now!! These practically equipped enthusiastic young osteopathic doctors are graduated. They are anxious to serve.

To do so they must first have a state license.

They encounter state regulations incident to this.

Regulations based upon the requirements of an over-crowded profession, top heavy with specialists, whose institutions are heavily endowed and publicly supported.

Requirements some of which represent more expediency than studied educational needs.

Regulations the administration of which is dominated by members of an antagonistic profession which does not wish to see osteopathic physicians practice and their profession receive public recognition.

Tests applied by men who have an entirely different viewpoint of the healing art and who regard an entirely different set of facts as the most usable for its practice. Some of these well fitted new graduates will be barred by the preliminary requirement of the two years premedic.

A requirement not the result of any study of practical educational needs but, originally, frankly applied to hold down a then over-crowded medical profession.

This requirement for general practice, the wisdom of which has been for some years questioned by leading educators in the medical profession, including several recent A.M.A. presidents and modifications have been suggested. Two years of valuable time which his own profession feels and has demonstrated is much more profitably spent after graduation for specialization, if desired, or interne work. Basic Science Boards administered from a medical angle will bar some of these graduates and others will be failed by medically dominated state examining boards. These boards will measure them from an allopathic viewpoint with an allopathic yard stick.

In many instances the medics doing the measuring will be honest enough but again let us remember as a practical basic educational proposition that they will be men who see values differently and stress as most essential a different set of facts.

In other instances the professional prejudice of allopaths doing the measuring will result in actual discrimination against these new osteopathic graduates.



That has occurred, and not infrequently, and so long as human nature is as it is, it sometimes will occur.

If we were dominant on medical boards perhaps we would average no better in our treatment of our competitors unless possibly our experiences in being discriminated against and unjustly deprived of right might serve to increase our average charity and determination to be just.

Certainly, it is true that in no line of legitimate endeavor, except the healing art, it is even suggested that the regulation of the affairs of one individual or group be placed in control of antagonistic competitors.

When allopathy dominates the administration of arrangements regulating the practice of osteopathy, even when all intent of discrimination is absent, inevitably from time to time board actions will be taken and rulings made having the effect of law which will harmonize with the allopathic plan of things but do not jibe with that studiously worked out osteopathic educational plan which has produced these splendidly fitted young osteopathic practitioners.

And it is easy to see how this feature, inevitable under the best of conditions with this arrangement, can be aggravated to the detriment of the osteopathic applicants when there happens to be on the administering board allopaths with deeply grounded influencing prejudices. And it can often be done in a way that in detail it is difficult or impossible for us to demonstrate and hence to prevent.

We can but show the general result.

Then—? What is the result of this legislation allopathically dominated?

Our graduates cannot get licenses to practice.

As an indication from our actual experiences last year 51 per cent, or over half of our graduates appearing before mixed or composite boards, after reaching the point of being allowed to take the examination, were failed. The year before 60 per cent and the total average of those failed in the last five years is 50 per cent. In a like period of time they failed but 6 per cent of their own applicants. (The osteopathic boards failed 6 per cent of their applicants during the past five years which shows them to be at least as strict with their own graduates as the medics are with their own.)

Recently, a national medical conference was considering osteopathy and other "cults" and "irregulars" as they were pleased to dub them. Medical reports quoted Dr. John Hagan, as saying "I believe Mr. Chairman, that the correct way to oust the cults is by the elimination of their schools." Well wouldn't it oust osteopathy to cut out half of the students at this time through composite board requirements and examinations?

And you can put this down as a fact. The medically dominated mixed boards give us even as good a deal as they do now because the club of the independent board hangs over them. We have thirty independent osteopathic boards and committees.

Discriminatory administration of the medically dominated boards which became too obvious has resulted in their overthrow in a number of states and in the substitution of the independent boards.

The independent board is the prevailing form of law.

Eliminate that condition. Substitute generally the mixed and medically

dominated form of law and you would soon see the rules of the game increasingly changed to our disadvantage.

Then, harking back to the picture of different values placed upon different sets of facts by the allopathic and osteopathic school of physicians; the differing viewpoints; the inevitable use of the allopathic educational yardstick and board rulings to the detriment of the osteopathic graduates; the consequent failure of osteopathic applicants to secure licenses to practice.

When allopathically dominated regulatory arrangements keep our graduates from practicing will not our schools have to close and we be through as a profession? Our schools will have their choice of closing or of abandoning their studiously developed and practically reached educational plan for the production of the most efficient family physicians; and run according to allopathic ideas and teach from the allopathic viewpoint, as to what is the most usable set of facts so that their students can hope to pass boards under rules and examinations made and conducted by allopaths.

And that latter choice again means killing osteopathy as a profession.

State Board examinations are not ideal arrangements. With strict, but cooperative college supervisions and colleges ideally functioning, the duties of such boards primarily be the registering of credentials and issuing licenses. Having to be reckoned with, however, in the prevailing order of things, certainly state board examinations should be tests to see whether or not the colleges have produced what they were supposed to produce. Can men who have no training whatever in osteopathy, intelligently give tests to tell whether or not effective osteopathic physicians have been produced? To have them attempt such is an educational travesty.

#### IN ILLUSTRATION

Before Teddy Roosevelt became president, a bunch of bureaucrats at Washington evolved stereotyped lists of examination questions for government service applicants. A minister applied for chaplaincy of the troops on the Mexican border, one question asked was, "Where is Trinity River?"

Answer: "Trinity River is where it always was and if my regiment should ever reach its banks, I would hold religious services with the same zeal as though it were on the banks of the Jordan."

Like questions were answered in kindred manner and the matter was brought to the President who was interested and he was told that the man could not pass the examination and could not be appointed. Teddy said: "Well, you'd better appoint him or I'll call for those questions and answers and we will see what the Congress of the United States thinks of that examination to test a preacher."

The tests given were not calculated to ascertain possession of the most usable facts for the work contemplated.

What then is essential in legislation if we would keep our colleges open and continue to exist as a profession?

Keep the way open for the young men and women coming out of our colleges.

Every selfish interest and all other considerations should be sacrificed for this.

And what is the most vital factor in the maintenance of this essential in regulation?

Who controls the administering agency?

Who administers the laws?

That is the vital factor.

Our experiences have clearly demonstrated this. Years ago you heard the principle of free trade vigorously and widely argued for. "Fools rush in where angels fear to tread" and I realize that touching upon any phase of politics offers opportunity for contention; but I feel that I will assault no one's political convictions when I say today it is doubtful if there is one unqualified free trade democrat in existence.

The South can use a little protection for cotton and products and the Montana democrat can use a little on wool.

Experience proved that in a newly developing country gauged upon a higher standard of living that for a time, at least, the unqualified free trade principle was not the best.

Years ago our osteopathic forces were divided between the principles of mixed medical and independent osteopathic boards.

There was much good argument in favor of the former.

It at one time was the dominant form of regulation.

Experience proved that with a new, developing profession, inferior in numbers and with ideas of etiology and therapy and general attitude of mind towards the healing art clashing with those of the dominant school, that the medically dominated board was not the best.

Today there should not be an individual in the osteopathic profession who favors the principle of that type of regulation.

If there is he has not studied our experiences generally or he deliberately ignores them and stands by his preconceived theories.

And it might be remarked, in passing, that to list yourself as against this principle of allopathic domination in regulation and then accept the first thing the medics offer under it that gives those osteopathic physicians already in practice in a given state immediate advantages, yet puts up the bars against those to come, is as detrimental to our continued professional existence, yes even more so, than to openly contend that the principle of allopathic domination in regulation is the best.

Let us turn to a few pages from our book of experience.

Consider the state of New York.

In 1907 the regulation of our practice was placed under a mixed board and 413 osteopaths were licensed to practice, being there at that time.

In 1908, New York had (round numbers) 9,000,000 people.

In 1928, twenty years later, she had 11,000,000, an increase in medical population of 39 per cent.

In 1907, New York licensed 413 osteopaths. At the end of 1928, twenty-one years later, she had 317, over 20 per cent less.

Figures as to population and medical numbers are taken from the third

report of the commission on licensure issued May, 1929. Those as to osteopathic numbers from date were printed in New York osteopathic association bulletin the "Blotter," and from an osteopathic member of the New York mixed medical board.

Doesn't a population increase of 22 per cent, an M. D. increase of 39 per cent and an osteopathic decrease of 20 per cent over a twenty year period head us for professional extinction?

If the regulatory conditions, which brought that about, dominated the country we would already be through.

And this consequence has resulted in New York in spite of the heroic efforts of one of the most loyal and energetic groups of osteopathic physicians in the country. No state body in the country is more loyal to the ideals of our founder.

No state in this union has kept up the intelligent organized effort to get osteopathic recruits that New York has and there are states in which osteopathy would already be extinct as a profession had they been saddled with the medically dominated regulatory arrangement of New York, in the past score of years.

And Chas. Hazzard, one of the best osteopaths in the Union, is on the New York Medical Board.

Someone says, "I've heard it and seen it written in our publication that it is restrictions in practice that holds New York's osteopathic population down. That is because they don't have unlimited privileges." There are restrictions in practice in New York that should, in justice, be removed but they are mere incidents in the picture of osteopathic diminution.

Not the cardinal factor at all.

The Pennsylvania Independent Board of osteopathic examiners is one of the best and strictest in the country. You could set that same board down in New York State today and give them the administration of the law as it is and fifty osteopathic physicians a year will go into New York and they will be just as practical and efficient practitioners of osteopathy, capable of rendering the public just as good osteopathic service as the average of the relatively few that are getting into New York.

After a time New York D.O.'s would have the numbers, would reach more people osteopathically, would have enough influence to have the restrictions eliminated. Exactly that happened in Maine.

They plugged along in Maine, their law, which did have hampering restrictions, was administered by their own board. As the years went by they repeatedly refused to exchange it for medical alliances in administration which would give those in the state everything they desired, but make those to come encounter medical administration in getting in. They loyally insisted that they be allowed to, and from year to year made a sacrifice to keep the administration of their own profession in the hands of their own people. They recently reached their goal and secured unhampered opportunity to practice under the administration of their own board. And the way is open for the osteopathically qualified doctors coming from our colleges.

The same thing happened in Iowa. It has happened in other states. It is happening in other states. It is happening now in Montana.

Last year in Montana we licensed 25 per cent more than the medics were fortunate enough to, and we lost none by death and they lost three. Let us review other chapters in our experiences.

Take Wisconsin. In 1903 our people there accepted an act drawn by Dr. Currens, the president of the medical board, providing for a mixed medically dominated board on which we were given a member.

That same year Wisconsin's neighbor on the East, Michigan, passed an independent board law and Minnesota, her neighbor on the West after unsuccessful fights in previous years also fought through an independent board law.

What is the result?

Today Michigan with a little more population than Wisconsin has four times as many D.O.'s, while Minnesota, with less population than Wisconsin has more than twice as many D.O.'s. In the last three years, Minnesota has lost some ground because the A.M.A. arrangement of the Basic Science Board, has been imposed upon her.

Drop down to Indiana with her medically dominated mixed board and her two year premedic requirement.

With more than 3,000,000 people to be served, for years she has licensed an average of less than four osteopathic physicians a year. Not enough to supply vacancies from death, etc.

And she has dropped from one of the leading suppliers of students to our colleges down to where last year she sent but nineteen. If every state did no better according to their population, we would have but about 770 students in our colleges or less than half of what we do have.

And that again puts us back to:

#### LEGISLATION AND THE COLLEGES

The composite board states conjointly for years have sent a much smaller number of students to our colleges per population, than have the independent board states.

But it is said Ah, that is perhaps a matter of fewer practitioners to send them. Well, suppose it is. If medically dominated legislation holds down the osteopathic population in a state so that osteopathic students don't get in to send back students to the colleges, the result to the colleges is the same.

Let us drop down to Kentucky with its medically dominated board and 2,500,000 people. Last year Kentucky licensed 113 M.D.'s and one lone D.O. and she has only licensed seven D.O.'s in the last five years.

She is sending but three students to our colleges and if the rest of the states sent the same ratio of students per population, we would have a total of less than 150 students in all of our colleges.

In other words we wouldn't have any colleges. They would be closed.

One hundred and thirteen M.D.'s licensed in one year and one D.O.

The only thing that can prevent speedy extinction of osteopathy is for

those of our people who are there, to live forever. Kentucky is a glorious state. Our folks there are fine folks. I have experienced their hospitality.

May they never die!

Yet, we hear repeatedly from our practitioners, in those medically dominated board states I have just named, the expressions, "We have a fine law for our people," "Our law is working splendidly," "We are satisfied with our law."

Why do they say this? Are they selfish?

I know they are not. A lot of them are my personal friends. Some of them are my classmates. I know their loyalty to osteopathy. Then why, their stand?

Because they look about them and see Dr. Sam Jones, Dr. Bill Smith, Dr. Sarah Brown and all the osteopathic physicians they know in their state are doing well, are not hampered in their work in any way and they themselves have a satisfactory practice. They judge by that and don't see the whole picture and realize what is happening to their profession generally by such medically dominated arrangements, as they are operating under.

Before laying down our book of experiences, let us see what has happened by comparison in states that have been under and have thrown off the yoke of medical domination in regulation.

Take West Virginia in the six and one-half years, prior to July 1923, under a medically dominated board, fourteen osteopathic physicians were licensed. An independent board was fought for and secured and in the succeeding six and one-half years, fifty-nine osteopathic physicians have been licensed.

Washington in nine years, following 1909, licensed under a composite board, forty-six osteopathic physicians and under an independent board in the succeeding nine years licensed 210.

In the last three years the imposition of the Basic Science Board has again cut down the entrants.

There is not entirely the difference the figures show in those establishing themselves because of the reciprocity licenses secured and residences not established but without exception the osteopathic population is held down under medical domination and increases when such is removed.

Nebraska, Oklahoma and other states record like experiences.

Let us note California's experiences and in all this keep in mind what was said a few moments ago.

Who controls the administering agency?

Who administers the law is the vital factor.

In California for years our profession was subjected to what our friends of the press designated as the "Rule or Ruin" policy of the medical majority on the composite board of examiners.

The Los Angeles Times in an article in October, 1922, reported how that board of examiners in the arbitrary exercise of its power to "approve" or refuse to "approve" osteopathic colleges discriminated against them.

Adverse rulings were made which when upset by the courts were supplanted by other adverse rulings and the Los Angeles College of Osteopathy was so harassed, repressed and discriminated against that a student attendance of around 300 was cut to less than seventy.

Legislation and the colleges. Well, legislation does seem to have a bearing upon the colleges, doesn't it?

Our California folks asked for an osteopathic board. The injustice of medical administration of their affairs was brought to the people and by a majority of over 115,000 the people of California gave us our own board to administer the law as to our own practitioners.

And what is the result? In the few short years since then, the college there has gotten back to its former enrollment, and in doing so has not lowered but has increased its efficiency and effectiveness in the production of osteopathic physicians.

First class osteopathic hospitals are successfully running. A unit in the Los Angeles County Hospital is manned by our practitioners, the profession is assuming added responsibilities, is increasing in numbers, is developing and progressing and attaining public appreciation.

And let this burn into your minds.

The law under which this is being accomplished is exactly the same law that under medical administration was killing us as a profession.

Some of its features are not ideal but there wasn't a comma in it changed, We were simply given an osteopathic board of Examiners to administer that law as to our affairs instead of having them administered by a medically dominated board.

Who administers the law is vital!

A moment ago we made the statement that our experiences showed that under continued medical domination in state regulation our colleges inevitably must either close or abandon their well developed practical educational scheme and teach according to allopathic ideas of what constitutes the most usable set of facts to practice the healing art.

Let me before leaving this, give a reverse illustration of the influence board administration and examinations may have in college work.

That California law whose administration our people took over had a requirement in it for a physician's license of so many hours of college work in materia medica, pharmacology and therapeutics.

I wish it was not there and instead the requirement was that those total hours were for therapeutics.

A number of California leaders have the same wish as do graduates of Harvard and Johns Hopkins in California whose Alma Maters have eliminated classes in materia medica.

But I have here in my hand a set of examination questions which the osteopathic board of California recently gave in materia medica and pharmacology and therapy.

With the emphasis that is placed upon therapy and with osteopathic physicians who know the osteopathic viewpoint, doing the grading, I believe that with a proper selection of ten of the twelve questions given that even I could make a passing showing in it and so far I haven't been accused of being pro-medical.

It is practical from an osteopathic slant

With that examination conducted as it is the college at Los Angeles does not have to teach drug administration with the sympathy towards the allopathic idea of relative values that it would if a medical board examination had to be passed by its students in those subjects.

An A.M.A. Journal of April of this year, confirms the foregoing trend of these remarks with these editorial words.

"In California," however, the osteopaths have been granted a separate board of osteopathic examiners to license them as physicians and surgeons under the same law which provides for graduates in medicine" and speaking in comparison of the medical and osteopathic board examinations says further,

"The different character of the two examinations is indicated by the fact that since this concession was secured the failures of osteopaths were reduced by 30 per cent."

"Of a different character," that's exactly the point.

This editorial writer hits the bull's eye without knowing it.

Not less severe examinations but of "A different character," examinations toned to test as to adequate possession of the most usable facts for effective work as osteopathic physicians not allopathic.

The editor of the A.M.A. Journal hasn't the acumen as to educational matters possessed by Dr. A. S. Draper, ex-president of the University of Illinois, who, after years of service as commissioner of education for the State of New York and of the medically dominated board and its examinations in that state wrote:

"It seems to me that the state must eventually come to the point of exacting different measures of education and experience from those who practice the healing art in different ways or use means of differing instrumentability."

Difference in Character of Education—that's the crux of the issue.

Character, individuality, particularity.

Medical domination, educationally, eliminates it, and eliminates osteopathy.

At this point a brief word as to the A.M.A.'s basic science board's movement, the latest adroit maneuver of the A.M.A. to establish a "single standard" and eliminate competitors, through super-imposing upon our independent boards, which they cannot dominate, an agency with which they can choke us. You will find the practical workings of these Basic Science Boards, as to our people, in the few states where organized allopathy has put them over given in detail in the annual report on legislation to be printed in the September *Forum*. I will just give to you at this time, these brief, practical facts in support of the fundamental contention as to law administration, which I have just been seeking to emphasize.

In 1927, '28, '29, the existing Basic Science Boards licensed a total of 1595 M.D.'s, 1475 by examination and 120 by reciprocity. They failed 155 M.D.'s or 8 per cent of all those examined and licensed by reciprocity. Meanwhile they licensed fifty-nine D.O.'s and failed 33 or 36 per cent. Four times as high a per cent for D.O.'s and M.D.'s. (One D.O. licensed by reciprocity.)

In the three states, Minnesota, Nebraska, and Washington, for which we have available figures for such comparison, we find in the two and one-half

year period prior to the adoption of the Basic Science Board and in the two and one-half period since the adoption of these boards they have licensed but thirty-five or about one-fifth as many.

Think that over and figure out what will happen if we allow this medically dominated form of legislation to be generally superimposed upon our independent Boards.

° In our newness and inexperience we have floundered along the best we knew how, committing some distressing blunders but in the main making remarkable progress.

We are now, as to professional status, where homeopathy was thirty years ago, and we can make the choice that will insure our professional identity and progress or we can do as homeopathy did then and make the one big blunder that will kill our colleges and eliminate us professionally.

Who during the war kept our soldiers and sailors and now keep our disabled veterans from receiving osteopathic service:

Who, through influence and direct activity, keep us from recognition and service in the industries, as health officers, insurance examiners, every service possible:

Who make the rules and then tell us when we want to serve that they're sorry but it's against the rules:

If we think we can turn the regulation of our affairs to their domination and professionally live—

Well, the babes in the woods were as Wise Men of the East compared with us.

Let's go it alone without entangling alliances.

Therapeutically we're sitting on top of the world.

We don't have to look to medicine for our advancement.

We can even furnish our own dignity.

I have heard some contend that we must have a research worker recognized in medical circles.

Bosh!!! I wouldn't trade Dr. Louisa Burns for any medical research worker on earth.

Let's quit wasting time trying to impress or convince the medical profession.

Let's look to the people. Convince them and ourselves.

Often you'll find right now, a higher type of appreciation of osteopathy in the laity than we sometimes evidence.

This osteopathic profession has a lot of fight left in it if we will arouse ourselves, realize conditions and face them squarely.

There's more science tucked into osteopathy than any healing profession on earth.

Occasionally it's expressed in our Journals that we've donned scientific clothes and are past the period of sentiment.

Well, if that's true let's back up in the latter respect and put osteopathy over for it takes sentiment to do it.

The profession needs to be as our revered Founder, Dr. Still, was, both scientific and human.

Cold blooded science alone never put over any humanitarian movement. Let's have a sentiment for our profession. See it as the medium for advancing a great humanitarian movement with each of us having our part.

Let us feel this with a fervor that will make us fight for our professional integrity.

If we go down let's be knocked down. Let's not lie down.

Let us be willing to sacrifice:

To forego temporary advantage for larger ultimate recognition and achievement:

Fight to remove restrictions and for unhampered opportunity to serve, of course:

Contend for the right to practice our profession as our colleges teach us.

But let us not agree to arrangements that sell out the profession's future to get what we want this minute.

The spirit of sacrifice and patience are not ordinarily characteristic of this particular time.

It is rather—"I want what I want and I want it now regardless of the price."

Many there are in the ordinary walks of life who have already begun to lose and suffer as they experience the reaction and folly of yielding to that spirit.

We, as a profession, must not yield to that trend but with vision must rise above the temporary spirit of the age and refuse to accept immediate advantages gained at the expense of regulatory arrangements which mean the closing of our colleges and the death of our profession.

If we will do this:

Support our colleges;

Give them a chance to and help them to develop their educational plan to the last degree of practicability along osteopathic lines, and not force them with regulatory arrangements to meet allopathic ideas and standards;

Keep the way open for the graduates they turn out, we will safely weather this traditional period and soon be so thoroughly established;

Will have so proved ourselves to the public;

They will have such confidence in us, that they will not question our right and ability to run our own profession and they will allow no hampering restrictions to be placed upon us.

We will come through with the numbers to push forward as a distinct respected profession, based upon the solid foundation of structural integrity and natural immunity.

And that will be something worth having a part in.

My supreme hope is that the facts herein quoted by Dr. Willard relative to the basic science laws, as well as composite board laws, may prove to be the incentive that will eventually arouse all osteopathic physicians and all the friends of the profession to rise up and demand that all such laws which have for their purpose

the prevention of liberty in medicine, as well as in religion, be wiped from the statutes.

It is also my desire that the reading of this article may arouse in the hearts of those who believe in fair play in medical legislation a sense of duty, not only to the osteopathic profession, but to the people of our country in order that they may be privileged to have the benefits of supreme service rendered by the osteopathic profession. The pitiful part of the entire legislative fight is it interferes with the growth and development of the osteopathic profession and has been fostered through ignorance and prejudice.

Dr. Willard's article presents to our readers the conditions relative to medical legislation as it existed at the time Dr. Willard read his paper and as it exists today. It should prove there is only one foundation upon which we can depend to guarantee the future safety, growth, and development of the osteopathic profession as an independent system throughout all time and that is our own independent examining board which leaves us free to grow and develop the greatest profession God ever gave to man.

## CHAPTER XVI

### A GLIMPSE OF SOME OF DR. STILL'S PHILOSOPHY AND TECHNIC

It is going to be difficult to make this part of my work fully understandable to the average reader. Dr. Still's intimate knowledge of human anatomy enabled him to predict the outcome of osteopathic manipulative treatment applied in certain sections of the spine, i.e., the results that could be expected from such treatment, but the mechanisms by which these results were secured are extremely hard to describe.

Some of Dr. Still's explanations for the results obtained were beyond my comprehension, but it is up to the osteopathic physicians and students of today to work out by experiment and research the various nerve connections which Dr. Still said are there (between spine and viscera), because invariably the treatment applied by him would result in alleviation of symptoms and the restoration of the body to health.

It seems to me that my failure to understand in every instance the connection between the lesion, which was claimed by him to be the causative factor, and the diseased condition, is due to the fact that Dr. Still was a much better student of natural law than I. My hope is that the student of osteopathy today who studies and masters his anatomy, physiology, and other kindred fundamental sciences will be better able than I to fathom the relationship between the various nerve origins and centers as given by Dr. Still and the functions they involved.

Dr. Still said to me one time when we were discussing methods of approach to patients, "Do you know, Arthur, when a patient comes to me for examination and begins to talk to me about symptoms, how she suffers, and what her trouble is, I seldom observe the patient's clothing. I never notice whether she is beautifully dressed and wears silks and diamonds or covered with homespun cloth. I am listening to her story, and while listening, I am seeing in my mind's eye the combination of systems which go to make up the whole of that body structure. I am concentrating on her story, trying to determine through the description given to



me the structural alterations which have occurred to produce the symptoms described.

"I am seeing first the bony framework and the joints which hold it together as one system, the foundation upon which all other structures in the human body are built. I am seeing, especially, the positions of those bony parts and their relationships, one with the other. Then I see the ligaments which hold that framework together, connecting and covering the bones at their joints from the toes and fingers to the base of the brain, marvelous creations of strength that make firm the bony structure. Then I see the muscles inserting in various ways all over the bony framework, some of them covering the ligaments and others beginning and ending in them. They are placed to give needed protection to the framework and at the same time move the bony parts in such a marvelous way, with such harmony that it is hard for the mind of man to conceive of the perfection of their functions.

"I am also seeing in my mind's eye the nervous system, the system which acts in the same capacity in the human body that the telegraph system acts in the commercial world for the interchange of thought. The difference between the nervous system of the human body and the telegraph system which encircles the globe is that one is man-created and the other is divinely created, God-made, if you will. While listening to a patient's story, I try to visualize the anatomy of the nervous system in all its relationships, in every function of the body. The nervous system is one of the most marvelous mechanisms ever created.

"I see its division into the cerebrospinal part and the sympathetic part. The first is made up of the brain, the spinal cord, and the spinal nerves and their branches, reaching out to all muscles, joints, and skin, conveying messages to and from the brain of movement, temperature, pain, etc. The second or sympathetic part is composed essentially of chains of nerve ganglia extending from the base of the brain to the tip of the spinal column, controlling the functions of the internal organs, the circulation of body fluids, and nutrition to the various body parts.

"When you stop to consider how these two great systems are joined together, how they communicate one with the other, you have, in my opinion, the most supreme example of the perfection

of the work of the Divine Architect. Each is an individual nerve system, yet so created as to enable nerve impulses to pass from one to the other.

"I further see the arterial system, with its great and small avenues for carrying the blood to every portion of the body. Not a body cell is overlooked. All types of nutritional material and oxygen are carried in that blood stream, substances needed to repair worn-out cells, to grow hair on your head and nails on your fingers, the needed materials for vision and hearing, bone building material, etc. The mechanism whereby these materials are transferred from the blood stream into the vital living cells of the body is beyond description, almost beyond understanding.

"Then I visualize the venous system, another great system of vessels which carries away the waste products to the organs of elimination. There is still a third and most important system of vessels which accompanies the arteries and veins throughout the body. This is known as the lymphatic system. It supplies the serous fluid in which the tissue cells are bathed. It has to do with the mechanism of nutrition, absorption and the protection of cells from harmful poisons and bacteria. And last but not least I see the glandular system of the body and wonder how it brings about its effect in each particular case."

Such was Dr. Still's line of thought as he listened to the complaints of a patient.

At another time he described how he divided the spine for diagnostic purposes into sections, each section representing the so-called "centers" of control for the various parts of the body including the internal organs. These sections, with the exception of two, were composed of four vertebrae each: The upper cervical (3), lower cervical (4), upper dorsal (4), mid-dorsal (4), lower dorsal (4), the upper four lumbar, and the fifth lumbar and sacrum. The four upper lumbar vertebrae he described as one division, the fifth lumbar or lowest lumbar vertebra and the sacrum were another division. The causes of impaired health, sickness, pain, and disability were directly related to mechanical alterations in the joint structures in these various sections of the spine. Mechanical disturbances here irritated the nerves which in turn affected the part or parts supplied by them, resulting in disturbed function, lowered resistance, disability, and pain.

For instance, he claimed that the circulation to the skin of the head and face, and the circulation to the eyes, the nose, ears, and the throat, are largely controlled by nerves related to the upper cervical section of the spine. It was his opinion, however, that in order to get the best results, the osteopathic physician, in treating head and neck conditions, must not only look for defects at the base of the brain and in the cervical region, but also that he must consider the sacrum at the other end of the spinal column. The sacrum is truly the foundation of all the vertebrae in the spine. The "human mechanic," as he loved to term the osteopathic physician, must understand all the laws connected with body mechanics. He should know that unless the position of the fifth lumbar was correct in relation with the sacrum, all the vertebrae above, clear up to the first cervical, might be influenced; they might be drawn out of line by muscle pull, as the attempt is made to compensate for a shift in body weight. Hence, Dr. Still emphasized the fact that all vertebrae, the whole length of the spinal column, must be in correct position in order to secure the best results.

The vasomotor center in the lower portion of the brain, which controls the function of contraction and dilatation of blood vessels and consequently the circulation to the entire body may also be influenced by lesions affecting the upper cervical region. Hence, in the cure of all forms of eczema, local or general, this center must be reached through that area.

He also laid stress upon the necessity of seeing that the jaws were properly articulated, especially was this true, he said, in diseases of the mouth, the tongue, and the throat; even in deafness, he claimed, the disturbed articulations of the jaw may be at fault. My wife's eyes were treated according to Dr. Still's reasoning along this line, as chronicled in an earlier chapter in this book. The region of the first, second and third cervical was that section of the spinal cord which, Dr. Still claimed, controlled the circulation in and around the eye.

He also had a most profound respect for the manner in which the circulation to the spinal cord itself was accomplished. The perfection of the mechanism which so beautifully controlled the minutiae of the circulation of the spinal cord awed him. Here, of course, was the complete fulfillment of the Divine plan.

While serving in the Missouri Senate in 1927, it was my pleasure to make the acquaintance of the chairman of the Appropriations Committee of the House of Representatives. While chatting with him one day, he told me this story:

Over forty years ago (even before Dr. Still began teaching osteopathy), this man's wife suffered a bad attack of stomatitis (sore mouth). Everything the family could think of had been tried in attempting to cure it. She had been taken to some of the best physicians in the country, including Chicago and St. Louis specialists. The husband spent a lot of money without any improvement in his wife's condition. Finally, hearing of Dr. Still, he determined to take his wife to see him and get his opinion. They arrived in Kirksville one day, late in the afternoon, and walked over to the little cottage in which Dr. Still was then treating patients. When their turn came around, Dr. Still looked in his wife's mouth, then examined her neck and especially the articulations of the jaw bone. He did not pay much attention to her neck, but immediately began treatment of her jaw. The husband, in reporting this to me said, "That treatment did not last three minutes. When Dr. Still finished the treatment, he said, 'That is all, you may go home if you want to, your wife will get well'."

The man was astounded; he said he felt sure that he had come to the greatest fake on earth. He could not believe that Dr. Still even meant what he said, but he was there and made up his mind to stay a few days and see if any change took place in the condition of his wife, even though Dr. Still said he could take her home. Within twenty-four hours the mouth began to improve materially. By the end of two weeks' time her mouth was entirely healed. She was never troubled again.

It is fairly easy to explain from our knowledge of anatomy, just what occurred in this case. The articulations of the jaw bone with the face were altered sufficiently to affect the little nerve ganglia in the immediate vicinity of the articulations on each side of the face. These ganglia through their nerve connections to blood vessels control the blood supply to the mouth. Her condition was caused by disturbed circulation. Dr. Still's treatment corrected the lesions that disturbed the ganglia and the patient recovered. This sounds like a miracle, but it was not; it was only a common sense result of a common sense treatment applied accord-

ing to Dr. Still's discovery; one of the kind of results that helped to make osteopathy what it is today.

He ascribed many conditions to mechanical alterations in the joints in the lower portion of the cervical area. He said that the cardiac nerves were intimately connected with branches from the sympathetic ganglia located just in front of the transverse processes of the cervical vertebrae and had much to do with heart trouble, that this area must always be examined carefully in all functional and even organic conditions of the heart.

He laid special stress on what one might expect in the way of disturbances or interferences with the nerves which composed the brachial plexus—those two great groups of nerves supplying the upper appendages. Spinal nerves that arise from the level of the fourth cervical down to the first and second dorsal make up the brachial plexus. This plexus controls every function, motion, nutrition, and sensation to the arms, forearms, and hands. Brachial neuritis, one of the most common afflictions today, often attributed by sufferers to rheumatism in the arm, was caused, according to Dr. Still, usually by some mechanical interference with the nerves that form the brachial plexus. Correction of such lesions by osteopathic manipulative treatment has brought about some seemingly miraculous cures. However, in severe cases Dr. Still emphasized the fact that treatment must be of a soothing character, not a rough manipulation which would only increase the inflammatory state of the nerves, but an inhibitory, quieting type of treatment consisting of extension of the spine and deep pressure applied to the muscles on both sides of the spinous processes.

Dr. Still claimed that in the upper dorsal region there was an area of multiplied dozens of nerve centers that had far-reaching influences on many of the functions of the body. The heart, the great blood vessels arising from and leading into the heart, the bronchi, the lungs as well as the great muscles of the back may be influenced by disturbances to nerves originating in that region of the spine.

Dr. Still believed that the nerves between the first and second and second and third dorsal were related in some manner with the nerves that control the functions of the ovaries, that it was necessary also to fix the lesions there to correct the various types of abnormal conditions evidenced at the menstrual period. My

one guess or attempted explanation for the good results obtained in patients by treatment to this area, is that lesions of the first to third dorsal may have had a profound affect upon the function of the thyroid gland, which in turn through a disturbance of its internal secretion (a lack of thyroxin) influenced the function of the ovaries. Since the ovaries, thyroid gland, adrenals, pituitary in the brain and other so-called ductless glands are intimately associated with each other in their various functions, it is possible that the correction of lesions in this region of the spine (the upper dorsal) can bring about normal functioning of the ovaries and normal menstruation. This is a hypothesis which may be proved by osteopathic students of the future.

Intercostal neuralgia (pain usually between the upper ribs) may be controlled by treatment to correct lesions of the upper dorsal vertebrae. We know this to be true and it is only a step farther to believe that influenza, pneumonia, tuberculosis, and other serious conditions of the lungs may have had their original impetus in disturbed nerves in the upper dorsal region.

Let me say right here that in chorea, or St. Vitus' dance, as it is called by many persons, osteopathy has procured results never heard of by any other system of treatment. In my personal practice, now of more than forty-five years standing, I have never contacted a case of St. Vitus' dance which I could not cure with genuine osteopathic manipulative treatment. Such conditions are all motor nerve disturbances; there is seemingly no degeneration of nerve cells in the spinal cord and all these cases should be cured every time by osteopathic treatment applied to that upper dorsal region.

Dr. Still said that the central dorsal region is of vast importance because of the relationship it bears to the sympathetic nervous system. Here motor connections are made between the spinal nerves and the sympathetic ganglia by means of the white rami communicantes found also as far up as the second dorsal and extending down to the second lumbar. The sympathetic nerves, called splanchnics, in this region have much to do with functions of the liver, the stomach, intestines, and other viscera, and part of the function of the lungs. All of the splanchnic nerves, in fact all of the sympathetic nerves in the thorax, may be influenced not only by vertebral lesions, but also by rotated or malpositioned

ribs. These ribs may be pulled abnormally up or down by contractions of the muscles of the thorax and may functionally disturb the sympathetic nerves as they leave the sympathetic ganglia in close proximity to the heads of the ribs.

Dr. Still stressed the value of understanding the nerve control of digestion and the action of the liver. Lesions of the third, fourth, and fifth rib, he said, involved the circulation to the mammary gland, and it was my privilege to watch him treat successfully large hard lumps in the breasts of many women by raising the ribs and correcting lesions in the dorsal region. He cured many such conditions after other doctors had pronounced them cancerous. He often said that doctors had gone to extremes in urging operations for all glandular enlargements of the breast. Any number of these operations were absolutely unnecessary because the condition found could be cured by osteopathic treatment. The reader will recall the story of Mrs. Helen de Lendrecie. Dr. Still cured her of a condition which had been pronounced by eminent specialists as a malignant growth in her breast. This case was mentioned in an early chapter relating legislative experiences for the reason that the woman was so overjoyed over her cure that she helped to secure the passage of a law (in 1897) to recognize osteopathy in her home state, North Dakota, the second state in the Union to pass such a law. In another chapter I describe a case in my own family, that of my niece, who had been advised to have an operation for an enlarged mammary gland. Her trouble occurred more than twenty-five years ago. She was treated according to the methods discovered by Dr. Still with the result that an operation was not necessary. She is still living today and in good health.

Dr. Still claimed that the abdominal plexus of nerves may be influenced by irritation to nerves as high up as the first cervical vertebra and as low down as the last lumbar, not directly but indirectly, through the ramifications of the sympathetic nervous system. Dr. Still called the abdominal plexus the "abdominal brain." But to treat disease of the various abdominal organs, Dr. Still said one must know which of the various ganglia of nerves situated at various levels of the spinal cord was responsible for the condition found.

Dr. Still said that irritation to nerves that originated at the

level of the third and fourth dorsal vertebrae, affecting the sympathetic ganglia on the right side, contributed in large measure to the cause of asthma and hay fever. He said, further, that a case of asthma or hay fever that did not yield to treatment of rib lesions on the right side, the disturbance might be found on the left side and would be much harder to correct. He gave no explanation for this to my knowledge.

Two cases that were caused by a disturbance of the sympathetic ganglia at the third and fourth dorsal vertebrae are recorded here:

Early in my work at Kirksville, there had been assigned to me in the Infirmary a man from Kahoka, Mo., who had a number of so-called nervous ailments. He was getting better when one day, while being treated, he gave a little dry metallic cough. I asked him what made him cough and he replied that he had a little tickle in his throat. I felt that there must be some bronchial disturbance. I said to him: "We are not doing our duty, or you would not have that cough." I examined him carefully and found a very sensitive spot at the head of the fourth rib on the right side. He flinched when I touched it.

Immediately I recalled what Dr. Still had said many times about the effects of involvements of the sympathetic nerves at that point. Asking him to lie down on the treatment table on his left side, I placed my knee on the angle of the fourth rib on the right side. With my right hand on the sternal or front end of the rib, I took the patient's right arm in my left hand, lifting it high up, thus lifting the ribs of the chest and stretching the muscles. This movement together with pressure of the knee corrected the rib lesion. Then I dropped the arm down by his side. Complete relaxation of abnormally tensed muscles in that region took place. I do not recall whether that one treatment corrected the fourth rib condition or not, but I do know that the patient's cough was permanently relieved. This incident confirmed what Dr. Still had told me might come from a disturbance of the nerves in that area. The number of functions which may be disturbed within this immediate area are small in comparison with the numerous far-reaching effects which may be traced back to the region. This case gives but a very meager idea of the many conditions that might be present and can be corrected with osteopathic treatment to this important area of the fourth dorsal vertebrae.

The following experience is similar to the one just related. The first occurred nearly forty years ago, and this one in the spring of 1924:

Sitting at my desk one evening at the Still-Hildreth Osteopathic Sanatorium in Macon, Missouri, the phone rang and a woman asked if she might see me at once at the sanatorium. She lived in Macon. I told her to come right out. She soon arrived and was conducted into my office. She asked if I would examine her husband. He was one of Macon's prominent business men at that time. She said that he had been in Florida, Excelsior Springs, and other places for his health and had consulted some of the most noted specialists. He was at Excelsior Springs for the present but would return home in a few days because he was not getting any better. I agreed to do this and the woman left.

One evening, two weeks later, when I was getting ready for my regular walk home (our residence being about one-half mile from the sanatorium), the thought flashed through my mind that we had heard nothing further from this woman whose husband I was to examine. Just then the telephone rang and answering it I recognized the voice of my prospective patient. He said, "May I come out and be examined now?" I told him to come immediately, because I was about ready to go home. In five minutes he drove up in front of the sanatorium. I met him at the door and as we started across the corridor he gave that dry metallic cough similar to the one I had heard given by the patient whose case was described just previously. On asking him if that cough was what was worrying him, he said, "It sure is."

My next question was, "Are you getting the idea into your head that your lungs may be affected?"

"That is what I am afraid of," he replied.

After taking him into a treatment room on the first floor, I examined him and found a lesion identically the same as that discovered in the patient at Kirksville and which caused the same kind of cough. When I told him what I had found, he said, "Treat me, Doctor, do it now."

He was a very stocky, broad shouldered, heavy-built man. His complexion was quite sallow, perhaps due in part to his worry over his own condition. I treated him in the same manner as I did the patient described above, but did not follow the treatment

through to completion. The annual convention of the American Osteopathic Association was to be held in Kirksville within the next few days so that I, personally, was only able to treat the patient three times. I went to the convention and left him in the care of one of our staff physicians, Dr. George Elkins, who gave him three additional treatments. By this time the tickle in his throat had stopped and his color came back. His old jovial self came with it. He was a fine man. Some weeks after, when downtown, I saw him and said to him, "How about it, are you well?"

"Just as well as I ever was in my life," he replied; then he added, "Believe me, doctor, I shall know where to go hereafter when I am sick. By the way, you have not sent me your bill."

"No," I said, "I have been thinking about your bill and wondering what would be just and right. How much money did you spend with specialists here and there on your trips to Florida and the Springs in trying to get well, \$3,000?"

"Never mind," he said, "I spent plenty but send me your bill."

We sent him a bill for \$35.00, but it should have been for \$500 at least, because we had secured results with genuine old-fashioned osteopathic treatment in a condition for which he had spent hundreds, perhaps thousands of dollars elsewhere, trying to secure relief.

Many times I have stood by and watched Dr. Still relieve asthma and hay fever; he attributed his success to correcting lesions of the third and fourth dorsal vertebrae, freeing the nerves in that region.

Dr. Still treated patients suffering with gallbladder colic and even gallstones, confident that he could relieve them. He claimed that if one could find the lesions which were functionally disturbing the nerves that control circulation to the liver and gallbladder, he would eventually cure the patient. He claimed that even if the gallstones had grown so large that they could not pass through the gall duct into the bowels, he could relieve the symptoms by treatment and that in time, perhaps, the stones would be absorbed if adequate circulation of blood through the liver and gallbladder was maintained.

Dr. Still said that interference with the function of the sympathetic nerves by lesions in the region from the fifth dorsal vertebra down to the sacrum was the cause of diseases of the stomach,

spleen, kidneys, intestines, and pelvic organs. Joint disturbances anywhere in the region of the fifth to twelfth vertebrae, through their effects on the great splanchnic nerve, altered the blood supply and venous drainage of the stomach, pancreas, spleen and kidneys. To the least splanchnic nerve (first to third lumbar), he gave credit for the control of circulation to the descending colon, rectum, bladder and genitalia. Peristalsis, or the movement of the muscles of the bowels, was carried on by stimulation of the vagus nerve.

In all acute conditions of the abdominal viscera, including typhoid fever, appendicitis, renal calculus, etc., the splanchnic nerves are involved reflexly, affecting circulation to the parts disturbed.

Dr. Still claimed that the gastrointestinal tract (stomach and intestine) was the human laboratory. Everything necessary to be done to change food into fuel for energy and into building materials to replace worn-out body cells was done there. He had sublime confidence in the power of the human laboratory to produce all the necessary ingredients for the upkeep of the human body. The ability of the stomach and intestines to take out of the food ingested its own building material was to him one of the most realistic and most sublime achievements of the Divine Architect.

In discussing the lumbar region, Dr. Still said that the spinal nerves arising from that area controlled the heavy muscles of the low-back region. He reasoned, too, that there not being any bony braces to retard motion of the spinal region below the twelfth vertebra, it was easier to secure results through manipulation in that area than it was to secure results in the dorsal region to which ribs were attached. From the lower portion of the lumbar area arise also the large spinal nerves controlling functions of the muscles of the lower limb.

He stressed the importance of free movement in the sacro-iliac articulations. His technic for adjusting the sacrum between the ilia was so simple and easy, I wish I could pass it on to every osteopathic physician. He claimed that it was not a question of strength, but the character of the manipulation used, which resulted in a release of muscle tension and a return to normal of the lesioned joint.

In adjusting a lesion of the right sacro-iliac he would have the patient lie on the left side. He would stand behind the patient

and place the fingers of the left hand at the junction of the innominate with the sacrum on the right side. With his right hand and forearm under the flexed knee he would bring the limb of the patient (with leg flexed on thigh) up against the abdomen as high as possible, then with an outer rotary movement of the limb (which relaxed the muscles around the joint), still holding the left fingers firmly against the articulation, he would straighten the limb downward. The muscular tissue around the articular area would relax and the bony articulation resume normal function. He claimed that this treatment would correct either anterior or posterior rotations of the innominate. That is, nature when given the chance by the physician relaxing the muscles around the joint, would right the bony structure.

Dr. Still's technic was marvelous, many times beyond our comprehension, but his methods were so simple it is hard to understand how he could accomplish so much.

It was Dr. Still who first discovered that the sacro-iliac joints are movable ones. It was thirty-one years after Dr. Still's declaration of the mobility of these joints that a now widely known medical physician of the old school, Dr. Joel E. Goldthwait, of Boston, announced in a paper published in 1905 that the sacro-iliac joint was not a fixed one.

To Dr. Still the world is indebted for demonstrating that the human body when structurally normal is immune to all diseases. He was jeered at when he first made this declaration, but the trend of scientific thought today is toward that theory. He believed that when the functions of the body were undisturbed by structural faults, the blood circulating normally carried such a power of resistance that disease could not enter in.

Dr. Still claimed that osteopathic treatment properly administered benefited tuberculous conditions of the bone, even Pott's disease (t.b. of the spine), or of any other area in the body. I know this seems radical; it was an extremely dangerous stand to take in those earlier days. Dr. Still said one could not manipulate tuberculous areas as one would in setting a hip or an arm, but an osteopathic treatment could be given involving gentle extension and gentle pressure over the vertebrae, which together with rest and proper diet would improve the circulation, strengthen the power of the blood, and overcome such conditions. It was my



privilege to stand by and witness Dr. Still's treatment of a number of cases of tuberculosis. I am well aware in making these statements that there are those in the allopathic profession as well as in our own who would severely criticize any manipulative work in these cases because the accepted idea is that such conditions must be treated by casts which hold the spine rigidly in a fixed position until the acute condition passes. Dr. Still's opinion was that such treatment by casts and extension braces ankylosed the joints of the patient in areas involved or left them immobile or hardened, while osteopathic treatment properly administered gave the part chance for more and greater motion, and better circulation.

Dr. Still always emphasized the necessity of the physicians knowing where the nerves might be irritated that controlled the area involved. The above reasoning was then, and is now, applicable to all diseases. He said, when examining a patient, the doctor must look to the origin of the nerves that control the function or functions involved.

To watch Dr. Still lay his hands upon a human being suffering with disease was to bring one closer to Deity, closer to the God who created the wonderful mechanism with which Dr. Still was dealing. I witnessed his treatment of an acutely sick patient one time, the most remarkable demonstration of his ability I have ever seen. It was a heart condition. The patient was much weakened, virtually gasping for breath as he lay on the table. Dr. Still approached and stood by his side for a minute or two before beginning treatment. The expression on Dr. Still's face changed entirely; it conveyed the impression to the onlooker that he was in the presence of God and he was appealing to Him to guide his fingers and his hands in order that he might be able to save this human life.

He began to treat this desperately ill patient in the heart "center" of his spine by gentle steady pressure to produce inhibition, and as he worked the patient's breathing became less labored, the anxious expression on his face disappeared, and he was relieved of his distress. In heart involvements Dr. Still told his students one should examine closely the region of the fourth and fifth ribs at their junction with the vertebrae on the left side. Here the little branches from the spinal nerves connected with the sympathetic cardiac plexus.

One very important lesson which he gave us had to do with a method of locating lesions which might be causative of the condition we were attempting to treat. He said to have the patient lie on his side and then pass our hands carefully over the spinal column from the base of the occiput to the tip end of the spine, noting temperature changes as we went along. Should there be a lesion along the spine, where nerve disturbance occurred, it could easily be detected through an abnormal coldness or hotness of the tissues at that point. In addition to that, he said have the patient lie on his back and use the same method on the front surface of the body from the throat clear to the pelvis in the median line. The detection of a variation in temperature at any point on the body was a direct guide to cause of nerve disturbances. I have watched him many times examine a patient in that manner.

I wish it were in my power to describe in a simple, practical way some of his most outstanding methods of technic; not only the technic he used but also his own individual way of explaining what he did, would be invaluable.

His method of correcting lesions in the cervical or neck region was very simple. He said that we should place our fingers of each hand flat, and with a gentle pressure between the transverse and spinous processes gradually hold the position wherever the lesion might be until we felt the tissue beneath our fingers soften, relax, and take on normal condition, then with gentle rotation of the head, exaggerate the lesion until the muscles on the exaggerated side had become tight and tense; and then by rotation straighten the neck, when complete relaxation of all tissue would take place.

Another method he frequently used in correcting lesions of the neck was to stand at the end of the table with the patient high enough on the table, so that by the pressure of his thigh or abdomen he could push down on the head in a way the vertebrae would be thrown closer together; then with his fingers on the point in the cervical area that he wished to correct, he would hold them firmly until the tissue relaxed, when he would remove the pressure on the top of the head with his body, which would bring about a complete relaxation of all tissue; then by a little rotary turn of the neck relaxation would be complete and the lesion corrected.

Still another method of manipulation Dr. Still used was to stand

by the side of the patient; if he stood on the right side of the body, he would use his right hand as a fulcrum on the neck, and with the left hand on top of the head he would press down on the head, thus throwing the vertebrae closer together and relaxing the muscles. When he felt these muscles completely relax, he would gently rotate the head with his left hand, holding the fingers of the right hand on the exact point he wished to correct. In this way he would correct or normalize the point where the disturbance existed. Then he would use the same treatment on the other side of the neck.

In those early days Dr. Still stressed the necessity of working gently and gradually on a lesion in order to secure correction. In the upper dorsal region, which I have always considered the most difficult area of the spinal column in which to secure results, one of his methods was, if the first, second or third ribs was what he called "dislocated upwards," regardless of whether there was a real twist in the rib, or whether through contraction of the muscles the rib had been pulled up, to have the patient lie on his back. Again he would place one hand on the top of the head, and with the other placed on the angle of the rib he was attempting to correct, he would pull the head to the opposite side from which he found the rib interference, stretch the muscles on that side, making a strong pressure with hands on the angles of these ribs until he had extended them as far as possible; then he would drop the head back, rotate it to the opposite side, and when he removed his hand from the angle of the rib, normal action of the muscular tissue would take place, and the lesion be corrected.

Dr. Still oftentimes explained that setting a bone, whether it was a rib, a vertebra, shoulder or a hip, was not secured by the exertion of strength or force which we applied, but was always accomplished by putting the tissue in normal condition and using manipulation that would give the normal functioning of the muscles the opportunity to readjust itself. His technic used in setting dislocations of the hip was marvelous and it is questionable whether it could be described in a manner that it could be fully comprehended.

Dorsum dislocations of the hip, Dr. Still claimed, could only be reset by working with the tissue around the hip joint and at the point where the dislocated head of the femur lay until the tissue

softened to the extent where the head of the femur could be thrown down, around, below, and into the socket. For years the old accepted theory was that when a hip was completely out of the normal socket and thrown up and back on the dorsum of the ilium it formed a new socket; and after a certain length of time it would become so fixed it would be impossible to reset it or put it back in normal position.

One case has been reported in another chapter wherein the above theory was not true and proved beyond question Dr. Still's reasoning that such conditions could be corrected if given time with the right kind of osteopathic manipulation and treatment. His manipulation for this purpose was to flex the limb as far up on the abdomen as possible with one hand, and with the other on the great trochanter, bearing down and out until the head of the femur was thrown low enough, so that by pulling down and forward to reach the cotyloid notch into the acetabulum and, through normal function of the muscles around the joint, the hip would drop into place. Should the dislocation be down and forward into the obturator foramen, the same loosening process was necessary until tissue was completely normal, or as near normal as possible, and the head of the femur in its new position; then again the limb should be flexed on the abdomen until pried loose from its obturator position, and by the movement of the limb as a lever, with the hand on the head of the trochanter, lifted toward the center, throw the knee in a position which pried the head of the trochanter through the cotyloid notch, the muscles again would exert normal function and pull it into place. Dr. Still's manipulation in a case of this kind was to take the ankle in one hand, and with the other hand holding pressure on the trochanter, or upper portion of the femur, throw the foot across the well limb, thus throwing the head of the femur in such a position it would virtually be pried through the cotyloid notch into place. Those cases of complete disarticulation were rare, but occasionally found.

The ribs from the third down, including even the floating ribs, were treated by him from a more direct angle than the upper three ribs. If the ribs were involved, if only through intercostal muscular contraction and disturbance of intercostal nerves and circulation, Dr. Still would stand on the opposite side of the body

of the patient; that is, if the ribs which were out of line and causing the trouble on the left side, he would stand on the right side, place his left hand on the angle of the ribs on the left side and the right hand on the sternal end of the ribs in front, and through lifting up on the ribs from the angle and pressure on the sternal end of them, create a movement by pressing the two ends of the ribs together, and then moving his hand in front, either up or down, whichever was indicated, he would by pressure on the angle of the ribs reach a certain position, when he would let loose his fingers at both points. He claimed by throwing the ends of the ribs together that the tissue was stretched and when you let loose, again, the normal action of the muscular tissue helped replace, or bring back to normal position, the ribs with which he was dealing. He used this same treatment all the way down, including the floating ribs.

In the case of the man with dysentery from Nebraska, which is described elsewhere, Dr. Still's principal work was with the floating ribs on the left side. It was my privilege to watch him treat this patient several times and there he used his left hand on the angles of the ribs and his right hand on the ends of them, lifting up on the angle and bearing down on the points, until he felt the tissue relax and normalize to the point where he felt he could let loose of the angle with his left hand and pulled forward and up on the ends of them, thus letting loose not only the tissue at that point, and bringing the ribs back into normal line, but relaxing tissue over the origin of the least splanchnic nerves so that they could function normally; at least that was Dr. Still's way of explaining what he was doing. While we cannot reach directly the sympathetic ganglia, we can change the action of the sympathetic nerves by their connection with posterior spinal nerves through the connection with the rami communicantes and change their action.

The treatment on the right side was, of course, the same as on the left, with this difference, that on the right side he found the most direct nerve control to the liver, even it seemed the greater portion of the nerve control of the stomach and bowels, because the liver laid so close to that side; the esophageal end of the stomach was nearer to that side, and it is on the right side, through the least splanchnic, more direct control of the area of the vermiform appendix could be found, consequently the seat of appendi-

cititis. Also this is the area which should be watched for causative factors in typhoid fever.

In the early day Dr. Still and the beginners in the osteopathic profession treated many patients while sitting on a stool. One day he was treating a patient for some kind of a chest or intercostal involvement. He had put his toe on the chair between the legs of the patient and his knee on the chest. He was attempting to correct a rib on the left side; hence his knee was a little to the left side of the sternum, or a little more to that side. His hands were around the body of the patient and placed on the angles of the ribs. After he secured the position he desired, holding the knee as a fulcrum and pressing on the angles of the ribs toward the knee as a finishing stroke of his treatment, he lifted up on the angles with hands on each side and then let loose.

I said to him, "Dr. Still, what were you doing?"

He replied, "I am trying to correct those ribs and free the intercostal nerves which control the muscles between the ribs, and by pressing those ribs together at each end toward the center I am making the same tension there that a man does when shooting an arrow from a bow, pulling the string tight back to get ready for the force of throwing the arrow when loosed by pulling the ends of those ribs together, or stretching the bow. When I let loose the reaction is to free the tissue that is here involved." That to me was another of his real worth-while lessons in technic.

Among other valuable manipulations he used was one when he would have the patient lie down on his back on the treatment table. For instance if it was a pain between the ribs, or a gastric nerve disturbance that was producing gas in the stomach, belching, etc., he would run his hand gently over the tissue and examine closely the muscular covering of the chest and wherever he found a point with contracted tissue he would take his hands and hold that tissue; then with his finger tips work with that tissue until he secured complete relaxation of the chest wall, claiming it was necessary not only to relieve the nerve at its origin, but the peripheral end as well, and that by so doing you not only corrected the functioning of the intercostal nerves but through their relationship with the sympathetic nerves, by their connection of fibers over the rami communicantes with the sympathetic ganglia at that point, one could reach and relieve the function of the vis-

ceral nerves, which were the splanchnic, and had to do with the circulation of blood to the stomach and consequently the lessening of gas formation. This is, crudely, the way he explained it. In other words, he believed that his treatment was not completed by reaching the central end of the nerve alone, that you could only complete your work by knowing that the peripheral end of the nerves was just as free as the central end, in order to secure a result.

I had a very wonderful personal experience only a few years ago. I had a severe pain in the muscular tissue of the right side, covering an area from about the sixth rib down to the upper portion of the lumbar muscles. The pain was so excruciating that to cough would almost drive the breath out of my body, making it impossible to breathe a full deep breath. I had never had a case similar, and, of course, I felt that by correcting a lesion I had in the spine and relieving the spinal nerves the pain would disappear. The treatment given to me by members of our staff at Still-Hildreth Osteopathic Sanatorium would relieve me for a time but the pain would return. I suffered intensely for three or four days. One morning when suffering intensely I turned on my face and my wife, who is a graduate osteopathic physician, came over to me and began working on the muscular tissue about half way to the ends of the ribs, from about the sixth rib down. She said to me, "Why, doctor, these muscles are ropy and hard, and contracted."

She simply used her fingers and her hands and worked with those tissues by gentle pressure and inhibition until she gradually relaxed them. She worked for some minutes until there was complete relaxation of the muscles, even the ropy, contracted condition disappeared. By this treatment I was relieved entirely of pain. All in the world she had done that morning that differed from the treatment I had been given was to work the contraction out of the muscles that covered that area, which relieved the peripheral end of the nerves. The result was secured purely by soft tissue treatment. Dr. Still claimed no treatment was complete unless the tissue of the entire area covered by the nerve origin involved was corrected.

In the pioneer days Dr. Still also used another manipulation that was quite common at that time. With the patient sitting on a chair or stool, when he wanted to make a change in the nerve

origins between the shoulders on either side, standing behind the patient he would place his knee on whichever side of the spine he wanted to reach and affect the ribs. With the body resting against his knee, holding one hand on the sternal ends of the ribs, with the other hand he would raise the arm as high as he could without straining it, and then back and down, using pressure with his hand in front against the chest wall, and the knee as a fulcrum on the angle of the ribs, thus using the muscular tissue to raise the ribs. He would use that same treatment on either side only with a change of the hand and knee in the change of sides. This treatment at that time was called the "pump handle" treatment.

I wish it were in my power to present to you in a more lucid manner the fundamental technic used by Dr. Still while I was so intimately associated with him and his school at Kirksville. His treatment was so simple that many times it did not look as if he could possibly accomplish anything in the way of results; yet his reasoning and his philosophy concerning the system he had discovered were the finest things the mind of man could conceive.

Dr. Still throughout the years of his activity in teaching, appeared on the platform, especially in our senior classes, and spoke to us many times. His philosophy was so deep, his reasoning covered such a great area, and was given to us in such a way, that many times we missed much of the real practical basic value of what he was saying. I am reminded of a little incident that occurred a number of years later when I was attending a state convention in Des Moines. On the afternoon the convention adjourned there were four of us who could not take a train home until later in the evening, Dr. Cluett of Sioux City, Dr. Proctor of Ames, Dr. McAlpin of Boone, Iowa, and myself. While eating we were talking over, as we did so often when a group of us were together, some of the happenings at Kirksville, and osteopathy in general.

Dr. McAlpin said, "Boys, do you know when I was in Kirksville studying osteopathy I often wondered when the Old Doctor came into his classes and talked to those people why it was the class seemed to be so enthusiastic, why the students would jump up and cheer and applaud when he made some of his remarks. Much he said must have passed over my head and was not comprehended. Somehow I could not become enthusiastic or under-

stand what made so many of them so demonstrative. When I attended our National convention held on the grounds of the great St. Louis Exposition in 1904, I shall never forget when the Old Doctor appeared in the Missouri State Building where we held our sessions of that convention. As he came walking down the aisle toward the rostrum, every man and every woman arose instantly on the appearance of Dr. Still. I was so full of enthusiasm it was almost overflowing; I jumped up, threw my hat, and cheered as loud as any man present. You see, boys, I had been in the field a few years and knew through results what his teaching had meant to me and the reason for their enthusiasm when seeing Dr. Still."

My fear is that today the average student in our splendid colleges does not have the opportunity to grasp the vision of Dr. Still, or those things that demonstrated in those earlier days so clearly the value of Dr. Still's discovery. The student should know the real fundamental worth of the science he is studying to imbue him with the enthusiasm so much needed to carry on in the biggest possible way the torch which Dr. Still held so high.

In Dr. Still's book entitled "Osteopathy, Research and Practice," the following dedication appears:

"This book is respectfully dedicated to the Grand Architect and Builder of the Universe; to Osteopaths and all other persons who believe that the First Great Master Mechanic left nothing unfinished in the machinery of His masterpiece—Man—that is necessary for his comfort or longevity."

## CHAPTER XVII

### THE COLLEGES, OUR EDUCATIONAL FOUNDATION

THE history of osteopathy as it pertains to osteopathic colleges and osteopathic education is intensely interesting and vitally important, but it is not my intention to delve into historical data which can be obtained elsewhere. Rather, it is my purpose to express some personal opinions as to the trends of osteopathic education today and how they may possibly affect the future of the osteopathic profession.

It has been a wonderful privilege to watch the rapid and spectacular growth of osteopathy from that humble beginning in 1892 in a little one-room schoolhouse with a handful of students, to the present time, less than fifty years later, with six strong accredited colleges of osteopathy and students numbering about 2,000. In that short time a large number of osteopathic physicians have been graduated from these colleges and over 9,000 are in actual practice all over the world.

Dr. Still's teaching that first winter of 1892 in Kirksville, Mo., was the leaven in the loaf of knowledge in an educational system that has made unbelievable strides. The number of students who wanted to study osteopathy increased so rapidly, that it was difficult at first to find enough teachers adequately prepared not only in the fundamental sciences, but also in osteopathy to give to these earnest students the essential training to enable them to go out in the world and treat the sick.

The original college, the American School of Osteopathy, created by Dr. Still, grew by leaps and bounds. From a class of seventeen in the fall and winter of 1892-93 the student body had grown by 1900 to seven hundred. This year, 1938, the Kirksville College of Osteopathy and Surgery had the largest enrollment in its history, with students who came from almost every state in the Union and several from foreign countries. Besides the Infirmary Building, which housed the original school of osteopathy, there are now two other large buildings and numerous small ones in which are contained well-equipped laboratories, recitation rooms, a library,

offices, a gymnasium, and an auditorium. Two hospitals, with a bed capacity of 100 add to the clinical teaching facilities of the school. Truly the rise of osteopathy has been phenomenal. The growth of this institution from a little one room schoolhouse where the first class of seventeen was taught to the many buildings in which hundreds of students now receive instruction has been astounding.

A few men who had been associated with Dr. Still in the beginning started a college known as the S. S. Still College of Osteopathy at Des Moines, Iowa, in 1898. This college, which later changed its name to the Des Moines Still College of Osteopathy was one of the very first colleges to demonstrate that osteopathy could be taught successfully in some other school than the parent one at Kirksville. That institution has weathered the storms of adversity in a splendid way. Today it is manned by a very strong organization with Dr. Arthur D. Becker as its President. In addition to a fine college building it has a well-equipped hospital and clinic associated with it. From the time of its creation it has graduated some very able men and women and that college has become one of the real factors in the growth and development of our splendid profession.

Another of the very earliest educational institutions established was the Pacific School of Osteopathy in 1896 at Anaheim, Calif. This college, like the Des Moines College, was created by some of the earliest graduates of the American School of Osteopathy. In 1897 it was moved to Los Angeles. In 1914 it merged with the Los Angeles College of Osteopathy, a rival school that started in 1905. The new college was named the College of Osteopathic Physicians and Surgeons and it has grown steadily into one of the strongest institutions in the osteopathic world. In 1928 a group of osteopathic physicians was put in charge of one unit of the immense Los Angeles County General Hospital. Students of the Los Angeles college were then given the opportunity of attending a great variety of clinics and graduates were chosen as interns. As a result of an enviable record established by the osteopathic physicians in the conduct of this unit, the entire hospital was given over to them when the medical unit moved into a new building. Osteopathy is strongly entrenched in California and the Los Angeles College has a bright future.

In 1900 the American College of Osteopathic Medicine and Surgery was organized in Chicago. In 1902 another school was started as the Chicago School of Osteopathy, but this was taken over by the former in 1903. The present Chicago College of Osteopathy was incorporated in 1913 as a nonprofit institution and in 1918 it purchased a large building in the famous residential district of Hyde Park for the housing of the school and the establishment of a 50 bed hospital. This institution is on a firm foundation and has graduated some of the finest osteopathic physicians who are practicing today.

In the East the profession is represented by the Philadelphia College of Osteopathy which began in 1898. It developed rapidly, being housed in various buildings to keep pace with the growing student body. In 1916 a fifty bed hospital was erected. However, this did not prove adequate to meet the demands of patients who wanted to be taken care of in an osteopathic hospital. In a little over ten years it was necessary to seek larger quarters to take care of hospital demands. In January, 1929, a great drive for funds was started and over \$1,000,000 was subscribed for new college and hospital buildings. These were subsequently erected and today the Philadelphia College of Osteopathy and Philadelphia Osteopathic Hospital stand out as two of the finest and best equipped institutions of the kind in the United States.

In comparison with the length of time the preceding five schools have been in existence, the Kansas City College of Osteopathy and Surgery may be considered the baby. A group of osteopathic physicians in Greater Kansas City saw the need for an osteopathic school in that area and laid their plans accordingly. The doors to the Kansas City College of Osteopathy and Surgery were opened to students in September, 1916. Adversity in the form of a World War, fire which badly damaged its buildings, and a depression tried to put an end to their endeavors, but the founders bravely weathered these catastrophies and the school has now become established on a firm foundation. It has a fine record and has graduated some of the best men and women in the profession. A new Clinical Hospital has recently been completed just south of the college building. This hospital together with the Lakeside Osteopathic Hospital provide adequate clinical teaching facilities for the Kansas City college students.



The six colleges I have described in brief, namely, the Chicago College of Osteopathy, the Des Moines Still College of Osteopathy, the Kansas City College of Osteopathy and Surgery, the Kirksville College of Osteopathy and Surgery, College of Osteopathic Physicians and Surgeons, Los Angeles, and the Philadelphia College of Osteopathy, together with their associated hospitals, are the teaching institutions of the osteopathic profession. The standards for approval are set by the accrediting agencies, the Associated Colleges of Osteopathy and the American Osteopathic Association.

There was a time, however, when educational standards were far from what they should be and osteopathic schools sprang up here and there which did not have proper guidance and the high aims set by the original school. As with all new things there were limitations; there were men who conceived the idea that they could teach osteopathy as well as its founder. As a result there were several schools of mushroom size which sprang up during that first ten years since the original school opened. Many of them were established purely for the purpose of making money; they were without sound foundation and could not possibly last. Others started with the best of motives back of them. One of the latter was established in 1896 at Minneapolis by the late Dr. E. C. Pickler and a few of his friends. This existed for a few years, graduated a number of men and women who built up good practices and added to the fame of osteopathy. Likewise the college established at Franklin, Ky., by Dr. Wesley Ammerman and a few co-workers existed only a few years but graduated a number of men who today are representing the best there is in the osteopathic profession.

Another school was started in 1898 at Wilkes-Barre, Pa., by the late Dr. Virgil Hook and Dr. S. C. Matthews, who is still living. This school was known as the Atlantic School of Osteopathy. It was moved to Buffalo in 1904, but existed for only a few years after this transfer. Other colleges, such as the National School of Osteopathy at Kansas City, the Colorado College of Osteopathy at Denver, the Milwaukee College of Osteopathy, and many others were born, lived but a few years, and finally dissolved for one reason or another.

Only those colleges which were strategically situated, strongly

staffed, and financially able survived. Out of chaos have come six well-equipped, well-conducted, financially strong, high class colleges to teach osteopathy, each striving to maintain the high ideals established by the Old Doctor.

In the beginning classes of osteopathy surgery was not taught, although the original charter issued to the American School of Osteopathy permitted the college to teach it. Soon, however, it became necessary that students should know something about surgery for emergency work. Today every one of our six colleges teaches surgery and, like the allopathic schools, gives to each graduate a diploma which entitles him or her to practice surgery provided the graduate complies with the requirements and rules and passes certain examinations in the state in which he intends to practice. Osteopathic surgeons are practicing in a number of states. My contention has been, and is today, that the issuance of a diploma that entitles every graduate to practice major surgery is a mistake, not only in our colleges but in medical colleges as well. If our schools are going to create surgeons, only those who are especially fitted for the work should be allowed to take the prescribed course. However, there are many things classed as surgery which the general practitioner should know. The surgery as it is now taught in our schools prepares the students to take care of fractures, burns, cuts, and other injuries. Operative procedures involving the opening of body cavities and the repair or removal of organs and tissues require considerably more experience and judgment than can be gained in the ordinary course of surgery in either osteopathic or medical colleges. Students who aspire to be surgeons should have not only the regular course which today is four years of nine months each, but an added training of at least two years with an internship in a busy hospital from one to two years. In other words, if osteopathic colleges are to create surgeons, they should be of a superior type and qualified to excel the surgeons of any system on the face of the globe.

Dr. Still claimed that osteopathic therapy made surgery unnecessary in many instances, that hundreds and thousands of patients were sent to the operating table needlessly. My honest conviction is that Dr. Still knew what he was talking about. Please do not misunderstand me! I am well aware that there are many cases which need surgical attention, but I am also aware, from

personal experiences, that many of the cases sent to the surgeon's table today could have been relieved without an operation by the kind of osteopathic treatment that made Dr. Still world famous.

The field of surgery is crowded with those who profess to be surgeons but who are not qualified as they should be. Therefore, I feel that our surgeons should be of a superior quality. If they have been fully trained in osteopathy before specializing in surgery, they will know that when a patient is brought to them for surgical attention whether or not he can be cured without an operation.

Another fact which I wish to emphasize here is that osteopathic surgeons who have been properly trained will know the value of preoperative and postoperative osteopathic care. They will know that the correction of lesions before operation reduces the dangers of surgery and that osteopathic treatment following operation prevents postoperative pneumonia and other complications and speeds the patient to recovery.

Many things have contributed to shaping the educational policy of our profession from the beginning to the present time. Recently there have been some decisions reached by the Associated Colleges of Osteopathy which, in my humble opinion, might have far-reaching effects upon the strength and continued development of our schools. I do not intend to criticize, but I love this profession dearly and would not like to see any steps taken which might jeopardize its future existence. I love the profession because of my long and intimate knowledge of what it has been able to do for suffering humanity. Some of these thoughts are expressed here, then, not to condemn certain actions taken but rather to lay before the profession my personal opinions.

In the beginning at Kirksville Dr. Still originated the plan and laid the foundation of our educational needs by creating a four term course consisting of two terms of five months each in two separate years. In 1904 during the St. Louis World's Fair the American Osteopathic Association held its annual convention at St. Louis and urged the establishment of a three year course of nine months work in each year. A few of the colleges were in accord with this plan and increased their courses at once. The others soon followed. A few years later some members of the pro-

fession began to agitate for an extension of the course to four years of nine months work in each year and in addition making the requirement of a four year high school diploma for matriculation. This matter was discussed for a number of years by the Associated Colleges of Osteopathy before it was finally adopted. This raise in standards was advocated by numerous osteopathic physicians scattered throughout the United States, especially in states wherein the "old school" requirements were a four year course of nine months each with a high school diploma for matriculation.

At that time I questioned seriously the necessity of a four year course for those who wished to practice osteopathy. I have watched the work of men and women who graduated in early days when there was only a two year course and I have watched those who fulfilled the requirements of three years of education. The majority of these graduates have been successful in practice, which leads me to believe that the three year course laid an adequate foundation for an osteopathic physician who desired to practice only osteopathy as taught by Dr. Still.

Of course, I realize, on the other hand, that the scientific world has advanced our knowledge of the healing art as regards the diagnosis of disease and to a certain extent the treatment of disease. New diagnostic methods utilizing for instance the x-ray, the microscope, certain chemical tests, and other laboratory procedures need to be taught to our students. Many of these things were not known when the three year course was in effect. Wonderful strides have been made in the study of urinary diseases, gastrointestinal disorders, blood diseases and many other conditions about which the well-rounded physician should know. The teaching of these subjects requires additional time, but I believe that it can be done within the three years if much of the impractical didactic work could be eliminated and more of the practical clinical work added.

In a recent medical journal it was reported that Harvey Cushing, M.D., speaking before the annual meeting of the Association for Research in Nervous and Mental Diseases in New York City, said:

Medicine today suffers from an overdose of the so-called scientific approach. Dr. Cushing called the maladjustment serious enough to warrant a major

reform in medical education. Medicine, he said, should be taught in terms of the patient from the outset instead of only in the last two years.

Because scientific medicine is overemphasized in their training, young doctors rely too much on the laboratory and not enough on the bedside observation.

At the time the four year course was under discussion many of those who were for it practiced in states where "old school" requirements were four years of nine months each. These advocates claimed that a four year requirement for our osteopathic colleges was absolutely necessary because the "old school" had that requirement and we could never expect to get the respect of the public if our educational standards were less than those of the dominant profession. I question the soundness of that reasoning. That part of the public which knows about osteopathy is concerned only with what it can do. In most instances osteopathy has succeeded where allopathy has failed and no matter what the difference in educational standards is, the part of the public that has been benefited by osteopathy will continue to seek osteopathic care.

There is another thing that should have been considered in this matter of lengthening the college course. In many states those who agitated the change to a four year course did so without consulting our educational institutions. While they earnestly believed that they were doing the right thing, at the same time they were working a hardship on our colleges by their demands, because the colleges are not 100 per cent endowed institutions and depended to a great extent upon students' fees for support. The profession in its zeal to pattern after the allopathic profession forced upon these colleges a standard that perhaps handicapped their growth and development and made it hard for them to maintain a good financial footing.

There were some members also who criticized harshly the type of teaching in our colleges, claiming that they were not adhering to the fundamentals as taught by Dr. Still (which in some instances was true), yet these same members by their demands for extending the courses of instruction, crowded the schools with all sorts of scientific studies which limited the teaching of the subjects that were so necessary for the education of an osteopathic physician. The pitiful part of this attitude to me was that the demand for the four year course came because many of the profession out-

spokenly said it was necessary for our great system to pattern after educational policies of the very medical system whose failures had made our existence possible. We should have outlined at all times our educational policies and secured our laws with but one thought, and that was—how best to foster Dr. Still's discovery as an independent system of treatment. There is a need today for well-rounded, high-type physicians and to create them it should not be a question of how other schools teach or the length of time they take to educate their students, rather it should be the question of the selection of the student and the type of training which will give him, first, the fundamental principles of osteopathy, second, a thorough grounding in technic necessary to practice osteopathy, and, third, concentrated courses in the basic sciences and laboratory procedures which will not make a scientist out of him but enable him to pass a state board examination.

Perhaps I am an old crank, but I am a firm believer in justice to all. I readily understand that in this progressive age in which we live it is wise to keep pace with the onward march of science, but sometimes we overstep the bounds of common sense and practical needs.

There is danger in having our young men and women who enter our colleges spend so much time in scientific branches that have little value from a practical standpoint. All their energy is used in attempting to learn in great detail some of these sciences and as a consequence the practical and fundamental principles which are so necessary to the art of practice are neglected.

Of course, the reason for all this may be traced in part to increasingly hard examinations given by some state boards. Thus more time is spent in preparing for examinations before state examining boards than in learning the principles of the art of treatment. In osteopathic colleges this tendency may be disastrous, because osteopathic principles and technic may be neglected and as a result our students will graduate without being equipped to practice the kind of osteopathy that has made our profession what it is today.

It has been my hope that the time will come when our colleges will require its teachers to link their instructions in every subject with osteopathy. For instance, in anatomy or in physiology, if the class was studying the liver and its functions, the instructor

should not fail to impress upon the students the importance of normal nerve and blood supply to the liver and show them how nerve fibers and blood vessels may be influenced by structural alterations in the body machine. It is not easy, but quite necessary that the application of osteopathy in all sciences be given.

Recently, one of the most prominent educators in the osteopathic profession said to me, "Dr. Hildreth, in all of my thirty years of experience in practice I have never written a prescription, yet there are a great many of our newer graduates who feel that it is necessary to write prescriptions and use drugs in their practices. I wonder why?"

I answered this doctor frankly and told him that I was not sure but I felt that the young men and young women dabbling with drugs were doing so because they had been forced to spend their energies in school in studying such a broad technical field that they had lost sight of, or had not been taught sufficiently, the fundamental principles of osteopathy.

The writer has written these few paragraphs on educational policies with the expectancy that he will be criticized severely, but he places himself on record, based upon more than forty-five years of experience, and intends to stand by his convictions. He has one desire, one high hope and that is that either now or in the future his words may be a means of awakening the profession to a realization of the fact that the correction of physical defects by the process of manipulation with the hands is the greatest system ever discovered for the prevention and cure of disease, and that in his opinion a well-rounded, sufficiently educated osteopathic physician, who does not practice major surgery or administer drugs and poisons may obtain all that is necessary to practice his profession in a well-planned four year course, with a requirement of a high school diploma for matriculation.

Dr. Still one time said to me, "You need not fear our enemies who have contested every advancement we have undertaken." He was referring to the systematic, determined effort of the representatives of the allopathic system of medicine in their bitter condemnation of his discovery. He said, "They cannot harm us, their kicks are only blessings in disguise. Our great danger, in fact the only danger that could threaten the future of osteopathy, are the mistakes of those who profess to be our friends."

It has been my privilege through all the years of the growth and development of the osteopathic profession to know that Dr. Still spoke the truth. All of the opposition to osteopathic development has come from men painfully ignorant of our system and wrapped up in the egotistical idea that their own system was the only one for the cure of disease.

Now, as we analyze the situation, we can see that perhaps our danger does come from those who not only profess to be, but are, our friends—those in the profession who feel that they are doing the right thing by urging two-year college preosteopathic courses for our students.

My fear is that the two-year preosteopathic college work will prevent many worthy, capable young men and women from taking up osteopathy as a profession because of their inability to secure finances necessary for such a prolonged course of study. It virtually builds a financial wall around our colleges that will prohibit many high class young people from joining our profession.

Arbitration in these vital educational policies is important before any drastic steps are taken. It is best, then, that the profession take into consideration the colleges before demanding educational policies which will work hardships upon them. Much can be accomplished by working out the problems together, because after all without colleges osteopathy would die.

My prayer is that God in his infinite wisdom will continue to guide the destinies of our great profession in the future, as we know he has in the past, to the end that all osteopathic physicians will prove to be worthy receivers of the mantle inherited from our great discoverer, Dr. Andrew Taylor Still.

I quote from a Christmas letter received from a valued friend, an osteopathic physician in a far away country, a foreign country where he is not even allowed to use on his office door the word *physician*, or letters that would indicate he might be a physician and with nothing in the world to use in the treatment of disease except his hands and the technic he learned in the treatment of disease under Dr. A. T. Still's teaching. His reputation, nevertheless, as a successful physician has spread to the farthest parts of that country. He has sent students back to the homeland to study osteopathy, and when they graduate he takes them on his staff or helps them to locate. He has a marvelous record

in osteopathy, one that can be attained by any physician who practices the kind of osteopathy that has made our profession what it is today. His thoughts regarding education are expressed in a better way than I am capable of doing, and I want my readers to know what they are. In a letter to me he says:

There is one thing that I wish especially to thank you for. You have always stood for not raising the entrance standards too high for students to enter our osteopathic colleges, and this is of great importance to our profession and the commonwealth. Of course, as you know, there is a happy medium. It is surely high enough at present with the requirement of a high school diploma. To raise it higher would shut out those who would prove to be the most valuable practitioners, men who will be a credit to the profession, and what is more important, give such a splendid service to mankind.

The medical course in this country is six years and is made difficult with no practical object in view. In my opinion the students are educated beyond their intelligence. Many are unable to give good service to the public because they have very few practical ideas.

The stand that you have taken on this question is not a pleasant one. As you know, most practitioners think that high entrance standards for our colleges will give us a better standing with the public and also cut out competition by making it difficult to get a degree. This is what the members of the medical profession try to do and it results in the public getting impractical men and very poor service. I am sure you understand.

Indeed I do understand, doctor! There is another matter which I wish to bring to the attention of osteopathic students and physicians. I know that a great many of our people think I am extreme in my views, but the whole ambition of my life has been to serve the profession in the biggest possible way. Therefore, in the closing years of my life I have put down some of my own opinions on matters that seem to me to be of vital importance to the profession. I hope that future generations, who honor me by reading this book, will thoughtfully consider what I have said.

I sometimes feel that this great profession of ours might have been stronger today and the men and women who practice osteopathy able to render even a more valued service had our laws been so formulated to deny osteopathic physicians the use of anything but their hands in the cure of disease. Today many good men in our profession, especially the more recent graduates of our colleges, are clamoring for full privileges in states where osteopathic practice is limited. In my humble opinion they are asking for the right to prescribe drugs, which, in no way strengthens the pro-

fession nor the services they are anxious to render. What need have they for greater privileges when one considers what Dr. Still accomplished with his hands and what that man in a far away foreign country is doing with his hands?

It is a travesty on Still for our people to mix osteopathy with any other system. Any man or woman who undertakes to gain by the privilege of administering drugs in any form is only tearing down the superstructure created by Dr. Still because his whole success, his national and international reputation, were absolutely based upon the fact that he discarded the use of drugs and poisons in his cure of disease. I wish to repeat that osteopathy owes its existence today to the failures of other systems of treatment and to Dr. Still's ability to turn those failures into successes.

In England at this time an osteopathic physician is not even allowed to put the word "doctor" on his door. He is not allowed to sign a birth or death certificate. This is true also in some parts of Canada. We are not known in foreign countries other than as drugless practitioners and yet our people over there are meeting with unbounded success. They are relieving any number of sick people that could not find relief other than through the treatment Dr. Still gave to the world. They are not only making enviable reputations for themselves as individuals, but also are rendering a rare service and meeting with a success little dreamed of. Our profession deserves the name of *physician*, deserves the right to sign birth and death certificates, deserves the right to do anything in an emergency that any other physician does, but in my opinion they would be much better off and render much better service if they were not allowed to use a drug of any kind for curative purposes, let alone write prescriptions.

Dr. M. A. Lane in his book, "Dr. A. T. Still, Founder of Osteopathy," on page sixteen, has the following to say, which to me sums up in the best possible way the facts as they exist relative to our profession, its past, its present, and its future:

This original theory of A. T. Still has been steadfastly taught to the young osteopaths that have been trained in the American School of Osteopathy at Kirksville. It has been instilled in their minds at that school from the beginning. It has been consistently taught them during the years I have been myself a teacher in that school, and when it ceases to be taught there the American School of Osteopathy will be no longer a representative of the essential and fundamental thought of its founder. No school that does not make

that theory the main spring and purpose of its existence can be called osteopathic without false pretense and the moral and scientific obliquity that false pretense of any kind implies. And when osteopathy lets go of that primary teaching it ceases to be.

Dr. Lane, one of the most clever scientists that was ever developed by the University of Chicago, was thoroughly in accord with the tenets of osteopathy. He recognized the truth of Dr. Still's statement that the body contains within itself all the remedies necessary for the prevention and cure of disease.

I want to be sure that my readers do not misunderstand my attitude on education. I believe one should obtain the best education possible. I know from personal experience what one misses who does not have the opportunity of a complete all-around education, yet I also know that in education there are two extremes, one a lack of opportunity to secure a practical education, the other unnecessary education along lines he is not able to utilize.

The world needs more physicians. Country towns and villages far from cities are crying for physicians. Our young people need to have every opportunity in life. If they desire to become physicians and are fitted for the task, we should not make their education so difficult they will find it impossible to accomplish their aims. By placing our preliminary standards too high, we are robbing many young men and young women of a chance to realize their ambitions. This should not be. Reread, if you will, what my friend from that far away country had to say of the medical course for physicians in his country. That is the reason why I take the stand that I do relative to osteopathic education.

Osteopathy as a profession! Surely here is a subject that should be vitally important to young people who are at the time in life when it is necessary to choose either a profession or some line of occupation or business which will guarantee them the best opportunities in life. Graduate physicians have already dedicated their lives to services through this profession; the students in all osteopathic colleges are there because they have confidence in this profession. Theirs is a laudable undertaking, aspiring to help people to maintain health, for without health all the wealth in the world cannot buy or bring happiness into an individual's life.

After more than forty-five years of experience in active practice,

it seems to me that there is no broader field of usefulness, no broader scope of opportunity, no higher privilege for service than can be rendered through osteopathy.

Dr. Still was a student of natural law, the greatest student of natural law it has ever been my privilege to know, and through his study of nature he gained unlimited confidence in the power of the human body with which he was dealing.

Dr. Still stated many times that the downfall of some good man could never be traced to an osteopathic physician giving a first narcotic to ease pain; in other words, there were no drug addicts in the wake of osteopathic treatment for disease. He was proud of the fact that none of our people during his supervision of the school and clinics ever wrote a prescription for a narcotic.

God bless his memory, not only for his discovery, but for the influence he was for all that is best in life.

I have often said that if I had only ten years longer to live, knowing what I do about osteopathy, I would want to spend those years in serving the sick osteopathically. It is not my purpose to advise young people as to what profession they should choose, for it is my firm conviction young men and young women should make their own decisions and select the profession they conscientiously believe to be the field in life's endeavor they would enjoy most. However, after all of my years of experience, it seems to me this is one field that our ambitious young people should not overlook.



## CHAPTER XVIII

### PRACTICING IN ST. LOUIS

ONE of my first experiences in St. Louis proved to me what osteopathy could do for summer complaint, a very common condition of little children. Early in the spring of 1903, a few days before the opening of our sanitarium at the corner of Garrison and Morgan avenues, a woman came to see me. She explained that she was the mother of twin baby girls who were seriously ill with summer complaint. She asked me if I would see them.

We took a street car to the west end of St. Louis where her home was situated. When I was shown these baby girls, I was shocked at their condition. They were six months old, but were such tiny things and so emaciated and scrawny that to touch them, it seemed, would cause them to fall apart. Reaching under each of these little blessed bodies, in turn, with my right hand, I gently pressed the soft tissues on either side of the spinous processes at about the level of the eighth and ninth dorsal vertebrae. My purpose was to inhibit, if possible, the action of the nerves which were throwing the intestinal musculature into spasm. The question in my mind was whether it would be possible to treat those little starved bodies in any way that could possibly benefit them. After applying inhibition for a short time, I laid one hand crossways over the spine at about the level of the tenth dorsal vertebra, gently supporting the tiny body. Then I placed my other hand as lightly as possible on the little abdomen, gently working the soft tissues until the tense muscles relaxed. The diet which the mother had been giving to her babies consisted of diluted milk, diluted barley, and rice water. In my opinion this diet was not adequate for the babies to gain weight. They were actually starving to death. I advised the mother to give them whole cow's milk, from the same cow, if possible, each time. She was to start feeding the babies a teaspoonful every half hour, gradually increasing the amount.

The little things were simply starving to death, but the method of treatment at that time was considered scientific. On the contrary it was unscientific and it was leading those little ones directly

to the grave. Something must be given from which they could obtain nourishment.

With these instructions, I left to return in the afternoon. On my second visit I found that the babies were not crying as much; they were even resting some. I remembered what Dr. Still had told his students—that babies with summer complaint could be helped materially by letting them suck on a strip of bacon, medium well done. He claimed that the grease from the bacon would be healing to the little inflamed bowels. I suggested this treatment also.

It was marvelous to watch those famished little things come back to health and life. I wish that every osteopathic student and every osteopathic physician in the profession, who has not had an experience of that kind, could have witnessed their recovery. They improved steadily and developed into the sweetest little human beings one could imagine.

Since the successful outcome of these cases, it has been my privilege to treat many similar cases by virtually the same procedures. I have wondered again and again how many thousands of those little innocent, helpless human beings have been starved to death through what was called scientific feeding.

About this same time, I was called one morning to treat a patient, a man thirty-five years of age, who had been suffering intense pain in the right temple. His relatives were very much alarmed over his condition. He had been treated for ten days by drugs, but instead of improving he had gradually grown worse. Upon examining him, I found osteopathic lesions in the region of the first to the third cervical vertebrae, also an interference with free joint movement at the fifth and sixth dorsal vertebrae. He was delirious at times and badly constipated. I treated him that morning and ordered an enema to be given. I returned that afternoon at four o'clock and found that his headache already had begun to modify. I treated him again. That night I said to my wife I would sleep easier if I could run out and see that "dead man," as I called him to her, before retiring. So I made a third trip to his home. I found him more comfortable and resting part of the time. I treated him the third time. I learned the next morning that he had had the first comfortable rest in many nights. In a week's time he had fully recovered.

A short time after this, I was called to attend a relative of this patient. He was a brother-in-law and was suffering with pneumonia. It was the third day following the onset of the disease. The temperature was 104 degrees Fahrenheit and the lungs were very much congested. The respiratory rate was in the thirties and the pulse was very high. This was one of the first cases of pneumonia that I was privileged to treat. While I was at Kirksville, many people who came there thought that osteopathy was good for only chronic conditions. It has only been through education and the good results obtained that public confidence has gradually been established in the new system for the treatment of acute conditions. Osteopathic physicians today are being called upon for all kinds of acute cases, such as diphtheria, scarlet fever, infantile paralysis, etc., to the lasting gratification of the patients treated.

In this case of pneumonia, my first procedure was to place the arms of the patient above his head. Then with my hands underneath his back on the angles of the ribs on each side of the spine, I lifted up the thorax several times. This tended to relieve the congestion in the lungs by stimulating the circulation. This also helped that part of the lung which was not affected to expand more easily.

Then I placed my hands along the spine, pressing gently all the way from the first down to the eighth dorsal, with the idea of relaxing the tissues. Then I treated the entire spine and manipulated the tissues of the shoulder and the tissues around the clavicles. I ordered the patient to be sponged with water as hot as he could comfortably bear it. Strange as it may seem, one can reduce a fever with hot water more quickly than with cold, and there is no danger of chilling the patient, if he is properly protected from drafts.

My first call was about 11:00 o'clock in the morning; my second at 4:00 o'clock in the afternoon, and the third at 9:00 o'clock in the evening. By the next day the patient's fever had lessened about two degrees. On the third day the temperature was 100 degrees Fahrenheit and on the following day it was normal.

Could the public realize what osteopathic hands can do in the care of pneumonia, thousands of lives now lost under allopathic care would be saved. The reputation of osteopathic physicians

in the field of respiratory diseases is unparalleled. Osteopathic physicians are proud of their record during the flu epidemic. Thousands of people today who had the flu in 1918 and 1919 and who employed osteopathic physicians to take care of them owe their lives to osteopathy.

Soon after the opening of our sanitarium in St. Louis a ten-year-old girl was brought to me. She had at one time been afflicted with double congenital hip dislocation. Her hips had been set by the famous Vienna bloodless surgeon, Dr. Alfred Lorenz. The father of this patient had read an account of Dr. Lorenz' work with a little patient in Chicago, and he had sent for him to treat his daughter. Dr. Lorenz came to St. Louis and set both hips. One of them remained in normal position, but the other hip, after a time, was thrown back into its old abnormal position. I was called to treat the hip that had not been successfully set. At that time I felt I lacked sufficient experience to undertake to correct a hip of that type and I told the father so. But he insisted that I treat her with the result that she was benefited very materially, that is, osteopathic manipulative treatment freed the head of the thigh bone so that better motion was obtained than previously, even though it continued to remain in abnormal position.

Two years later the little girl's father walked into my office and the first thing he said to me was, "What can you do, Doctor, for a flat foot?" He named three or four widely known St. Louis surgeons under whose care he had been for several months without benefit. Going back to basic principles as taught by Dr. Still, that is, looking for interferences, even though remote, in nerve or blood supply to the foot, I expected to find a lesion at the junction of the innominate and sacrum on the side of the flat foot, or a fifth lumbar vertebra on sacrum lesion, affecting the nerves controlling circulation to that limb. He was very sensitive on palpation in the regions of both these joints, and in addition between the second and third lumbar vertebrae. After examining him and telling him where I believed his trouble was, he said, "Doctor, try it and see what you can do."

I turned him on his right side, because it was the left foot that was involved. Then I placed the fingers of my right hand on the junction of the left innominate with the sacrum, and my left hand and forearm around and under the left knee. I flexed the limb

on the thigh and lifted it as high as I could up straight toward my chest holding my pressure firmly at the sacro-iliac articulation, and then dropped the foot down and extended the limb. Strange to say, I had no sooner made use of that one initial manipulation than the sciatic nerve began to pain the patient excruciatingly, to the very end of the toes. But this only lasted a few minutes. Then I stood in front of him, and went to work on that upper joint lesion, between the second and third lumbar vertebrae. I treated this man twice a week for sixteen times, until the tissues of his back were normalized. I did not have to treat the sacro-iliac articulation again. The specific corrective work was applied at the second and third lumbar vertebrae. As the treatments progressed, the arch of the foot gradually became normal and at the end of the sixteenth treatment he was entirely free from pain. The patient was sublimely happy over the results. I was, indeed, also elated because results in these cases are difficult to secure. It was a joy to watch that foot come back to normal, although I was very much surprised.

In my opinion the irritation of the nerve roots at the second, third and fourth lumbar as a result of joint lesions produced a contraction of the lumbar muscles on the left side causing the soreness at the junction of the innominate with the sacrum and disturbances of circulation to the entire leg. When the nerves were relieved by correction of the lumbar lesions, the muscles relaxed and circulation to the leg was restored, resulting in a return to normalcy of the foot.

Another outstanding case which came to our attention at the St. Louis sanitarium was that of a farmer from Pittsfield, Ill., who complained of a disabled arm. He could not lift it. Movement of the arm was restricted at the shoulder. The elbow was also stiff and the fingers were distended and puffy to the very ends. The skin was glossy from the shoulder to his fingers. I surmised at once that the nerves that controlled all circulation to the arm were interfered with; in other words, the muscles, as well as the skin, were impoverished. After examining the arm thoroughly, I asked him what he had been doing in the way of treatment. He told me that he had been treated by a number of doctors in St. Louis. They had pumped morphine and other sedatives into him because he could not rest without them, but he was gradually growing worse instead of better.

He asked me what I thought I could do for him. I told him I did not know—that it looked to me as if he had waited a long time before coming to us for help. I also told him that I would do my best if he wanted me to treat him, but it would require some time to benefit him, if such was possible. We could only know how much and how fast the condition would be overcome by a thorough trial. He said he was willing to have me treat him, and I began at once. I treated particularly the upper spine between the shoulder blades. Then I worked on the shoulder and finally down the arm, forearm, and to the hands. After several treatments of this kind, he found out that he did not need as much morphine as previously to stop his pain. Gradually all pain left. After one month's treatment, he came walking in one day with his face all smiles and quite jubilantly said to me, "Doctor, do you know my fingers are a little better, and if I could only get the use of *them* I would be perfectly satisfied."

I answered to the effect that since he had made remarkable improvement so far, there was no telling how much more good we could do. At least we were following the right line of treatment. His hand, from that day on improved rapidly.

A short time afterwards he came in again one morning and said, "Doctor, do you suppose I will ever get the use of my elbow? If I could only use that elbow, I would feel satisfied and be very happy over the results."

Again I said, "Well, if you have courage to carry on with the treatment, and since we have helped the hand to such an extent, it seems as if there should be some hope for the elbow." Finally, to his unbounded joy, the elbow joint began to have a little motion in it and gradually the motion was increased. The hand and elbow both were improving slowly but surely.

It was not long before he said to me, "Doctor, I wonder if I am actually going to get back the full use of my shoulder and arm some day?"

Again I had to say to him in reply, "If we can secure the result we have thus far, it seems reasonable to believe that in time the shoulder will yield to treatment as well as the rest of the arm."

"If that is possible," he said, "then truly my joy will be complete."

This patient remained with me, under treatment, about six

months. As a reward for his patience and faithfulness to treatment, he regained normal use of his entire arm and shoulder. This was a clear case of brachial neuritis (inflammation of the nerves to the arm), the cause of which were distinct lesions in the joints between the first and second and second and third dorsal vertebrae. Here, as stated elsewhere in this book, may be affected the vasomotor nerves in the spinal cord that reflexly control nutrition of the entire arm.

When he was telling me goodbye and thanking me, it occurred to me that I had never asked him under what circumstances he happened to receive an injury that had resulted in such severe symptoms. He hung his head and said, "Oh, I don't like to tell you."

"Come on, out with it," I urged him, "what caused that injury in the start?"

"Well," he said, "I got mad one day and hit a fellow with that hand and the condition you found was the penalty I paid for my rash foolishness."

Some weeks later this patient, who was so happy over the recovery and usefulness of his arm, brought a six quart tin bucket, full to the top, of the finest, most beautifully dressed frog legs one could wish to see. He knew we were serving some twenty or thirty people at our sanitarium all the time and this was his additional token of appreciation of what we had done for him. After I sent the frog legs to the kitchen, I heard quite a commotion out there. Someone was protesting in a loud voice. It turned out to be our cook, a great big rawboned Negro woman. She was always ready to scrap with anyone, anytime, and was very emphatic as to what she would and would not do. She had ordered the man who brought the frog legs in to take them right out of her kitchen. She exclaimed loudly that she wouldn't have anything to do with them; she would not cook them and have them jumping around in the skillet. She was truly on the warpath when I appeared on the scene.

"Eliza," I said, "what is the reason you are not going to cook those frog legs?"

She cried, "I ain't going to put them frog legs in the skillet and see them jumping around, No, sah, I'm not, won't have nothin' to do with 'em."

"Why," I said, "they are not going to hurt you. Quit your foolishness, now. You *will* cook those frog legs, you know you will."

She finally consented. They certainly were delicious, as delicate a morsel as I ever tasted and the entire household had a rare treat.

One day a tall, lanky, Englishman walked into the office and asked for an examination. I took him into my treatment room, and inquired about his trouble. He told me he was suffering a great deal of the time with a very severe pain in the lower abdomen on the left side. My first thought was, where do the nerves come from that control this area. I examined the lower back region and found lesions in the region of the tenth to the twelfth dorsal vertebrae. There was acute sensitiveness of the muscles on the left side, and there was limited movement of the joints in this region. Those vertebrae were not dislocated but only altered slightly from their normal positions. I know that we were laughed at by some "old school" physicians and ridiculed in the early days because we called subluxations dislocations. Such abnormalities or subluxations are now called lesions.

After examining this Englishman, I said to him, "If we can correct the lesions I have found, you should have no more trouble. I can find no indication of anything abnormal in the tissues of the abdomen. The muscles are not tense." He did not have a history of constipation or bowel trouble, only that nagging pain. While examining the abdomen, I said to him, "It is lucky for you the pain is on the left instead of the right side or somebody would have had his knife in there before this to remove the appendix."

His reply was, "I have been to eight or ten different surgeons in St. Louis and everyone of them wanted to perform an exploratory operation. Some of them even went to the extent of urging and imploring me to have it done, but I would not listen to a proposition for an operation."

I went to work on that fellow and treated him as carefully and conscientiously as I knew how. But no matter how hard I worked, his pain did not entirely disappear. While he always felt better after a treatment, the pain would return. During the summer while this patient was under my care, as was our custom, my wife, daughter and I attended the national convention of the American Osteopathic Association which was held that year at Put-in-Bay,

just north of Sandusky, Ohio. I planned to be away for about two weeks, taking a little rest after the convention. My niece, Dr. Flora Notestine, who was associated with me then as my assistant and had been there for some time took care of my practice. One day when this patient came to me for treatment a few days before the time I was to leave I said to him, "I am obliged to be out of town two weeks but my niece, who is a very efficient and able osteopathic physician, is with me and can treat you as well as I can."

He replied instantly, blurring out that he was not going to have any woman treat him.

I said, "That is for you to decide." However, I told him I thought it was very foolish for him to take that attitude because I knew my niece could do good work for him. He went away and the next time he came back to me he said, "I guess I will have your niece treat me while you are away." I called my niece in and introduced him to her. I explained the type of treatment I was giving this patient, and told her that I felt if I could get the proper correction he would lose his pain at once and permanently. We discussed the case in detail later. The time came for the convention and I left with my family.

On our return, as was customary, I ran over the list of my patients one by one, inquiring about each. When we reached the name of this man, I asked my niece what had become of our Englishman. She replied, "Oh, I guess I bluffed him, he only came once and believe me I gave him a treatment." She felt that he did not think a woman had strength or sense enough to treat him or do him any good. "That was the last I saw of him," she said.

I did not think much about it, but in a few weeks who should walk in the office one day but the Englishman, the happiest man you ever saw. He said, "Do you know, that one treatment of your niece cured me entirely?" Then he went on to say, "I have not had a particle of pain from that day to this."

Such incidents as the above should prove to our osteopathic physicians, as it did to me, that the failure of one physician in a case is not the failure of the system. My attitude is that osteopathy seldom if ever fails, that if at first we fail in getting just the right specific correction that restores the body to normalcy, it is the failure of the doctor and not osteopathy.

A little boy from Chester, Ill., who some months before had had an attack of cerebrospinal meningitis was brought to us by his mother and father. The attack had left one arm and both legs paralyzed. This condition had been present for a number of months. The boy had been treated in St. Louis by "old school" physicians before being brought to me. They wanted me to examine the patient and treat him if I thought I could help him. It was a clear case of paralysis produced by the aftereffects of the inflammation in the spinal cord where the function of the motor nerve roots to his right arm and lower limbs were involved. His face and his speech were not affected, neither was the left arm and upper part of the body. Here was another remarkable case I wish every osteopathic physician could have witnessed because of the results obtained. If the children of today who suffer with cerebrospinal meningitis could be treated osteopathically from the initial symptoms of the attack, multiplied thousands would be saved without any aftereffects. This patient was treated about six months. The first indication of improvement was a change in the circulation to the lower limb, even before the arm began to improve. When this little fellow, five years of age, first came to us, he could not move a muscle in either lower limb; he could use his left arm but not his right. The day came when we could observe a little motion in one of the big toes; from this beginning, motion gradually extended from one muscle to another until every muscle in his lower limbs was functioning normally. Then the arm began to improve. When treatment was discontinued, the arm was not entirely well, but very much improved. He could use it fairly well. I kept in touch with that case for years. I learned that eventually he gained the complete use of his arm.

In the spring of 1907, after four years of practice in my little sanitarium at the corner of Garrison and Morgan, my connection with the sanitarium and the school at Kirksville was definitely and pleasantly severed. Then it was that I opened offices on the southeast corner of the same intersection, on the seventh floor of the old Century Building, now a part of the Scruggs-Vandervoort-Barney Department Store, and it was in that office, for seven years, I practiced the profession I had learned under Dr. A. T. Still in that pioneer school which he established. The office occupied a space about forty-two feet square, giving me three splendid

east windows and three very large windows with southern exposure. It was an ideal location. The space was divided into five treatment rooms, a little entrance corridor about twelve by sixteen feet, a private office, and a reception room. Patients walked through the corridor to reach the reception room, with three treatment rooms on the north and two on the west, with the office between the reception room and treatment rooms on the west. It made an ideal arrangement and gave me room enough to handle whatever practice came to me.

My niece, Dr. Flora Notestine, was associated with me in this office. Let me say in this connection to the young osteopathic doctors who have completed internships in hospitals and institutions that the very day and hour that they open an office of their own and are compelled to use their own judgment and bear their own responsibilities, they will begin to obtain experience of much more value than when they have someone to lean upon for help and advice. The sooner one has to shoulder his own responsibilities, the sooner he will become proficient and realize the power that he holds in his own hands.

Here let me say a word about offices. First, no matter whether the offices are to be in a large or small town, they should always be kept scrupulously clean and as pleasantly furnished as possible, because the first impression of a patient who walks into an office is a lasting one. Many times pleasant surroundings help the doctor materially to help the patient. In my reception room I made it a point to try to have flowers on the center table, together with a few recent issues of magazines. During my period of practice in the city we had our home in Webster Groves. Going to the train each day, it was necessary for me to pass a greenhouse adjacent to the depot. I arranged with the florist to have a bouquet of flowers ready for me each Monday morning and paid him so much each week for years. Those flowers added much to the cheerfulness of our reception room and brought forth many complimentary remarks of appreciation.

There are two essential reasons why an office should always be selected and furnished with care: first, of course, to make the patient feel he is in the presence of refined people, where it will be pleasant to come when necessary; second, to create an atmosphere for the physician to render the best service to his patient.

The personal appearance of the physician is of even greater importance. I have visited osteopathic offices throughout the United States. A number of times, too many times, in fact, on entering an office, I have found the doctor seated in his shirt sleeves, smoking a cigarette or cigar, with his feet cocked up on a desk or some other convenient resting place. Think of his embarrassment should a refined woman enter the office and find the doctor in that kind of surroundings. His chances for securing that woman for a patient, to say the least, are not good. The personal appearance of the doctor, then, as well as the appearance of his office, mean much in laying the foundation for a successful practice.

Shortly after opening our new offices, a young man, eighteen years of age, was brought to me from Kennett, Mo., by his father and a friend of the family. This friend had been treated at our sanitarium in the west end of the city and it was through him the appointment was made to see this young fellow on a Sunday morning. It was not my custom to make Sunday appointments. I seldom went to the office on Sunday, but inasmuch as they had come to St. Louis from that distance and had written to me advising me of their coming, I could not refuse. When they arrived that morning I observed that the boy was on crutches. His right limb was so flexed that his knee almost touched his body. He could not put his foot to the floor without help and then only with difficulty. This friend of mine said, "Doctor, I suppose you wonder why I came with Mr. Lasswell and his son. I have recommended you to a good many people; many of whom have never reached you. They would be sidetracked on the road up here and go to somebody else. I was determined that this son of my personal friend would see you and not somebody else."

On examination I expected to find a dislocation of the hip, but to my surprise the head of the femur or thigh bone was in its normal position in the socket of the hip bone, and the tissues around the joint seemed to be normal. On examination of his back, I found the spine curved to the opposite side from the limb that was involved. With regard to the thigh condition, I reasoned that the contraction of the quadriceps muscles of the thigh was due to a disturbance of the femoral or anterior crural nerve which governs their functions. The quadriceps extensor tendon acts



as a common tendon for these four muscles, terminating partly in the upper front surface of the tibia just below the knee joint. Here again I was guided to the cause by that same principle upon which I have stood and fought the battle against disease all these years in my practice. The cause was a disturbance of a nerve, the anterior crural nerve which is made up of fibers arising at the level of the second, third and fourth lumbar vertebrae. In this region I found lesions which were interfering with normal nerve function. The lumbar muscles were contracted on the right side to the extent that they drew the hip almost up against the ribs on that side. This was not a dislocated hip. The abnormal position of the hip was due entirely to muscular contraction. Difficulty was experienced in correcting the lesions of the spine, but just as soon as the second, third, and fourth lumbar vertebrae were adjusted to normal position, the contraction of the muscles began to disappear and the nerve roots were relieved. He was under treatment about two months. Gradually the muscular deformity was corrected and the young man went home, a far different person than when he came to us.

Another interesting case was that of a young married man with a family of three small children. His mother was a member of one of the most wealthy families in St. Louis. He came to me for examination and for my opinion regarding his condition. He was in considerable pain which seemed to center in the low-back area and at the junction of the innominate with the sacrum of the left side. He was in fine physical condition aside from his pain. For more than two years he had been under treatment of one of the prominent men in a large Eastern hospital. This specialist had diagnosed the condition tuberculosis of the spine.

The patient had been confined in a cast for weeks at a time, and when he came to see me he was wearing a celluloid jacket made to take the place of the cast, fitting his body very closely. It had for its purpose the keeping of the weight of his body off the diseased area. At the time he consulted me, he suffered so much he had to spend at least half of his time in bed. There could be no question but that he was being treated for a tuberculous condition of the spine. An x-ray picture of the low-back region showed a peculiar light area between the sacrum and innominate, about the width of a finger. It seemed to me that the physician who

took care of this patient must have been correct in his diagnosis. When he asked me what I thought we could do for him, I said, "We can only know whether your condition can be helped by a conscientious trial." With such a very difficult problem, time alone would tell whether enough good could be done to justify his expense and his time. With him the expense was no object; it was a question of the return of his health.

The young man decided to begin treatment at once. This was a case in which I proceeded very cautiously. Any physician knows that harsh manipulative movements would have injured this patient. Hence, I confined my treatment at first to extension movements. This treatment was given for the purpose of aiding the circulation through the involved region of the spine. This young man took treatment for about two years. It was not long after the treatment was started that he himself knew he was making progress. He began to suffer less pain and to feel a little more strength in his back. This was a case which needed careful study and most careful treatment. There is no magic medicine on earth that would heal a condition of this kind. His only hope was a pure and unobstructed blood supply carrying away the dead and infected tissue and bringing new building material for recovery. When the patient began treatment he was spending one-half of his time in bed. When on his feet he wore a hard leather jacket for his back. In three months' time he improved to such an extent that he was spending much less time in bed and when on his feet was going part of the time without the jacket. At the end of a year he was able to drive an automobile and that was in the early days when automobiles could be afforded only by the rich. Ofttimes he would meet me at the train when he knew I had some calls to make in the city and drive me to my appointments, sitting in the car and waiting until I had finished my work; and then he would take me back to a suburban train for Webster Groves. That was the kind of a friend he became and the kind that comes to the osteopathic physician for superior services. I told him I would like to have an x-ray picture of his spine when I felt he was practically well. He promised it to me but somehow he never got around to it, which I regret very much. X-ray apparatus at that time was scarce. I would have liked very much to know whether that region at the junction of the

sacrum and innominate which showed disease so plainly in the previous picture had become normalized. No matter whether it did or not, this man was cured. The pain left him and his back became strong again. To say he was grateful is putting it mildly. He was truly one of the most loyal friends I have ever made through results obtained in practice. Since I left St. Louis in 1914, it was impossible for me to see him but rarely. He died only a few years ago from the aftereffects of an operation, so I have been informed.

In a period of less than a month I was called upon to treat three cases of appendicitis. One of them was the wife of a man who was working for the St. Louis office of the American Radiator Company. He came in one evening and told me that his wife had been examined by one of the most eminent surgeons of the city and an operation had been advised for the removal of a chronic appendix. She had reached the point where her suffering was becoming unbearable. A room had been reserved at one of the local hospitals and the time set for her operation. But she and her husband both were fearful of an operation and were anxious to avoid it if possible. Hence, he came to me and wanted to know what osteopathy could do. Next morning he brought his wife for examination. I found tenderness and soreness over the appendix and in the tissues around it. There were joint lesions at the level of the eleventh and twelfth dorsal and first lumbar vertebrae. I felt that there was a good chance to relieve her of all pain if we could correct the lesions and I told them so. They cancelled the reservation at the hospital and she commenced treatment at once. I do not remember how many treatments she took, but her pain was soon gone and she was well again. Twenty years afterward her husband came to see me and told me that she had never experienced another pain in her abdomen since she had taken treatment.

Another case of appendicitis was not as easily handled. I was called to see a young woman who was running a low-grade fever, and who had extreme sensitiveness in the right abdominal area. There was some question in my mind as to whether pus had not already formed. She had joint lesions of the tenth and eleventh dorsal vertebrae and the lumbar muscles were tense and sore to the touch. In my own mind there was some question as to whether

osteopathy could benefit this case. However, I felt that there was no immediate danger for the life of the patient, and since she was anxious to avoid operation, I recommended cautious treatment and careful watching of the patient's pulse and the temperature. Within three days the worst symptoms had modified—the pain had been relieved and the flatulency and soreness in the abdomen had subsided to a certain extent. In about three weeks' time she was able to come to my office in the city for treatments. This patient made splendid progress and eventually recovered. I recently received a letter from her husband telling me that his wife had never had a recurrence of her old trouble.

My memory recalls an interesting sidelight in connection with the case just described. One of the widely known men in our profession, a man who later became president of the American Osteopathic Association, and his wife who was also an osteopathic physician, had been abroad for six months taking postgraduate work. They had spent six months prior to that time in postgraduate work at Kirksville. In passing through St. Louis on returning from Europe, he and his wife stopped for a day or two in our home in Webster Groves. They were both graduates of the American School of Osteopathy and the wife was a member of one of the early families who were friends of Dr. Still. The husband accompanied me to examine this patient with appendicitis. This was the second or third day after I had begun my treatment. Just before reaching the house I said to him, "Doctor, while there will you examine this case thoroughly? Then I want you to give me your candid opinion in the matter."

When we arrived, the doctor made a careful and thorough examination; then I treated the patient. After we left the house he said to me, "Well, old man, I think there is a case wherein you will have to give up and call a surgeon." He knew that I recognized the need for surgery in some conditions, yet he knew also that I was very conservative and that I believed thoroughly with Dr. Still who said there were thousands of patients operated upon who could be cured without operation through osteopathic treatment. That was my attitude then and it is today. Please understand me when I say this. Today we have osteopathic physicians who specialize in surgery and I know many times surgery is absolutely needed and saves many lives, but my opinion is

that if a careful painstaking diagnosis is made and the condition is not frankly surgical, osteopathic manipulative treatment will often relieve the condition.

I replied to this physician friend of mine, "Doctor, maybe you are right, but I am going to watch that patient very carefully and treat her for the next three or four days. Then, if surgical intervention is needed, she shall have it." As stated above, she made a good recovery without an operation. Even had I been correct in my assumption that there was pus present at the time I first examined her, nature was able to absorb it or wall it off.

While Dr. Blank and his wife were visiting us, I said to him one evening, "Doctor, you and your wife have spent a year of your lives, not mentioning the expense, in equipping yourselves for the purpose of relieving sick persons. Tell me, after all you have seen and done, after all your experiences abroad, have you found anything anywhere you believe to be superior to osteopathic therapy? You know I am considered a crank on osteopathy and perhaps an extremist, but what I want is your own opinion as to the comparison of our therapy with others you have contacted."

He said, "Doctor, over there," meaning countries he had visited in the great medical institutions where he had attended lectures, etc., "the doctors are wonderful diagnosticians. When they complete their examinations, they know what the condition is with which they have to contend. They are scientific to the highest degree, so far as knowledge of the condition they have found is concerned, but when it comes to the question of treatment they have nothing to compare with the osteopathic principle and procedure." His conclusion was that "We have them beat miles and miles."

The third case of appendicitis was that of a girl sixteen years of age. She had an acute attack which came on overnight. The family called one of the ablest surgeons of St. Louis to examine her. He insisted that it was necessary to operate at once, that she was in a critical condition and it was dangerous to delay. The mother and father of this girl had been friends of mine for years and had the utmost confidence in osteopathy. The day this attack came on and the surgeon made this visit to see this young woman, I was returning from Little Rock, Ark. I had been sent there, from St. Louis, by Dr. Still, to appear before a committee

in behalf of a bill to recognize osteopathy then pending in the state legislature. Upon my return to St. Louis the next morning on a belated train, I was told to come at once to see this young woman. My niece who assisted me in my practice in St. Louis for years, in fact during the greater portion of my time in my office in the Century Building after leaving the sanatorium at Garrison and Morgan avenues, said that it was very important, that I should go at once. Calling a cab, I was soon at the home of these friends. The patient's temperature was a little over 103 degrees Fahrenheit. She was suffering a great deal of pain and was very sensitive to touch in the right iliac region of the abdomen. The lumbar muscles were also very rigid. I knew that these people expected me to get busy at once, and I did not disappoint them. I began by relaxing the tense muscles from the sacrum up to about the eighth dorsal vertebrae on the right side. Then I pressed gently but firmly on the spine in the region of the lumbosacral articulation for the purpose of producing inhibition of the gastrointestinal tract. Then with her lying on her left side I gently attempted to raise the viscera of the lower abdomen on the right side, especially in the area where she suffered her greatest pain. Before leaving the house, the girl was considerably more comfortable. This was another case in which there was a question in my mind as to whether an operation was necessary. The distinguished surgeon who had preceded me had claimed that surgery was her only hope. Nevertheless, I said to the girl's parents: "We will watch this case closely. I will be back this evening on my way to Webster Groves to see what progress has been made."

When I returned in the afternoon the fever was no higher. The sensitive condition of the bowels had improved slightly. On treating her the second time, I told them, as I was leaving for home, that should there be a change for the worse during the night they were to call me at once and I would come. If I did not hear from them I would return in the morning. Next morning I found that the patient had had a fairly comfortable night, the temperature was two degrees lower than the day previous and the abdominal sensitiveness had improved perceptibly. I treated her that day and for the next six days. At the end of this time the patient had made a complete recovery. This young woman's father visited me in Macon fifteen years after the daughter's at-

tack of appendicitis. I learned that she had married and was raising a family and that she had never had a recurrence of the old condition.

Just here permit me to digress to say that at one of our state conventions recently I heard one of our good woman osteopathic physicians read a paper on the treatment of acute appendicitis. She reported a number of cases she had relieved and her success had been quite remarkable, but she said that she had always advised these patients to have the appendix removed after recovery, in order that there could be no recurrence of the old trouble. In my opinion this is not necessary because when a patient with appendicitis is taken care of properly by an osteopathic physician and the patient is relieved and makes a good recovery, there is no danger of a recurrence.

About the same time I was treating these three patients who had appendicitis, I learned about three persons upon whom operations were performed. One of them was a former patient of mine. She had been treated by me for headache, which, in my opinion, was caused reflexly by a pelvic disturbance. While I had benefited her, she was not entirely relieved. A while after the treatment she and her husband visited New Orleans and decided to consult a noted surgeon of that city. The surgeon advised an operation to release adhesions that were holding the uterus in an abnormal position, thus disturbing the nerves that controlled the circulation to the uterus and reflexly the circulation to the head. She went to the hospital and was operated upon. In three days she was dead. This woman left a little daughter ten years of age and a son about twelve. With osteopathic treatment she would have been living today if she had not submitted to an operation. While under my treatment she seemed to be in splendid physical condition with the exception of a malpositioned uterus, and if she had continued treatment osteopathy might have helped her materially.

Another case was that of the wife of one of my boyhood friends. She was a very prominent young woman in Kirksville. When she married, her husband took her to Sedalia, Mo. He was very successful there as a lawyer. His wife was loved by all who knew her, and she was very active socially. She had been complaining, some, of pain in the pelvis. She gave a big party, so she said, to pay her debts socially to her friends and neighbors. The next

morning after the party she had an engagement at the hospital. She was to go there for an operation to have the "trouble" removed. She was advised by one of the surgeons of her own city to have this done. She, like the other patient just recorded, died five days after the operation.

I was not personally acquainted with the third patient, but friends of mine told me about the case. This woman was seemingly in perfect health, but she had been advised to undergo an operation for some minor trouble. Again a funeral followed the operation in less than a week. Here, in three instances, were women laid away in untimely graves who in all probability should have lived years longer and perhaps been living today had the operations not been performed.

I would not for the world say a thing here that might lead someone to refuse an operation absolutely needed to save his life, but my conscience rests secure in the fact that mistakes made in this direction are very few as compared with the multiplied thousands who go to untimely graves due to the aftereffects of operations that should never have been performed. Dr. Still said that osteopathic manipulative treatment, if correctly applied, would save thousands from operations.

The story of one of my patients is interesting to relate in this connection. He came to me for nervousness brought on by intermittent pain in the abdomen. On examination I detected a scar which plainly told the tale of an operation for appendicitis. I asked him about it.

"Oh," he said, "I was operated upon for chronic appendicitis." Then he recited the following story: He had had a pain in his right side for two or three years; it finally became so severe he went to one of his friends, a surgeon, for examination. The doctor, in whom he had great confidence, told him he did not think there was any question but that an operation was needed, but before advising it he wanted to call upon another surgeon for consultation. It so happened that one of the best authorities on appendicitis in the east was on his way home from the west and scheduled to stop in St. Louis. Arrangements were made for this distinguished authority to see the patient. The specialist took a cab at Union Station and was driven out to the magnificent west end home of the patient. After an examination he said,

"If that were my own condition, I would have the appendix taken out." He was in the house only a short time and departed, continuing his trip east. My friend told me after a month or two he received a bill from this renowned Eastern specialist for \$500.00 for the examination. He told me he put a check for \$100.00 in an envelope together with a letter telling the physician that he felt that he had made a mistake in his bill. He never heard from the specialist again. However, he proceeded with his arrangements for the operation to be done by his personal friend, the surgeon who made the first examination. His first comment was, the operation and the trimmings cost him \$2500.00.

Then I said to him, "The thing I am interested in most is whether the pain was stopped."

He replied, emphatically, "No, the pain was just as bad after the operation as before, and that is why I am coming to you."

After the correction of the spinal joint lesions in the lower part of the back, I am happy to say that this patient was relieved of all pain, and this after the surgeon's knife had failed and the patient had expended \$2500.00 or more for the experiment.

Another amusing incident occurred while I was in practice in St. Louis which I am relating here in order that the beginners in osteopathy who may read this book may know that it is not wise to take another man's diagnosis always as correct. One morning just after arriving at my office the phone rang and when I answered it a voice said, "I would like to make an appointment with you to examine my little girl who has rheumatism in her shoulder and arm." He told me when he could come and the appointment was made. His little girl was eight or nine years of age. She could move her arm from the elbow down, but she could not raise it from the shoulder. The minute I saw the child's arm I felt that there was a possibility of a fracture of the anatomical neck of the humerus. After a careful examination, I said to the father, "Has this child had an injury to the shoulder?"

He said, "Oh, no." Then after thinking for a few minutes he said, "She did fall over against the door jamb but the fall did not amount to anything, she did not seem to hurt herself at all."

My next question was, "She did not have any rheumatism until after that fall against the door jamb, did she?" He replied that she had not. Then I said, "You tell me that the doctor diagnosed

this case as rheumatism and has been treating her since she was hurt for rheumatism only?"

He told me that was all she was being treated for. I could hardly believe it and I said to the father that I would not like to undertake treatment of his girl's arm until I had an x-ray of it. At that time there was only one man in the city of St. Louis who was equipped to take x-ray pictures and the doctors of all schools sent their x-ray work to him. I told the father to take the girl to the x-ray laboratory on Olive street and have him x-ray the shoulder, then, after I had examined the x-ray, I would know whether I could offer much encouragement. My opinion was that there was a fracture of the humerus and if that be the case the bone had already made its union and it would be questionable about how much good I could do, if any, because the bone would have to be broken over again to secure proper alignment.

The man left my office with his little girl and went directly to the x-ray laboratory. Later my phone rang again and answering it I recognized the voice of the father. He said, "This is the father of the girl you examined this morning. You are a wonder! Do you know that x-ray showed just what you said it would show, a fracture of the anatomical neck of the humerus? And I am so gratified to know you found out just the condition of the shoulder. Send me your bill." Then he added that their doctor who had made this erroneous diagnosis lived near them and he believed he would let him continue the treatment. Think of it! He had brought his little daughter to me. I had examined her, told the father what was the matter, made a correct diagnosis, and yet he took the child back to the doctor whose ignorance and failure to correctly diagnose the condition in the beginning had doubtless left the girl with a crippled shoulder for life! This is only one of the many ironies one may encounter in the practice of the healing art.

Another person who came to me for examination was a man, past sixty years of age, with a broken neck of the femur. He was an uncle by marriage of the patient who was supposed to have a tuberculous spine, but who was relieved by osteopathy. This patient with the broken femur came to me purely because of the confidence the relatives of the family had in me. Being very wealthy and having traveled widely, he was a man of very definite

opinion who did not feel very kindly to the thought of having those opinions crossed, or was not inclined to believe too implicitly another man's opinion. He came on crutches into my office. He had his valet with him. I assigned him to a room, told him how to prepare for his examination, and in a few minutes I began my examination. I knew as soon as he walked into my office and I saw him swing his leg, that there was no question but that he had a fractured or broken neck of the femur. He had been under the care of a noted physician and surgeon in the city of St. Louis, who by the way was this patient's family physician and had been for years. He had been treated by this physician from the time of his accident to the time of his appearance in my office for examination, which was about eighteen months. The patient, whom I shall call Mr. M., was a very enthusiastic horseman before his injury, and his crippled condition was a source not only of extreme misery but much chagrin over the fact that he could not follow his favorite pastime. With the aid of the valet he was helped to lie down on his back on the table. He assured me his whole treatment had been for a rheumatic condition. I knew the minute I saw him lie down, at least I felt I did, that there was no question about the type of condition I would find. As soon as I put my hand on his hip and the other hand on the knee to rotate and flex the limb, I could feel marked crepitus. The neck of the femur was broken. Since he was so positive about his condition, I knew that it would be difficult to make him realize that he had a broken hip. I said to him, "Mr. M., have you ever had an x-ray taken of this hip?"

"Oh yes, three or four," he replied.

"And did Dr. Blank fail to discover a broken neck of the femur?"

"Oh," he said, "Doctor, there is no break, there cannot be any break there, my doctor would have known it, would have recognized it immediately after the injury had there been a break."

Proceeding with the examination, I had the patient turn on his side, then continued carefully with my further examination of the limbs, the sacrum and the tissues around the hip joint. I gave myself plenty of time. I tried to work up to where I could as gently as possible tell him the truth of his condition. Again having him lie on his back on the table, I measured the length of

his limbs. I could move the crippled limb up and down for at least an inch and a half, demonstrating not only a broken neck of the femur but the fact that there was decayed bone in that joint. I said to him, "Mr. M., do you mean to tell me that your family physician, who has been treating you all these months, did not recognize a fracture or a break of the femur?"

He replied, "Oh now, Doctor, there is no break there; it is foolishness for you to even mention a break. I know there is nothing of the kind." He was real cross about it.

Then I said to him, "All right, if your physician and you are correct in your attitude and diagnosis of your condition, then I can relieve you, but, Mr. M., if I am correct as to what I believe I have found, I cannot do you much good. The mistake made by your surgeon was a very grave one to say the least." I told him that I might be able to stretch the tissue around his hip and help him to a better condition of circulation and more comfort, but as to curing him I did not believe it would be possible. I did not believe I could do it because I knew I was correct in my diagnosis.

"Well," he said rather crossly, "you may treat me."

I treated him for about a month until he went on east with his family to his summer home in Massachusetts. On his way east, however, he stopped in Baltimore and was examined by one of the best surgeons connected with one of the great hospitals in that city. This physician, before he put his hands on him told him he had a broken neck of the femur, and advised a surgical operation for the purpose of inserting a silver nail to hold the fragments together until union took place, if that were possible. This surgeon was not very encouraging in his prognosis. Mr. M. spent the summer in Massachusetts and on his return this surgeon came on to St. Louis and operated on his hip. But the operation was not successful. The bone by that time was in such a condition of decay there was no possible way nature could overcome the injury that had existed for so long. I have been told that the patient was so infuriated against his family physician that he never spoke to him again. It must be understood, however, that the ablest men in all professions are liable to make mistakes, but it is a little hard to understand how this broken neck of the femur was not recognized even after an x-ray was taken. In the case of the little girl with the broken arm any physician of any and all



schools might have made the same kind of mistake, but the broken femur was too obvious for any one to miss. Mr. M. continued to come to me, for a number of months after the operation, for treatment hoping it might strengthen his limb; he knew from his experience in the month's treatment he had had that it made him more comfortable. I treated him off and on as long as I remained in St. Louis, but of course could not cure him, and I did not even offer any encouragement as to how much benefit he would get.

The only object I have in telling of these personal experiences is to try to convey to young osteopathic physicians, as well as to lay persons, who honor me by reading this book, the wide and diversified usefulness of osteopathic treatment. While we fail in some cases brought to us, we expect that because we are only human, and there are conditions that cannot be cured; yet they are very few in comparison to the multiplied hundreds and thousands of conditions that we are able to cure. Let me emphasize here again, for the benefit of my brother physicians who may read what I have to say, that every patient whose case is recorded herein, covering a period of eleven years in St. Louis, was treated only by the methods taught by Dr. Still and practiced by osteopathic physicians in those early days. My knowledge of anatomy, physiology, and my confidence in the man, Dr. Still, who gave our science to the world were the basic factors in my success in curing disease. During all these years of my experience from the time I matriculated in that first school with Dr. Still on down until the wind up of my practice in St. Louis the last day of December, 1913, I never prescribed a single drop of medicine.

The above experiences of my own are not given with any thought of self-aggrandizement, but with the hope that they may help some younger D.O. to acquire greater confidence in his profession, reasoning that if I, old timer that I am, could secure such results, our D.O.'s of today should secure even better results than I, because of their better educational opportunities in our splendid high-type institutions.

## CHAPTER XIX

### WHY THE STILL-HILDRETH OSTEOPATHIC SANATORIUM?

THE conventions of the American Osteopathic Association usually have been held in the larger cities of the United States, but during the period of which we are writing two meetings had been held in Kirksville, in order to honor Dr. Still while he lived. The first of these was in 1901, the other in 1908; both had been held the first week of August, in order to celebrate with the Old Doctor the anniversary of his birth on August 6. One day previous to the Detroit meeting in 1912 while in Kirksville I went over as usual to call on the Old Doctor. He was always interested in the choice of the National convention city.

He said, "Arthur, do you suppose they will bring the convention to Kirksville next year?" It was plain to see that he would be disappointed if the convention should go elsewhere. To lessen that disappointment, should Kirksville not be chosen, my reply was, "Dr. Still, our profession has grown considerably since the beginning. Our osteopathic physicians, many of them very successful, have reached the time when they are not so easily satisfied, and they want a city large enough to furnish ample accommodations, not only for their comfort, but to turn public attention to the convention as well. In other words, they like good quarters, good rooms, and good food." The Old Doctor looked away from me a few seconds. Then he said, "Well! I knew many of that bunch when they were glad to get a crust to eat and a blanket to sleep on under the trees."

While in Detroit, I endeavored to secure the convention for Kirksville the next year, feeling that it would make Dr. Still happy to have "those boys and girls," as he so lovingly called the osteopathic physicians, come home again. Drs. Harry Still, Charlie Still, and George Laughlin were all there and were also anxious for the convention to go to Kirksville.

We were successful, and the afternoon after Kirksville had been selected, Dr. Harry came to our room in the hotel and invited

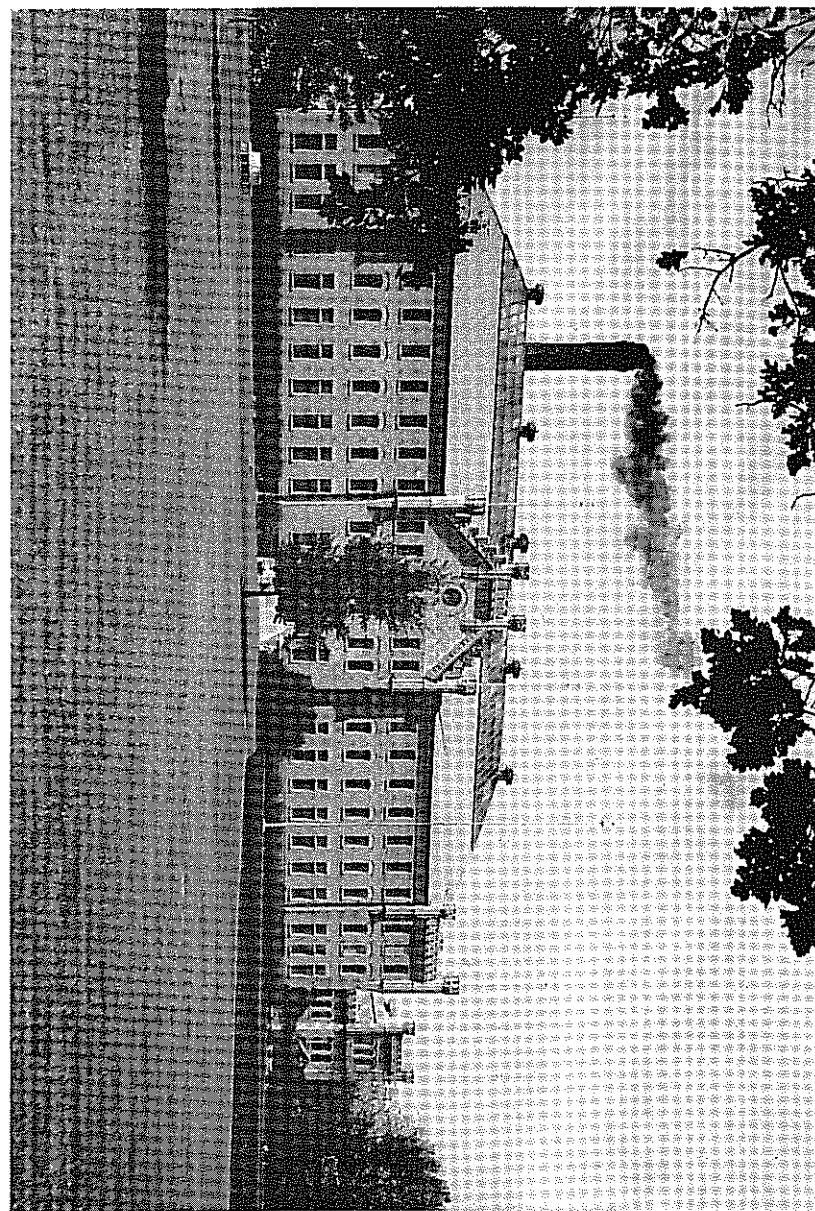
my wife, daughter and myself to be guests in his home during the week of the convention the next summer. We accepted with pleasure. At that time the hotel facilities in Kirksville could accommodate headquarters for the officers and executives of the organization only. The citizens always opened their homes; and the churches aided the restaurants in serving meals. The membership of the Association had reached several hundred by that time and Kirksville always secured a large attendance.

Shortly after the Detroit convention, my wife's health began to fail. She was suffering with cancer. Every effort was put forth to help her. We had the best osteopathic physicians and surgeons examine her, also a number of surgeons of high reputation in the city of St. Louis, all to no avail.

We had purchased our first automobile only a short time before the Detroit convention. My wife was enthusiastic about going to Kirksville to attend the convention, stopping with Dr. Harry and his family, and above all else she was anticipating the trip in the auto, though at that time all highways were dirt roads. She gradually failed in strength and the time came when she knew that she could not make the trip in the car. Then she said, "I can go on the train, and you and Ina can go in the car, but we are all going to the convention."

Little she dreamed of how we would all go to that convention. She died on Friday evening, August 1, 1913. As soon as Dr. Harry heard of her death he telephoned us: "You are coming to our home just the same," he said. "Bring your wife's body here and the funeral will be held from our house." My daughter and I, with my wife's sisters, my sister and her daughter, journeyed to Kirksville on Saturday afternoon, August 2. My wife's relatives, as well as my own, were all buried in Kirksville and there she was laid to rest on Sunday afternoon, August 3. There were more than fifty of our profession, representing virtually every large city in the United States, who acted as flower bearers at her burial. My daughter and I remained in Dr. Harry's home during convention week.

On Wednesday, August 6, the celebration of the Old Doctor's eighty-fifth birthday took place. There were thousands of people there, not only the convention visitors but the citizens of Kirksville, Adair County, and adjacent counties as well, all came



THE STILL-HILDRETH OSTEOPATHIC SANATORIUM  
Macon, Mo.

to honor north Missouri's most distinguished citizen. A barbecue was held on the campus of the State Teachers College, where long trenches were dug and the meat barbecued in the old-fashioned way.

On the following day, just after luncheon at Dr. Harry's home, he and I walked out to the pump in the yard to get a drink of water. There at the well he told me of an opportunity to create an osteopathic sanatorium at Macon, Mo. He said that he and his brother Charlie had been in touch with some business men in Macon who had acquired the Brees Military Academy and who had been trying to interest Drs. Harry and Charlie Still in converting this property into a sanatorium for the osteopathic treatment of mental and nervous diseases. The brothers had told the Macon men that they would consider the proposition provided I would accept active management of the institution. The Macon men were then in Kirksville at Dr. Charlie's house, waiting to interview the three of us together.

Without hesitation, I said that if that property was of a type that could be utilized to advantage for sanatorium purposes and if the right kind of financial arrangements could be made, I would gladly undertake the management. The principal reason back of my quick decision was my confidence that osteopathy as taught by Dr. Still could secure equally satisfactory results in the treatment of the insane that it had already secured in all other diseases. Besides that confidence was the fact that I was free to accept a position of that kind because my wife had just passed away and my daughter was to be married in a few months. Here, as at many other times, I felt that duty had called. Opportunity was knocking at the door, and I owed it to the man who had discovered our system and to the people who needed services such as only our profession could render, to grasp the chance offered. In addition to all this, I learned that Dr. Still himself was anxious for our profession to create such an institution, and for me to assume the responsibility of its management. An incident which occurred in St. Louis about five years before also had a great influence in my immediate decision. I should like to relate that case here:

One Sunday afternoon in 1908, while sitting on the porch at our home on Gore avenue in Webster Groves, I saw two men approaching; one a personal friend of mine who had been benefited mate-

rially by treatment I had given him; and the other a friend of his, whose wife, I soon learned, was in a serious condition. He had come to ask me if osteopathy could do anything for her. They sat down there on the porch, and this man gave me his wife's story. She had lost her mind and he had taken her the day before to the Missouri state hospital at Farmington. She had been suffering a good many years with headaches. In February, at the time of a heavy sleet, his wife had stepped out on a little platform opening from the kitchen door. This platform was covered with ice and her feet had slipped from under her. She had dropped about four steps, lighting in a sitting position on a rock at the foot of the steps, a drop of two and a half or three feet. From that time on, the headache had grown steadily worse, until finally she could no longer be kept at home. In answer to his question whether osteopathy could help her, I said:

"Mr. H., I cannot treat your wife because there is not an institution in the city of St. Louis which would accept her and take care of her and at the same time permit an osteopathic physician to treat her. If I was to treat her, you would have to fit up a room in your home and employ a nurse to stay with her and care for her. I do not know what we can do for her, but if you are anxious to bring her home and have me treat her I will do so."

This man lived at least a mile and a half from our home, with a street car line only a mile of the distance; hence to treat her necessitated walking the half mile to the street car line, then waiting for the car, and riding the rest of the way, or walking all the way. The man seemed impressed, but left without reaching a decision. The next evening, just as I came home from the city, my telephone rang, and the voice of this man came over the wire.

"My wife is at home," he said. "Please come over and treat her."

I found the patient in a room with a nurse. Her condition was a form of acute mania and she was highly excitable. She was quite difficult to examine, but finally yielded well. I expected to find a lesion in the lumbar area due to the injury sustained in sitting down on those steps so forcibly; I also expected to find a pelvic misplacement. On examination I was not certain that I had found either of those interferences. I applied my treatment to the spine to affect the least splanchnic nerves. I also examined

and treated the sacral area in order to affect the nerve control of the pelvic viscera. Then holding one hand against the spine in the lower dorsal area, and placing the other hand low down on the abdomen I lifted up the viscera in order to aid drainage of the pelvic organs. This treatment was one always emphasized by Dr. Still as a treatment that would help what he called drainage of the pelvic organs, simply meaning aiding the circulation to that area. At least that was my aim that first night. I felt that the injury must be in the lower part of the spine and that her mental condition was entirely reflex. I found lesions also between the fourth and fifth and fifth and sixth dorsals and enough of a disturbance at the first and second cervical to produce her headache thus contributing to the mental breakdown.

My experience with mental conditions at that time was limited. In fact the only person I had ever taken care of before that time was Judge Thompson of Unionville, Mo., whose case has been described in an earlier chapter. Walking home that evening, I was not at all satisfied that I had found the physical defect which had caused her trouble. I was not then as well posted on causes of insanity as I became in later years. I failed to reason out the fact that the vasomotor centers, which are found between the first and fifth dorsal vertebrae, control the circulation to the brain reflexly. I went back to this patient the next evening, made an additional examination as carefully and specifically as I knew how. Then I treated her.

Again I left dissatisfied with my findings, or rather lack of findings, and I was still in doubt as to the specific cause of her condition. On the third evening, I very carefully examined the tissues in the iliac region on the left side. In this region I found a spot so sensitive that, notwithstanding her excitement and wild confusion, she flinched and complained when I put pressure at that point. The greatest tenderness was close to the ovary on the left side. After locating that soreness, I made a closer and more careful examination of the organs internally. I found the uterus abnormally low in the pelvis and tipped; I also found other pelvic organs cramped in the pelvis and more or less congested. I lifted the viscera both externally and internally. Upon leaving I felt better satisfied with my knowledge of the cause of the condition.

I corrected not only the derangement of the pelvic organs and

relieved contracted muscles both of the spine and abdomen, but corrected also the upper dorsal and upper cervical lesions. In about six weeks' time she was able to come downtown to my office, a distance of about thirteen miles from her home. At first she came three times a week and later only twice. She had treatment for about three months, and made a satisfactory recovery. My thought at that time was that disturbed nerves in the pelvic area reflexly affected the circulation to the brain. Yet we now know, after more than twenty-four years experience, that most cases of insanity in male and female alike are due to vasomotor disturbances arising from lesions from the first to fifth dorsal vertebrae.

In later years the husband and his wife brought a patient to Macon for treatment and at that time declared that it was less than three weeks from the time I first saw this patient until she was able to make the trip to my office in the city.

Strangely enough, during the holidays following our decision to establish the sanatorium at Macon, which we had decided to call the Still-Hildreth Osteopathic Sanatorium, this same woman came into my office; this was five years after the cure was perfected. She said:

"I have come, Dr. Hildreth, to tell you how well I am and to wish you a Merry Christmas and a happy and prosperous New Year. I wanted you to see me and to know that during the years between my treatment and this time I have not had a headache nor anything that would remind me of my old trouble."

Her coming at the time when our treatment of the mentally sick was so soon to be started seemed to me significant; it gave me added confidence and courage.

But to get back to the afternoon on the lawn, after I had told Dr. Harry Still that I would consider going to Macon, we walked over to Dr. Charlie's residence and on his lawn I met the men from Macon. We talked over the proposition in detail, and began to make plans which laid the foundation for the work that has been going on now for more than twenty-three years. The following Sunday Dr. Charlie, with his wife, and Dr. Harry took me to Macon in Dr. Charlie's automobile. We looked over the property, a group of buildings about a mile and a half south of the center of Macon. We decided to purchase them.

Back of me all this time was my assurance that the Old Doctor was anxious, with his sons, that I should undertake the management of this work, and I had the same old desire I had often had before to carry out his wishes. Again I was sustained by limitless confidence in our system. Dr. Still had said to me time and again that when our profession could have property of its own, with proper surroundings and environment, a large percentage of the insane could be cured through osteopathic treatment. He had proved this to me in many instances while I was at Kirksville. A number of insane persons had been cured with his own hands, some of them in my presence. Thus I was not only willing to undertake this work—which was a pioneer work—I was eager to get my hands on those people whose minds had gone wrong. I believed without shadow of doubt that their condition was due in multiplied hundreds of cases to physical interferences with the nerves that control circulation to the brain.

There was much to be done at the sanatorium. The winter before had been severe, and the water in the plumbing had frozen and burst pipes in various parts of the building. This all had to be replaced. There were other repairs that were badly needed, and from the time the contract was completed in November until the first of March there was an army of men putting the building into shape. This work was largely directed by Dr. Harry Still, with Dr. Charlie Still's advice and cooperation.

It was on March 1, 1914, that the Still-Hildreth Osteopathic Sanatorium opened its doors to the public and began a work that has proved satisfactory not only to those interested in the undertaking, but also in a large measure to the osteopathic profession as a whole because of the results achieved through osteopathic treatment in curing the mentally ill.

To me this was just another opportunity given me through Dr. Still's great discovery, and the work was undertaken without a doubt of its ultimate success. You will remember that my reason for entering his first class was to find broader opportunities to serve humanity, and the thought that when the summons came to the Great Beyond, I could feel that I had not lived in vain. My hope and prayer were that this work might prove in the end to be a real cure for insanity. Could the public be made to realize that there are multiplied hundreds of thousands of insane people

occupying state hospitals all over this land; could they be made to know of the rapid increase in the numbers of mentally ill patients; could they know of the stupendous amount of money it is costing all the states as well as our Federal government each year simply to house these people; could they understand the pitiful fact that until the Still-Hildreth Osteopathic Sanatorium opened its doors there was scarcely a ray of hope offered from any source for the treatment and cure of insanity, they would certainly do something about it. The best medical authorities tell us that there is no specific treatment for the insane; that all that can be done for them is to put them away, and care for them kindly; that a small percentage get well without treatment. Think of it!

With this knowledge in mind, there was born in me not only a hope but the firm conviction that osteopathic treatment would make a record in the cure of the insane which would in time arouse the public to demand that a way be found to give this class of unfortunates an opportunity to get well. In these last twenty-four years that record has been made. Of nearly 3,000 persons who have stayed with us six weeks or longer, more than half have recovered. If that be possible, why not find the way to let the public know that this system offers hope in the cure of insanity. The records established by the Still-Hildreth Osteopathic Sanatorium belong to the public and to humanity and the management of that institution will cooperate at all times to furnish all information possible to enlighten and educate the people to the fact that a cause of insanity has been discovered and a treatment has been found. Surely the time is near when prejudice and ignorance should disappear and all scientific men and those people who are interested in the greatest problem of the present age—the prevention and cure of insanity—should fight shoulder to shoulder.

When the proposition of the sanatorium was still under discussion, I wrote some of my close friends in the profession asking them what they thought of it. I still have twelve valued letters from men who stand high in our profession, all but two of whom have been presidents of the American Osteopathic Association. Each one indorsed the idea. They felt that nothing would be finer for the osteopathic profession, nor mean more to humanity; that such an undertaking would meet with success; that our profession would render a then undreamed of service. But not one of them

could understand how a man at my time in life—I was then in my fiftieth year—could afford to give up my splendid practice in St. Louis to go to Macon. In my heart, however, was joy and confidence in the osteopathic treatment and in the institution's success. Dr. Harry and Dr. Charlie Still, even though they lived in Kirksville, were always available for advice and counsel, ready to do anything they could that might add to the success of this work which should undoubtedly prove to be a strong link in the chain that could not fail to educate the world to the value of their father's discovery.

True, from the very beginning we had great responsibilities. To me the care of a human life is a sacred responsibility, and he who accepts a patient should only do so if he knows he can give to that individual all the benefit that is possible; he must be ready to do all that is humanly possible to restore health, opportunity and happiness. A physician who would accept a patient, under any condition, unless he knew in his own heart that he was capable of rendering a service equal to, or better than, any other service rendered, is not worthy of the name physician. There were times in our beginning years at this institution when I really wondered where the recompense was coming from—not financially, I was not thinking of that—but whether or not the success in curing those clouded minds would repay any man for undertaking such responsibility. Ours was truly a grave problem.

We were obliged in the beginning to learn not only how best to treat these people osteopathically, but also how best to care for them in every way to help them to get well. We were beginners in the work, and we were obliged to learn through experience the best way to serve the poor unfortunate people entrusted to our care. It took several years to establish a personnel which was capable of handling all the departments, men and women of high type who would give the kind of service which would mean most to the people entrusted to our care. To me there is no ambition finer than that of trying to render a type of service to the loved ones of others which we would want to be given to our own loved ones.

From the bottom of my heart I am thankful to God that my footsteps were guided so that I came in contact with the mind of the man who discovered and gave osteopathy to mankind. True,



that intimate association with him as a boy, in the beginning of his teaching, and during his later years, gave me remarkable opportunities to serve humanity. They have been marvelous opportunities, wonderful privileges, which should fill the heart of any man with gratitude toward his Creator.

Dr. Still, then a man of nearly eighty-six years of age, took a vital interest in the Macon institution. He asked me to come to see him time and time again and to tell him in detail of the work we were doing. He lived less than four years after the opening of the sanatorium and was never physically able to make a trip to Macon. But his interest was keen, and he told me that he felt our greatest success here depended on our hands; our treatment of these people must be based upon the fundamental principles he taught us in the beginning. While Dr. Still recognized the usefulness of surgery, he said to me one time when talking over our work at Macon that he was in hopes we would never establish a department of surgery in this institution, adding that whenever the necessity arose for an operation, we were near enough to Kirksville and its surgical hospital to have our work done there. Please do not misunderstand me. Dr. Still recognized the necessity of surgical aid at times. But he also felt strongly that there were many operations that could be prevented by the right kind of osteopathic treatment.

#### OSTEOPATHIC TREATMENT OF INSANITY\*

A great problem which for centuries has confronted all civilized countries is insanity. Some of the greatest minds of this and other countries have for years sought a cure or some means by which its increase may be halted. Yet today it is a bigger problem than ever. The appalling numbers of the insane constitute a grave economic problem that is taxing to the limit the financial ability of both State and Federal governments. Everywhere hospitals for the insane are so overcrowded that proper housing and feeding alone are difficult, to say nothing of attempts at cure.

Furthermore, many of the most eminent psychiatrists and neurologists, not only of the United States but of the world, maintain that there is no cure for most forms of insanity. The lack of treat-

\*Address delivered by Dr. Hildreth before the Osteopathic Society of the City of New York, February 20, 1932.

ment given by the older systems of medicine seems to indicate that they have virtually given up all hope, either of cure, or of specific scientific treatment for nearly all mental disorders. They are spending their time and energy in observing and classifying the different types, to little purpose so far as treatment is concerned, and recommending committal to the institutions created for such cases. These facts can be verified easily.

From a booklet entitled "Mental Patients in State Hospitals, 1928," published in 1931 by the U. S. Department of Commerce, Bureau of the Census, we find, in tables one and two, that this country's public and private institutions for the insane had 267,617 resident patients on January 1, 1923, and only 187,791 on January 1, 1910. Here was an increase of more than 42½ per cent in thirteen years. The figures do not include the insane cared for at home, in almshouses, in prisons, etc. Of the 267,617 resident patients in 1923, 229,664 (85.8-10 per cent) were in public hospitals. On January 1, 1929, these public institutions had 272,527, a further increase of 14½ per cent in six years. In addition, there were 31,127 listed patients temporarily absent or on parole, making a total of 303,654, in public hospitals alone. A prominent psychiatrist states that one out of every twenty-six babies born in the United States is destined to become incapacitated by abnormalities of the mind. Dr. Charles H. Mayo is quoted in "How to Live" as having said in a recent address, "Every other hospital bed in the United States is for mentally afflicted, insane, idiotic, feeble-minded or senile persons." All those facts show the desperate need for a remedy.

There is a cure for most types of insanity. The seventeen-year record of one of our osteopathic institutions for the treatment of mental disorders has shown that osteopathy, when given a fair trial, cures more than 50 per cent of the insane. Since 1892, when the first school of osteopathy was established by Dr. Andrew Taylor Still, this therapy has had to fight against ignorance and prejudice. It has won its way against organized opposition. The position it occupies today is due to its having been able to demonstrate its worth in the cure of disease, including many conditions pronounced incurable by other systems. It is thus with insanity; the osteopathic records speak for themselves.

During the past seventeen years more than 2,000 insane people

have come under osteopathic care. Of those remaining under treatment a reasonable length of time, recoveries have been made by 55 per cent—a record previously unheard of. These cures have been due primarily to osteopathic treatment. This means the correction of all physical maladjustments, whether of bone, muscle or sinew, but especially of the spinal bones, in order to remove sources of nerve irritation and the resulting disturbances of function. Osteopathy seeks to cure by removing the cause.

Osteopathy's founder, Dr. Andrew Taylor Still, announced as a basic principle the truth that disease is largely due to nerve disturbance resulting from the effects of strains, falls, injuries, etc. Disturbed nerves leave the way open for disease. Even the "old-school" medical world is now laying great stress upon correct posture as a preventive of functional disturbances. It was only natural, therefore, that the osteopathic profession, in undertaking the treatment of mental disorders, should turn to the fundamental principles taught by Doctor Still, and base its treatment upon it.

One of the most prevalent and most deplorable types of insanity is dementia praecox, also called schizophrenia. These terms merely designate the condition of a young person whose mind has gone seriously wrong. Most members of the "old-school" medical profession throw up their hands in the face of this dread condition. A small minority, more advanced observers than the rest, admit the possibility of cure in an early stage by natural methods. But, in general, the world over, doctors will tell you there is no cure for dementia praecox. Yet osteopathy has a record of recoveries on the average of one case out of every three. Nor were these all in an early stage—such cases, of course, have the best outlook—since the total number included cases ranging from a few weeks to ten years standing. Out of 980 cases remaining under treatment at least two months or longer, there were recoveries in 325—over 35 per cent. It is my belief that if all cases of dementia praecox could come under osteopathic treatment at the very start, from 50 to 75 per cent of them could be cured.

Why should there be dementia praecox? We can readily understand how people advanced in years who have undergone the wear and tear and responsibilities of life, especially in this modern high-tension age, might lose their minds. But in young persons ranging from twelve to forty years of age it seems all wrong. There must

be a cause. What more reasonable than that the cause be physical? There are many things that can and do produce physical disturbances of nerve origin. The young people in this day and age are subjected to all kinds of hazards—falls, strains, over-exertion, physical exercises, athletics, and various other things, that could result in functional disturbance of vasomotor nerves that control circulation to the brain. On this idea our treatment is founded.

The validity of this conception has often been challenged, yet science is coming to its support. In his book, "The Basis of Sensation" Adrian states, on page 73, that all nerve impulses except those of special sense originate from mechanical strains and tensions. Such tensions, we know, are produced by lesions of the spine and profoundly affect the reflex activity of the nervous system in general, particularly the vasomotors. The influence of vasomotor fibers on the blood vessels of the brain, long in dispute among physiologists, has been demonstrated by Forbes and Wolff (Archives of Neurology and Psychiatry 1928 XIX 751). Brain and Strauss in their book, "Recent Advances in Neurology," conclude that (page 92) cerebral vessels are under direct vasomotor control.

This is not the first instance in which general medical science has lagged behind osteopathic theory and practice. For example, every osteopathic physician was relieving patients of sciatica and various other ills by correcting strains and subluxations of the sacro-iliac joint years before the standard textbooks on anatomy finally corrected their statement that the sacro-iliac was an immovable joint. Since then our medical friends have "discovered" sacro-iliac strain and named it "Goldthwait's Disease." This in spite of the fact that this condition was one of the least of Dr. Still's discoveries, made many years before Dr. Goldthwait was ever heard of. More recently they have been "discovering" the effects of spinal strains and injuries and attempting to correct them. We osteopathic physicians, of course, are glad to have others discover the truths which constitute the foundation upon which our profession has so successfully builded. In this connection, however, one is reminded of the remarks of Will Rogers to an organization founded upon patriotic pride of ancestry. In substance he said, "Your ancestors may have come over in the Mayflower, but mine met them at the dock."

We are glad to have from science corroborative evidence of the truth of our conceptions, but it was not really necessary. The proof of the pudding is in the eating, the best proof of osteopathy is the fact that its theories work out in practice—this not only in purely physical disorders but in the mental as well.

We have emphasized the osteopathic treatment for dementia praecox because this psychosis of young people illustrated so well the fact that such conditions are traceable directly to physical functional disturbances. Could the public review our records of the histories, the physical and laboratory findings, and the results of treatment in more than 300 young people, it would realize what osteopathy is doing. Realization of this is of vital importance, not only to the mentally sick but to the future welfare of our country.

Mental patients coming under osteopathic treatment and care are given thorough physical, mental and up-to-date laboratory examinations to insure an accurate diagnosis. Many are toxic, and in addition to the fundamental corrective treatment, have temporary need of such valuable aids as hydrotherapy and colonic irrigations to promote elimination of poisons that have a bearing upon the condition found. Meanwhile, the corrective treatment restores the body's normal eliminatory power. In normalization of body function lies the secret of osteopathy's success in general and in the various mental disorders in particular. What a wonderful opportunity for service we should have if all the world knew of osteopathy's value in prevention as well as in cure of such conditions and particularly of the great importance of beginning treatment as early as possible! What a salvage of human wreckage there might be and how much the American taxpayer might be saved!

Insanity! Think of it! In your state of New York there exists a condition of insanity and its control, or rather lack of control, that is paralleled in only one other state of the Union. I quote the report of the New York State Department of Mental Hygiene when I tell you that in 1930 there were 56,496 patients in institutions for the insane in this state. Ten years earlier, in 1920, there were 40,780 such patients. This is an increase of almost 35 per cent. Ten years ago in this state the insane patients numbered 390 of every 100,000 persons, the present proportion is 445 of every 100,000. Moreover in your state institutions the number of insane patients housed is exceeding the capacity of those institu-

tions by 35.4 per cent. The most appalling condition of overcrowding has been in Kings Park Asylum. The certified capacity of that institution is 3742. In 1930 it housed 5776, an excess of 2034, which is 54.4 per cent above capacity,—these figures again being given by your State Department of Mental Hygiene. If this growth of insanity is to continue, you, as physicians, must shudder when you visualize the insane asylums of 1982.

I was very greatly interested in, and greatly pleased by, an announcement which I read in a New York newspaper a few weeks ago that one of your magistrates had recommended the appointment of physicians to sit in court and give counsel to judges in relation to the mental condition of those persons brought into court and charged with crime. There is a service which osteopathy has to render to the state. If permitted, osteopathy could relieve New York of the necessity of spending millions of dollars which it is now spending on its insane patients, and, moreover, could bring back into useful lives thousands of the unfortunates who are now housed and crowded into your insane asylums.

In the state hospitals alone, two years ago, there were listed more than 300,000 patients. The annual cost of these hospitals is over one hundred million dollars. Stop for a minute and think what every 10 per cent cure would mean with 300,000 in our state institutions. It would mean 30,000 people brought back to health, happiness, and usefulness. This, it seems to me, is one of the greatest propositions that confronts the American people, a question of health for a great army of unfortunates, a question of reduction in expenses to the states in caring for that great army, a question of millions of dollars saved. Please understand me, it is not my purpose to condemn physicians of any school, or to find fault with the government of any state, rather, I desire to let the world know that there is a cure for insanity, a sane, rational, specific, scientific treatment, applied by men and women educated from the standpoint of physical causes.

In order to verify our claims that physical causes are the basis for mental disturbances, we wish to quote from a report taken from "Medical Service," the mouthpiece of the great medical profession that absolutely controls all health activities of the country. The quotations here were taken from the report of a committee at the conference held in Washington on Child Health

and Protection in February of last year, 1931. This report was compiled by some of the most distinguished and talented men of this country. We believe they were honest, conscientious seekers for greater and broader knowledge of how to conserve the health of our young people and thus the health of the nation.

This session of the committee on medical care for children in orthopedics and body mechanics convened at ten o'clock Thursday morning, February 19, 1931, Dr. Lloyd T. Brown, instructor in orthopedic surgery, Harvard University Medical School, presiding. Dr. Brown introduced Dr. Robert Bayley Osgood, professor of orthopedic surgery, Harvard University Medical School. His entire lecture before this committee is well worth reading, but we can quote only from a report taken from "Medical Service." Dr. Osgood says:

"Becoming convinced that the maintenance of good body mechanics and the correction of poor body mechanics are conducive to the health and well-being of children, it has been important to find out whether good body mechanics once attained had a reasonable chance of being maintained. We have drawn up a long list of recommendations based on this knowledge."

Mark you, this committee has been working for a year and a half gathering statistics from all over the country.

"While there are all grades of posture, it seems to the committee sufficient for the purposes of the White House Conference and the discussion of body mechanics to classify roughly the grades under the four headings, A, B, C and D. A. May represent excellent or almost perfect body mechanics or posture. B. May represent good but not ideal body mechanics or posture. C. May represent bad and very possibly symptom-producing body mechanism or posture."

The committee in its findings goes on to say: "Approximate statistics obtained from: the examination of young and middle-aged men during the universal draft of the late World War; postural surveys made of the entering classes of Harvard College by Lee and Brown, by Cook at Yale, and by Thomas and Lindner at Smith; numerous school surveys in different sections of the country have all been consistent with the findings of the Chelsea Survey. This included an intensive and rather complete survey of body mechanics covering a period of two years, among 1,708 children

of both sexes varying in age from 5 to 18 years, made in 1923 and 1924, under the auspices of the Children's Bureau of the Department of Labor in the Williams Public School in the City of Chelsea, Mass. It was made possible through the cooperation of Dr. Frank E. Parlin, superintendent of schools of Chelsea. We believe that this is the most completely reliable and impartial survey of the incidence of poor body mechanics among a sufficiently large group of school children. It is also the best index we have as to the results of special training observed over a period of two years. It has changed opinion to conviction and impression to proof. Over 80 per cent of these children exhibited either C or D grades of body mechanics."

Right here let me call your attention to the fact that C represents poor but not the worst possible body mechanism or posture and D may represent bad and very possibly symptom-producing mechanism or posture.

"Lee's and Brown's survey of the entering classes of Harvard placed 80 per cent of these young adults in these same C and D groups. Cook's review of 2,200 students at Yale confirmed these figures."

"In a silhouettograph survey conducted by Mrs. Maud Lombard Knapp, in charge of the physical education of women in the California State Teachers' College at San Jose, only one woman was found in the freshman class to exhibit a natural grade A posture and only 11 per cent were graded as B."

One out of that class is graded excellent, with perfect body mechanics or posture, and 11 were ranked as having good but not ideal body mechanics.

"On the evidence presented, about 80 per cent of the children and young adults in the nation exhibit poor body mechanics. Stating it conservatively, we may reasonably believe that 75 per cent or three-fourths of the male and female youths of the United States exhibit grades of body mechanics which according to the standards of the Sub-committee on Orthopedics and Body Mechanics are imperfect.

"Professor William James, the psychologist, became convinced that the erect posture kept up the spirits and tended to banish fear, despondency and depressing thoughts; that bodily postures definitely influenced the emotions."

This is in line with osteopathic findings in manic-depressive psychoses—and we digress for a moment from the Committee's report to emphasize the fact that despondency and depressing thoughts are important factors in undermining an individual's health and often constitute the borderline of insanity.

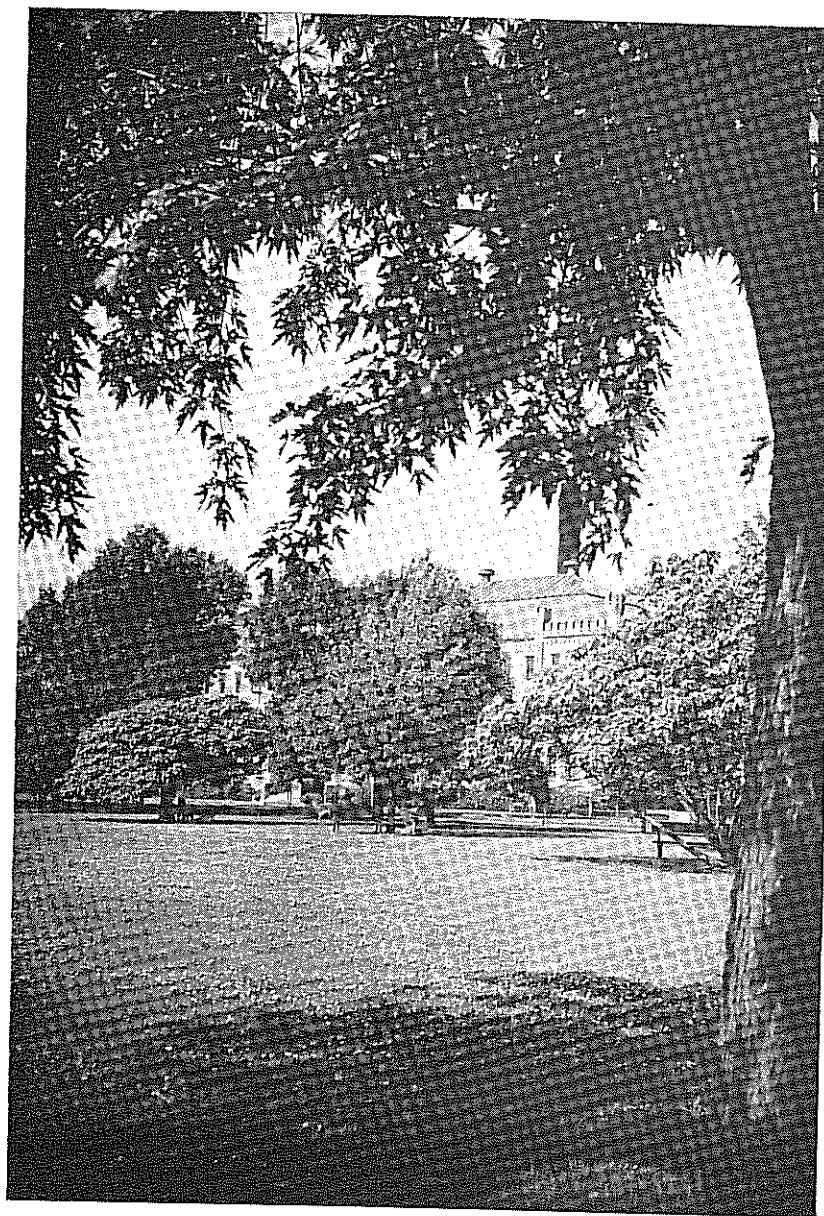
The report continues: "Neurasthenia and enteroptosis commonly go hand in hand. Enteroptosis goes hand in hand with poor body mechanics. Sir Arthur Keith has found in his anthropological studies that the acquirement of good posture tends to correct enteroptosis. The experimental studies of Mankeel and Koenig amply confirm Sir Arthur's observations. MacKenzie, the anatomist, has said that if generalizations were to be made about the causes of human diseases, it would be along the line of failure of accommodation to the erect posture.

"Goldthwait, in 1908, called attention to 'the relation of posture to human efficiency and the influence of poise upon the support and function of this relation.' In 1910, he and Brown again discussed the 'cause of gastroptosis and enteroptosis with their possible importance as a causative factor in the rheumatoid diseases.' He believes that the most common cause of parietal pain and tenderness, especially in individuals under 30 years of age, is excessive lumbar lordosis—one of the commonest manifestations of faulty body mechanics—from which arises irritation of the spinal nerves as they pass through the intervertebral foramina. He has found that pain and tenderness disappear with the correction of the excessive lordosis and the faulty body mechanics."

A medical authority thus substantiates Dr. A. T. Still's findings of more than half a century ago—additional evidence that they were sound and reasonable. After all these years, the great leaders in the practice of allopathic medicine are awakening to the mechanical causes of disease, first propounded by Dr. Still, and are taking a few steps in the path trod by that great medical reformer.

Now comes from this committee a brief summary of evidence: "Clinical evidence may become cumulatively impressive. A brief summary of this evidence in relation to the association of good body mechanics with good health and poor body mechanics with poor health in children may be stated as follows:

"1. Failure to gain weight and disturbances of digestion in



A GLIMPSE OF STILL-HILDRETH OSTEOPATHIC SANATORIUM THROUGH THE TREES

spite of appropriate, adequate diet and favorable living conditions are frequently associated with poor body mechanics.

"2. If there be present no organic lesion, weight tends to increase and digestive disturbances to disappear as poor body mechanics is changed to good body mechanics.

"3. Irregular and insufficient bowel movements tend to become regular and ample with the acquirement of good body mechanics.

"4. Cyclic vomiting and certain presumably toxic crises have ceased concomitantly with the correction of poor body mechanics.

"5. Increase in alertness, resistance and a sense of well-being are usually associated with the change of poor body mechanics into good body mechanics."

"Lee and Brown, in the Harvard Survey above referred to, after reviewing the past history and present condition of these men, came to the conclusion that there was a definite positive correlation between good health and good body mechanics."

These authorities, earnest, conscientious men and women, striving for a better way to preserve the health and lives of children have proved to their own satisfaction that physical posture and body mechanics are the basis of most of the ill health of children, and what is true of child-life is equally true of the adult. Their findings, as quoted above, are but positive proof that Doctor Still was right.

The results obtained through osteopathic treatment, applied purely to the correction of physical defects, had already proved long ago that when mechanical interferences are removed, health returns.

Building on this foundation, Doctor Still became world-famous through the scientific treatment devised by him for the great mass of human ills. His theory of natural immunity, once scoffed at, science now knows is true.

This paper was not written for the purpose of disparaging other systems of medicine. It is not read in any spirit of egotism or intended to convey the idea that the osteopathic profession possesses any monopoly on knowledge or skill. We know, however, that many conditions previously considered incurable have yielded to treatment by osteopathic hands, not because of superior knowledge or ability in our profession but purely because our system is taught from a different standpoint and applied in a different way.



No one can question the broad-gauged ability of the "old school" profession to diagnose conditions correctly, with their marvelous laboratories and other facilities; neither can we question their desire and high purpose to do the best possible for those whom they serve. They analyze conditions as they find them, from the standpoint of symptoms, and they tell you correctly the condition of tissue; the osteopathic profession studies disease from the standpoint of cause, believing that the primary cause should be found at the origins of nerves that control the area of the organ involved, rather than at the peripheral ends of the nerves. These are the two great diverging points of the schools of internal medicine and osteopathy. We know that the osteopathic profession has solved the problem of the cause of insanity. We want the world to know for its own benefit that there is a way to prevent and cure one of the most deplorable conditions found in human life. Insanity has a cause and that cause may be removed and a large percentage of mental disorders cured by removing physical interferences with nerve origin.

This paper's quotations from the report by outstanding men in the medical profession simply go to prove the basis for claims of the osteopathic profession concerning the cure of insanity. Remember that the cases covered by our statistics came, not from any local area, but from virtually every state in the union and some foreign countries. Quite a number who had been pronounced incurable by some of the most able psychiatrists and neurologists of the present day have been returned to normal life.

In numerous instances our diagnoses have been verified by specialists in the psychiatric department of famous clinics and great medical schools. We know that we have made a record of cures unequaled by any other system of practice.

We urge everyone who is in any way concerned with mental troubles to investigate the results obtained by the osteopathic profession in the treatment of insanity.

We wish to call the attention of our profession and the public to the fact that every inch of the progress made by the osteopathic profession has been made by combating ignorance and prejudice. From the time the first little bill, that had for its purpose the legal recognition of osteopathy, was introduced in the legislature of

Missouri, every step of the way legislatively has been contested by organized allopathic medicine. The American Medical Association, one of the most powerful, compact corporations in the United States today, with its far-reaching tentacles, has for its object the control of every health movement and activity of this nation.

With a plea for public health, the American Medical Association has created laws, using its powerful organization, in every state of this union that not only prevent the individual from selecting his own physician to treat him in the hospitals of this country, but it has so manipulated the law-making bodies that there is not a state institution nor a government hospital in the country that is not under the control of its physicians. There are perhaps two exceptions. California has one county institution wherein the osteopathic profession has control of one division. Missouri has a law that provides that relatives, custodians, or guardians of insane persons may have those persons treated by the physicians of their choice, if they are able and willing to pay the added expense. Elsewhere in this country hospitals created by public or private funds are so organized under the laws created by this closed corporation that the self-chosen few physicians may say who shall treat the patients in those institutions. And now with the problem of insanity appalling the country, the state institutions are being controlled by this great monopolistic organization that forbids osteopathic physicians, or any other physicians except their own, from offering aid.

Laws made to regulate and guide public health activities should not be controlled by any one school of medicine, allopathic, homeopathic, eclectic, osteopathic or any other one system, but should be created with the one high purpose of best serving the greatest number of people for their greatest good.

#### THE LAST MESSAGE DICTATED BY DR. A. T. STILL

"Dear Boys and Girls:

"I know you are keeping your eyes on the progress that is being made at Macon, Mo., in the treatment of mental and nervous diseases. We have had a great deal of experience. My personal experience covers a period of something over fifty years in the treatment of mental cases, but until Arthur and the boys, Charlie and Harry, became interested in the Macon sanatorium, we never

had a place where we had a chance to look after this class of patients. I have always contended that a majority of the insane patients could be treated successfully by osteopathy, and the success that the boys have been having in the last three and one-half years bears out my faith, and I am very anxious for the entire profession to know of the work that is being done."

The above message was enclosed with the following letter from Dr. Charlie Still:

"The above is the Christmas Greeting that Father intended sending out to all of the boys and girls in the field practicing osteopathy. He has been so interested in the work at Macon, that he felt like it was the crowning sheaf in his life's work. He, however, had his stroke of paralysis that terminated fatally before it was sent."

## CHAPTER XX

### IF THE PUBLIC COULD ONLY KNOW

ABOUT the middle of March, soon after opening the doors of Still-Hildreth Osteopathic Sanatorium, a local Wabash train brought us three patients. One of them was an eighteen year old boy from Fort Wayne, Ind. His parents told us this story: The young man had been cutting timber on a cold, winter day and had contracted a violent cold. One night he became delirious and in his delirium broke away from his folks and ran outdoors in his nightgown. He ran into a clothes line which caught him beneath the chin and he was thrown violently to the ground. From that time on he became a raving maniac. He was hard to control and noisy.

When we examined this patient, we found that the first and third cervical vertebral joints were badly lesioned, sufficiently so to bring about severe interference with the circulation of blood through the brain. There were lesions also of the fourth and fifth dorsal vertebrae which added to the vasomotor disturbance of the circulation to the brain. Of course our treatment was manipulative in character, correcting the physical conditions which we found. As we treated these injuries, the muscle tissue which had been strained gradually relaxed and normal functioning of the nerves was restored. The lad was with us three months and made a complete recovery. In after years we heard from him; he had had no recurrence of the attack. This was one of the first patients who received help at our new institution.

By the time June rolled around following the opening of Still-Hildreth Osteopathic Sanatorium, March 1, 1914, we had had under our care from thirty-five to forty people. We then sent out a report to the osteopathic profession as to the progress made thus far in treating insanity osteopathically. We had only a very few cases to report in that short time, but we felt justified in letting the profession know of our work.

Soon after our report was sent out we received a letter from Dr. Longpre of Kankakee, Ill., where a large state hospital for the insane is located. In Dr. Longpre's letter he congratulated us on

our work, thanked us for sending the report and related an experience he had had with a young man who had been placed in the Kankakee institution. His report in brief was as follows:

One day an elderly German farmer came into Dr. Longpre's office and asked him if he would go to the state hospital and examine his son. The boy had been confined there following an accident on the farm. He had been sent out to the fields with a team to gather corn. In jumping down from the wagon his foot slipped and he fell heavily on his shoulder and neck. From that time on he became mentally unbalanced until it was necessary to put him in the Kankakee hospital for the insane. Dr. Longpre replied that he would be happy to examine him but he doubted whether the superintendent of that institution would allow an osteopathic physician to examine a patient there. His assumption proved to be correct—the superintendent refused to admit Dr. Longpre, an osteopathic physician, to examine a patient in the institution.

This discrimination exists even today in many of our state hospitals. It is to be remembered that all state hospitals are supported by taxation of the people, yet this farmer whose son he wished to have examined by an osteopathic physician was refused that courtesy. Think of it! Weigh this matter carefully and you will realize the injustice done to one who had undoubtedly contributed through taxation to the support of that very institution where his son was confined. This farmer was refused the privilege of having an osteopathic physician treat his son, and yet the best authorities, from the "old school" medical standpoint, tell us that they have no treatment for insanity.

It is my opinion that the taxpayers should be aroused to the situation and demand the right to have their loved ones who are confined in state institutions examined and treated by the physician of their choice, no matter what system he represents, just the same as they have the right under the provision of the constitution of this great country to select the church and the religion they believe in.

My friend Dr. Longpre went on to state in his letter that the father took the boy for a ride in his car and brought him to Dr. Longpre's office. The doctor examined him and found a bad lesion in the spine in the neck region and another in the upper

dorsal area. He corrected the neck lesion and worked on the other lesion in that first treatment. Then the father took the boy back to the hospital. In a few days the father received a letter from the superintendent of the state hospital telling him he did not know what had occurred, but the boy was much improved. Soon the father again went to the institution and took his son for another ride and another treatment was given by Dr. Longpre. Several days after this second trip he received another letter from the superintendent of the hospital to the effect that his son was practically well, and that it would be safe for him to return home. The doctors at the hospital could not understand what had brought about the change. The father took his boy away but before taking him home Dr. Longpre treated him once more. The boy made a complete recovery.

This is no different from other reports we have received from many places in the United States. Osteopathic physicians are not allowed to go into state institutions and treat patients. This state of affairs reminds me of the story of the dog in the manger. Superintendents of state institutions for the insane wherein the greatest number of cases are confined recognize the fact that there is but little they can do other than house and care for, in a kindly way, these patients entrusted to them, yet they will not allow a physician chosen by relatives to enter their halls and minister to them. This, to me, is an astounding situation. We could relate dozens of such incidents wherein the officers not only of our state institutions but also of many private institutions, absolutely refuse to allow an osteopathic physician to enter their doors for the purpose of examining a patient.

The Still-Hildreth Osteopathic Sanatorium has gone on from day to day and year to year establishing records in the cure of insanity which are almost unbelievable and which in time cannot help but influence the trend of treatment in mental diseases.

Some who read this may think I am prejudiced against other systems of treatment. God forbid! It is to me an appalling and a deplorable fact that so little has ever been accomplished either in the cure of this type of patient or in the prevention of the rapidly increasing numbers of the insane. Let me emphasize again that my one high ambition is that the public may learn that there is a treatment that will restore to society and usefulness more than

half of the mentally sick. The management of this institution would gladly work shoulder to shoulder with all schools of medicine if a way could be found to do so.

Authors of medical textbooks admit they know of no cause, and no treatment for the mentally sick. It is almost impossible to realize what this means. Hundreds of people have come to the Still-Hildreth Osteopathic Sanatorium during the past twenty-four years, bringing a daughter or son, or mother, or wife, or husband, from widely known institutions, both sanatoriums and the psychopathic departments of our greatest educational centers. The relatives tell us that the psychiatrists and physicians who examine their loved ones give them little hope, though a certain percentage of them recover through Nature's own efforts. Patients have been brought to us because other institutions offered little or no treatment. There is no question but that the physicians of these institutions are thoroughly conscientious in their endeavor to stem the increase of insanity and are trying to advise to the best of their ability according to the teaching of their system, but they know nothing or will not learn about osteopathy.

My hope is that the day is not far distant when all prejudices between systems will be wiped out and that the great men who have fought a losing battle for so many years in attempting to prevent and cure insanity will be broadminded enough at least to investigate the theory of structural defects and poor body mechanics as the basic cause of insanity. May God help my associates and all those who are interested in finding a better way to cure mental diseases.

In the first year of our practice at Still-Hildreth Osteopathic Sanatorium a woman was brought to us with a history of having spent four years in the psychopathic department of one of the greatest educational institutions in the world and five years in a private sanitarium for the care of the insane near New York City, making a total of nine years of institutional care. Through some friends her sister heard of our sanatorium at Macon, and the woman was placed in our care. Her case had been diagnosed dementia praecox by high authorities. The diagnosis was verified by our own psychiatrist.

Osteopathic treatment was instituted at once. We were new then and did not have many records upon which to base a prog-

nosis of this case. We had courage, however, and began treatment based on the fundamental principle as taught by Dr. Still. We found lesions in the spine in the region of the neck. There were lesions also from the third to the sixth dorsal vertebrae. All of these lesions were corrected as rapidly as her condition permitted. Hydrotherapy was employed in addition. Elimination, diet and other hygienic habits were adjusted, but it was ten-fingered osteopathy which started this woman on the road to improvement. I hesitate to tell this story to strangers, but our records bear me out that the patient made a complete recovery in nine months' time. After her return to her home in Brooklyn, she found that her husband, who was the father of her boy, then about nine years old, had divorced her and married another woman. Even the shock of this man's conduct did not break down the good work which had been accomplished at the sanatorium. She was well.

That is the glory of being taken care of osteopathically; the patient was restored to normal physical condition and the cure was permanent. She was capable of facing responsibilities and misfortune like anyone else. She secured a position as a teacher in the great city of New York, which enabled her to take care of, and educate, her son. We heard from her not more than a year ago and she is still carrying on her work there after more than twenty years.

Ofttimes I have said the physician's work is to keep the body in tune with natural law, that health is harmony and disease is discord. The skilled osteopathic physician knows how to keep the body in tune, how to harmonize all the functions and acts of the entire system with which he is dealing. It is his ability to locate causes of disease, through his intimate knowledge of anatomy, that he has been so successful in the treatment of insanity, as well as practically all other types of disease.

The osteopathic system of treatment is based upon eternal truth and therefore applicable in almost, if not all, conditions. We are blessed in a most wonderful way today, living as we do in an age which eliminates distance, and brings the master minds of the world to us as we sit in our homes. A great upheaval has taken place along all lines and all of it, all these advancements—the radio, the airplane, the automobile—have all been brought about through mechanical law.

A few months after opening the institution at Macon, we received a cablegram from Dr. Edgar W. Culley of Melbourne, Australia, telling us that the twenty-one year old son of one of his friends had come to America to go to school at Ann Arbor and had disappeared, but had finally been located in a state institution in Massachusetts. The cablegram authorized us to send a man to bring this boy to our institution for treatment. All arrangements for the transfer were made by cablegram. The boy finally was brought to us.

Our examination showed that in some unaccountable way he had strained himself and as a result joint lesions had been produced in the region of the third to sixth dorsal vertebrae. We also found an abnormal condition of the joints of the upper cervical vertebrae. We knew from our experience that the nerves in these areas were disturbed, nerves which reflexly affected the circulation of the blood through the brain. A diagnosis of dementia praecox was made.

We began treatment immediately which consisted of osteopathic manipulation to the cervical and dorsal lesions for the purpose of normalizing the joints, freeing up the nerves, and reestablishing circulation through the brain. In addition careful attention was paid to the patient's elimination. Hot packs and baths were given at intervals. His diet was carefully planned. He was taken on long walks over the hills by a companion. The patient was here a little more than three months.

During the latter part of his stay with us his brother came on from Australia and was with him a short time before his dismissal from the institution. The patient made a good recovery. When Dr. Culley was visiting in the states three years ago, he told us that the boy finished his education, enlisted in the British army and fought in the World war.

Page after page, volume after volume, could be filled with reports of similar cases. This one has been quoted because I wanted my readers to know that even in far off Australia doctors have heard of the work we have been doing for the mentally ill.

Another time we had a patient referred to us by Dr. Streeter of England. She was a beautiful girl, twenty years of age. Her fiancée, with her mother, brought her to us. He was a graduate of that world renowned medical school of Edinburgh, Scotland,

and had had the help of the greatest minds of that wonderful institution to diagnose this girl's case. She had dementia praecox and the famous doctors in that school were helpless to do anything for her.

One day he met a graduate of the old American School of Osteopathy of Kirksville who was located in London. Dr. Street-er told him of the work being done in far off Missouri for mental diseases and the young doctor decided to bring the patient to us. However, the immigration laws in the United States would not permit the entrance of any person suffering with dementia praecox. We wrote the doctor that if his patient had influential relatives or friends in England who would take the matter up with the British ambassador in this country we might, through international courtesy, secure permission for the patient to enter the United States for treatment only. This was done and the British ambassador secured the proper papers from our Secretary of Labor to allow this young woman to enter the United States for the sole purpose of being treated for her mental condition.

Soon after the patient had been shown to her room, I was closeted with the young doctor in my office. I told him of our record of cures in such conditions, of the 65 to 70 per cent of recoveries in the cases that had been admitted within the first six months of illness, of the 35 per cent in all cases of dementia praecox, regardless of how chronic the conditions were before treatment was instituted. Looking steadily at me he said, "Doctor, over there they tell us there are only from 3 to 5 per cent of dementia praecox cases that ever recover, and then by Nature's own efforts."

We examined the girl, found her to have a wonderful physique, but the muscular tissue of the spine in the upper dorsal area was badly contracted. She was an athlete, a champion tennis player and she had probably strained the muscles between the shoulders. Joint lesions were found between the fourth and sixth dorsal vertebrae and several in the neck region.

We went to work, and, notwithstanding the diagnosis and the prognosis given by those eminent psychiatrists in England and Scotland this young woman soon began to improve. In only a short time she was again playing tennis. In five months she was discharged as cured. She remained in a neighboring city for six or seven months so that we could observe her from time to time.

The young doctor married her before the year was up. He was so much impressed with the work of his osteopathic friend in London, and with the institution here, that he spent the year taking a course in osteopathy at Kirksville.

Another case comes to mind. This time a mother brought her daughter here from the east, from the psychopathic department of an eastern hospital connected with one of the world's most widely known educational institutions. This mother and her husband had been missionaries in Japan. The daughter was nineteen years of age. She had been in the eastern hospital three months. I said to her mother, "Will you kindly tell me what treatment was given your daughter in that great institution?"

"Why, they were not treating her, Dr. Hildreth," she said, "she was there for observation and classification, diagnosis and advice and their report was anything but favorable. They told us they knew of no treatment which could possibly benefit her and advised us to take her to a state institution."

The parents were not people of means, but were able to bring her to Macon for osteopathic treatment. The girl recovered in three months, and from the time she was pronounced cured she has held a responsible clerical position in a manufacturing plant in a town in southern Michigan. The causative factor of her condition was somewhat similar to that of the English girl, and the treatment followed the same lines.

One day an expensive automobile pulled up to the door of the sanatorium and an elegantly dressed, distinguished looking woman stepped out of it. She told us that she had brought her stepdaughter for treatment. We sent a nurse out to bring in the young woman. She was seventeen years of age, fragile and delicate in appearance. The stepmother said that she had been a bright student, had graduated from high school the year before and then had entered college. After she had been there a few weeks, the father received a letter from the superintendent of the educational institution telling him his daughter was ill, and that he had better come and take her home. When the father arrived, he found that she had become mentally unbalanced. He called his brother, who was an allopathic physician in a nearby town, to see her. After the uncle examined her, he pronounced the condition dementia praecox. He said, "We have no treatment for this; the only

thing to do is to take her to the state institution where she can be cared for and kept from harming herself or other people."

The stepmother was present, heard what the brother had to say and when he left she said to her husband, "Mary is not going to the state institution while I have a dollar left. I am going to take her to Macon and try osteopathic treatment." She said she had heard of the success of osteopathy in mental conditions and she had made up her mind she was not going to cast this bright young girl into a state institution without at least giving her a chance to get well.

We examined her and found joint lesions at the levels of the second and third cervical and the fifth, sixth, and seventh dorsal vertebrae. She was undernourished and physically weak. Instead of improving under our treatment, she continued to grow worse over a period of several weeks and finally she became very noisy and difficult to control. We had to place her in a smaller building next to the main building where we could keep closer vigil over her actions and safeguard her from harming herself, as well as others. She went from bad to worse and after six months we felt that she had almost reached the point where we could do nothing for her.

But the turning point finally came and she began to improve steadily. She was brought back to the main building and remained with us until we were confident her recovery was complete, nearly nine months from the time she entered. When the stepmother came back in her beautiful car, she could not have been a more delighted nor a more happy woman if this young girl had been her own daughter. She left with a girl who was full of life, vim and vigor, but who nine months previously had been pronounced hopelessly insane by her own uncle, an allopathic physician. The foresightedness of the stepmother had prevented the girl from being sent to a state institution, where she would have remained hopelessly insane. She returned to her college the next fall and has since remained perfectly well.

If only every mother and father who has a son or daughter afflicted with dementia praecox, a so-called incurable mental condition, could know there is hope for a large majority of these young people! I wish that it were possible for every patient suffering with this disease to have osteopathic correction of their physical



defects in the incipency of the condition which is anywhere from one to six months or longer, or even a year. Osteopathic records show that almost 50 per cent of such cases are cured, even where the condition has been of a year's standing. Osteopathy is curing a percentage never heard of by any other system in the treatment of dementia praecox. What is true of osteopathic cures in dementia praecox is equally true in most other forms of psychoses.

It seems to me that one of our most recent cures offers a fitting climax to these case reports. While visiting my daughter and her husband at Paw Paw, Mich., late in October 1935, my daughter called me to the telephone one morning and a woman's voice asked me if I would examine a young man in the country who was mentally ill. I told her I would be glad to do so. The woman told me that the patient was a very good friend of hers, a young man, and that a doctor from a neighboring town was at that time treating him. She told me the doctor would call for me at nine o'clock the second day following. The next morning the phone rang again and the same voice informed me that the medical doctor who had promised to call for me had learned that I was an osteopathic physician and had refused to consult with me. Then she wanted to know if I would go and see the patient without the medical physician accompanying me. I said I would. I felt somewhat indignant because of the other doctor's attitude because I believe that all physicians should be considerate of reasonable rules of professional conduct; yet on this occasion I knew that after the physician had refused to consult with me, it was not a question of courtesy on my part but a duty to a sick man, an obligation to give him a chance I knew he had through osteopathic treatment and which I also knew he did not have under any other treatment. No blame was laid on this doctor for his attitude because I was satisfied that he was a member of the American Medical Association and his membership in that organization might be jeopardized if he consulted with an osteopathic physician.

On my arrival at the home of the patient, whose father was one of the prominent farmers of the community, I went in through the kitchen door because the young man was in one of the front rooms and I did not wish to come upon him too suddenly. His attendant—who, strangely enough, was a brother of the doctor who had refused to consult with me—was a splendid young man, and

very cordial. The patient was lying on a bed, crying part of the time.

In getting his history I was told that he had been examined by the superintendent of one of the state hospitals of Michigan, and he had told the father and the mother that the patient was mentally unbalanced and in all probability was suffering with a beginning attack of dementia praecox. He also told them that such conditions were difficult to handle and it was very questionable about results, since there was no real treatment for it. After this examination, the parents had brought the patient back to his home and had undertaken to care for him. The entire household had become alarmed over his condition, but was afraid to try to assist him to do the things they felt might help him. At one time, with no reason whatever, he had ordered all the furniture cleared out of the two front rooms downstairs.

On examination of his spine I found the joints between the fourth and fifth and fifth and sixth dorsal vertebrae very sensitive, which I believe had been present for some time.

The father told me something would have to be done because their present treatment was not helping the boy, but instead he was growing gradually worse. I told him of the Still-Hildreth Osteopathic Sanatorium and two days later he and the boy, with the attendant, started for Macon and arrived there the evening of the same day.

Treatment was instituted at once. At the end of his fifth month all symptoms of mental disturbance had disappeared. The young man was sent home the first day of April as well as he had ever been in his life and one of the happiest young men I have ever known. That young man, unlike the young girl whose stepmother brought her to Macon, began to improve from the beginning of the treatment.

While talking with him one day he told me that previous to his coming to Still-Hildreth Osteopathic Sanatorium he had asked the physician who refused to consult with me what he thought of osteopathy. The doctor had said, "Osteopathy is a good back door to the practice of medicine." After the young man had been with us at Macon about three months and was feeling very fine, he wrote this doctor and told him he thought it was a mighty good thing the medical profession had such a good back door as

osteopathy, that he was improving rapidly and would soon be well and home.

Sometimes my friends have said, "Oh, that man Hildreth is a fanatic." It is not fanaticism. My mother, God bless her, gave me a rather happy temperament, an optimistic disposition; my friends all tell me I am an optimist. It has been a great satisfaction to me to live all the way in anticipation of joy and success instead of calamity and failure, a supreme joy to take part in rendering a service such as my profession is able to give. To me, this is not fanaticism, has not been at any time, but a supreme love of serving in any and all capacities wherein I might be able to benefit somebody less fortunate than myself. My optimism and my enthusiasm relative to osteopathy, if you would call them optimism and enthusiasm, are based upon my intimate relationship with Dr. Andrew Taylor Still, and the broad experience that has been given to me through rendering a superior service to mankind.

Right here, let me drop a word relative to the worst demon with which civilization is confronted. That demon is worry, needless worry. Millions of people are thus afflicted. They are pessimistic about everything, anticipating trouble, magnifying every little thing, fearing that something is going to happen that as a rule never happens—how I wish I had the power of speech to banish worry from the face of the earth! It tears down the nerves, the health and mental capacity of the individual. It threatens all that is best in life. No matter what the problem, nor how hard, to worry over it only incapacitates the person from finding a solution. Worry only makes the individual miserable. If we could only meet life's problems with a smile on our lips, with joy in our hearts, as Dr. Andrew Taylor Still met his throughout his heroic fight to establish a system of combating human disease, then there would be no worries. There would be joy in the hearts of multiplied millions if they could meet their problems with a determination not only to carry on, but to carry on with joy the battle that was given them to fight as the means of trying their mettle. Dr. Still set a wonderful example along this line. Optimism is absolutely a benefit to the health of every individual. Worry is a menace.

I close this chapter with a statistical report on the treatment of

dementia praecox, compiled by Dr. Fred M. Still and his associates, covering a period of nineteen years. This report is compiled from a follow-up system which means keeping in touch with those patients who have been pronounced cured by our treatment. It follows here:

#### RESULTS IN 840 CASES OF DEMENTIA PRAECOX

Admitted within first 6 months of illness	263 patients. Recovered 179, or 68 per cent.
Duration of illness 6 months to 1 year	163 patients. Recovered 78, or 48 per cent.
Duration of illness 1 to 2 years	129 patients. Recovered 37, or 29 per cent.
Duration of illness over 2 years	285 patients. Recovered 57, or 20 per cent.

## CHAPTER XXI

## STILL FAMILY

THIS morning we are wandering far, almost in dreamland, reclaiming from memory's storehouse some early remembrances of Dr. Still.

We have chronicled already quite a number of vital events with which he was connected; today, somehow, I see him sitting with a book in his lap under a tree in our yard. He usually wore his famous broad-brimmed black felt hat, and his trouser legs were often tucked in his boots. He was then a comparatively young man and I was only a boy.

Again, I see him trudging across the fields with my mother to minister to the woman who had been an invalid for many years and whose condition has already been described. Only the other day I had the privilege of a little chat with her son, Dr. John A. Bell, a retired osteopathic physician, living in his old home town, Kirksville. He told me that he knew of his mother's cure by Dr. Still, but it was not until a few years ago. At that time his sister, a splendid woman, who has since been called to her better home, told him of Dr. Still's coming to their home with my mother and curing their mother. This sister of his was one of the three women who attended that little meeting at the old country school, Troy Mills, where this son and I had attended school in our boyhood days.

Then, again, I see Dr. Still as he drove up to our farm in a four-seated carriage the August before he opened his school in October. He invited me to join him, his son Harry, and another man on a drive down into Macon County to spend the night in the home of one of Dr. Still's best friends, a Mr. Bunch. There was a spring of some medicinal value near this man's home, and Dr. Still was of the thought that sometime a sanitarium might be created here where people might come and rest, drink water, and take osteopathic treatment. This is one of the many ideas that Dr. Still had to further the cause of osteopathy.

It was always a privilege to converse with Dr. Still. Out there

that night, as I remember it, he entertained us all evening with subjects of real interest in connection with his philosophy of osteopathy. He drove back to Kirksville the next day, leaving me at the old farm on the way.

Everywhere at that time, on his lawn, and in and around his house, as well as in the town, were people who had come from near and far to be treated by the "bone-setter," as he was called in those days. He was still a young man then—he was sixty-two to be exact—and was thoroughly awake to the value of the service he was rendering. He was very active, young in spirit, and always ready with his hands and his purse to aid those who needed help.

I can see to this day the outstanding energy of the man as he opened that first class; he was vitally alert to every move to be made and to every opportunity that surrounded him. There was never a minute in those days there was not something doing which made the time slip away as if on wings.

It was always a privilege to have him come into the classrooms and lecture to us about the science he loved. He would walk down the aisle to the platform or stand in front of it, face the students and tell in his own inimitable way what osteopathy would mean in the years to come. He often said that of all the discoveries of the nineteenth century, osteopathy would, in time, offer to women the field of greatest usefulness. He always said that women, because of their motherly instinct and natural ability to administer to people, were created for work of this kind and should be even better doctors than men. Could you have seen him through all these years, rich in happenings, and with all that could be conceived, administering in his kindly way to the sick, you would have seen Andrew Taylor Still. Language fails me. There is no power of expression within me that can depict the all of the happenings of that time. The town was overflowing with hundreds of people from all over the country—the blind, the lame, the sick unto death were there; he, like a ministering angel, was doing his utmost to relieve their pain and give them courage. There is no way of describing adequately all that took place during those historic times in Kirksville. The man, who was the instrument in God's hands, was there ministering in a marvelous way to the sick who came to him, and at the same time working out a plan to give to the children of the earth the all of his great dis-

covery. Suffice it to say that in every instance, no matter how many people were there nor what the turmoil was, every day brought something different; results were achieved in such a simple way that the patient oftentimes failed to realize he had been treated at all. The simplicity of it, the fact that results were obtained in some instances by a mere mechanical adjustment, was far beyond the comprehension of the average person. Could one of the world's greatest artists have stood on that historic ground in the midst of all those happenings and captured the scene on canvas, one might now glimpse a portion at least of all that took place around Dr. Still in those early times in the history-making period of osteopathy. My hope is that readers of this book may glimpse at least the man I knew, the man that Dr. A. T. Still was, the man whose perpetual sacrifice through toil and privation gave to the world the fundamental principle for the cure of disease without drugs.

Memories! A confusion of them, sweet, rich and rare, of Dr. Still from the time I first knew him until he was called to the Great Beyond. They crowd through my mind in such a way they overwhelm me, even as I pray for the power to put enough of them in words to impress upon the minds of my readers the happenings of those days, in a way that they, too, may benefit through the life of Dr. Still.

Every one of the incidents herein recorded is based upon absolute truth. He was so enthusiastic, so brilliant, and so active in a simple way in those beginning years of the school and the period when it was my privilege to be closely associated with him, that I would have everyone know him. I watched him, worked with him, walked with him, talked with him. I followed him closely, loved him devotedly, cherished his every word, tried to understand him and aid him with his problems; I admired his philosophy and his reasoning, and prayed only for strength enough to understand it all. Even after leaving school, it was my privilege to visit Kirksville and Dr. Still often, and renew that closeness of relationship.

While it was a source of keen sorrow to see his steps begin to falter, see him lean more and more heavily upon his staff—which was his constant companion for several years—it was good to see that all through his declining period he was just as active as

always in his mind, and was constantly trying to guide the followers of the healing philosophy he had given to the world.

Dr. Still died on December 12, 1917, at the age of eighty-nine years. His end was peaceful. The life of a great man was finished, but the torch he carried was flung to his students far and wide to light the way of osteopathy.

Before he died Dr. Still requested that I speak at his funeral. This last task which he gave me was the most difficult to perform. My address before the bier of one of the world's greatest men is reproduced here:

#### DR. HILDRETH'S ADDRESS

We have gathered here today to pay our respects and to perform the last duties to all that is left mortal of one of the most loved of men. We should come, not to grieve, but to rejoice with him over the change that has taken place in accordance with the great life principle, natural law, in which he has believed implicitly and of which he was the greatest exponent of his age.

A few weeks before Mother Still passed on, when we all knew the end was coming, it was my privilege to be in Kirksville. I shall never forget an incident that took place between the Old Doctor and me. It was late evening and we were out in front of the home on the lawn. Knowing the great trial just before him, I said:

"Daddy, how your boys wish there were some way in which they could bear a part at least of the great burden that now rests upon you."

To my surprise he said, looking me straight in the face, "You boys need not worry over me. For more than twenty years now, I have been teaching natural law to you and to the world and Mother's going is only the fulfillment of that natural law; another step in the progress of her life is being fulfilled; a change from mortality to immortality. She has lived a good, useful life and the time has come for her to pass on into greater usefulness; her change is but the fulfillment of life's divine plan. I would be a rank coward to break down now."

Those of you who were present at the time of Mother Still's passing cannot help but remember how well he bore his burden. That was but one of the many examples of his wonderful fortitude,

of his indomitable will power, and of his undying faith. No, not faith, but knowledge of life that has contributed so much to his great life's work.

Death, when it comes, is always more or less of a shock, whether it be in early life—which should not be, according to the teachings of this great man who lies before us—or whether it comes when well beyond the allotted time. Death leaves heartaches and vacant places that are hard to understand and to bear; yet for this dear man, who has left his family, his friends, and the world such a heritage, such a vast wealth of everything good, we should not grieve. We know, could he speak to us today across the veil that divides this life from the Great Beyond, that he would say we should rejoice with him in the change. So many more years were allotted to him than to most men on earth—wonderful years in which to enjoy, as few men have been privileged to enjoy, the fruits of his own life's work. God has been good, so good, to him and while it is true that his burdens were great and seemingly at times heavy almost beyond the power of human endurance, yet it is also true that in his case as in thousands of others, the trials and hardships and heavy burdens seem to have been the fire through which he needed to pass to purify the metal in the man, best to qualify him for the great work he was to accomplish. He has been the instrument wisely chosen in God's hands to give to the world a new treatment for the cure of disease. It was the study of the human body, his knowledge of its divine perfection when in normal condition that led him into the wonderful field that eventually gave to the world the science of osteopathy.

You, his friends and neighbors, know the history of his struggles; you know as no others can, or ever will know, his real worth. As a friend, a neighbor, and a citizen you have known him. You have enjoyed a rare privilege, and one which the entire world will, in time, envy you. It was he and his efforts that have made the little city of Kirksville so dear to so many of us, and that have made it the best known city of its size throughout the civilized world. Kirksville is known as no other city can be known. It is the birthplace of osteopathy, a science that in a quarter of a century has become a world influence. It was due to him and to his efforts, through the growth of the school made possible by his discovery, that Kirksville has made the prosperous, splendid

growth it has. He was your neighbor, this city's most distinguished citizen, one of the big men of this state and of the United States, one of humanity's greatest benefactors.

Wonderful discoveries have been made and we today enjoy, as the people of no other age have ever enjoyed, conveniences and comforts and privileges that were not even dreamed of fifty years ago; we owe a debt of gratitude to the great brains of the men who have made the conditions of today possible, but to Dr. Andrew Taylor Still, all the people of all the nations of the earth will ever be under obligation. For what do privileges amount to or what does all the wealth of the earth count without health? He has given to mankind the simplest, most common sense, rational treatment that has ever yet been discovered, a scientific method for the cure of disease; hence, he is, as time will prove, humanity's greatest benefactor. You who have known him so intimately may not be able now to comprehend the all of this statement, but time will prove its truth.

Countless thousands scattered all over the world know through experience the power of those dear hands of his to heal, and all of these same thousands who know of his passing are mourning with us today, and are grateful with us that he lived.

More than 6,000 men and women who have been educated as physicians in the schools that have taught the science discovered by him, know as no other people can the real worth of his work. Hundreds of them, nay, all of them, have been given opportunities that could never have been dreamed of through other channels in life. Ah! the influence of his existence has been felt by more people and in more ways than that of any other man of his age, and the beauty and the glory of it all is the fact that his influence and its far-reaching effects have ever been to enrich the lives of those who came in contact with it. He has brought hope into hearts and health into lives where only despair existed. Talk about statues to our dead created from soulless marble and stone; he has created in the living, throbbing human hearts of men a monument that is destined to last forever; marble and stone may crumble and decay, but not so his memory and the influence of his wonderful life. They are destined to live forever.

The family said it was his request as well as theirs that I make this talk. This is the last task he assigned to me, so sweet, so

dear, and so valued, but oh, so hard to perform; only those of you who have known him and these sons and the daughter, can well know how closely interwoven his life and theirs and mine have been through this great profession that he has left as a heritage to mankind. Few, if any, can realize how tame words seem, how far short they fall in expressing what my heart feels and so longs to pour forth at this hour.

To this family who stands so near and dear to me let me say: First to the daughter who has given so unselfishly of her life to him, no daughter could have done more, and that your demonstration of filial love, devotion and self-sacrifice will ever be a lasting example to those who know of the all you have passed through. And to you sons, upon whom has fallen the mantle of his great life's work, you should not grieve—you knew him as no other could have known him. You knew his faith—no, not faith, but knowledge of life and the Great Beyond; you know that he knew this change was coming and he did not fear it; nay, he even welcomed it as another step in the divine plan of life; hence, I say to you, you should not grieve. Your heritage is great, and while your burdens may seem heavy and your responsibilities many, you have so much to be thankful for that you should rejoice with him in all that has come to him and to humanity through his living.

To the men and women of the osteopathic profession, whose hearts I know are with us here, even though they are not permitted to be present in person, to you I say, his life should be an ever living example of what may be accomplished through unwavering, untiring efforts and devotion to principle and truth. What he has accomplished by living should be a lasting inspiration; our work, given to us through him, is one of service, great privilege, and wonderful advantage. We have been blessed in having had given to us the opportunity of spending our lives in a field of such vast usefulness. To him belongs the credit. God grant that we may be given the wisdom and strength of purpose to carry on to the highest possible degree of perfection this great work, yet in its infancy. May the recording angels in Heaven now record a vow from the heart of every living osteopathic physician at this sacred hour of the passing of our beloved teacher, that we will never falter in carrying on, that the flag of truth which he unfurled to the world

and fought for so valiantly while he lived shall never be lowered, shall never be stained or contaminated or associated with ignorance or untruth. So help us, God.

It seems to me that one of Ella Wheeler Wilcox's poems, entitled "Knowledge" published in the *Cosmopolitan*, expressed in Dr. Still's own language just what he would like to have said here and now:

I tell you the shadows are growing thinner  
Between this world and the world of the dead;  
And only the fool cries "Fool!" or "Sinner!"  
To one who looks into the life ahead.  
I tell you the curtain is being lifted—  
The silence broken, the darkness rifted—  
And knowledge is taking the place of faith  
On that vast subject, Death.

Yes, now in the place of faith comes knowledge,  
For the soul of the race is awake to truth  
And it rests no longer on school or college  
Or the crude concepts of the world's first youth.  
From a larger fountain our minds are drinking—  
The deep, high Source of divinely thinking—  
And searching for God in the heart of man;  
It is so we are learning the Plan.

Yes; searching for God in the heart of a brother,  
And not on a far-away throne above,  
Is a surer method than any other  
Of finding the Center of truth and love.  
And out of that Center a voice is crying  
That our dead are not in their low graves lying,  
But are living and loving us, close and near,  
So long as we hold them dear.

Yes; living and loving, and trying to guide us—  
Invisible helpers by God's sweet will,  
Who ofttimes move through the day beside us,  
But aiding us most when our minds are still.  
I tell you the curtain is being lifted—  
The silence broken, the darkness rifted—  
And knowledge is taking the place of faith  
On that vast subject, Death.

Daddy, dearest of Daddies, to your thousands of children who love you so dearly, we give you up to a better life, reluctantly but with a full knowledge that all is well with you.



MOTHER STILL

Hundreds and even thousands of osteopathic physicians revered and loved to call Mrs. A. T. Still, the wife of the founder of osteopathy, "Mother Still." She was representative of all that was best in womanhood.

Surely God in his wisdom in choosing Dr. A. T. Still as His instrument to do a great work for humanity, was not unmindful of the necessity of providing him with a mate capable of carrying her share of his burdens, to stand close by him in his trials and struggles. She was well qualified by education, a woman capable of being "Mother" to his children, a woman with ability little dreamed of by the average person with whom she came in contact, a woman whose heart was just as brave and strong as her husband's, with a confidence in "her man" a loyalty in her soul that gave her strength to share with him in all his undertakings, and fight the battles of life side by side with him.

It was in the beginning days, out in Kansas, that an incident occurred which, without doubt, contributed in a most wonderful way to Dr. Still's success in life. His wife wrote to her father, an allopathic physician practicing in New York state, of the remarkable results her husband was obtaining. The father came to Kansas to investigate. After spending some time with his daughter and her family and listening to Dr. Still's reasoning, he told his daughter that he could not understand "Drew's" (Andrew's) philosophy, but felt that he had something that his own school did not have and advised her to stand by him in his undertaking. There is no doubt but that her father's advice, coupled with her love for her husband and her confidence in him, gave her the strength, fortitude, courage, and force of character that enabled her to stand unflinchingly with her husband in his great work. She was a co-worker in all his trials and tribulations in the mighty battle he fought for osteopathy. All the way from those troublous times in Kansas on down through their change of residence to Kirksville, where privation and poverty stared them in the face, Mother Still stood ever in the thickest of the battle and unwaveringly encouraged her husband in all his undertakings. Under all conditions she was the same staunch, heroic character, bearing in her quiet, humble way her portion of her husband's burdens.



MRS. ANDREW TAYLOR STILL  
LOVINGLY CALLED "MOTHER STILL"  
(1834-1910)

To Mother Still should be given a big share of the credit for the great work Dr. Still accomplished in giving osteopathy to the world. God ever bless her name!

The following editorials appeared in *The Journal of the American Osteopathic Association* for June, 1910, at the time of Mother Still's death:

"To all of us who knew Mother Still comes the sense of a great personal loss at her passing away. When we go back to Kirksville some day and look down the familiar streets and at the big house on the hill, the old town will not seem quite the same to us, because she is gone.

"Her quiet, kindly ways; her always ready smile; her simple motherly aspect; the quiet devotion of her daily life; her unostentatious charities; all these and many more lovable qualities endeared her to us.

"She beheld our great science in its swaddling bands; saw it tended and nurtured through the lean and hungry years; endured privation, and, no doubt, often dire need, for its sake; stood faithful and undaunted by her husband's side through all the fierce turmoil of his life's great battle; gave counsel, and cheer, and strength, and comfort to him in the strife.

"We thank God that she came through it all, sweet and happy, into a green and peaceful old age. A wife, a helpmeet, a mother—she was all these in their truest and fullest sense.

"To those whom she has left behind, the hearts of our whole profession go out in great sympathy. Long will her memory be kept green in our hearts.—CHARLES HAZZARD, D. O."

"After an illness running over several years, death finally claimed Mother Still at her home in Kirksville, May 29. Senile nephritis had done its work. Skill and faithfulness did what might be done, but seventy-seven years of energy, faithfulness, and service had worn the body away. For fifty years she had stood by her husband's side. The burial was made at Kirksville, May 30.—H. L. CHILES, D. O."

"Probably comparatively few knew of the quiet sustaining force of Mother Still; how each member of the family depended on her, and gladly listened to her counsel. She had a background of

osteopathic experiences that was invaluable, which, with her sound judgment, commanded great respect. Her patience and fortitude and faith all through the early days of osteopathy contributed no little to osteopathic development.

"I met her when I first went to Kirksville, and frequently saw her afterwards. The students were eager to consult with her for she was deeply interested in their work. She had a certain detachment in viewing their problems, no doubt the result of years of familiarity with osteopathy, its growth, struggles and requirements, that particularly appealed to everyone.

"No outsider can really know what sacrifice she made in order to assist in the upbuilding of osteopathy. Her heart and soul were in her family, and in the best interests of all. Her indomitable and sympathetic spirit, one of real understanding, was a distinct factor in the developing and organizing of osteopathy.—  
CARL P. McCONNELL, D. O."

#### DR. CHARLES E. STILL

Dr. Charles E. Still is known by multiplied thousands of friends both inside and outside the osteopathic profession, but to those of us who have been associated with him intimately for long years, he is just Dr. Charlie. He occupies a close spot in my heart, and it is difficult for me to write all the things I would so love to say relative to his service with his father, and the intimate association with the school in its beginning days and for years afterward.

He began helping his father as a boy and arose to the Presidency of the American School of Osteopathy, the original school which his father founded, and held that position until he finally retired from school activities.

He is a lovable character, a splendid adviser at all times with the students who came to him for counsel and who always found him kindly, pleasant, agreeable, and desirous of serving. Beginning as he did with his father when a boy, he had the opportunity for wide acquaintance and an intimate knowledge of all that took place in the beginning of Dr. Still's struggles to develop osteopathy.

Being associated with the family during the birth and progress of the profession, I have been given the opportunity to know Dr. Charlie as few, if any others, who are not related by the ties of blood, could know him. Throughout all the years as a boy, as a



CHARLES E. STILL  
OSTEOPATHIC PHYSICIAN

student, as an osteopathic physician, and as a teacher in the parent institution, he was the one man that his father seemed to lean upon most, because he was always at his side and ever ready to do his father's bidding on all problems relating to school matters. His is a rare character, and his service during his lifetime to osteopathy has been a remarkable one. He has stood unswervingly in his devotion to his father, his mother, and the profession.

He was very popular in his home town. He was elected mayor of the city of Kirksville in the spring of 1912, reelected in 1914, and filled this office with credit to himself as well as to the citizens in his home city. It was Dr. Charlie, with his brother Dr. Harry, who made the decision to create an osteopathic institution for the treatment of the mentally sick at Macon, Missouri, provided the writer would take charge of that work.

His service to his profession at this time lies in his membership in the Missouri House of Representatives and in his connection with the Still-Hildreth Osteopathic Sanatorium in an advisory capacity. He was first elected as the unanimous choice of the voters to represent Adair County in the House of Representatives in 1930. He was reelected in 1932, also without opposition, and was again reelected in 1934 when he had an opponent for that position, nominated by the Democratic party. Notwithstanding the Democratic landslide of that year, he pulled through by a good majority and was one of the ten Republicans in a House of 150 members. This handful of Republicans were known as the "angels" of that body. In 1936 Dr. Charlie was again elected on the Republican ticket, there being no candidate nominated by the Democratic party. He is rendering a superior service there, not only in the interest of his profession and those who wish to patronize osteopathy, but in many other important matters necessary for the best good of the state in which he has been an outstanding figure. He is known and respected for his broad-gauged judgment in all state affairs. He votes unhesitatingly for measures that he considers for the best interests of the state, regardless of partisan politics. It has been good to know him and serve with him during all these years.

Dr. Charlie has a son, Dr. Charles E., Jr., who is a graduate of Kirksville and practicing at Austin, Tex.; also a daughter who is a graduate of Kirksville, Dr. Elizabeth Still Esterline. Her hus-

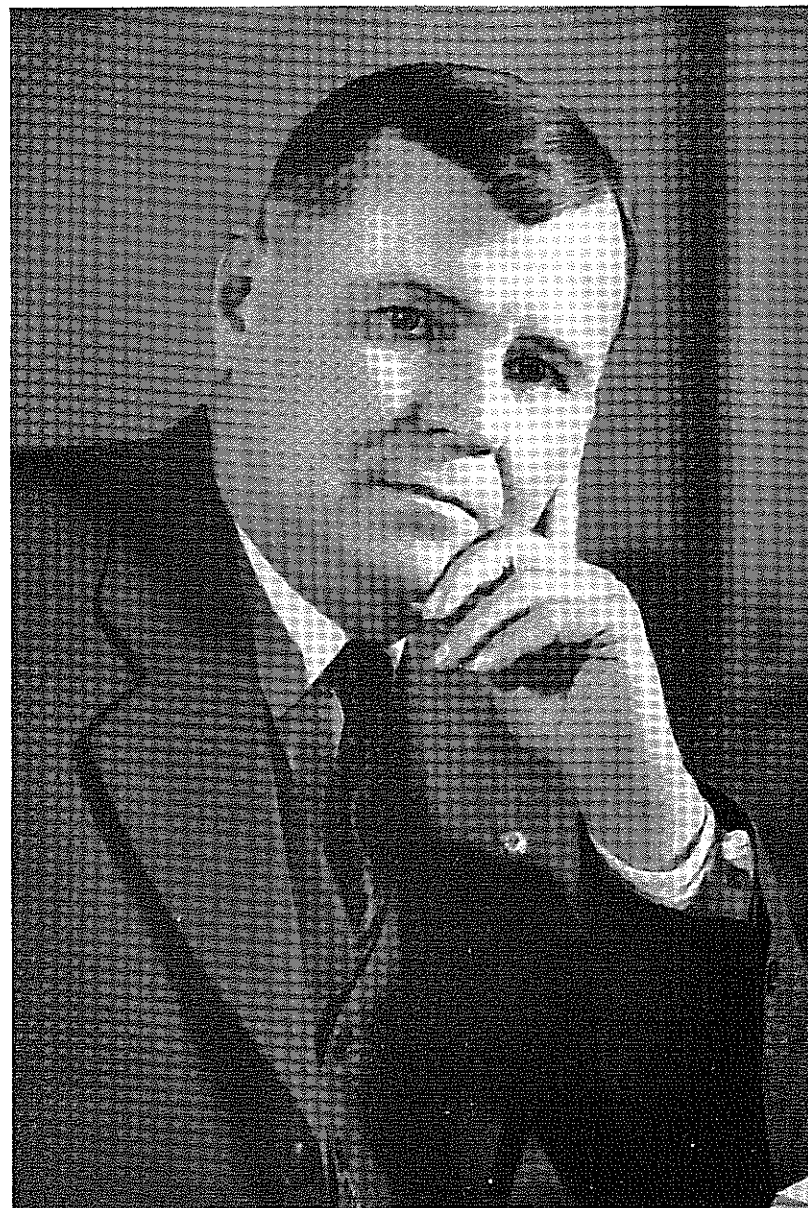
band, Dr. Crawford M. Esterline, is also an osteopathic physician. Both the Drs. Esterline are teaching at present in the parent institution. These young people have started osteopathic professional careers in a way that, without question, will make of them worthy descendants of their illustrious grandfather, Dr. A. T. Still.

DR. HARRY M. STILL

Dr. Harry, as he is known throughout the osteopathic profession, possesses a high type, lovable character. He is a man of sterling integrity and business judgment. Like his brother, Charlie, he was associated with his father in the beginning days of osteopathy when Dr. Still was visiting small towns over various parts of Missouri. He learned osteopathy from his father and added to his father's increasing reputation, which drew a great many people to Kirksville.

All through those years Dr. Harry gave all he had to his father and mother in a splendid way. From the beginning, long before his father began the teaching of osteopathy, he was ready at all times to do all in his power to advance the science founded by Dr. Still. At the time of the opening of the first class in that first school at Kirksville, Dr. Harry was located in Minneapolis, but upon the request of his father he returned to the school and became a member of the treatment staff.

After being associated in the school work and clinic for a time, Dr. Harry located in Chicago where he established a splendid practice. He resided in Evanston, a beautiful suburb of Chicago, where he treated patients a few hours each week. It was my privilege to join him there in November, 1896, and to work with him for a few months. In another chapter, I tell about his and my return to Kirksville in the spring of 1897, both having answered his father's and his brother's requests that we return to the parent institution and assist them in carrying on the work that had increased so rapidly and become so heavy. Dr. Harry was actively engaged in the school work until 1903, when he left to go into practice in New York City. He conducted a busy practice in that great metropolis for a number of years. Finally his health became affected because of overwork and he returned to Kirksville for a rest. Later he entered the business world and has been actively engaged in banking and business affairs ever since. He is



HARRY M. STILL  
OSTEOPATHIC PHYSICIAN

now, and has been for many years, President of the Kirksville Citizens National Bank, an institution that today ranks high among the banking interests of the State of Missouri. At all times he has been ready to support osteopathy, and if the facts could be known there is no doubt that he has been the power behind the throne many times when someone else received the credit. His purse has ever been ready to back the needs of the parent institution. He never at anytime sought the praise of the public nor the places that might give him publicity. He has always been interested in the growth and development of the osteopathic profession. He said to me one day recently that he would much prefer that his two sons, Fred M. and Richard H., should make the kind of osteopathic physicians his father was than to be worth millions of dollars.

It was Dr. Harry who first informed me of the opportunities for the establishment of an osteopathic sanatorium at Macon. I described the creation and work of that institution in another chapter.

It has been my privilege to be closely associated with him most of the time since taking up the study of osteopathy in 1892 in the first class in the first school of osteopathy. During all these years of our acquaintance and association, I have felt that I was treated by him as a brother. Today, Dr. Harry Still, as well as Dr. Charlie, seem more like brothers to me than just friends. Our friendship has not only been fine, but it has become almost sacred to me. Dr. Harry is a wonderful character, a real friend, a dependable man in all walks of life.

Dr. Fred Mix Still, elder son of Dr. Harry, graduated from the A. T. Still College of Osteopathy and Surgery at Kirksville in June, 1924, and became associated with the Still-Hildreth Osteopathic Sanatorium in January, 1925. In his association with this institution he has made an enviable record, and at the same time he has lightened the burden of the writer in a most remarkable manner. The friendship that has existed between his father's family and my family has been wonderful. His association and interest in this institution has been virtually the same as if he was my own son. Pleasant, agreeable, capable, a well-qualified osteopathic physician, and ever active in all the undertakings of the institution, he is a strong factor in its progress.

Dr. Richard Harry Still, younger son of Dr. Harry, graduated



from the Kirksville college in June, 1928, following which he joined the staff at Still-Hildreth. He has added remarkable strength to our organization and, like his brother, seems more to me like an own son than a friend. He is ever ready to render his best service and he is of the character that is always pleasing to patients. He is capable in his advice and very helpful in the management of the institution and, like his father, is developing remarkable business ability.

The coming of these two young men, sons of one of my closest friends, and grandsons of the founder of osteopathy, has done more than add strength to our staff of physicians and to the management of the institution. It has been a great satisfaction to me personally. It has also laid the foundation for the perpetuation of the treatment of insanity that will in future years carry to the world a needed message. They will become able representatives of the discovery of their grandfather and aid in lengthening the shadow of that great man.

#### MRS. GEORGE M. LAUGHLIN

Mrs. Blanche Still Laughlin, daughter of Dr. and Mrs. A. T. Still, has contributed in a splendid way to the development of osteopathy. My first recollection of Mrs. Laughlin was when she was but a small girl, not more than eight years old, a little golden-haired, bright, active child, playing around the home located at that time in the eastern part of Kirksville. Several years later, when the school opened, she had grown to young womanhood. She matriculated in the first class, organized in October, 1892, and graduated in the spring of 1894.

Mrs. Laughlin was devoted to her father and her mother, always entering actively into their work. From the time I knew her in the classroom until the present day, she has been a strong factor in the progress and development of osteopathy. During my active association with the school, from 1892 until 1903, Mrs. Laughlin was one of the substantial, ardent workers with, and counselors of, her father and mother, always ready to enter the thickest of the fight, always ready with her advice and all the ability she possessed to help carry on her father's work.

Mrs. Laughlin was devoted to her mother in a beautiful way. During Mother Still's last illness, Mrs. Laughlin's love and devotion were all that could possibly be expected of a daughter. She

was ever at her mother's bedside, and there was nothing too hard for her to do that might in anyway contribute to her mother's comfort. Her care of her mother was a demonstration of personal sacrifice and devotion such as only a daughter could give.

During Dr. Still's last illness she again gave of her time and her strength in a wonderful way to take care of him and to see that every want was fulfilled as far as lay within her power. Her devotion to him, her sacrifice of herself to care for him, was one of the most beautiful things I have ever witnessed. She was mindful of his every need, loyal and comforting beyond expression, a daughter who made every sacrifice necessary for the comfort and care of her distinguished father. Understand, Dr. Still's condition was one that needed this devotion and care for some three or four years before his passing to the Great Beyond. During all that time there was never a task to perform, never a duty to fulfill, that did not seem to be one that gave this daughter of his supreme pleasure.

#### DR. GEORGE M. LAUGHLIN

George M. Laughlin became a student of the parent school of osteopathy in the fall of 1898 and graduated in June, 1900. On April 11, 1900, he was married to Miss Blanche Still; thus he became the son-in-law of the discoverer of osteopathy. He became a very staunch, loyal supporter of the osteopathic profession. He was a member of the teaching staff during his entire association with the old original A. S. O. institution, and edited *The Journal of Osteopathy* for a number of years. Soon after Dr. Still's death, Dr. Laughlin was offered the presidency of the American School of Osteopathy, the original college, but this he declined. Like Dr. Charlie, he served on until June, 1918, when he severed his connection with the school as a member of the teaching staff he had served so faithfully for so many years.

He immediately made plans for a hospital. He completed the present Laughlin Hospital in 1920, and has become a noted surgeon as well as an osteopathic physician. Soon after his graduation he began to specialize in orthopedic surgery and is today one of the widely known and most successful orthopedic surgeons in the country.

Dr. Laughlin founded the A. T. Still College of Osteopathy and Surgery and commenced the erection of a building in 1921 which was completed in 1922. He was successful in this undertaking,

and in 1924 purchased the old American School of Osteopathy, which he shortly after combined with the A. T. Still College of Osteopathy and Surgery, and changed the name to the Kirksville College of Osteopathy and Surgery. The change of name was a source of keen regret to the writer, as well as to many other osteopathic physicians who hold diplomas from the American School of Osteopathy, the original school. I have always felt, and always will feel, that the name Dr. A. T. Still gave to the original school, the American School of Osteopathy, should have been the name that followed the institution he created throughout all time. Dr. Laughlin has been president of the new school from the time it was founded and is a vital factor in the osteopathic educational world. He has been able to place the new institution on a basis whereby it may become endowed. Substantial contributions have been made to the institution. At the same time, he has been adding to and improving all the college buildings. He has been earnest in his efforts at all times to promote what he conceived to be the best interests of the profession created by his father-in-law.

Dr. and Mrs. Laughlin have a daughter and a son, both living. The daughter, Mary Jane, recently married Dr. J. Stedman Denslow, a graduate of the Kirksville College of Osteopathy and Surgery. The son, George Andrew, is still in school.

These two people, Blanche Still Laughlin, and Dr. George M. Laughlin, have contributed in a remarkable manner to the growth, development and progress of osteopathy which Mrs. Laughlin's father gave to the world.

#### DR. HERMAN T. STILL

Dr. Herman T. Still, twin brother of Dr. Harry, is also an osteopathic physician, having graduated from the parent institution in its early day.

Unlike Dr. Charlie and Dr. Harry, Dr. Herman did not spend a great amount of time in the work of the school, but early in his career practiced in different parts of the country, finally locating in Texas.

From one of the foremost educators of this country comes the story of an incident in Dr. Herman's practice. The educator, who was for many years president of one of the greatest universities of the country, at the time was lecturing on the Chautauqua

platform. On his arrival in a town in Texas, he learned that a young woman, who was also employed by the Chautauqua Company, had been taken to the hospital in that city. He went at once to visit this girl, who had charge of the children's department for the Chautauqua, and found her paralyzed from her waist down. She knew of no accident that could have caused the trouble. Her visitor immediately asked the superintendent of the hospital if she had been examined by an osteopathic physician. He had been well acquainted with Dr. Still and the results secured through osteopathic treatment in an early day at Kirksville. The superintendent told him that she had not been examined by an osteopathic physician, and also that such doctors were not allowed to treat patients in that hospital. The educator then said that he was going to have her examined by an osteopathic physician. If it could not be done there, he would have her moved where it could be done. The physician at the hospital had pronounced the condition a grave one and had advised an operation. After some discussion, the management decided to allow Dr. Herman Still, who was then located in that town, to come to the hospital and treat the patient if he thought he could benefit her.

Our distinguished friend immediately called upon Dr. Herman Still and told him this girl's story. Dr. Herman was reluctant to go to the hospital where he had been refused admittance, but he finally consented and went at once to examine and treat the girl. After this one treatment she was able to walk. Two or three days later she was able to resume her work, as well as ever.

This is a voluntary report given by this widely known educator. Dr. Herman Still has the reputation of securing some remarkable results in many difficult cases.

From the beginning of Dr. Still's struggles to give his discovery to the world, even when the children were real young, he had the unbounded support and confidence and assistance of every member of his family at all times. Even after the boys had begun to earn a little money, fifty cents a day, or a dollar and a half a week, they would share every penny they had with their father and mother, thus giving their support in every possible way. This was true in the beginning and was true throughout Dr. Still's lifetime. Every member of the family was a strong supporter of the father's teaching.



## CHAPTER XXII

## TRIBUTES TO DR. STILL AND OSTEOPATHY

*The following tribute was written upon the occasion of the death of Dr. Andrew Taylor Still, in December, 1917, by Dr. John R. Kirk who was then and had been for some time president of the Kirksville (Missouri) Normal School. Dr. Kirk died in the midst of characteristically vigorous activity at the age of eighty-six on November 7, 1937. This tribute was published in The Journal of Osteopathy for February, 1918.*

## THE NEIGHBOR WE DID NOT KNOW

By DR. JOHN R. KIRK

I HAD knowledge of Dr. A. T. Still some forty years or more, and was neighbor to him nearly twenty years—neighbor to him as most of my neighbors were. We thought ourselves neighbors to him. As neighbors we hadn't much acquaintance with him. We didn't know him very well.

Nature made Dr. Still, and implanted a spark that neighbors and schools and colleges could neither start nor dim. Some men, it seems, are born; some are made. Dr. Still was born, born for ideals and for deeds. He was never spoiled by the conventionalities of social life. He was outwardly quite like the unheeding, incredulous crowd of us who were remotely neighbors to him—the crowd which long voiced much ridicule for the peculiar, soul-absorbed man whom we couldn't comprehend.

But the unpretending, unconventionalized neighbor of ours was dreaming and building wiser than we could know. For thirty years we had seemed to know him; we, his neighbors, and had held him off. We, his neighbors, were slow, very slow, to admit the victory our neighbor had achieved. But we did admit and accept and approve. We shared with him the honor. We took him over. He was an asset to our town, and the world knew what our town had done and knew our town.

We do not know the wizard Edison, and never will nor can. We live on flat earth. He lives among the giant forces of the universe. In all America, for five years, we haven't known Gordon Edwards, but scorched and burnt and bleeding soldiers along the firing line

in France know him, and give thanks. The mass of Americans didn't know Abraham Lincoln, but an oppressed race knew him, and now we say we knew him. We say this of all the great ones—when they no longer need our praise.

It was not easy for us to understand Dr. Still. We met him face to face, it is true. He was frank, informal, cordial, home-like, exemplar of simplest life. Neighbors were wont to say he hadn't business sense and needed a guardian. The sense of their kind which he might have shown, but for the dominating idea possessing him, they will doubtless never know. As for the profiteer, or promoter, or money getter, or money-saver, he wasn't any of it. Such men never are. The inventor and the discoverer die poor, or live and die unconscious of possessing what neighbors envy and call comfort. Creators of wealth for us, they immerse themselves beyond our view in reflective dreamland, and dwell obscured and invisible from vision range of nearby neighbors, while we on the plodding level of non-idealizing denizens reach out and grasp and live for income and bank balance and store and farm and coarse goods, needing telescope for our short-range vision to see the rim of the horizon of the idealist and the dreamer that dreams for others and not for self.

When our neighbor, "the Old Doctor," came out of dreamland and ideality to be nearby neighbor to us, we saw him in limitations through circumscribed local view of ours. We saw him then. We see him no more. We have glimpses of him in his far-away greater self, and we wonder, admire, and praise.

We, his neighbors, begin to realize the very unusual inner power of the man, power long hidden from us because we hadn't eyes to see—creative, reflective, unquenchable soul power. And what a man he was,—unostentatious, kindly, obliging, generous, whole-souled, sympathetic, public-spirited, humane. Did he find one of us anywhere in need, we knew he was then our neighbor, and never went by on the other side, nor evaded, nor complained, nor was ever too busy, nor ever flinched from human service. Undismayed by obstacle, or opposition, or envy, absorbed in great hope, he came through the years unstained, unscathed, heroic man, sweetened in spirit. And his reward? The dreams of half a century come true, the service of a lifetime become a monument more lasting than any granite chiseled by any human hand.

To curbstone lad we said, "What is it?" He said, "My kite." We said, "Where?" He said, "Up there in that cloud." We said, "No." He said, "Take the string and feel it pull." To us a thread of life is snapped, and yet we feel it pull. The frail form in simple garb is at rest. The widening work goes on. In it the man yet lives and is and will be of the everlasting in all the ages.

### DR. STILL'S CONTRIBUTION TO SCIENCE

By CARL P. McCONNELL, D. O.

The discovery of osteopathy was one of the outstanding contributions to science of the past century—a century replete with scientific thought and experiment. In the entire history of medicine there has been no discovery more revolutionary in conception and practical value than osteopathy. Its principles permeate every phase of the healing art. So let us first refer to some of the qualities of Dr. Still's intellect.

Dr. Still's genius was revealed by his exalted intellectual power and creative ability. Other qualities were outstanding, evidenced by native ability to develop the practical, and by his capacity for tireless, painstaking and consistent industry. Mere genius alone may be a most desirable characteristic. But when creative ability accomplishes the practical, enduring success and fame are assured.

Heredity is an essential determining factor; though one should not overlook the developing one of environment. Dr. Still's time and place was that of the pioneering spirit, which contains a contributing force of real value. Here, if anywhere, basic values and proportions are to be found and appreciated. The practical is an all-essential. For necessity claims its own and quickly finds its place within the realm of reality.

Thus without the least exaggeration we find intellectual ability, practical capacity and painstaking effort combined in an individual who knows from actual first hand experience the basic factors of soil and soul. To rise even above mediocrity requires no small amount of courage and stamina. Such are the demands placed upon the spirit of the pioneer. The reaction must be sharp, forceful, determined, or else he does not survive.

This was part of the early schooling and discipline of Dr. Still. It helps me to understand some of the marvelous courage shown

by him later on. His moral qualities were no doubt greatly benefited by early training.

To glimpse the genius that evolved an entirely new school of the healing art is most difficult. No doubt environment and experience have their places, but similar situations had been opportune for others for ages without number. Exalted intellectual power and creative ability is but a definition. The *how* must be a gift of the gods. To sense intellectually the need of a new system of healing is one thing, but to have the ability to render it actual and practical is quite another one. In several ways, as we shall see, there has never been a similar achievement.

The early osteopathic history of Dr. Still seems to have been an example of sheer intellectual power, associated with close observation, quickly noting apparently isolated phenomena and venturing a series of clinical experiments and correlating them.

True it is, there was a negative phase to all of this. He was distinctly dissatisfied and unhappy with traditional medical practice. Clinical results were very uncertain. He even wondered if drug therapy was not often worse than useless. The ferment in such a state of mind is most active. With loss of confidence in orthodox medicine, based on personal experience, some new method was bound to supervene.

Surgery was an important part of his training and practice. Surgery and medical practice were far apart in remedial principles. The former was born of clear-cut observation—the obvious—while drug therapy savored of ancient rites and mysticism. Although the poles of the two were far apart in inception, still there was some overlapping of the incompatibles, which to a certain extent remains to this day.

The able surgeon is far more than a capable mechanic. His experience in actual practice teaches him that structure must be intact to permit normal function, which in turn is dependent on the inherent properties of chemism. The significance of this truism of today was not nearly so clear a half century ago. Dr. Still was a good surgeon; he had mechanical ability aside from his profession; and he realized the uncertainty of drugs. These qualifications combined with manipulative experiments on the body, pointed the way toward a new conception of disease.

It is this conception of disease, born of his brain more than

fifty years ago, to which he gave the name osteopathy, that is of particular interest to us on this occasion. This fifty years is but a moment, as time is measured; but it is a long and fruitful period in scientific development. The laboratories and organized resources of the present are in striking contrast with similar opportunities of five and six decades ago. They simply didn't exist.

Moreover, the former concept of disease bore a still greater contrast. Various chemical theories were rampant, with their roots embedded in primitive tradition. Even the modern germ theory was unknown. We are very apt to forget the past situation in its comparison with the present-day practices.

With this in mind we get an inkling of the independent fertility of Dr. Still's mentality. Indeed, the very magnitude of his concept is truly marvelous. Freed of the shackles of tradition and so-called authority, he boldly struck across uncharted seas. Practical anatomical and physiological research, with a sublime faith in the completeness of nature, furnished his inspiration. From this he never wavered; any shortcomings were charged up to lack of detailed knowledge. The urge to attain greater knowledge was the force which consistently carried him forward without stint of application or strength.

The completeness of the bodily organism—framework, organs, chemism, functions and all its attributes of growth, development, repair—finally stood arrayed before him in its full pristine glory, and he proclaimed: "The rule of the artery is supreme, and the living body contains all the attributes of a vital and physical mechanism." Truly this is a remarkable and fertile concept. It did not come full-fledged, but a bit at a time, as adjustment of framework and manipulation of muscles and organs secured results. Later, the significance of the completeness of the body, if structurally intact, and of its curative properties within, if unobstructed, were revealed, perhaps, we might say in a sense somewhat similar to the revealing of the Kingdom of God as within, provided the individual is prepared to understand it. For Dr. Still was a deeply religious man believing absolutely in God's perfection, and fully aware that knowledge and understanding come only through first-hand experience and constant labor. Such are the requirements for obtaining wisdom.

It was nothing short of a revolutionary concept to view the body

as a biomechanism, subject to primary change in its physiological physics instead of through its biochemical properties. It means that the body is a complete vital organism, containing inherent self-regulating mechanisms; and that therapeutic approach must be through structural readjustment rather than through medicinal chemistry. It reversed the supposed relative relationship between chemism and structure, by discovering that only through correlated structure and rational diet can chemical requirements be normally expressed. It established the fact that natural chemical immunity is dependent upon normal nutrition of tissue.

With the insight of genius Dr. Still went straight to basic principles, the controlling forces of circulating fluids and nervous impulses. Arterial supremacy, not chemical supremacy, was his unerring guide. This viewpoint revealed a veritable new world of physiological processes and organic properties. It opened up a vast field for scientific investigation and research.

The structural body is by far the most complex of all mechanisms. It is subject to mechanical law, in both health and disease; one form of the latter being simply a condition of disordered structure. In other words, an important factor of health is that every structural tissue—bone, muscle, fascia, ligament—must conform to definite position and relationship. This represents the plane of structural or physical mechanics.

That the body is a structural mechanism is one fact. The analogy holds true as far as it goes. But the body is much more than this. It is also a vital mechanism; and as such it presents a vastly different problem. In fact so vast is the difference that in the one instance it may be conditioned from without, while the vital mechanism is conditioned from within, with all the properties of biochemism imply.

The body contains within itself the properties, active and potential, that promote growth and development, that maintain health and prevent disease, and that repair and heal worn out and damaged tissues. These elements are inherent, awaiting only opportunity, structurally and environmentally, to assert themselves. After all it is nature that does the curing. The remedy is within; recovery finds full expression when all circulatory channels are unobstructed. Such statements seem almost trite today; but a very short time ago they were revolutionary in character.



This brief reference to structure, healing properties and adjustment is predicated upon a science or a school of the healing art. The concept has a solid anchorage, for the osteopathic school of medicine is consistent and logical, being founded upon definite, distinct and complete principles. It is not a fragmentary viewpoint, nor a passing development of science, nor a therapeutic method only.

Its completeness in principle and practice is an outgrowth of bodily completeness, embracing the entire vital mechanism in both prevention of and recovery from disease. It presents a characteristic etiology, pathology, diagnosis, prognosis, therapy—a combination possessed by no other school. Moreover, it is anchored to the substantial facts of anatomy and physiology, facts as true today as they were yesterday and will be tomorrow. True, there will still be additional detail of knowledge, wider application of principles, and greater refinement of practice, but the importance and significance of structure and function will remain. Herein rests its solid foundation.

The osteopathic concept is a new interpretation of structure and of inherent chemism—although less new at present than a few decades ago, for unquestionably other schools of medicine are rapidly approaching, in both thought and practice, the osteopathic viewpoint. Many of its principles relative to recovery have been incontestably confirmed. What is of even greater importance, however, is the field of preventive medicine—a keeping structure intact and function conserved. It is of greatest value in maintaining health, efficiency and immunity.

The *modus operandi* of adjustment therapy has played a very important part in the discovery and development of osteopathy. The first manipulative efforts were tentative, but results encouraged greater skill and a wider field of application. This meant increased interest in anatomical and physiological research and a thorough education of the tactual sense. The evolution of the osteopathic theory was not of the nature of a brilliant idea preceding actual demonstration. Clinical work, experimentation and hard grinding research marked the road of progress. Long years of toil, of penury, of lack of recognition were faced with unflinching courage. All this time the man stood out undaunted. With each new year there was added promise of the future. The

ability of the skilled technician held him to a solid anchorage. From a method of treatment there was a gradual working back to origins. The first grasp of the science was the elemental one of the mechanics. This gradually led to a full recognition of the underlying principles, to the meaning of a vital organism. This marked the step from manipulative routinism to operative adjustment, to specific normalization. For a mechanism is not manipulated, it is adjusted in accordance with definite indications. So it is in osteopathic therapy. This demands an intimate knowledge of normal structure, but a further requisite is tactual appreciation, or ability to evaluate the feel of tissues. Without this essential step leading to clinical sense one cannot become a technician.

Structural maladjustment of the bodily mechanism reveals a new and characteristic field of pathology akin to certain aspects of surgical pathology. This is not implying that other fields of pathology are nonexistent, rather, it gives them a different interpretation, relative values and setting. One of the prime features and values of the osteopathic concept lies in its recognition of the early beginnings of disease. This is a living pathology that precedes and establishes many of the well-known morbid processes, and early recognition is highly important. Dr. Still was particularly insistent that the practitioner should use his own God-given osteopathic brain and not be obsessed by the latest theory or echo or get lost in a maze of conflicting ones.

The osteopathic lesion is "any structural perversion which by pressure produces or maintains functional disorder." The resulting pathological condition is an abnormal expression of correlated structure, involving all tissues of the physiological unit. Owing to the involvement the unit is differently organized from the normal, structurally, functionally, and biochemically. The relationship of the normal values is differently organized from the normal, structurally, functionally, and biochemically. The relationship of the normal values is changed, for the derangement of nervous and vascular tissues impairs organic integrity. Thus the links of the chemical chains are involved, and a prediseased state is established. Osteopathy does not make a fetish of the cell and its chemism. The activity of the cell is not independent nor supreme. Osteopathy demonstrates that the interplay and

interdependence of afferent impulse and motor tone, of cerebrospinal and sympathetic mechanisms, of circulatory and chemical properties is based upon structure (not the chemical cell alone) as the unit of physiological action. It is the forces which change structure that first require attention in order that nature may heal the tissues.

Nature herself no doubt adjusts many of these lesions in certain instances, which is the substantiation of her inherencies, but a distinctive osteopathic pathology occurs and remains in others, due to an inability to meet all deleterious strains and stresses. This has been confirmed by clinical and animal research. The degenerative effect upon spinal cord centers and sympathetic ganglia, the damage to the endothelial cells of the artery, with consequent diapedesic leakage of blood tissue, the pathologic changes in glands, involving the chemical elements of secretions—these are some of the characteristic and significant basic lesion effects preceding systemic disorder. They comprise distinct and demonstrable predisposing factors of organic disease via vasomotor, visceromotor and secretory fibers. They precede the so-termed active ones of toxins and infections. The mechanism is crippled, impairing tone, nutrition, resistance and immunity. The more immediate effects of structural lesions on afferent nerve fibers, muscles, fascia, ligaments, disks and bones are readily noted. These comprise tension rigidity and fibrosis of muscles, fascia, connective tissue and ligaments, local edema, acidosis, diapedesis; edema and inspissation of intervertebral disks; nutritive changes of the articular planes and malalignment of osseous parts, with lessened range of joint movement and distinct immobility—a characteristic array of structural perversions that through tension and pressure effects upset functional order.

Dr. Still was not opposed to the facts of medical pathology and diagnosis. It is the interpretation of these facts, their relative values, combined with our own distinctive methods and findings, that mean so much osteopathically. Clinically unproved theories that consider only symptom pictures or effects were abominations to him. They do not get at the source or cause of disease; they reflect only a certain status. He realized that it is easy for the student to fall into the rut of the drug bias, to observe only through the tinted medical objective an array of constantly changing

chemical hypotheses which rarely deal with first causes, instead of remaining on the solid ground of anatomy and physiology. He insisted repeatedly that the student should make applied osteopathic anatomy, its construction, functions, mechanics, palpation and feel, a complete absorption. Only by making it the major portion of one's thinking, living and practicing self do the truths become actual realities and only thus is requisite skill attained.

What may be termed the master tissues of the body are the circulatory channels and nerve fibers. These control all organs. The same underlying principles are applicable to all areas. Naturally the spinal section receives marked attention, for the reason that it encases highly important nerve centers, is readily deranged and can be adjusted. Osteopathic diagnosis and therapy, however, is applicable to every part of the bodily organism, to all structures and functions.

Osteopathic science includes a characteristic field of diagnosis as well as of pathology. Changes of structural alignment, position and relationship, the various and varying degrees of tone, elasticity, and resiliency are some of the readily noted conditions, expressive of the play of inherent and environmental forces. In fact, they are parts of the bodily condition. It is necessary that these should be observed, analyzed and evaluated. There are characteristics of a surface type, such as temperature changes, edema, and the many manifestations of the nutritional status. Then there is the organic field of position and relationship, embracing the entire ventral area of chest, abdomen, and pelvis. From the upper aperture of the thorax to the floor of the pelvis is a section as amenable to osteopathic principles as any other area. The field of applied osteopathy here is beyond compute. Every viscus and tissue and their concatenated mechanisms of circulatory, nervous, chemical and muscular functions should be studied not only in their relationship to spinal segments but as possible independent sources of osteopathic lesions, for the body as a whole is the basic working unit. Abnormal strains and stresses are not confined merely to the spinal section. Lymphatic drainage of the neck, rib marrow functioning, the status of the mediastinum, diaphragmatic tone, biliary tract patency, duodenal circulation, abdominal tone and resistance and physiological balance of the pelvis are typical illustrations of what may be involved by osteo-

pathic lesions. Broadly speaking, every viscus, gland and cell, every nervous mechanism and chemical property, conditions every other function and the body as a whole; and the body as a whole, as a working unit, conditions every structure and function. This, to Dr. Still, was no more than complete anatomical and physiological data, to which the principles of osteopathy are applicable.

In fact, the diagnostic field is coextensive with that of pathology, which means it is as unlimited as the possibilities of structural derangements are unlimited. The complexities of the mechanism are without parallel; likewise the possible innumerable individualistic lesions.

Diagnosis of individualistic and specific lesions is a part of the work that Dr. Still dwelt upon. To understand this is to possess the master key which unlocks the door to the art of osteopathic practice. It demands a working knowledge of applied osteopathic anatomy which includes a thorough education of the tactual sense. Applied osteopathic anatomy is *not* academic or descriptive anatomy. An anatomical fact is not simply an anatomical fact, any more than a pathological fact is just a fact, or a chemical reaction an isolated phenomenon. Instead interpretation of the fact is an open sesame. Upon the correct interpretation or diagnosis of the specific factor of a lesion, its relative and sequential qualities, depends the effectiveness of adjustment therapy. Anatomical lesion facts are not merely static conditions. They present a dynamic condition varying in import and degree in accordance with locality and character. Thus they are not only of great variety, but they are also individualistic and specific. They are confined within the limits of underlying principles, but the application of the principles is without limits. This is why interpretation or diagnosis is both difficult and all-important. Evaluation and judgment require experience and the wisdom of clinical sense.

Theoretical knowledge of osteopathic diagnosis is simplicity itself compared with a practical working knowledge. There is a vast bridge to be fabricated by the student when he comes to the clinical application of the theory of osteopathy. Perhaps no other art is more difficult. A life period is none too long in order to approach thorough efficiency. Dr. Still insisted that the student's training in the art of palpation should begin during the first year

of the college course, when the brain is plastic, so that the work becomes a part of his thinking and acting being. Not only must the feel of tissue be made a living reality, but in the operating technic there must be perfect coordination between brain and hand. Dr. Still believed that native ability for marked success in osteopathic diagnosis is an essential, quite similar to that of inherency for expressing mechanical principles and developing the clinical sense. There can be no short-cuts, no royal road. Even many preconceived medical theories are detrimental, for viewpoint and objective are different. There is no rule of thumb, no routinism, no cut-and-dried methods, to fall back on. Every case, yes, every application, is individualistic, standing out as a distinct and special problem. Basic principles are the only guides. This demands a thorough knowledge of normal living anatomy, structure and function, as revealed by palpation or the tactual sense. Every reaction of the body is registered somewhere, somehow, by posture, configuration, conformation, alignment, texture, nutritional condition, tone, tension, elasticity, resiliency, surface temperature.

In the abnormal field there is always something new, something different, and of various gradations, as different and distinct as individuals are distinct and varied. The indices of abnormalities in any two cases are never the same. Instead there is a living, pulsating, dynamic being to be studied, a being wherein static qualities are simply relative, wherein every physiologic reaction presents a new aspect of dynamic structural registration. Nevertheless it is a completed being, confined in action by definite natural laws based upon a structure the whole of which is unmistakable. This is what makes osteopathic applied anatomy so different, so difficult, from any other school, but by the same token why it is so efficient when correctly interpreted and applied.

Back of all of this are the strains and stresses and forces of bodily and environmental reactions which bring about these changes. To note the structural and functional changes is one thing, but to ferret out the causes is quite another. Daily reactions as shown subjectively and objectively include a study of the individual's heredity, his thoughts, his work and play, and his environing role. These comprise forces which determine, as well as develop, his being. The play of these forces is defined within him and are

registered in both health and disease. To observe and analyze these registrations is part of osteopathic procedure—in fact, most important, for they deal with first causes and early beginnings. They should be studied if one expects to get a complete clinical picture, and what is of still greater importance, to prevent recurrences of disorder and to keep the individual in health. Again this demands individualistic, specific and creative effort. Upon this depends the validity of osteopathic prognosis.

A characteristic prognosis is another distinctive field of the osteopathic school. The reason for this is pregnant with facts. Osteopathy obtains results where other schools fail. Indeed, osteopathy represents something far different from a mere method of therapy.

Osteopathic prognosis is as evident as osteopathic pathogenesis and diagnosis. It is on the same plane of reality and activity. It is the probable change that will occur when the structural units are correlated. Its fulfillment is dependent upon the inherencies and potentialities of the organism, the character of the lesion, and the ability of the technician. This may mean no less than health. If osteopathic prognosis did not represent something better than what is offered by other schools there would be no reason for our existence.

Osteopathic prognosis is as different from other prognoses as is osteopathic etiology, diagnosis and therapy. The osteopathic concept runs through the entire gamut of the science and art. This, indeed, is why osteopathic science is classified knowledge applicable to the natural history of disease.

Normalization means to free the active properties and to render active the potential ones. An encumbered vital mechanism upon the plane of the physical is always a prediseased condition. Vital properties include the curative media. They are dependent for expression upon the status of physiological physics. Arterial supply must be present in both normal quantity and quality. Every unit should be correlated. This is why osteopathic prognosis is a potential factor depending upon the constructive ability of the technician.

Too great emphasis cannot be placed upon the fact that correct interpretation is the keynote of osteopathy. Morbid anatomy is perverted physiology. It is just as natural (that is, in accord-

ance with natural laws) as the normal. For both abnormal and normal are conditions, no matter how undesirable the one may be. It is the *condition* that requires consideration, study, analysis. Disease is one condition of the organism. It is a universal principle that all conditions of body and mind are continuously tending to approach the norm, or the condition termed normal. The physical forces of technic operation are converted into terms of physiomechanics. This rearranges the biochemical properties so that a condition consonant with the normal may be established.

Osteopathic technic or therapy is a natural, logical and scientific method to assist the processes of nature in this operation. It consistently follows the osteopathic concept of disease. For this reason Dr. Still developed osteopathic technic on an operative basis—not on a routine or manipulative basis. The difference is a vast one. It is frequently the difference between success and failure. In a word, it means definitely and specifically attacking the forces which involve the structure.

The application of science is no less than the reshaping of material conditions. Upon the successful utilization of the principles does the art of osteopathy depend. The ability of Dr. Still is shown by the kind of work he produced. Creative technic ability is applying the principles indicated in each problem, but this is no small task. Otherwise, there would be a gravitating to mere formulas. It is the fine distinctions that require elucidation. The art and science of osteopathy are consistently interwoven throughout the entire concept, historically and clinically.

Osteopathic operative adjustment is based upon the same fundamental viewpoint of the vital organism as is osteopathic diagnosis and prognosis. Every case or condition exhibits definite and unmistakable factors and features, although expressive of general underlying principles. Even every succeeding adjustment or treatment of the same case presents a new pathological picture, provided preceding efforts have been effective; for every successful effort or operation changes the complex play of forces and chemical properties, resulting in a new index or definition or registration. This is why every treatment demands initiative or creative effort, for the presentation is always something new, specific, distinctive. This, aside from results, is why osteopathy is so fascinating scientifically and practically. It is a science and art that challenges initiative and skill.

It is the minutiae and delicacy and complexity of mechanism that is so engrossing to the practitioner; and this is where his art receives its greatest test. Here is where the tactual sense, initiation and skill in operation require exactness and a knowledge of proportional values. Tensed tissues must be released; delicate vessels freed; sensitive nerve centers relieved; chemical properties rendered active; glandular tissue stimulated; lymph spaces drained; organic functions normalized; and all unified structurally and functionally into a complete whole.

Dr. Still looked upon nature as a system of cause and effect, health being maintained by conforming to its principles. Trauma is one obvious cause of damaged or crippled mechanism. The imbalanced strain of muscular and ligamentous tension, due to faulty posture, overwork, or deleterious habits, is another cause of disorder. A series of repeated slight injuries may be equal to or even greater in effect than pronounced traumatic injury of short duration. In fact, all environing forces are factors for either weal or woe. Any imbalanced strain, any abuse of function, any dietetic impoverishment or deficiency is quickly felt by, and registered in, the tissues. The effect upon the interrelated structure and function is one of lessened mobility and activity, disordering the very cells or building blocks of framework and organs. Various defensive mechanisms and properties are enlisted to check and repair the damage.

One of the most interesting of the processes is fibrous tissue formation. From a practical technic point the physician is called upon to study its characteristics. It is one of nature's methods of maintaining structural continuity in order to avoid interruption of function. Nevertheless it is a condition which commonly leads to lessened tone of muscles, to increased rigidity of ligaments, to added inhibition of nerve impulses, and to greater obstruction of circulating fluids. It is a splendid example of a vicious circle. At the same time it is one manifestation of a type of low grade inflammation which comprises an important feature of lesion pathology. In order to overcome its ill effects the therapist is obliged to utilize one of the most interesting chemical mechanisms within the body, the proteolytic ferment. Dr. Still spent much time and thought in perfecting a technic which would meet the requirements of this chemical property.

Living tissues demand sufficient open air exercise in order to keep parts and functions in healthful tone. The roles of sunlight and afferent impulses are highly important. There should be an avoidance of either overuse or abuse. If such is not the case structure becomes impaired and a prediseased condition exists; one that leads to faulty chemism and metabolic abnormalities. A condition in which tone and physiological balance are upset means lowered resistance, and thus immunity is affected. In all instances in which chemical properties are not normally active nor the potential ones at the body's service, a fertile field for pathogenic microorganisms is prepared. Stasis of blood and lymph is the pathologic soil in which the seeds of disease may take root. Toxins and infections become rampant, and disease follows. How to keep the tissues in a healthful state is part of preventive medicine. How to change the tissue soil and thus render the germs impotent is an important part of therapy. Therapeutic measures should not be confined to just an eradication of the foci. Consequently physical readjustment, rational dietetics, and open air exercise are of basic import.

The subject of immunity leads into the complexities of chemistry, as well as those of structure and environment. The structural and environmental factors have been stressed, owing to their foundation principles. The capstone, however, is immunity. This is part of the completed edifice, the condition whereby health is maintained and disease prevented. Dr. Still's acumen and talents directed him toward measures and means to influence and control the chemistry of glands, organs and fasciae, fully convinced that arterial integrity is the bedrock of health. The keystone of the arch of applied osteopathic science is the freeing of circulatory fluids. For natural chemical immunity is dependent upon normal arterial supply, which, in turn, is dependent upon normal adjustment of structure. This is the essential character of osteopathy, the very nucleus of Dr. Still's discovery. Structural operative mechanics is a method for physiological chemical release, for physics and chemism are complexly associated and integrated. It has withstood the acid test of every day practice. It is the crux of all worth-while methods of therapy and surgery. Upon this solid base of living facts has osteopathy been built, and scientific experimentation has confirmed its fundamental truths.

It is remarkable how many theories of Dr. Still, in addition to

the general concept of osteopathy, were decades in advance of scientific confirmation or even fore-shadowing. Many of his ideas pertaining to biochemistry, to the action of glands and connective tissue, to the repair of cells, and his distinct theories regarding ferments and immunity, are being substantiated today. The present activity and resources are truly wonderful, developing a refinement of investigation and extending a horizon that is most creditable. Such worthy work becomes the heritage of the science world.

The same earnest development of the field of surgery is also going on. Its greatest danger is the one of abuse. It, however, carries a negative viewpoint pertaining to drug measures that is rather outstanding. If these were successful, surgery would not be called upon to attempt so much. Neither would the afflicted be literally compelled to seek other fields.

Osteopathy is thoroughly in accord with the modern development of sanitation, hygiene and dietetics. Much has been accomplished for both the community and individual in these important fields of applied science. Although sanitary and hygienic measures are not to be neglected, their observance cannot supplant the necessity of physical readjustment. Only through anatomic completeness can these operate to their fullest extent. The same is true of dietetics or of the chemical elements that compose the body. To restore normal functions of digestion and assimilation is not necessarily a simple problem of a balanced diet. Results often depend upon the ability of the mechanism to utilize such a diet.

Modern laboratory and clinical diagnoses comprise both new methods and refinement of older ones. This work is indispensable to a better understanding of the broad fields of anatomy, physiology, and disease processes. It signifies greater practical knowledge of physiological physics and biochemistry, and consequently greater specificity in therapeutic application. It helps to clarify the field of pathogenesis, and the measures required by nature in order that repair and recovery may take place. It encourages the osteopathic physician to do still better work—not only through the added osteopathic confidence engendered, but by giving him a finer conception of the meaning of minutiae, of its specific application, and of the relationship of both to continuity of structure and unity of function. All of this means progress and development.

Osteopathy is a progressive science and art. Dr. Still constantly iterated that his knowledge was only in its infancy. His watchword was "Dig On."

Thus there should be a correlation of all findings—structural, functional, chemical—in the new fields of development as well as those of the past, for they exemplify the same underlying principles. This is strikingly shown by the operative technic factors of precise leverages, direction of applied force, gentleness, timing and spacing of treatment, each measure being based on an appreciation of underlying pathology. In every instance there should be unmistakable correlation accompanying the constructive effort. It is necessary that technic development should keep pace with added knowledge of structural lesion pathology, of applied physiology, and of chemical control. Clinical research, laboratory investigation, and animal experimentation are resources to be constantly cultivated. All of this comes within the osteopathic concept, for the science is nothing short of all anatomical and physiological knowledge.

The very depths of this knowledge may be unfathomable, for, as Dr. Still said, "To know a bone in its entirety would close both ends of an eternity." Aside from the profound philosophical implication we know that osteopathy is a substantial, concrete viewpoint and practice, not an abstract or visionary idea. It works. It gets results. It actually cultivates the fields of living facts. It is an applied science coextensive with the truths of anatomy and physiology.

Dr. Still blazed a trail that is unmistakable. What we term natural laws confine, control, and modify the vital organism. Dr. Still discovered the character of these laws. He learned the laws because he started with the facts. The innumerable applications of these laws comprise the field of development. Structure and function and chemism are complexly interwoven into a complete vital unit. No part, however, can be greater than the whole, and each must be consonant with the others. New facts and discoveries are not, and cannot be, isolated phenomena. They may have certain distinctive qualities, but basic principles applicable to the whole control them.

It rests with the present and future to keep in step with the solid progress of the past. Just as long as man remains on earth



clothed in a physical vehicle will osteopathic or natural laws control the physical being and inherent chemism remain a fact. Just as long as an area remains unknown will osteopathic principles guide the investigator, for osteopathic principles are basic, thoroughly grounded in living and demonstrable truths and coextensive with the requirements of physical welfare.

#### TRIBUTE TO DR. STILL

By H. L. CHILES, D. O.

Since Dr. Still died, I have pondered over those poignant, pregnant years. Those determining purposeful years of his career, from the time he left Kansas until the school was founded in Kirksville, and he knew that he had succeeded. Let us try to interpret the events of those years.

Perhaps few of us living in cities and larger towns today can visualize the mid-west of the early seventies. Settled scarcely two generations before, the original settlers and their sons still tilled the land; debt hung over almost every head; there was little currency in circulation. Trading what you had for what you wanted was the means of living. The war between the North and the South had ended a scarce half dozen years before, to which many thousands of the finest youth and young husbands from the farms had gone, all too many of whom had not returned. Nature, too, was at its unkindest; the fierce blasts and snows of winter gave place to impassable roads and tornadoes of spring, followed by the withering winds and blistering heat of summer, when often the locust and grasshopper devoured every growing thing. The financial panic of '72 and '73 had reached the village and the farm and the hope or fear of the greenback era excited men's minds.

We should get this condition of affairs firmly fixed in mind, because into the center of this picture a man, courageous and resourceful, pushed his way to teach a new doctrine of health to men sullen and maddened by their lot. Life was serious for them. Religion was serious and their medicine was akin to it. They were set hard in their ways and there was little tolerance for innovation of any kind. To a state of mind such as this Dr. Still must appeal.

Andrew was quite a man in his Kansas community—physician,

farmer, millwright, legislator, patron of higher education. One wonders why he turned his back on the position he had made, and the relationships he had established. A revolution was working within him. For many years, he had practiced medicine according to the general acceptance; he could do it no more. When he discarded blue mass and quinine, the supposedly God-given agents for human ills, even those who had respected him before refused to hear him longer. A greater teacher, then, he had been forced to leave a community because his own received him not.

So we find Dr. Still at 45 years of age leaving behind him the families he had ministered to; the University he had given lands to found; the State he had helped to organize and govern, to search for soil in which his truth could take root and grow. Whenever I think of this call of Dr. Still to the East there comes to me the call of another man from the Ur of the Chaldees to the hills of Palestine, and I think the object in each case was the same—to find new people who would hear. Abraham by this act became the first Jew, and Dr. Still's immortality becomes largely what you and I make it.

Perhaps most of us admit that at times in the far past Providence has seemed to take a hand in the affairs of men and produce one when a man was sorely needed. If the over-ruling Being ever did this, when did He stop? Why did He stop? Why not do it now and what more worthy of Providence intervention than to produce a man who could convince people that their bodies were the work of God Himself; pronounced by Him "good," and potentially complete, if not perfect, the masterpiece of his creation, which He had planned to run as He had made them, with the necessities for repair, rejuvenation and health within them?

I believe it was never Dr. Still's idea that he was giving a system which was merely to make a living for those who practiced it, or merely another method, which people might use interchangeably with other methods. He was establishing a new, fundamental, concept of the body as a miniature universe, in harmony with its laws and blended with all universal forces; complete and capable of carrying on, if kept intact, without chemicals added from without. I think he expected us, who practice it, to believe in it as such a philosophy of life, and teach that view to those who come to it for health.

I have no wish to hook up too intimately health and religion, though it has been successfully done, yet people who have this respect for their bodies, which God called "good," and believe that they have within them what they need for long life and happiness, realizing that the Kingdom of God is within, have a different outlook and attitude from those who are chasing around the corner to avoid a person with a sneeze. If you and I had just a little more of the fundamental concept that Dr. Still had, believed and respected it as a God-given heritage, a new zeal and courage would take hold of people who seek health through us.

When Dr. Still was alive and I heard the stories of the acute privation, the disappointment, the sneers and attempts at humiliating him which he endured, I felt inexpressibly sorry that what he gave us cost so much. But I have no such feelings any more when I see the revolutionary philosophy which came out of it and the man of transcendental qualities developed by it. We pass over the travail of the hour for the glories and triumphs of the new birth to last for all time.

A wise student of the Scriptures said that perhaps the birth of the Savior was delayed many generations awaiting the coming of a woman worthy to be the Mother of the Son of Man. Maybe the advent of osteopathy was delayed awaiting a man with the intelligence, industry, courage and the genius to conceive and develop it, and who knows, a wife of endurance and willingness, with the certitude to uphold her part, to go along.

ANDREW TAYLOR STILL\*

H. G. SWANSON, M. A., D. O.

In approaching this occasion I am poignantly conscious that there are many present whose knowledge of the subject springs from an intimate and personal association. Obviously the devotion of this hour could be deepened immeasurably by the efforts of those who touched the hand, heard the voice and beheld the form of Andrew Taylor Still. But, it cannot always be so. Altogether too soon each of those whose privilege it was to know him will have gone, and perhaps it is well that those of us whose knowledge has come only because we know his works should help now

\*Presented before the Northeast Missouri Osteopathic Association, Kirksville, December 12, 1932.

to commemorate his name. Albeit a decade and a half have passed since his feet trod this earth, his name changes not. From the ends of the earth eager youth come to gather of his fruits and to give a life in the service of this cause and humanity in increasing thousands seek out his disciples wherever they are to share in the benefactions of his great life. Happy am I, then, that mine is the voice which speaks at this hour for those who come to give and those who come to receive.

It would be delightful indeed to recount again all the scenes from that August 6, 1828, through the more than eighty-nine years of his life and none of us would be weary with the telling and retelling. It is with a pride that is just we view that span of years. Rarely has a life been so brightened with romance, charged with adventure, crowded with conquest, and crowned with victory. It would stimulate us all and fix a higher purpose in each of us to consider alone the public service which all but consumed his life. We marvel at it all, and note with wonderment his labors in the law-making body of his state; military services in behalf of human freedom under his government; sacrifice and vision that his neighbors' children might have opportunity for higher education; the building of a great infirmary that the afflicted might have health; and starting on its way a great school that men and women yet to be might learn a better way to keep health and do battle with disease. But the simple pleasure derived from the story of his magnificent life will elicit the admiration even of our children's children while time shall last.

More significant than illustrious deeds performed are those qualities of character which enable—nay impel—that achievement which is attributed only to the really great among all mankind. These qualities belonged to Andrew Taylor Still. They were of him; they were the man, himself. Chief among those attributes of character was an inspiring courage almost reverential. We can only strive to understand that courage, we cannot comprehend it. It was a courage that withstood the onslaughts of hate and the pleadings of love; the insistence of necessity and the temptations of comfort. If that courage drove him from ease and complacency and directed him along a tortuous road, it brought him to the heights where only the immortals dwell. When the swift and deadly blight of a dreadful disease swept children of his own flesh and

blood into eternity, that courage drove him to a profound study of the causes of life and death. Living as he was on the outer fringe of a new civilization he was far removed from the seats of learning and the catalogued wisdom of the ages, but that courage which approached the sublime was sufficient for all obstacles.

Perhaps of greater import in the making of his life than the matchless courage which drove him on was the philosophic attitude of mind possessed by Andrew Taylor Still. His was an enquiring mind. He could not be subservient to rule. He had to know the fundamentals. To know what he had to know cost many years of his life but it enabled him to produce a science of life brilliantly illuminated with a philosophy of life. It was not enough for him to know that life is function. He must know that in natural life all function is complete. He could not be empirical; reason must rule.

Andrew Taylor Still had reached an enviable position in life it would appear to the common man. He had houses and lands; he had admiring friends and social position. He was a physician, a doctor of human ills. He was thoroughly familiar with current therapeutic practices of the day and time but he had seen his own best efforts to save life fail. He was by his very nature a keen observer and logical thinker. He could not be satisfied with the failure of his therapeutics and his inquiring soul inevitably turned to philosophic reckonings. There was combined in him practical thinking and courageous mental adventure. Progress was the inevitable result.

That restless, probing, searching philosophic intellect was eternally peering beyond the horizon which circumscribes the life of the average man. Courage prompted the forward march and reason took command. By sheer intellectual strength he acquired complete mastery of the structure of man. But in addition to mental capacity to acquire facts, Andrew Taylor Still possessed those higher and rarer powers of interpretation, association, and reason with which he saw the relationships between perfect structure and perfect function; imperfect structure and imperfect function. But even this was not enough. He must know the why of the relationships between structure and function. Mind you, he could not call upon finely equipped laboratories for proof of his thought. There were none. But true courage will not be

denied and Andrew Taylor Still turned once again to the great laboratory of nature and through many toll-taking years he lived in heroic struggle. From the handiwork of God he learned that disturbed structure produced impaired function. But, he was not through. There was yet something more and this man as he stood not alone on the frontier of a new empire, but far out in the van of scientific thought, let fall in crystal-like clarity upon a world incapable of receiving, the theory of self sufficiency. He had renounced what the world had accepted because it was empirical and had offered a new science because it was founded upon a philosophy that was rational. A knowledge nothing less than perfect could quell the charge of his courageous spirit. Books and charts made by mortal man were not for him. Things living and dead must yield to Andrew Taylor Still their own secrets of the mysteries of life and death. He did not know and it did not matter that contemporaneously Lister and Pasteur in another world were about to shed light on fragments of the same problem. They had to but command and all the agencies of what was best in world achievement was at their behest. He was to travel alone an unblazed trail and commune with none but Nature and Nature's God. They were but to contribute to an existing therapeutic science. He was to create the whole anew. Theirs was an evolutionary task; his was revolutionary.

It is but three score of years since Andrew Taylor Still first gave utterance to his new-born concept of health and disease. It is not quite the allotted span of a single life. It is a brief period, indeed, in the annals of even this swiftly moving age. But those deeds which have most profoundly influenced the trend of civilization have been conceived and performed within the life span of a single individual. Lincoln lived less than sixty years, but he changed the entire course of our government and gave a new meaning to the Brotherhood of Man. The life of Theodore Roosevelt was brought to an untimely close at three score years and one, but he had lived enough to supply a vital spark to a lethargic and complacent people and lead them into a vigorous and assertive nationalism. After Woodrow Wilson had reached the noon-time of life, he walked from the sheltered portals of an old school room into the leadership of a people steeped in the selfish doctrine of provincialism and gave the civilized world an international

conscience. Still, at forty-six, with the warm glow of a successful career shining about him drew aside the veil which parts the world we know from the vast unknown and by his own might gathered in hitherto unknown precepts of natural sciences and modified the trend of therapeutic thought for all time. The same people who prayed that they might never again hear the name of Lincoln; and said that Roosevelt was a destroyer of social institutions, and cried that Wilson was an unbearable egoist, said that Still was a blasphemer against his own God. But now in retrospect, understanding has come with wisdom, and the love of those who know has all but vanquished the hate of those who did not know.

It was on June 22, 1874, that Andrew Taylor Still first gave expression to the thought that he had discovered a new cause for disease. All of the remaining forty-three years of his life were expended in an elaboration of that thought. We need not here recite, but we can never forget, the perseverance and zeal with which he labored, the want and loneliness which beset him; nor the final plaudits which were heaped upon him in the hours of triumph. We, the disciples of his Art, students of his Science, and converts of his Philosophy shall forever seek to know more of each arduous step; each laborious thought; and each triumphant deed. We have envisioned the testing grounds in the office, at the home, or perchance by the side of the road; we have gazed upon the "Bag of Bones" over which he pondered and from which he wrung the incontrovertible principles of Nature's law. And each word and line which fell from his lip or pen has been the sustenance of life even as nectar to the Gods.

The achievements of the past and the activities of the present fill us with confidence as we contemplate the future. The accomplishments of the past were won with an almost immeasurable sacrifice, a relentless courage, prodigious labor, and an undying faith. The present is sustained by the satisfaction which comes from a labor well done and by diligent service to the cause so well begun. The future is safe only if we keep our faith and do courageous battle under our flag. From our ranks men and women have risen into places of leadership in the affairs of communities, states and the nation. They have given of their many talents. Our material values are now counted in millions and our service paid for in tens of millions. Our name has opened the door of

opportunity to thousands of hopeful young men and women anxiously seeking a better way to serve themselves and their fellow man. Our Art, our Science, and our Philosophy have brought surcease to the afflicted bodies of young and old in countless thousands in all lands and in all climes. Surely Andrew Taylor Still must have been in tune with the Infinite when he said, "The God I worship demonstrates all his work." That single sentence has been a powerful force in directing the destiny of the osteopathic profession. It has been a blazing guidepost along the pathway to honesty in scientific study and faithfulness in public service. It has enabled us all to hold our heads more aloft and fix our gaze to the front more steadfastly. That pointed statement of the convictions everlastingly imbedded in the mind and soul of Andrew Taylor Still marked him as a man of destiny whose works were to become the heritage of all the ages. Somewhere in the Book of Books it is written, "Even though a man be dead, yet shall he live again."

#### A. T. STILL MEMORIAL ADDRESS\*

H. G. SWANSON, M. A., D. O.

We are met in reverential attitude at this hour to do honor to the memory of a great benefactor of the human race and to renew our faith in his teachings. Ours is the noblest of the professions of men. This nobility can be preserved and enhanced only as we so dedicate our lives to its service that posterity shall reap the reward of our labors. It is beyond our power now to ease the burdens or brighten the luster of the heroes and heroines who wrought so well for us in yesteryear, but we can, and it is mandatory that we do, reconsecrate ourselves to the work which consumed their lives and so leave a preserved and enriched profession to the nurture and admiration of those who are to follow us.

Sixty years have passed now since the strong, rugged form of Andrew Taylor Still strode across the frontier of Western civilization and buttressed the wavering structure of medical science with a philosophy of healing destined to revolutionize the thought of the world. He had lived amid the stark realism of the pioneer. He had seen want, misery, and suffering go unassuaged by all

\*Given before the A.O.A. Convention at Wichita, Kansas, July, 1934.

that the science of medicine then had to offer. Flesh of his flesh and blood of his blood has swept into eternity while the ministers of health stood helplessly by. But God in His infinite plans had placed in the brain of Andrew Taylor Still the seeds of genius and when the hour was darkest and hope was faintest light streaked the dawn of a new day. He offered a philosophy of hope in place of that of despair. He offered a doctrine of reason for the dogma of empiricism. Far removed from the great seats of learning, he knew no teacher but the God of Nature, and the great out-of-doors was his laboratory and classroom. From them he drew the immutable laws of life. He saw the human body as a perfectly attuned mechanism, healthful in normal adjustment, sick in deranged structure. He touched the ailing neighbor with his skilled hands and proved the mastery of his thought. Here on this very Kansas soil he let fall upon a world incapable of receiving, the principles of a new healing thereto unknown in the history of mankind.

We did not know him. Nobody knew him. Genius transcends our power to know. He was genius. Maligning critics have said he was only a "country doctor" with the most meager equipment, but studies about to be concluded in the land of his ancestral environs will reveal a heritage of intellectual aristocracy extending backward through four centuries of time. Neither neighbor nor kinsman could comprehend the vast sweep of his thought. Persecution, calumny, and misery stalked his way. But, "truth crushed to earth will rise again," and, through his matchless example of faith in an ideal, right has prevailed and his place is at last indelibly inscribed upon the scroll of the ages.

This great convention is the epitome of those sixty years. It is almost beyond the power of human mind to grasp the scope of our progress or to envision our hopes for the future. No other professional activity has entered a record of achievement in the annals of modern history comparable to ours. In a time less than allotted a single life emissaries of our doctrines have crossed all the lands, spanned all the seas and now the tenets of our faith are woven into the fabric of modern civilization throughout the world. Our foundation has been set on the bed-rock of social need and economic service through institutions which command the admiration of a people literally astounded by our growth and development.

The preservation of independent thought is a cardinal principle of human liberty. The institutions of a democratic social order can be maintained only by eternal resistance to the stagnation attendant upon the orthodox. To remain true to fundamental and to maintain, simultaneously, freedom of thought is the very essence of American democracy. We are in a state of challenge now, always have been, and always will be. Osteopathy was born in that state and every step in its progress has meant toil and perseverance against every obstacle a formidable and vicious opposition could throw across the pathway. But, to that opposition we owe our strength now and the surest guarantee of the future will be found in the maintenance of an alert, aggressive and belligerent attitude. Succinctly, the problem is whether we dare hold steadfastly to osteopathic fundamentals and resist the social, economic and political demands of so-called orthodoxy, and thereby perpetuate osteopathic institutions. It is a serious challenge. It is just as serious today as it was ten, twenty, or thirty years ago.

In the stress and turmoil of legislative and legal strife, the temptation is often very great to yield to compromise and barter, but the lure of alleged equality in the rights and privileges of practice ultimately proves a disappointing mirage to mock our hopes and shatter our dreams. Our birthright must never be offered in sale or trade.

The intriguing problems presented by prospective patients and the pain of monetary reward often lead some of us to assume an apologetic attitude for the faith that is in us, and we undertake to minimize the differences between osteopathy and other systems of practice. A vacillating personality never inspires confidence, and the fact that we are different is what has made us what we are and upon that we must stand with positive assertion. Negation is the policy of self destruction. Affirmation is the policy of life. Recently it was my privilege to visit one of our number in his office in a distant city. For a third of a century this advocate of osteopathy has been standing before his public with only osteopathic service to offer. His office rooms were entirely void of the gilt and glitter which characterizes so many places where everything for which there is any market is sold. This doctor characterized his long service as one of great personal satisfaction. His appointment books were full; his material comforts were provided; his

place among his neighbors established; his profession honored; and I felt that I had been in the presence of one who had the peace of mind and the joy of heart which comes only through knowing that fidelity and loyalty are the prime essentials in living a well filled life.

The seductive temptation of "easy money" is a destructive influence on the moral stability of any profession, and like the enchantress of ancient myth and fable each passing fad and ism with fawning face and winsome voice takes its toll from us. Only yesterday I sat in my office as Dean of the great osteopathic college which I have the honor to serve and summoned one recently clothed with the proper authority to practice osteopathy. I told him of one of our members whose declining years had made it necessary for him to have some assistance in the conduct of his work. I inquired of this young doctor whether he would like the opportunity to join this older physician and help to reap some of the reward of a quarter century of practice. This young man inquired of me, "In what state is the practice located," and when I replied he said, "The law of that state will not permit me to do anything but treat osteopathically and that is not the kind of practice I want." I looked intently into the face of this handsome, upstanding man and was overwhelmed with the realization that his education in osteopathy had fallen short of the desired purpose. I was not discouraged, but I did resolve highly that in the future I would strive even more earnestly to fix the true educational objectives unmistakably clear. Those stalwarts amongst us whose skilled hands have achieved results where all things else have failed are the pillars of strength supporting the structure of osteopathy. They have borne the brunt of the battle and to them we owe all we are today. The debt to them can be paid only as we resist the lure of each passing fad and fancy and remain true to the fundamentals of our science. Great institutions may rise and command the admiration of multitudes, but the life of osteopathy depends upon the least of us as we do the work of the day in obedience to the immortal precepts which sprung from the brain of Andrew Taylor Still.

We stand today at the bier of Still and at the grave-side of our comrades whose forms are stilled in death and stretch our arms across the misty way to the hand-clasp of eternal truth that their labors shall not have been in vain.

## DR. STILL'S CHALLENGE—OSTEOPATHY'S RESPONSE\*

H. G. SWANSON, M. A., D. O.

It is in the very nature of man to move along the line of least resistance. It is much more pleasant to go around difficulties than to remove obstacles. That is the easy way to live and it is the manner of life which characterizes the average man. But the pathways which lead to progress are never surveyed by the average man. These trails are blazed by the few whose restless spirits and inquiring minds are not content to move with the crowd. Andrew Taylor Still was such a man. He was possessed of the spirit of the adventurer, the explorer, the inventor. He could not have been content to accept the existing order. He had to yield to the urgings of the spirit within him and find the unknown. The beaten pathway was not for him to travel. That way was laid out by his kind for the masses to follow.

The whole world in which he lived fascinated him with its challenging problems. He saw useless waste in the burning fuel which heated his humble home and he produced a better fire grate. He saw the womenfolk worn out with the hard labor of the old-fashioned churn and he applied the principles of centrifugal force to ease their burdens. He was a physician of the old school, but he offered his compatriots a new and better way to alleviate human suffering. They heard him not. Fire grates and centrifugal force each quickly became the foundation principles of basic industries, but the age-old institution of medicine could not break the shackles of its traditional tenets and the challenge of a new idea in therapeutics went unheard.

Thereupon Dr. Still took up the challenge himself. Had his own medical profession been capable of accepting these new principles of therapeutics when first enunciated by him, the rewards of succeeding years would have been rich indeed for that profession. There is no such thing as denial in the presence of great ideas. Truth must succeed.

Left alone, the challenge ignored by his professional associates, Dr. Still, with matchless courage, accepted full responsibility. Few there are in the annals of man who offer and accept the challenge to test the truth of a new idea. But, men of his kind are

\*Read before the Missouri Osteopathic Association at Joplin, 1937.



unafraid. All the remaining years of his life were to be spent in unselfish effort that right and truth might prevail. Almost half of those years brought only isolation, loneliness, suffering and mockery. He was using the only method ever known to be successful in the advancement of human lore. He was using the crucible of time, but he lived to see justification in a large measure. He saw his own skilled hands give relief to those in distress. He saw the idea, which so many years before had seemed utterly fantastical to his co-workers, develop into a complete and rational system of therapy. He saw thousands of his fellow beings regain health and happiness, and he saw other thousands come to learn of this new concept of health and disease. His work was all but done. He had challenged the existing order of things and there was no response. He had challenged himself and had wrought long and well. There remained but one last thing to do. He must go the way of all flesh, but osteopathy must not perish. He challenged his disciples. He challenged you and he challenged me. It is pertinent now to inquire about our own stewardship. We may well ask whether and how well we have kept his faith.

Osteopathy's response to Dr. Still's challenge has been indeed a generous one. That response has won the admiration of thoughtful people throughout the world and today is in the strongest position of its history.

The response made to Dr. Still's challenge is exemplified first in the work of those ten thousand individuals in private practice throughout the civilized countries of the earth. Wherever an osteopathic physician has opened the door of an office and hung out the sign of osteopathy, it has been done in response to the challenge of Dr. Still to his disciples that the fruit of his labor shall not be lost. The man or woman whose practice has been done in the smallest of places has perhaps done as much, if not more, to maintain the idealism of the osteopathic concept of health and disease than those who have lived and worked in the larger and more attractive places. It is in the private practice of osteopathy that the people themselves have come to know its value and what it has to offer to those whose bodies are sick and who live in suffering. It is at the bedside in the humblest home where the osteopathic physician has come closest to the people and where understanding is most and where service has brought its greatest reward.

These private practices established by the disciples of the osteopathic art have been the source of our inspiration from the beginning, and it is from these private offices that the education of the people to osteopathic ideals has been accomplished in the greatest degree.

In the second place, we have responded to Dr. Still's challenge by extending and unfolding to a larger measure the original therapeutic values of osteopathy. Institutions have been established and maintained for the purpose of rendering this larger service. Our hospitals and sanitariums have done much to establish the fact that osteopathy is a complete system of practice. For a long time a great many people honestly believed that our system of practice was limited in character and that concept of osteopathy was a serious hindrance to our growth and development. These institutions are growing rapidly now and their influence on the public concept of the practice of osteopathy is indeed very great and most helpful. In those places where osteopathy has made progress slowly, perhaps no other influence would help quite so much as that which an osteopathic institution could and would exert. Very great indeed is the contribution our hospitals and sanitariums have made in answer to Dr. Still's challenge.

In the third place, the osteopathic profession in answer to Dr. Still's challenge has maintained its educational centers to the end that the system of practice he left to us might not only live but grow as he intended and planned it should. Our educational institutions are sources of a justifiable pride in the contribution they have made toward the perpetuation of osteopathy. Hundreds of young men and women are prepared annually for osteopathic practice. Without them our system of therapeutics would soon expire. These institutions have so conducted themselves that their work today elicits the admiration of educational leaders everywhere. We acknowledge no superiors in the education of physicians. Our students are thoroughly grounded in all the basic sciences of the healing arts. They are equipped with an exhaustive knowledge of authoritative clinical records from the literature of the therapeutic world. In addition to and above all that, our students are endowed with the osteopathic concept of health and disease. They are then, in fact, possessed of the only therapeutic system ever known to man based on a rational philosophy of life.

The material wealth of our educational institutions has so grown that we can and do command the respectful attention of those in high places of authority in the states and in the nation. Certainly, our schools and colleges have contributed a brilliant and definite answer to the challenge of our revered and illustrious founder.

Finally, the osteopathic profession has responded to Dr. Still's challenge through its professional organizations so that today each and every state has crystallized its osteopathic forces into a professional association for the sole purpose of advancing in the eyes of the public to a more advantageous position. The state associations have further brought about the organization of local units so that no osteopathic physician anywhere is too far removed to be denied association with fellow practitioners. The local units and the state groups have banded themselves together in this great national organization which comes together once each year in annual convention. These forces of ours, welded together as they are in professional organization, now constitute a body sufficiently large and sufficiently well directed to be competent in presenting the problems of the profession to the public conscience whenever need be. Our organized influence is a helpful factor in directing legislation in our sovereign states, and in modifying the decisions in our courts. Without this organized mass influence, the osteopathic ship of state would flounder helplessly in the turbulent seas of public strife. With that organized opinion, our course is thoughtfully charted and our progress assured.

It appears, therefore, that the response made to Dr. Still's challenge by his disciples has been one sufficiently strong to give a good account of our stewardship. Very much is yet to be desired and is yet unfinished. Sometimes it appears that we have scarcely begun to set the institution of osteopathy firmly in its rightful place, but enough has been done to elicit the admiration not only of those who have helped to bring about the achievement but also the public at large has great respect for us and what has been done. Ours is a cause in which we may have great and justifiable pride and our record in the maintenance of that cause likewise is one which we may all view with great satisfaction.

To continue at the task so well begun and advanced to the present admirable state is osteopathy's ultimate response to Dr. Still's challenge. That is not an easy job and it will continue to need

and demand the most and the best the members of the osteopathic profession can bring to the task. To go forward as a truly great profession is our common desire and that forward movement can be successfully accomplished by the united effort of all of us. The individual practitioners in the field need more workers in every place. There is not a single community on this continent that could not be improved osteopathically by doubling the number of osteopathic physicians in that community. Our schools and colleges can become stronger and have greater influence only to the exact degree that they adhere more closely and more steadfastly to the principles of osteopathy. Deviation from that policy will defeat our purposes. Our hospitals and sanitarium can grow in influence for our common cause only as the members of our profession support them. The national, state and local associations will be of real service to each of us just to the extent that we permit them to work in our interests. The problems of each of us are also the problems of all of us. Together we can answer the challenge of Dr. Still in the highest degree. Alone we shall fail. What shall the answer be? Osteopathy's response through the past forty years dictates that we shall go on to a complete and positive answer to the challenge left us by Andrew Taylor Still.

## CHAPTER XXIII

EXPERIENCES OF PATIENTS AND OSTEOPATHIC  
PHYSICIANS

THE following cases and experiences were gleaned from valued professional friends of unquestionable integrity, men who pioneered in osteopathic service, men who practiced many years and who owe their success in life to Dr. Still's teachings. They practiced the kind of osteopathy Dr. Still practiced. Call it ten-fingered osteopathy, if you will, which, in truth, is scientific manipulation applied to physical defects or physical variations from the normal. A few cases herein recorded were given to me by individuals who were treated by Dr. Still and relieved of their difficulties without recourse to drugs. Most of these stories were obtained from osteopathic physicians whom I met from time to time at conventions and other meetings held in different parts of the country.

Dr. W. J. Conner, like myself, came from a family who were among those Dr. Still called his best friends. I am giving his reports verbatim because he has had experiences so similar to my own that I want the profession and the public to learn from him, in his own language, about his contacts with Dr. Still. I have known Dr. Conner intimately throughout all the years of his professional career. It is a great privilege and a pleasure as well, to have these reports from the pen of Dr. Conner himself:

"When I was about sixteen years old I developed a very bad case of hemorrhoids. Various doctors whom I visited gave me no hope of a cure except by an operation so I suffered along for several years, getting what relief I could from various lotions, and taking frequent rests from my work. In fact, I could do no heavy work, such as lifting or pitching hay. I always took the riding jobs and let the other boys do the heavy part.

"After five or six years of suffering, somebody told me about Dr. Still. One day when I was feeling badly, I called on him at his residence and asked him if he could cure me. He invited me into his office, where, without further ceremony, he proceeded to give me a treatment, which lasted about one minute. He straightened

the coccyx. Then he explained what he had done and why he did it. He said that I would be all right now. He did not suggest that I return for another treatment. I asked him what I owed him and he said one dollar and fifty cents. This I paid and walked away. As I left the house I felt just like a fellow looks as he walks away from the canvas topped table after he bets the operator five dollars he can tell which shell has the pea under it. That little episode took place forty-seven years ago, yet from that day to this I have never had a bit of trouble with hemorrhoids. And I was able to do heavy work again. I still have a box of Bucklin Arnica salve for hemorrhoids but I have never used it from that day to this.

"That incident was the deciding factor which caused me, a few years later, to study osteopathy."

Here I wish to interrupt Dr. Conner's stories and call the attention of our rectal specialists to this treatment to the coccyx for hemorrhoids. Usually such cases were treated by covering the first finger with vaseline to prevent the rough tissue of the skin from irritating the lining of the rectum. The finger was inserted into the rectum, and the position of the coccyx determined. Very often it was bent inward and needed to be straightened before relief from hemorrhoids could be obtained. The author of this book has taken care of many cases of rectal disturbance by correcting malpositions of the coccyx. To go on with Dr. Conner's stories:

"One day my brother, David, jumped from the top of a wagon to the ground and injured his right foot. It pained him considerably but he kept going. In about ten days a severe pain developed in his foot. We called our family doctor who recommended hot poultices and elevation of the foot. In a few days an abscess formed. The doctor lanced it and it drained freely, nevertheless the foot did not seem to recover. David laid in bed all winter and by May he had developed several abscesses on his foot. Four opened in the sole of the foot and three on the top. None of these would heal. All were discharging pus and my parents decided to send David to Kirksville to see Dr. Still. He was loaded into the back end of a spring wagon and my brother, Charlie, did the driving. We then lived in Sullivan County, Mo., near Winigan. Charlie and David arrived in Kirksville late in the afternoon. They

drove to Dr. Still's office but he said he was tired and asked them to stay all night and come around in the morning to see him.

"Next morning they were at his office early. Dr. Still treated David's foot, and told him to go on home because the foot would soon be all right.

"In a very few weeks every wound in his foot was healed and he threw away the crutches which he had been using. Dr. Still did not tell him to put anything on his foot.

"I mention this incident to show how positive in his work Dr. Still was. He knew he had fixed the structural difficulties which were interfering with circulation and nerve force in David's foot. The greatest axiom Dr. Still ever gave to the world was, 'Find it, fix it, and let it alone.' We worked by that rule all the time."

The above case report of the cure of David Conner's foot is an outstanding example of the type of osteopathy practiced by Dr. Still. It was the kind of osteopathy that attracted the attention of many people from widely separated sections of this country. It was the kind of osteopathy that also laid the foundation for our profession as it is today and must be perpetuated in order to guarantee the greatest benefit to humanity and the future success of our profession. Another of Dr. Conner's stories follows:

"While an interne in Dr. Still's Infirmary, one of my former friends from near Winigan, Mo., brought to me their little girl who had infantile paralysis. It was the first case of infantile paralysis I had seen. Inasmuch as I wanted all the information I could get, I called in the Old Doctor to show me how to treat her. He observed that both legs hung from her body like those of a rag doll. He did not begin by telling me she had transverse poliomyelitis; on the other hand, he began to talk about the lesions or physical defects which might have so lowered the girl's resistance that she was stricken with this terrible disease. He first pointed out a lesion of the third lumbar, then a lesion between the third and fourth dorsal, and another between the first and second cervical. The treatment for all three of these lesions, he advised, was manipulation. He showed me how to do this by fixation of the vertebra below the lesion and rotation and sidebending of the lesioned vertebra in the proper direction. I began to treat the child according to Dr. Still's teachings. In a month she could use her legs as well as any child." Another of Dr. Conner's cases was told by him as follows:

"Soon after I opened an office in Kansas City, a boy by the name of Dubin from Orick, Mo., was brought to me. He had had infantile paralysis, which affected both arms and both legs. His case looked hopeless, but I remembered how Dr. Still treated the little girl, so I told the parents I would do the best I could for him. I located a lesion at the third cervical and proceeded to treat it. To my surprise and the delight of the family, in twenty-six days the boy had recovered the use of every muscle in the body.

"I treated a number of such cases. All of those whom I received within three weeks of the attack made perfect recoveries."

Here, for the benefit of my readers, especially osteopathic physicians, it is my desire to call attention to the fact that in all these cases of infantile paralysis, the patient should not only be examined for functional disturbances of nerves arising from the spinal column and supplying the appendages paralyzed, but also for disturbances of nerves high up in the cervical region which may affect the circulation of blood through the head and indirectly the high cortical centers where nerve impulses to move muscles originate. To get back to Dr. Conner's stories:

"Many years later, after six of us sons and daughters had studied osteopathy, our mother at Kirksville became very ill. Since I was the nearest of her children, I was called home to take care of her. When I arrived I found her in great pain. The pain seemed to radiate from the upper right quadrant of the abdomen and I diagnosed the condition gall-stone colic. I did what I could for her, but had no success. Dr. Still heard of her illness and called to see what was the matter. As soon as he saw her he remarked, 'Ann, you are having an attack of gall-stones.' He sat down on the edge of the bed and began manipulating the abdomen in the region of the gall-bladder. Soon he quit and said, 'Now, Ann, you will soon be all right, I got a bunch of gall-stones.' Making no mention of coming to see her anymore, he put on his hat and left the house. Mother was relieved of all pain and fell asleep. The first evacuation from the bowels the next morning contained one large stone about the size and shape of a .32 caliber bullet, and fifty-seven small ones that looked like a large one broken up. I did the counting.

"Such was the marvelous skill of Dr. Still in those pioneer days. He knew what needed to be done and he did it. Furthermore he

knew when his work was finished and nature would do the rest."

The report of the four following remarkable experiences was furnished by the late Dr. D. L. Clark who practiced in Denver, Colo. He was my close and valued friend, a man of exceptional practical ability, a man who studied disease and gave treatment according to the teaching of Dr. A. T. Still. It has been my privilege to observe Dr. Clark's method of examination and type of treatment he administered. He would never treat a patient until he had thoroughly satisfied himself as to the cause of the patient's disability. Dr. Clark was in active practice for more than thirty-five years. He pioneered in the state of Texas at first and was influential in securing early osteopathic legislation in that great state. He was a past president of the American Osteopathic Association. Dr. Clark moved from Texas to Colorado many years ago and there, as in Texas, he was prominent in legislative halls fighting for the osteopathic profession. He also served for a good many years as the osteopathic member on the Examining Board of that state.

While these four cases may read almost like miracles to some, they were only results obtained through the application of osteopathic manipulative treatment, based upon the fundamental principles given to the world by Dr. Andrew Taylor Still.

"Frank Blank, Boulder, Colo., age 16 years, height six feet, one inch, weight 135 pounds, came for examination May 9, 1919. He had been under the care of a specialist in Denver for eight months for diabetes mellitus, with apparently no favorable results. The patient who had been on a diabetic diet during this period, voided frequently. Neither blood nor urinalysis tests showed any decrease in sugar. There were marked vertebral and rib lesions at the junction of the ninth with the tenth thoracic segment of the spine on the right side, also a marked lesion at the junction of the second with the third lumbar. There were soreness and extreme tension of the soft tissues around these joint lesions, also much muscular contraction in the upper thoracic and lower cervical regions. I was not able to detect any joint disturbances in these latter regions, however. A very peculiar condition noted was that the penis and testicles were of the size of an average five year old boy, and no hair had appeared in the pubic region. He was treated three times a week. At the sixth treatment I corrected

both lesions. At the end of the twelfth treatment I dismissed him, his blood sugar having returned to normal and his urine being free from sugar. Later he joined the Army and was overseas in the aviation service, returning in 1920. He came to see me and stated he had not seen a sick day since he left my office in June, 1916. Upon examining him I was surprised to find that the genital organs had developed to the size of the average normal man, also that hair had grown in the pubic region as much as the average individual.

"I have not seen this patient since, but have heard from him indirectly several times. Late in 1921 he married. His mother's sister, living in Denver, was in for treatment in September, 1935, and she told me that Frank had a government position in Wheatland, Wyo., that he had two healthy children, ten and twelve years of age. It is my belief that it is possible for joint lesions to disturb directly or indirectly the function of the ductless glands, and that at least in some endocrinopathies we cannot hope to obtain definite, permanent results other than through mechanical therapy. In other words, the only hope of cure for such conditions is osteopathic manipulative treatment, removing the lesions and thereby normalizing the blood and nerve supply to the glands.

"Mr. James Blank, age 20 years, senior student in the Agricultural College at Fort Collins, Colo., 1918, was suffering with a severe cold. While I was taking his history the patient went into a mild convulsion. It was of the petit mal type of epilepsy. After he had regained consciousness, I asked him if he had been subject to these spells. He replied that these attacks had occurred nightly for five years, and occasionally in the daytime. After recovering from the cold he came to me for consultation and examination. His family history was negative. His tonsils, sinuses and teeth were not infected. He stated that about a year before the convulsions started he had met with an accident and was thrown on his shoulders and head. He was confined to bed for several weeks with a stiff neck, while extreme soreness between the shoulders continued for several months. Upon examining him carefully I found a lesion at the junction of the second and third vertebrae, also a lesion of the third on the fourth thoracic vertebrae. There was a rigid ropy feel of the tissues over these lesions and much soreness in the deep tissues.

"I treated the patient each day, and at the end of the first week corrected both of these lesions. Symptoms were exaggerated the following night, i.e., he had a bad epileptic attack. However, from that time until the present writing, October 21, 1935, he has had no return of symptoms.

"A young boy, 9 years of age, fell from a bicycle on an icy street March 15, 1925, and injured the lower part of his neck and the mid-dorsal region of his back. He was taken to his home. In a few hours he went into convulsions and an M.D. was called. The following day the physician pronounced the case pneumonia. The third day he made a diagnosis of cerebral meningitis. The patient developed a complete paralysis of the right side, including face and tongue. Two weeks later his parents made an appointment with me, in Fort Collins, for the following day. When the physician was told of this arrangement, he was much disturbed, and said he was going to bring the child to the Children's Hospital in Denver, which he did the following day. A specialist, from the State Medical College, was called in consultation. The patient was placed in his care and the senior class of the Medical University was invited to see the child three different times. Each time a spinal puncture was performed in their presence, and a laboratory examination of the spinal fluid made. It was normal as to cell count and pressure. At the end of three weeks the child apparently was no better and the mother was told there was no hope for improvement. She was allowed to take him home. The following day he was brought to my office. Physical examination revealed marked lesions of the fifth cervical on the sixth, and the third thoracic on the fourth, with a lesion of the third rib on the left side. A careful light manipulative treatment for the purpose of relieving the extreme muscular tension was given that evening. The following day the lesions were corrected. There was a marked change within twenty-four hours. No treatment was given after the third day. When the child was taken home the fifth day he walked to the car; by the tenth day he was apparently as well as ever and back in school. I saw this boy in June, 1935. He was as healthy and as robust a boy as I have ever seen. Never was there a return of any of the symptoms.

"John Stephens, aged 21 years, senior student at Denver University, was injured in a football game in October, 1915. He was

carried unconscious to the Denver General Hospital where he remained in that state for forty-eight hours. Within ten days he regained fairly normal physical condition, but was so deranged mentally that he had to be kept in the violent ward. After two weeks there he was transferred to the state hospital in Pueblo where he was confined in the violent ward for eight months. His widowed mother and two brothers early in June, 1916, went to Pueblo and obtained permission to bring him home for a week. It took two men, constantly, to care for him. The second day after returning to Denver they brought him to my office, and it took two men to keep him on the table while I made the examination. There was a marked lesion of the atlas with the occiput, also the first thoracic with the second, and extreme rigid muscular contraction over these areas. The head was carried forward and rotated to the left. Both eyeballs were very much congested, but the pupils reacted normally to light. For a week they brought him each day, and I talked to him, played with him, petted him and did some very light work by way of manipulation of the rigid tissues in the neck and upper thoracic region. On the eighth visit I corrected both of these lesions. He was very much excited and quite violent for the next three hours following this. Then he was put to bed and slept soundly without waking for fourteen hours. After waking and eating a hearty meal he was 75 per cent normal, mentally. I treated him five times during the following two weeks. He came alone to the office the last three times. On the next to the last visit he said, 'Doctor, the way people look at me, I feel like a criminal. I have an uncle in Los Angeles who runs a big hardware store, and he has offered me a position in his tin shop. Shall I accept it?' I advised him to do so, and he did. I heard nothing from him until his mother came to see me in October, 1934, when she reported that John had not had a sick day that she knew of since leaving here in 1915. He was married, had four children, and was a partner with his uncle in their hardware store in Los Angeles." Dr. Clark remarked to me that this case proved to him beyond a question of doubt that to obtain definite results with some of our mentally sick we must resort to mechanical therapy.

These cases are reported verbatim. It is a privilege to vouch for the absolute correctness of Dr. Clark's reports. He was a genuine



ten-fingered osteopathic physician and a man of impeccable character. In his passing from this earth, the profession and his family have suffered an irreparable loss.

These not unusual but nevertheless spectacular results produced by osteopathic treatment are reported with the hope that osteopathic physicians who read the reports will be given greater confidence in the supreme power of nature, as exemplified in the human body, to keep a person in health if her laws are not broken.

The following two cases are reported by another of my closest personal friends. He and I played together, as boys, on adjoining farms near Kirksville. The following report is furnished by Dr. John Bell, a son of the woman whom my mother and Dr. Still visited together, the woman who had been bedfast for sixteen years, a report of which case is given in an earlier chapter of this book. Dr. Bell studied osteopathy and graduated in 1901. He practiced for a great many years at Anna, Ill., and then at Hannibal, Mo. He is now retired and living in his old home town of Kirksville.

"One day in the spring of 1901 I was called to see a lady about thirty years of age. She was married and had one child. Some ten days prior to my first visit, this lady had gone out on the back porch of her home and had lifted a tub partially filled with water. As she did so she was conscious of something giving way in her back, and a distinct snap was heard. Shortly after this she began to bleed from the vagina. This bleeding persisted despite all efforts to stop it. The loss of blood must have been considerable because when she came to me she was so weak and exhausted that it was hard for her to stand on her feet. She told me unless I could do something for her she was going to die, that the doctors had used every astringent they knew of without success. Examination revealed a distinct lesion between the tenth and eleventh dorsal vertebrae, with tenderness and some thickening of the surrounding tissues. The exhaustion was the result of the loss of blood and the relaxed condition of the body made it possible to correct the lesion at the first visit. The hemorrhage ceased some three hours after the lesion was corrected. The lady remained in bed for a few days, and four or five treatments were given to restore the tissue to normal. There was no return of the hemorrhage.

"A man about forty-five years of age, brickmason by trade, came to my office for an examination in the latter part of October,

1918. He had given up his trade temporarily during the war and had found employment in the freight department of one of the leading railroads. While handling freight in a freight car, one day, he was thrown against the door jamb of the car and his left clavicle was broken. The accident had happened two or three months prior to his visit to my office.

"The fracture had been splinted and cared for by the industrial surgeon for the railroad, until union had taken place. On examination I found the following condition: The man was very nervous and apprehensive. He was underweight, pulse 120; and body temperature was increased.

"The clavicle had been broken at the junction of the inner and middle thirds, and had healed with a good union. There were some adhesions around the seat of fracture and between the medial end of the clavicle and first rib. The tissues on the left side of the upper thorax were badly contracted. My guess was that the adhesions were interfering with the normal function of the left pneumogastric nerve and the rigidity of the chest interfered with heart action causing increased pulse rate. The man was instructed to come every other day for treatment. My treatment was directed to the adhesions, the upper ribs and the upper spinal region. The improvement with this case was not rapid but progressive. When the flu epidemic came in the winter of 1919 this patient contracted a well-defined case of bronchial flu. I saw this man twice a day for two weeks and at the end of that time I had the satisfaction of seeing my patient come through his trouble in good condition and with no loss in previous gains. By spring this man had regained his strength, and had put on some weight. The pulse rate was nearly normal and he was ready to take up his work again. After I had treated this case for about two weeks, the man's wife told me her husband's condition had been pronounced tuberculosis of the intestines and he had been given three months in which to live. I received a letter from him in 1927. He was working at his trade in St. Louis and was in good health."

I wish there was space enough to tell about some other remarkable cases handled by Dr. John Bell, but I must hurry on.

My daughter and her husband, Dr. Albert E. Van Vleck, an osteopathic physician, and their daughter live at Paw Paw, Mich. My blessed daughter and I have a record of never having missed

spending a Christmas together. Since her marriage to Dr. Van Vleck she has either come to our home or I have gone to their home for the Christmas holidays.

During one Christmas several years ago when they were visiting us in Macon, my son-in-law said to me, "Dad, I had a remarkable experience the other evening. I was called to a neighboring village to see a patient in a family that I had treated for several years. It was a rush call. When I arrived I heard quite a commotion within the house. After knocking, but receiving no answer, I opened the door. My eyes met a scene I shall never forget. The father and the eldest son were struggling with the other son, a boy probably sixteen years of age. The room was in terrible shape. The bed was torn apart, some of the bed clothing in one part of the room, and some in another, chairs and tables overturned and books on the floor." My son-in-law observed that the younger boy was mentally deranged and joined the father and son in overpowering the wild man. Finally the three of them succeeded in throwing the young man on his back on the floor. The father held the boy's arms pinioned to the floor, while the son held the boy's feet, and Dr. Van Vleck straddled his chest. The boy seemed to have Herculean strength, and was rolling and twisting all he could, restrained as he was by these men. With the boy fighting and squirming, my son-in-law said he placed his left hand around the back of the patient's neck, and his right hand down between the boy's shoulders. He looked up at the father and said, "I don't know how I am to treat this boy at all." Just as he spoke the patient gave a tremendous jerk and due to the hold Dr. Van Vleck had on the back of the neck and his right hand on a point between the shoulders, evidently a bad lesion was corrected. After that the boy on the floor dropped back with every muscle in his body relaxed, without any seeming desire to fight any further. The boy looked up at Dr. Van Vleck and said, "Doctor, what are you doing here?"

My son-in-law replied, "Bill, you have been mighty sick."

The boy answered, "I am not sick, I am all right." And whether or not you believe it, the boy *was* all right, and strange to say he has never had a recurring attack of his brief but genuine mental upset.

After listening to this story from my son-in-law, I said, "Well,

I take it you think you put one over on your dad, coming down here to visit him and giving him a story of that kind, to him who is head of an institution that has spent years in curing the mentally sick."

We had a big laugh over it, but it made me supremely happy to learn that my son-in-law had been able to take care of an acute case of mania with only his hands. Ah, mothers and fathers who have boys and girls suffering with dementia praecox, or young people with mental breakdowns, if you could only know that there is a way to cure them. The prayer of my heart is that the time will come when the world will know that there is a definite treatment for insanity. Unless some physician had come along and found that lesion in the spine, which caused the boy's mental upset, and corrected it, in all probability he would have joined the multiplied thousands of young people who are today crowding our state hospitals.

A young girl was brought to us, a few years ago, with a history of having been ailing four years with what had been diagnosed as suicidal mania by a psychiatrist at one of our great Eastern Universities. Her experience in this psychiatric examination seemed to have left a lasting impression on the mind of the girl. She was twenty-four years of age at the time she was brought to us at the Still-Hildreth Osteopathic Sanatorium. On examining her we found she had a particularly bad lesion between the third and fifth dorsal vertebrae which in all probability was reflexly affecting the circulation of blood through the brain. Treatment was directed specifically to the joint lesions and at the same time the diet and hygiene of the girl were adjusted. We worked with her for a long time. She gradually improved, but it was over two years and a half before we felt that she could be taken home by her mother.

Just before she left her mother said to me, "Dr. Hildreth, why in the world haven't you people advertised your institution and your work at this place?" She went on to say that it was almost a crime that the public in general did not know about the results that could be obtained through osteopathic treatment in the cure of the mentally sick. "Oh," she said to me, "if we could only have heard of you people six years ago, it would have saved us a lot of suffering not to mention the expense."

If the world could only know what osteopathic physicians can

do with their hands! Could the fathers and mothers of boys and girls suffering with dementia praecox only know that physical defects are the basic cause of dementia praecox and many other forms of psychoses or mental disturbances! Could sufferers with mental disturbances have the benefit of osteopathic diagnosis and treatment, there would not be the need for such large state-controlled mental institutions as there are at present!

Recently my first wife's oldest sister, who was Emily Alice Corbin, and is now Mrs. Emma Burke Conklin, came to see us at our home here in Macon. While visiting us she told me of an experience she had with Dr. Still when she was a young woman. This incident happened probably in the late seventies or early eighties. She was a school teacher at that time. One day she noticed a lump on her neck just below the angle of the jaw on the left side. It grew until she told me it was as large as a hen's egg and very hard. Judging from her description it must have been an enlarged gland. She, like many other patients whose cases have been chronicled in this book, had seen a number of doctors, but the tumor continued to grow in spite of all they could do. She finally called on Dr. Still. He examined her and told her he could take the lump away and began treating it by manipulation of the neck and then later by manipulation of the gland itself. After a few treatments, she could feel that the lump was beginning to soften and at the same time decrease in size. She was treated by Dr. Still once or twice a week for three months at the end of which time the growth had disappeared entirely.

Mrs. Conklin, who is, to me, more like a sister than a sister-in-law, knew of Dr. Still's early struggles in Kirksville and was a frequent visitor in our home during the treatment of my first wife's eyes (related in an early chapter of this work).

While Mrs. Conklin was telling me of this experience with Dr. Still, my sister, Mrs. Della Notestine, who was sitting by, spoke up and said that Dr. Still had come to our home one time when she was suffering terribly with what she expressed as "low back-ache." This was about the time of Mrs. Conklin's experience. My sister said that Dr. Still inquired as to just how she felt, and she told him that not only the lower part of her back hurt, but also the end of the spine and even her limbs. She also reported that she was badly constipated. Dr. Still treated her back and

corrected the condition he found there, and then, with vaseline on his finger, treated the rectum and coccyx for her constipation. The pain in the back was relieved almost instantly and in a day or two she was entirely free from pain. Gradually the constipation was overcome also. Thus in those very early days Dr. Still was accomplishing unusual results with his therapy.

While making arrangements with the state commission appointed by the Governor of Missouri for the osteopathic exhibit at the Chicago A Century of Progress, 1934, I was overjoyed to meet again one of my most valued friends with whom I had served in the Missouri Senate. He was none other than Senator Clark, who had been appointed chairman of the commission. Another good friend of mine, R. E. L. Marrs, secretary of the Senate, whom I have mentioned before in this book, was secretary of the commission. While talking over old times with these friends, the senator said he wanted to tell me why he was so interested in our profession having an exhibit in the Missouri Building at the Chicago A Century of Progress Exposition.

A few years ago, he said, his niece was critically ill with pneumonia. She was growing steadily worse and finally the three or four physicians who were in charge had sorrowfully declared that they had done all that they possibly could, and believed that the girl only had a few hours to live. Confronted with this almost hopeless situation Senator Clark decided to try osteopathy as a last resort. He called a young osteopathic physician in his home town who had only been there a short time. He said this young man walked into their home, stood and looked at the patient for a few moments, then took off his coat and went to work. Judging from the Senator's description of the treatment, the young D. O. directed his efforts to the thorax. With the patient on her back he placed one hand on the spine and gently lifted the thorax while holding the front of the ribs with the other hand. His object was to expand the chest wall, giving the lungs more space to breathe. Senator Clark told me that this young osteopathic physician stayed in the home all night and treated the patient every half hour. By morning she was breathing easier. The pulse and temperature had dropped materially and the patient fell asleep. From that time on she gradually improved and eventually made a complete recovery.

Mr. Marrs, who had been listening attentively to the story of Senator Clark, said he had been a friend of our profession from the time he started working as a page boy in the House. He said that he had had a similar experience in the case of a close relative of his who had pneumonia. It seemed that there was no question but what the patient would die. He called an osteopathic physician and the patient made a good recovery.

Here were two patients suffering with pneumonia and given up to die when osteopathic physicians were called in. With simple manipulative procedures they freed the congestion in the lungs which enabled the body to cope with the infection and bring about recovery.

Think of it! Pneumonia, which causes thousands of deaths each year, amenable to osteopathic treatment! It stands third in the mortality tables for this country, only heart disease and cancer topping it. What a change osteopathy could make in these mortality figures if but given a chance.

In these two instances two lives were saved; not only that but two distinguished Missourians became acquainted with what osteopathy could do and as a result brought influence to bear in having osteopathy represented at A Century of Progress in Chicago.

The prayer in the heart of your writer in telling of these remarkable cases is that osteopathic physicians and students, yes lay persons, too, who read this book, will become fully conscious of the wonderful possibilities in manipulative therapy. There are hundreds and thousands of patients suffering today who would be relieved tomorrow if they had osteopathic attention. I have said many times, "If the public could only know!"

I am well aware that the teaching of the healing art, for centuries, has been based on one thought and that is, when sick one must take something to get well. It remained for Dr. Still, alone, to fight the battle that has given to the world a new method of healing based on principles so simple and yet so sound that thousands have been given relief without recourse to drugs.

The following story related by Dr. Ernest Sisson speaks for itself:

In the summer of 1894, Effie Sisson, a sister of Ernest, living in Genoa, Ill., had a bad fall from a bicycle. She sustained a severe injury to her knee and hip. The knee was badly discolored and

swollen. The local physician, an able man of the "old school," was called in and gave a very careful and painstaking examination, prescribing the usual remedies (hot packs, etc.)

"The condition was refractory, and after being on crutches for two months or more, it was decided to send her to Chicago where she might have what we considered more competent advice and attention. She was placed under the care of a well-known physician there who cared for her for more than a year. During this time the ablest and best known physicians, surgeons, and specialists in Chicago were called in consultation.

"In desperation one evening she went to hear the Divine Healer, Dowie, and was so impressed with his talk that she got up and walked without her crutches, only to pay a severe penalty later because she became much worse.

"The consulting staff at St. Luke's Hospital in Chicago decided that she had a tuberculous condition of the knee and advised amputation, which was refused. She was placed under the care of an M.D. who had been chief surgeon of Cook County Hospital. He attached weights to her foot for some time. Then he put on a plaster cast for three months and sent her home with orders to remove the cast at the end of thirty days more. She was promised that she would walk at the end of this time. The thirty days were slowly counted off and the cast removed—only to find that she had a stiff knee.

"Her mother resolved that she would not submit to her child having a stiff knee so she went to work in her own good way with applications of heat and massage. At the end of the second thirty days she had secured some slight movement in the stiffened joint. In the meantime Effie's general health began to fail and she became an invalid.

"We began receiving letters and postal cards from people whom we had never known or even heard of stating that they or some of their family had given up hope of being well until they had gone to Dr. Still. These letters continued to come. Father was greatly impressed and wrote to Dr. Still for literature. He eagerly read everything he could get concerning Dr. Still and osteopathy. Finally the girl was put on a train bound for Kirksville in the care of a sister. We at home anxiously awaited the first report and were overjoyed to learn that after the first treatment she was

able to walk without crutches—the first time in over a year. Dr. Charlie Still gave her that first treatment and allowed her to walk around the table. Later the Old Doctor came on the case. She remained at Kirksville one month, and against the advice of the Old Doctor and other members of the staff she returned home feeling greatly benefited. However, she was too active and the condition returned. We urged her to return at once. She had become so impressed with what she had seen and experienced while at Kirksville that she refused to return unless she be allowed to take up the study of osteopathy. This was finally arranged and she returned to Kirksville to enter the class known as the 'October Kickers.'

"Dr. Still himself took a personal interest in her case. He ordered that she should not be allowed to walk up and down stairs to her different classes and directed two of the janitors to be on hand to carry her up and down stairs whenever necessary. We received frequent letters of the happenings at the College. She continually insisted that I give up my job and come at once to Kirksville and study osteopathy so that I might take up the work with her. She never doubted for a moment but that she was bound to be a success.

"I was then without reserve funds and could not figure out how she could be kept in college if I quit my job. I became impatient and wrote that I was not going to quit my job, that I was not going to study Osteopathy, and that I did not wish to hear any more about it. She replied that she would say no more concerning my studying osteopathy if I would come to Kirksville for her graduation and return home with her.

"This I agreed to do and a week before graduation date I went to Kirksville to sit in class and attend all the class functions and observe the endless procession of the 'lame, the halt, the blind' in wheel chairs, on crutches, and with canes keep their appointments at the infirmary. At one time I counted three hundred patients attending the clinics. Naturally I was impressed but not persuaded.

"At the end of her first year in school my sister had entirely regained her health and the use of her limb.

"I shall never forget that graduation night. When Dr. Still handed out the diplomas and made some special mention of my

sister, I was amply repaid and delighted. I admit I still had doubts that my sister would be able to practice. With only a treatment table, which we still have, as sole and entire equipment, she hung out her shingle in our home. Very soon she had a procession of heretofore discouraged people coming for treatments and it looked as if she might not be able to stand the work. I was frequently called to assist with the 'heavies,' doing what I was told. I recall one man of eighty who came from an adjoining town. He was on crutches and was demented and I had to be present while he was being treated. I begged her not to take the case as he was hopeless, but she had the faith and the old gentleman was restored to good health in mind and body.

"The work became too heavy for her and then I saw the light and gave up my position and borrowed what money I could and started to Kirksville. In the meantime I had moved Dr. Effie and our parents to Belvidere, Ill., a larger town. She had been practicing in Belvidere for only a short time when a letter was received from another sister, Mrs. Guilford, then living in Kern County, Calif. Mrs. Guilford had been very ill and the doctors had given her a one in a hundred chance to live and that one chance was an operation. Dr. Effie wired her to wait until she arrived and then took the first train for California.

"In the meantime my eldest sister, Ada, who had been through many accidents, had gone to Kirksville for treatments and had enrolled as a student. Suffice to say that my sister, Mrs. Guilford, has not yet had her operation. She was taken by Dr. Effie to Delano, Calif., where she could have better attention and soon the neighborhood observed her improvement and patients began to arrive.

"Dr. Effie was urged to locate in California. One lady urged her to go to Oakland and look over the location and agreed to come to her for treatments. As soon as Mrs. Guilford had recovered sufficiently to stand the journey, she was brought to Oakland and an office was rented. Dr. Effie had only her table, but a sign was ordered and it was promptly put up. The furniture was purchased and was to have been delivered that day. Night came and Dr. Effie was impatiently awaiting for its delivery when two ladies came in. One of these women was a Mrs. W., whose brother was United States Consul in Jerusalem. The other was her sister,

Mrs. F. They said that they had seen a sign, Dr. Effie Sisson, Osteopathy, and were curious. 'What is osteopathy?' they asked. With apologies for no chairs and no furniture, the ladies were informed concerning the new method of treatment and were so interested they insisted on having an examination there and then. So one stood while the other had an examination. This was done by the light from the street lamps as her own lights had not been turned on. Thus the first of a continuous stream of patients received her treatment.

"The practice grew rapidly until my sister could not keep up with it and an assistant had to be sent for from Kirksville. By the time I graduated all I had to do was to take off my coat and go to work, and I have not stopped for thirty-eight years.

"In the meantime, there was no law permitting an osteopathic physician to obtain a license to practice in California and the State Board of Medical Examiners sent threatening letters to us and orders to cease practice, or suffer prosecution. Fortunately, in 1901, we secured our own law, giving us a Board of Examiners of our own. I was made a member and its first secretary-treasurer. Dr. Effie was vice-president of the charter state association formed in 1900.

"Dr. Ada naturally came to California and located in San Rafael, later moving to Santa Rosa where she practiced for many years. She is now retired but still vigorous and full of pep at the age of eighty-four."

This remarkable story of the Sisson family is only one of hundreds which I could relate if space permitted. But I must bring this chapter to a close and have chosen just one more case history out of many to illustrate what can be done if a patient, presumably afflicted with an incurable condition, will remain under osteopathic manipulative treatment as long as necessary.

Sometime during the spring of 1895 or '96 there came from Oskaloosa, Kans., to Kirksville for treatment two young women—the Misses Mae and Kate Critchfield. Miss Kate was assigned to Dr. Charlie Still and myself while Miss Mae was treated first by Dr. Sam Landes and later by Dr. Harry Still.

Miss Kate's condition was not serious and she made a good recovery in a few months. But Miss Mae's case was very difficult. She had a dorsum dislocation of the hip, the result of an attack of

cerebrospinal meningitis a few months before she came to Kirksville. Both of these young women were delightful, high type, splendid girls, and they soon won the hearts of the other young people in Kirksville. No persons ever came to Kirksville with greater confidence in osteopathy than these two.

We are indebted to the November, 1898, issue of *The Journal of Osteopathy* for the following short history of Miss Mae's case:

"Miss Critchfield's home physicians advised against her coming, because her condition was such that they did not believe that she could survive the fatigue of the journey. In the preceding February she had a severe attack of cerebrospinal meningitis, lying unconscious for fourteen days. The disease left her in a pitiable condition. One hip was dislocated and the upper left portion of the body was paralyzed from the center of the back. She could not lift her left arm, and one side of her neck being paralyzed, it was necessary that her head should be propped up when not in a recumbent position. She was able to sit up but a small part of the time, and the left part of her body was totally insensible, so that even pin pricks were not felt. It was in this condition that osteopathy found Miss Critchfield."

For months treatment consisted only of soft tissue work on the part of the doctors in charge in an effort to relax the muscles around the hip joint. Then stretching of the muscles and ligaments was undertaken in the hope that eventually replacement of the head of the femur into the acetabulum of the pelvic bone could be done. Even Dr. Harry doubted whether the dislocation could ever be reduced and told Miss Critchfield of his misgivings. Yet her confidence in osteopathy was so great she refused to believe Dr. Harry and told him that she was going to stay on and give osteopathy every chance.

A few weeks later while walking down the hall in the old American School of Osteopathy Infirmary I met Miss Critchfield. She said to me, "Dr. Hildreth, will you come into this room? I want to talk to you."

"Dr. Hildreth," she said, "I am going to give up osteopathy and try something else." For the first time to my knowledge her confidence in osteopathy was shaken.

I said to her, "Miss Critchfield, I would not blame you a particle for doing that. Your faithfulness to osteopathy has been



wonderful and of such long standing you should be rewarded. While it is impossible for us to know what the ultimate outcome will be, I cannot help asking you what you will do if you leave osteopathy?"

She replied that she was going to Dr. Sayre of New York City, one of the most noted surgeons of that day.

"Well," I said, "my opinion is that when you turn your back on osteopathy you will leave behind you the only chance you have on earth to have that dislocation corrected."

With the tears rolling down her face, she said, "Dr. Hildreth, do you believe what you said?"

I replied, "Most certainly I do, or I would not have made such a statement."

By this time the tears were streaming from her eyes and her face was red with weeping. She said, "If you feel that way, Dr. Hildreth, I am going to try it a little while longer."

Two months later while treating at the Infirmary, I heard a commotion out in the hallway. I heard someone laughing, shouting and crying at the same time. When I stepped out of my treatment room and looked up the hall I saw Miss Critchfield. She was walking as straight as anyone could walk, laughing and crying in the same breath; it was not long until everybody in sight and hearing of that young woman was rejoicing with her. Dr. Harry Still, with the assistance of Dr. Benton Gentry, had set the hip. Dr. Harry Still by his perseverance and with the aid of this young woman's unbounded confidence, was able to bring about a cure in one of the most difficult cases I have ever encountered.

Two important factors stand out in this story: First, Miss Critchfield's limitless confidence gave osteopathy the opportunity to perfect her cure. Second, Dr. Harry Still's ability, with his determination and confidence in osteopathy, brought about that marvelous result.

Here, Dr. Harry demonstrated not only his ability and courage, but his loyalty to his father's discovery in a most wonderful way. We have chronicled in this book many remarkable cures, some bordering on the spectacular, and many times seemingly miraculous. Miss Critchfield's condition following her attack of cerebrospinal meningitis, as described above, was a type of condition pronounced absolutely incurable by all other systems of treatment.

Her parents were wealthy. Money was no object if the daughter could be cured; hence, they were able to follow the treatment indefinitely until a correction of the dislocated hip gave back to this splendid young woman a perfect form and the ability to do the things other girls did.

Dr. Harry Still and I have been closely associated throughout all the years of the development and growth of the osteopathic profession, and it seems to me that no more fitting climax to this group of stories could be found than the one just related. It was my privilege to stand by and watch the progress and observe the results in this most noted case.

Some eight or ten years later, Dr. Asa Willard of Missoula, Mont., who had known Miss Critchfield during the time she was taking treatment, wrote me that she had been visiting him, accompanied by a party of friends who had been climbing mountains. He reported that Miss Critchfield was not only in perfect form, but could travel and climb perilous places as well as any member in the party.

Sometimes I hear our younger men and women in our profession say that they failed to get satisfactory technic while in college and wished that they had had the opportunity to get it from Dr. Still. Listen, my dear young friends, Dr. Still was his own technician, studied and formulated his own technic, learning by experience in twisting and turning the body how to relieve disturbed nerves. You can do the same. If Dr. Still alone could accomplish all that he did, you should be able to go much further by simply following the pathway he marked. Dr. Still had the "courage of his convictions" and was able to accomplish the dream of his life.

Again, could Dr. Still make the discovery he did and succeed alone as he succeeded, we as osteopathic physicians should, with the example he set, and with the knowledge of the results he obtained with his hands, accomplish even greater things than he did. There is no excuse for any osteopathic physician who understands the fundamental principle in osteopathy to fail, provided he follows the teaching of the man who gave our profession to the world.

We have in our profession a blind man who studied osteopathy in the late nineties. He studied by having his lessons read to him. His sense of touch was very acute so that when he began treating patients, he was able to detect and correct lesions better

than students who were not handicapped. His success in practice, while not perhaps phenomenal, yet was very satisfactory. When visiting me only a few years ago, he said, "Dr. Hildreth, do you know I could retire from practice if I so desired! I have earned enough to last me for the rest of my life, but I cannot retire because I know that I am able to render a service that is needed by those who are suffering. And it not only helps me to have something to do, but I am glad to know that I am able to render such a service."

Think of it, osteopathic physicians! Think of it, young men and young women who study osteopathy! Think of this sightless man, who attained success through his sublime confidence in Dr. Still's teachings! He had vision, however, a vision of beauty, the perfection and the power of natural law as exemplified in the human body. That man's success was due entirely to the fact that he used only his hands and an osteopathic treatment table.

Yes, you who possess in full all your faculties should realize how well you are blessed, and you should have the confidence that this friend of mine manifested in such a wonderful way in the law with which he was dealing, and in the basic principle which made our great profession what it is today.

Fifty years ago the all of osteopathy centered around one man, Dr. Andrew Taylor Still. At that time he had demonstrated by results that he, without doubt, could cure many of the ills of the human race by the laying on of hands, perhaps not as Jesus did, but from the standpoint of removing causative factors that produced the disease.

What an example was set by Dr. Still! What a battle he fought! Unbounded joy must have filled his soul because he could render in his humble way such a rare service in the treatment of disease. Gradually by the results he secured with his hands, the influence of that great man's life work spread. More and more suffering people needed osteopathy until, only a few years later, he was compelled to establish a college.

By that time the influence of that one life had extended even in that early day to many other lives and in order that more people might have the advantage of his system, he decided to teach manipulative therapy based upon physical defects as the cause for disease. Think of it! As has been told elsewhere in that beginning class which was organized October 3, 1892, there were only seven-

teen members who had enlisted to study osteopathy, the Old Doctor himself as President and chief instructor in that school. From then on to the present time the reputation of this great man, and his even greater discovery, have grown and spread until today there are over 9,000 osteopathic physicians on earth and more than 2,200 students in our six colleges recognized by law in every state in this Union.

Then, a one man influence; now a world wide influence—his shadow continues to lengthen.

PART II

## INTRODUCTION

PART two of this book is composed of chapters written by six of my very good friends—men who have held high positions in organized osteopathy. All but two of them have been presidents of the American Osteopathic Association. They have contributed unstintingly to the best interests of the osteopathic profession.

Each of these men holds the record of having practiced for more than thirty-five years, using almost exclusively what is commonly known among osteopathic physicians as “ten-fingered” osteopathy. They have practiced the kind of osteopathy taught to them by Dr. Andrew Taylor Still, and for that reason I feel that their words will add to the strength and purpose of this book.

Part two is, in reality, their chapters—their book, if you will; they are responsible for everything that they have to say. The personal experiences of these widely known, successful osteopathic physicians will be a revelation and an inspiration, I am sure, to many of my readers.

The writer is grateful to these men for their splendid contribution to this work.

## CHAPTER XXIV

### EARLY DAYS OF OSTEOPATHY

By CARL P. McCONNELL, D. O.

Graduate, American School of Osteopathy, Class '96.

President, American Osteopathic Association, 1904.

Co-Author with C. C. Teall, D. O., in an osteopathic textbook, "The Practice of Osteopathy".

Awarded Distinguished Service Certificate of the American Osteopathic Association for osteopathic research and literary work.

My introduction to osteopathy was as a patient of Dr. Charles E. Still at Red Wing, Minnesota, in August, 1894. A few days later I met Dr. A. G. Hildreth who had come there to take over the practice while Dr. Charlie was on a vacation.

My affliction was diagnosed as a beginning atrophy of the optic nerves, the result of an injury to the neck, which compelled me to give up my studies in the University of Wisconsin. I had consulted several specialists and they all agreed that my condition was hopeless. It was as a last resort experiment that osteopathy was tried.

Improvement in my condition during the summer and autumn was pronounced. My personal experience and observation at Red Wing were such as to instill confidence in, and enthusiasm for, osteopathy.

The practice there was an extensive one, comprising both acute and chronic cases. Dr. Charlie had over one hundred cases of diphtheria during that spring and summer. His results were notable. This made a deep impression on me for I was not unfamiliar with the devastating effects of the disease. I occasionally rode with him when he went into the country to visit patients. In this way, coming in contact with the families of the sick, I learned considerable of the remarkable work that he was doing for them.

In October I went to Kirksville. Dr. H. E. Patterson was secretary of the osteopathic institution. He gave very little encouragement to any one at that time to take up the study. They were swamped with patients, several thousand, which taxed

their facilities. This, with building construction going on, gave them very little opportunity to organize class work. Finally six of us persuaded the authorities to let us make a start. Later in the fall a number of others joined the class.

At that time, and for several years afterward, nearly every student, if not indeed, all of them, entered the study of osteopathy through direct personal or family experience of the efficacy of the therapy. Naturally such an introduction meant much in the way of ardency for the science, and instilled a determination in the student to master it if possible.

This spirit of enthusiasm was most helpful. It carried us through a period when school work was largely unorganized; and proved of great assistance in the field when osteopathy, like all pioneering work, had to create its own public. Each one fully realized that his future success depended upon being able personally to obtain clinical results. Although the student had ample opportunity to know what Dr. Still and the few who had then studied under him were doing, the number who were away from the home institution could be counted on one's fingers. He was confronted by the doubters; those of the most plausible persuasion being willing to admit the "gift" of Dr. Still and his family, but thinking that osteopathic knowledge could not be taught to others. This was a frequent subject of argument among outsiders even for some years to come, in spite of the fact that the American School of Osteopathy was started in 1892 and its graduates were successful in practice; and that thousands of patients in Kirksville were being efficiently taken care of by various members of the infirmary staff.

Shortly after my arrival in Kirksville, I met the Old Doctor at his residence. He was at the well, getting a drink of water. What impressed me at the time (and that impression has always remained) was his friendliness. There was a word of cheery, informal greeting, and then a sincere inquiry as to one's well-being. Indeed, this has always been an outstanding family trait, of the Old Doctor, Mrs. Still, sons and daughter. I speak of this, for in my opinion, such obvious sincerity on the part of each has contributed no little to the development of osteopathy.

For several years I came in close touch with each member of the family. Each one felt that the success of the student was

wrapped up in the welfare of the profession. There was nothing too arduous for any of them to undertake. They asked just one thing, and rightly, loyalty to the principles of osteopathy. I feel at this relatively distant day that none of us fully realize just what the spirit of the family really accomplished. Their course was a difficult one; not due to lack of vision, but rather to the vagaries of others.

I spent several months one summer with Dr. Harry Still in Evanston, Illinois. He conducted a large practice, requiring several assistants. He had a remarkable clientele, and to this day I not infrequently hear of the good work he did there. It was this kind of work, with that done at the parent institution, that determined the future of Osteopathy. One should remember what Dr. Harry's pioneering work at Evanston and then in New York, similar to Dr. Charlie's in Red Wing, meant to Osteopathy. It meant that one could cut loose from all home ties and assistance and successfully demonstrate the efficacy of osteopathy in the field. There were no favors to be obtained, no laws to protect, and no courts to sustain; just a clean-cut fight in the open, and on merit. This is the fighting spirit with which the Still family imbued their followers, first setting the example themselves.

One should realize that in the early nineties Dr. Still's practice had grown greatly beyond his personal capacity. Literally by the thousands patients arrived from distant parts. There were comparatively few competent to assist. The school problem was acute. Buildings were inadequate. And there were no legislative enactments to uphold the practice.

Naturally we who lived through them frequently recall those early days of osteopathy; especially when down through the recent decades problem after problem pertaining to the profession has arisen. We, the present profession, may think that we have some real problems to solve, and we have, which come tumbling with regularity. But harking back to the early days is a wonderful stimulus.

Now these "early days" that I personally know of were but the birth pangs of organized osteopathy; and these later ones are the growing pains of the lusty infant. In one way they are not to be compared with the early days of the indomitable pioneering spirit that preceded them. Here was where the measure of the



originating spirit was tested. Fortunately the same genius carried over and directed the organized activities. But osteopathy had already been tested beyond a peradventure in the crucible of actual clinical experience.

It was in the background leading up to organized osteopathy that the first crucial battles were waged, that experiments were conducted and theories tested, and that the human element met trials that few could have withstood. Here was where osteopathy rose triumphant. Although the first chapter of organized osteopathy had struggles aplenty, still one should know of its historical setting.

A slight acquaintance with medical conditions of the period prior to 1874, the date of the discovery of osteopathy, is necessary to attain an understanding of the revolutionary meaning of the science.

This was a period when drastic drugs held sway; surgery was a very last resort, disease-producing bacteria were unknown; the specialties were undeveloped; and laboratory refinement was non-existent. Any degree of fever was to be strenuously combated. Knowledge of focal infections was in the distant future. And modern sanitation was unknown.

The present-day development of medical knowledge is in striking contrast to that of a half-century ago. Through sanitary knowledge many bacterial diseases are under control. The mortality rate of many diseases has decreased. Life expectancy has increased. A greater knowledge of environmental forces and hygienic principles has contributed to improved health conditions. A far greater understanding of all the medical sciences has accordingly kept pace.

One of the significant features of all this is the increasing reliance placed on the natural resources of the body. In other words, the human organism is given greater opportunity for recovery through a better understanding of the factors which contribute to health, whether pertaining to hygiene, diet or surroundings. This setting is very significant for it recognizes the importance of prevention and immunity, and that after all reparative processes are inherent.

The fundamentalness of such a recognition is the point that Dr. Still contended for so strenuously: that the organism should be given an opportunity to assert itself along normal lines; that

disease is a condition of the body, entirely natural but nevertheless abnormal; and that the first considerations in correcting an abnormal mechanism are to see that structural parts are intact and environment harmonious so that it may be free to express itself normally. Osteopathic and surgical practices have abundantly confirmed this viewpoint.

Then, as now, innovation was fought by bitterness and calumny. Then, as at the present, clinical results interested the public; not self-constituted authority. This is, as always, the court of final appeal.

Those earliest years should not be overlooked. They were truly the foundation years when principles were established. And practical application for the past sixty years has rested firmly on the same bedrock.

It was the foundation principles, comprehensive ones, that Dr. Still fought so hard to develop and maintain. And it was precisely for this that he and his family endured penury and obloquy in the earliest days. No one should make the mistake of thinking that there was no guiding and sustaining force through all of these years. But human fortitude was tested to an extreme, and rose gloriously in the final issue.

As the genius of Dr. Still gradually unfolded, it was encouragement through clinical results that inspired continued study and therapeutic effort. True, the light led him on; but the hardest of knocks, social ostracism, was the price that few, very few, would have paid. When the course of years gave him relative affluence, he never forgot a person who had befriended him in an early day. I saw this demonstrated time after time.

Occasionally I took short trips with him. He entrusted me with the purse. Return tickets were always secured at the start; for before we had gone far he always found some old friends who had met reverses. And owing to friendships of previous years the contents of the purse rapidly disappeared. This giving, as he expressed it to me, was a blessed privilege. And he felt the same about his professional services.

He was a hard student, a keen observer and an indefatigable worker. And something else: an original thinker. His genius was of the creative spirit. He clearly saw completeness in nature, which reflects a consummate order of intelligence. In the truest

sense he had a profound reverence for nature's activities and manifestations, that is, as part of divine intelligence. In his mental action, as I see it, there was a balance of the deductive and inductive methods. Neither method dominated the man. Each served a purpose. Intuitively, from the philosophical standpoint, the universal concept predominated. But in the science development the inductive method, the particular and the experimental, held full sway. In a true sense he was blessed by a mystic consciousness which no doubt sustained him through many a trial.

A point I wish to convey is that study and experiment, continuously so, were his means of extending knowledge and making it practical. Although there was an abiding faith in the order and completeness of nature, it was by the sweat of the brow that the requisite detailed knowledge was obtained. And some of his best work was accomplished between his sixty-fifth and seventy-fifth years.

Dr. Nettie H. Bolles was our anatomy teacher. Classes were held in the little cottage which became known as the "first school of osteopathy." This was at the time the second school, an imposing building, was being constructed.

After a few months' instruction in anatomy and physiology Dr. Still took us under his personal supervision for several months. We met with him at six-thirty in the morning, never later than seven, and for two continuous hours he hammered osteopathic palpation and principles into us. Then we were portioned off to the Infirmary staff until noon. The afternoon was given over to class work.

The instruction was on the living subject. There was a great variety of cases. Nearly every one, of either the regular or clinical patients, was delighted to present himself as a subject, especially under the supervision of the Old Doctor.

As I look back to this particular experience the wisdom of Dr. Still is revealed. He was imbued with the thought that the only way consistently to teach the student is to see that the complete meaning of osteopathic philosophy is inculcated. There was no half-way measure: no suggestion that technic is either just a method of therapy, or that it is the characterizing feature of osteopathic science. He was insistent that the student should attain a

solid comprehension of the osteopathic biological background. The technic aspect was relegated to a comparatively minor consideration, depending upon mechanical skill, of course, but as a means toward an end. He wanted us first to get the palpatory concept, the structural method of approach, thoroughly ingrained, and then there would be no likelihood of technic routinism, which is so stultifying to skill.

He believed that academic instruction and clinical work should be presented concurrently. The abstract is of little use unless it has concrete support. The various subjects of the curriculum were approached from the osteopathic viewpoint. No doubt it is in this way that a clinical working knowledge of osteopathy can be obtained best. This develops the real meaning of body potentialities, of the certainty that recovery is necessarily from within, and of the therapeutic measures that should be enlisted in order to obtain restoration. It correlates the several science subjects so that the student can realize that there is a unifying principle embracing all so-called departments; and it gives added reason why structural minutiae are so important, and zest in studying them.

Dr. Still was a stickler for detail. His consideration of anatomy took in much more than structure: it also included histology and physiology and pathology and chemistry. None of these sciences were dissociate. They comprised a unified whole. Symptomatology was in the same category. The living body must be examined in its totality.

It is through coordination of brain and hand that the natures of both the normal and the abnormal body are sensed. Disease cannot be otherwise than a condition. And the way to get fully at its root-source is actually to examine the mechanism in detail.

This means a thorough knowledge of the "feel" of tissue; of its responses and structural relationships and physiological and chemical coordinations; in a word, of the underlying meaning of the tissue changes. The one way to sense structure is through the organ of touch. Touch and sight are two important sense bridges between the external world and the brain. Day after day Dr. Still pounded these truths home.

Such a training is invaluable. It is somewhat similar to the work of the engineering student who combines academic instruc-

tion with the work of the machine shop. After all, osteopathic measures, in one sense, are essentially anatomical engineering.

I vividly recall what a difficult time all of us had in learning to sense the lesions. Dr. Still was patient with us but nevertheless insistent and firm. It seemed hopeless for the first two or three months, before some sort of comprehension was attained. Of all of my osteopathic work this was the most trying period. We simply could not begin to feel, with any degree of certainty, what the trained ones found so apparently easy. Of course we knew that the others had been through similar trials, and they gave us encouragement, nevertheless it was a nightmare period that haunted us day and night. We just lived osteopathy. Yet each of us wondered and wondered whether he would ever be able to get anywhere.

I recall that one morning during this time Dr. Harry came into the room, took in the situation at a glance, and beckoned very solemnly that he would like to have a word with me. We went outside into the hallway. "Now," he said, "I see that you are very anxious about your tactual sense." I fervently replied that I was. "Well, I will give you a splendid formula, one that will make your sense of touch very acute. Perhaps father has been holding out on you." I rose to the lure and asked him what it was. "Why, just run over to my house and split wood the rest of the forenoon and your fingers will surely be sensitive."

Dr. Hildreth was one of the very earliest graduates. No one else has been as close to the Old Doctor and his family as he. His loyalty and vision and dependability proved a bulwark against which many a storm raged. His ability and staunchness helped to organize and direct the profession when it became more than a family undertaking. And ever since, he has been an active participant and valued counselor of the profession.

He entered the work in the midst of the thousand and one problems clamoring for solution. This period for a decade was a particularly strenuous one. Patients had to be taken care of, school work organized and improved, business situations smoothed out, new plans developed, and, not least, legislative recognition secured.

There was no precedent to rely upon. It was strictly pioneering work. All of the problems encountered demanded judgment and

vision. They were not just of the moment; the future had to be considered. The wonder is that they did so well, that so few mistakes were made.

Every one looked to Dr. Hildreth as the "trouble" man in a legislative impasse. For years he was an authority on legislative matters. His services were sought for far and near, to bring victory out of apparent defeat. And he often succeeded. His obvious sincerity, his belief in the justice of the cause, turned the tide in many a legislative fight. His first-hand acquaintanceship with both professional and legislative matters was invaluable.

Fighting for the underdog may have its advantages, but in those legislative fights it was the appeal to fairness backed by unquestioned clinical results that won the day. True, the very bitterness of the opposition standing out in contrast, may have helped to turn the tide, but nevertheless what stood out as a tower of strength was the simple justice and right of the osteopathic contention. Dr. Hildreth's ability directly and sincerely to present his side is what often won over many legislators.

The one thing that was kept intact was the principle of osteopathy. If a defeat had to be accepted it simply called for a greater future endeavor, and it often meant the securing of better results in the end than earlier success would have brought.

There was a quality of great value that I think comparatively few have fully realized and appreciated. Those closest to the Old Doctor were imbued with something akin to a crusade spirit. As I have intimated, the family spirit was a living reality. They knew what had been, and could be, accomplished. They were not opportunists; they were willing to bide their time. It was a knowledge and faith that grew out of downright experience. It was neither speculative nor fanciful.

This living faith was kept intact, and its development kept pace with the growth of osteopathy. Indeed, it was the light which showed the way through many a difficulty: the power back of every constructive effort. No better illustration could be cited from the quiet and loving cooperation of Mrs. Still. She was often consulted. Her opinions were forceful, dignified, and always for the best interests of the whole profession. Blanche Still grew up in the midst of these experiences. Her training, support and advice contributed in no small way to osteopathic develop-

ment. These statements are not made in any laudatory sense. They are of the background of osteopathy.

There was a notable coherency underneath all the activities comprising the growth of organized osteopathy. Of course there were many component factors and they had to be welded into a systematic whole. I do not wish to convey the idea that there were no minor crossroads. In fact, there were plenty, and no doubt temporary mistakes were made. But the root-principles, the general course of direction, were evident. It is the fact that the nature and strength of the osteopathic school loomed large which I desire to stress. Difficulty arose in attaining a detailed sense of proportion.

Every one knew that we were building for the future. It was not a matter of personal benefit, as was daily shown by self-sacrifice. Eminently the foremost question was foundation solidarity. This was true of both the professional and business development.

Drs. Charlie and Harry, Drs. Hildreth, Alice Patterson, George Tull, Sam Landes and others were entrusted with the added burden, besides staff work, of assisting in the instruction of the students. But the community interest was strong and sympathetic. Each gave without stint the best he had. I still retain the feeling of how each reacted to the great adventure of being an active participant in helping to develop a new system which was bringing relief to thousands. They were not insensible of their responsibilities, and worked and studied far into the night to perfect themselves. It was a thrilling period surcharged with an unadulterated osteopathy.

It was not a period of compromise or substitution, but clean-cut osteopathic work, and a continuous striving, urgently so, to apply the principles comprehensively. No one entertained a thought that the last word had been said. Indeed, the Old Doctor emphasized the point that only the "tail of the squirrel was in sight." Every one was encouraged to Dig On. It was a huge clinical laboratory, and it was osteopathic, and recovery of patients fully warranted its development. Success depended directly on results; this carried its own dramatization.

Dr. Still was very active both in professional work and in teaching. His services were sought for in all departments, and freely given. His profound knowledge and extensive experience were

always a surprise to all. He could convey so much in a few words, and could obtain such results in cases which had been a puzzle to others, that no wonder he was held in the greatest respect.

The thing which carried the practitioner along was his knowledge of detailed applied anatomy, how it felt, how it responded, and how the abnormal varied from the normal. The abundance and variety of clinical material gave a wealth of experience on the living subject. There was no question of the method of clinical approach. It was a matter of being able to find and diagnose and correct the anatomical lesions. Such was the character of the main stream underlying professional activity.

The majority of cases that came to Kirksville had made the rounds of medical centers in this country, and in many instances those of Europe. It is not surprising that the staff felt truly humble and thankful in being able to bring relief to many of the sufferers. At the same time the staff were giving of their best to educate students so that the outside world could be benefited. It was not a self-centered community, but one perfectly aware of the many problems and issues.

At this particular time and place, in marked contrast to the generality of history, the prophet was greatly honored in his home town. The citizens of Kirksville deeply realized the meaning of osteopathy and what it meant to humanity. They were kindly receptive, and by the hundreds threw their homes open to patients. They crowded the public lectures of Dr. Still, and helped in innumerable ways to promote a better understanding of osteopathy. Many of our best practitioners were the sons and daughters of Kirksville and vicinity.

One of the striking things relative to osteopathy has been and is its clientele. Probably no other system of the healing art has a more intelligent patronage than has osteopathy. There can be only one explanation—results. Osteopathy has never been advertised in the way the term is usually understood. The great majority of its practitioners, following the example of Dr. Still, have felt that clinical results should be the one means of obtaining public favor and recognition. Dr. Still's work was noted for this; even to a point that many patients complained of the dearth of popular information.

It was largely the same way when the early graduates fared

forth. They set up offices, and usually found plenty of work to do. One difference, however, was present. They ran a fair chance of being haled before the courts for practicing without a license. Rarely would a jury convict them. But the situation would frequently give an opportunity for the doctor and his friends to go before the legislature with a bill for osteopathic recognition. This shows that if a meritorious measure can be brought before the public and consistently sustained and supported for a period, the public is almost invariably fair-minded.

Dr. William Smith, one of the earliest teachers, was away when I first went to Kirksville. A short time afterward he was back on the teaching staff. His anatomical training was of the best. He was a brilliant teacher.

Within a year or two Drs. Charles Hazzard, Turner and M. F. Hulett, M. E. Clark, C. W. Proctor did excellent work in helping to further organize the curriculum, and all remained on the faculty and infirmary staff for several years.

Dr. Turner Hulett was a solid and always dependable counselor. No one in the profession had the interests of osteopathy more at heart than he. He probably had a vision of the future of osteopathy that few have attained.

Dr. Charles Hazzard was one of the most painstaking and popular teachers. His trained and studious mind markedly helped to develop and organize the early work; even to the point that considerable of our literature of today still bears the inherent imprint of his work.

My experience in osteopathy has long since convinced me that it is a comprehensive system of the healing art. Osteopathy was originally built upon a practice of "last resort" cases of almost every description. It has never been confined to any one class of diseases, or tissues, or to any one region of the body. Indeed its principles embrace the processes of every part of the body. True, we still have much to learn; but as each year adds to study and experience the fundamental soundness is constantly confirmed. It is a difficult practice, owing to the complexity of the body and the skill necessary in applying the principles to the very minutiae of tissues. We have had many imitators, which disclose in one sense the creditableness of osteopathy, but in another way this no doubt has given a number a false impression of osteopathic

values. There used to be a saying that osteopathy is all right, provided the osteopathic physician is skillfully trained. This is very true. A consistent, systematic viewpoint is essential for the principles touch all the sciences. The real difficulty lies in obtaining the required skill for thorough application. In no small way our greatest problems are those that come from within the profession.

The matter of legislative recognition is important. Our colleges give a sound course, fitting the graduate for general practice. The graduate is well worthy of support. He should have full freedom to apply his method of treatment. The legislator should be reminded that osteopathic science is far beyond any experimental stage; that it has brought relief and recovery to untold numbers; and that the osteopathic practitioner is keenly aware of the principles by which he works and keeps fully abreast of scientific advancement.

## CHAPTER XXV

## REMINISCENCES AND OBSERVATIONS

By ASA WILLARD, D. O.

Graduate, American School of Osteopathy, Class '00.

President, American Osteopathic Association, 1925.

Awarded Distinguished Service Certificate of the American Osteopathic Association for legislative, literary, and organization activities.

Present Secretary of the National Board of Examiners for Osteopathic Physicians and Surgeons.

I AM keenly appreciative of the invitation of my long-time friend, Dr. Hildreth, to write a chapter of "reminiscences and observations" for this book. I hesitated only because his contacts with events and people associated with the early history of osteopathy were so intimate and interesting, and he has been so a part of the osteopathic profession's activities ever since, that I would wish to see him utilize all the available space.

Dr. Hildreth, in extraordinary degree, has exemplified that fervent devotion to osteopathy which characterized those who had personal contact with the founder, Dr. Still. The Old Doctor was no cold-blooded scientist who looked upon a patient as a test tube and was merely interested in the reactions occurring therein. He was a scientist, but intensely human and kindly. Each patient to him was a human being in distress. Those who knew him and his work went out with the thought of putting over a great humanity benefiting philosophy. In more recent years some in the osteopathic profession, with a note of depreciation for the fervency and supreme faith of the earlier practitioners, and with what they feel is a scientific attitude, have expressed the thought that the day of "religious fervor" and "prayerful devotion" in behalf of their profession by the osteopathic graduates is gone. I know that such is not true of some recent graduates and I hope it is not of a large proportion. Such enthusiasm, devotion, and willingness to sacrifice for something felt to be a world benefiting movement is just as essential to bringing osteopathy to where it will be the greatest blessing to the most people as is its continued scientific development.

The extraordinary immediate cures wrought by Dr. Still were no more wonderful than some of the less spectacular ones which took more time if viewed with understanding of the body processes, but they more strikingly hammered home osteopathy's effectiveness, and most brilliantly demonstrated Dr. Still's insistent contention that structural adjustment which allowed the body's own fluids and forces normal freedom would bring about correct functioning.

Through the impression some of these unusual cures made, I, like a number of others in the early days, was finally convinced in spite of myself, of osteopathy's worth. I was persuaded to study in spite of associations and personal and family prejudices for "regular" medicine. Our family physician was my uncle, Dr. A. P. Willard, and he had influenced me to consider studying for the practice of medicine. Needless to say he considered osteopathy as a profession unthinkable when the opportunity to become an M.D. was available. He and the Old Doctor became quite chummy in later years, and it was most interesting to hear those two, each around eighty-five years of age, exchange reminiscences of practice as they sat on a shaded back porch during summer days.

As a youngster I was not really greatly impressed with osteopathy even though I saw numbers of patients come to Kirksville and go away cured. I recall very distinctly the particular case which definitely changed my mental attitude. It was that of Mary Mitchell, daughter of saintly, kindly Dr. J. B. Mitchell, pastor of the Cumberland Presbyterian Church of Kirksville, of which my family were members. Dr. Hildreth narrates it on page 14 of this book. The remarkable results achieved in this, the case of an intimate friend, Dr. Mitchell's grateful mentioning of it in the pulpit one Sunday morning, and his prayer for Dr. Still, were lastingly impressive. As we continued to see cures wrought, skepticism and incredulity were replaced by wonder, interest, and admiration for Dr. Still and his work. Sick and crippled people came to Kirksville in increasing numbers. They seemed to come from everywhere and from every social plane.

There was the old colored mammy who came up from near Macon, Mo., with a "misery in de haid" of long standing which Dr. Still cured in one treatment. Then in lieu of receiving a fee he gave her money to buy her ticket back home though she gratefully avowed willingness to "stay an' wash it out."

Then there was United States Senator J. B. Foraker's family from Ohio. At that time probably no man in the United States outside of the President himself had greater influence than Senator Foraker.

But the misery of the old negro mammy and other humble ones was on the same plane with the Old Doctor as were the physical misfortunes of the Foraker family. And the Forakers, being really big folks, appreciated that in the Old Doctor, rather than harboring resentment at not receiving his more exclusive consideration because of their station in life, as did some well-financed and well-veneered lesser lights who sometimes sought service.

In May of 1924 at osteopathy's fiftieth anniversary celebration at Kirksville the writer had charge of the memorial exercises for the Old Doctor and among other notables from all parts of the country there to pay tribute to the memory of Dr. Still, whom I was privileged to introduce to the concourse of people who were crowded into the huge Teachers College Auditorium, was that grand old lady Mrs. J. B. Foraker. After the exercises she asked United States Senator Willis of Ohio to bring me to her. "Dr. Willard," she said, "I've read several times a story, as quoted from you, about a little crippled charity patient that Dr. Still showed you how he wanted you to treat, as together you sat on a bench in his backyard. You said that he became so interested that he forgot all about a United States Senator's wife who had been announced as waiting in the parlor and started with you to the Infirmary across the street. Mrs. Still had to call him back. Now I've often wondered and have meant to write and ask you if I was the Senator's wife?" When I told her she was, she said, "I suspected as much. If I had known Dr. Still as well then as I did a little later I should have 'traped' right around to that backyard when I first came."

The incident of the nineties which inspired the play "Crutches for Sale" is a true story. A beautiful young lady from the south central part of Montana was accompanied to Kirksville by her father, a well-to-do rancher. She was on crutches. She had been thrown from a horse and as a result of the injuries sustained, was paralyzed in her lower limbs. Previous to coming to Kirksville she had been taken to specialists in some of the large cities and her case had been pronounced hopeless. The trip to Kirksville

was made against the outspoken and bitter opposition of her allopathic physician at home. He had sent her to the eastern specialist whose knowledge of such conditions, he felt, was supreme, and he had expressed himself that he regarded it as a senseless procedure for the young lady to now be subjected to the ministrations of a quack, and perhaps further injury.

Dr. Still himself examined her at the Infirmary the morning she arrived with her father. He said the trouble was due to subluxations in the lower spine and in the sacro-iliac articulation. After a few manipulations he talked to her awhile and then told her to try to walk. She said she could not without her crutches. Dr. Still pushed her from the treatment table upon which she sat. To her amazement she did not fall. She said, "My legs feel alive." She slid one foot forward hesitatingly, then the other. With diffidence she went out into the large corridor between the rooms for treatment, her father close by her side, holding her crutches, his face a mixture of doubt, anxiety, and amazement. When they reached the lobby of the building, the father stretched both arms above his head with a crutch in either hand and shouted, "We've got crutches for sale! Crutches for sale!"

Among other visitors, patients and friends of patients, assembled in the lobby was Robert Darton, an old English actor, and former stage manager for the celebrated tragedian, Edwin Booth, and who had also been with the English company of Henry Irving. The dramatic features of the incident so appealed to him that he collaborated with Dr. William Smith, a Scotchman, and a graduate of Edinburgh University, who taught anatomy in the first school of osteopathy, and wrote a play called "Crutches for Sale." After it had been repeatedly played, the theme appeared in novel form by the novelist and historian, John R. Musick. At the suggestion of Dr. Hildreth, I list, duplicating from an announcement appearing at the time, the first cast of local players which presented this play to the students and citizens of Kirksville.

Dr. William Smith and Robert Darton have passed beyond, but the other members of the cast, I believe, are still living and from the manager, now Dr. Frank Heine of Greensboro, N. C., and Dr. W. J. Conner, who is still "Himself" at Pasadena, Calif., down through the list will be noted a number whose names are listed in the current American Osteopathic Association's Directory as practicing osteopathic physicians.



## CRUTCHES FOR SALE

Business Manager..... Frank Heine  
 Stage Manager..... Robert Darton

## DRAMATIS PERSONAE

Dr. W. J. Conner, an Osteopathic Physician.....	By Himself
Jeremy Jones, M.D., "A Regular".....	Dr. William Smith
James Brown, a Western Ranchman.....	Frank Wilhite
Tom Brown } His Sons.....	{ Clarence V. Kerr
Joe Brown }.....	{ Harvey Spangler
Sam Johnson, Brown's colored help.....	Asa Willard
Dogberry Dosem, M.D., a distinguished surgeon.....	Robert Darton
Timothy Euphemia Briggs, a Boston old maid.....	Joan Smith
Mrs. Walkachalk, a vivacious widow.....	Cora Buchanan
Jane, Her Daughter.....	Miss Hazel Camille Musick
Carrie Jones } Daughters of Dr. Jones.....	{ Rowena W. W. Ilgenfritz
Pollie Jones }.....	{ Leona Kellogg
Lucretia, colored maid at Dr. Jones'.....	Everett Smith

In contrast with the cases of quick restoration such as those narrated, there were many which required patient, painstaking treatment over a long period to affect abnormal tissue, fibrous thickenings about joints, tendon shortening, muscle contractures, etc., incident to other structural derangements which had existed in many instances for years. The ultimate results were as gratifying even if not as spectacular as in the quickly cured cases. In some such cases, even the operators at the Infirmary, working under Dr. Still, had the pleasure of seeing osteopathy, when given its complete opportunity, aid Nature to a recovery, which they did not think possible, and these operators at times had the experience, which later came to each of us who practiced osteopathy for some years, of seeing the disease fighting agencies of the body, when aroused to its aid, throw off the infection of an acute condition and then seen its recuperative forces bring about recovery when the situation seemed hopeless. Even Dr. Charlie Still, though so close to the Old Doctor and seeing results daily that looked like miracles, has had the experience of seeing osteopathy go farther in its helpfulness than looked capable of accomplishment. As witness:

In the fall of 1899 when I was a senior in the American School of Osteopathy I contracted a severe case of typhoid fever. For four weeks my temperature would reach 104 to 105 degrees Fahrenheit each day, usually the latter. Dr. Charles Still and Dr. Mar-

ion Clark were taking care of me and Dr. Charlie told my class over at the school after I had been ill five weeks that I could not possibly get well. The Old Doctor heard of that and walked in at our home at 811 South Franklin Street in Kirksville before six o'clock the next morning. His early goings about were common knowledge among those close to him. He sat down by the bed and ran his hands over my body and did a little manipulating about the lower splanchnic area. Standing up, he asked, "Are you quitting, Asa?"

"No," I said.

"Stay with it, you will burn it out," said the Old Doctor.

I have thought often of the significance of that statement in the last few years when reading and hearing in professional circles of "friendly fever" and of various methods used actually to induce fever, such as malarial and proteid injections, and machines to produce heat in the body. In an age when drugs were given to stop fever and the general attitude towards it was, in effect, almost as though it was a disease itself, Dr. Still seemed to have a clear picture of fever as an important ally in the body fight to overcome infection.

In passing, I should like to make the point here that osteopathy, through Dr. Still, was first demonstrated upon acute cures—this contrary to the idea held by many laymen and quite generally fostered by allopathic doctors who do not damn it in its entirety but who say that osteopathy is all right for certain chronic joint conditions. Dr. Still was practicing old-school medicine before he discovered osteopathy. It was the loss of his three children through spinal meningitis that so definitely proved to him the inadequacy of drug treatment and caused him to cut loose from the old practice and launch out independently. His first experiments were upon acute cases. As the good results he attained began to attract attention, those patients with chronic ailments unrelieved by "old school" methods of practice came to him. Many of them were cured, some almost miraculously. Others came, and osteopathy's prestige increased as a method of curing chronic cases given up as incurable by other methods.

Osteopathy has proved itself to be a system of general practice. It is even more effective in acute than in chronic cases, and as the school which Dr. Still founded at Kirksville in 1892 grew from its

small beginning and its graduates spread to the four corners of the country, they more and more found opportunity for acute practice. Extraordinary work was accomplished in obstetrics and in the gynecological field. All phases of acute practice were handled with splendid results. Then came the great influenza epidemic of 1918. It was osteopathy's greatest opportunity to demonstrate its worth in acute practice, and its practitioners responded nobly. Many citizens called an osteopathic physician when one of their family became ill because they could get no other, and then, when the next illness came, they called him because they wanted no other, and then the neighbors called him. In the streets, in elevators, on street cars, you could often hear, "If I get the 'flu', I want osteopathy." In Montana the osteopathic physicians treated 4,480 cases, many with pneumonia, and lost but thirty-nine or less than 1 per cent. The State Health office reported a mortality rate of 9 per cent for all Montana. During the epidemic osteopathy generally achieved these gratifying results.

A third of a century ago I graduated, feeling that osteopathy, given a fair chance, and properly applied, would result in releasing Nature's forces to the extent that almost any disease could be eradicated from the sick body. From the early times when the Montana by-roads were traveled on a cayuse to reach patients down to the present automobile and airplane era, those years of continuous general practice have proved to me that my youthful conception was sound. I have often seen osteopathy achieve surprising results when even the "fair chance" seemed lacking.

In February, 1900, J. E. Morse, a wealthy stock and business man and the mayor of Dillon, Montana, telegraphed to Dr. Still asking him to send an operator to treat his son and playmate each of whom had had some sort of a paralysis affecting a lower limb. Dr. Still sent me. The condition proved to be infantile paralysis. Osteopathic treatment was successful in these cases and years later both of the boys served in the World War.

Since then, in a rather large experience with infantile paralysis, I have observed several hundred cases of that disease and know now from that experience, that osteopathy, rightly applied in the acute stage, will save more patients from death and do more in preventing paralysis than any or all other agencies combined.

Among many dozens of cases of scarlet fever osteopathically cared for in those years I have never seen a death or an evil-lasting aftermath. Osteopathic treatment kept the circulation moving, avoided congestion, and prevented the poisons from the infection settling in one location where they might have done permanent harm to the tissues.

I have seen osteopathy applied to diphtheria cases when no antitoxin was used, and when antitoxin was used, and if one of my children had diphtheria today and I had to choose between all other agencies of therapy and osteopathy, I would choose the latter.

I have seen pneumonia cases that I am sure would have died had they had everything else in therapy, and not had osteopathy.

There has been improvement in the practice of medicine generally. We are in an age of prophylaxis. But with all the serums and vaccines, most of which are here today and gone tomorrow, osteopathy has proved itself to me as the most effective disease preventing agency of the age. No osteopathic practitioner who has cared for patients through a period and seen them practically free from that American bane, colds—when even in spite of cold serums and vaccines they previously had had one cold after another—but what will support this experience. He will affirm it, too, as I have with my experience, as to other disease conditions.

I am grateful for having been permitted to have had even a lesser share in the early development and recognition of osteopathy, which has within it such possibilities for the relief of human deformity and suffering. Those who choose it for their life's work will constantly have an opportunity for effective helpful service to their fellowman.

## CHAPTER XXVI

## AFTER FORTY YEARS

By CHARLES HAZZARD, PH. B., D. O.

Graduate, American School of Osteopathy, Class '97.

President, American Osteopathic Association, 1903.

Awarded Distinguished Service Certificate of the American Osteopathic Association for pioneering in osteopathic teaching, literature, and organization.

Present Vice-President of the New York State Board of Medical Examiners.

Present President of the National Board of Examiners for Osteopathic Physicians and Surgeons.

Author of osteopathic textbooks.

DR. STILL was a true physician at heart. All his interest, study, thought were directed toward the relief of suffering. He did not want others to suffer as he had suffered in the death of his children. To him disease was a challenge; his restless mind would never be satisfied until he had worked out a way to conquer it.

It was because of this that a new kind of medical thought began to grow in Dr. Still's mind. He never planned to make a new school of healing. It is doubtful if at first he thought anything about a new school. As his work grew he began to need help, so he taught his sons and neighbors. He told them his principles and showed them how they might be applied. But for many years he did no writing designed to state the osteopathic viewpoint scientifically and for textbook purposes. It has always been my impression that he felt that his ideas could not be transmitted by writing. In those days, according to Dr. Charlie Still, people used to say: "There will be no more osteopathy after Dr. Still is gone." Other books on osteopathy were written before he seriously took up his pen for this purpose. The school had grown up about him. Laws were being enacted in various states. These required a prescribed course for the teaching and licensing of osteopathic doctors. Something had to be done to meet these requirements. Osteopathy's fundamentals had to be formulated and stated in a manner to allow of their teaching. It was thus that osteopathy as a science was born. As an empirical system,

to be taught by word of mouth and demonstration only, it could not have gone far. It was the very fact that the principles of osteopathy were such that they could be formulated into a body of scientific knowledge which could be taught that led to the founding of the science upon a substantial basis.

Thus it was that my own early days in Kirksville were lived in the midst of a science in the making. It has always been a matter of pride to me that I had much to do with osteopathy at that stage.

What the future of osteopathy would be, no one knew. Everyone assumed that it would be a glorious future. But how would the tide turn? The town was full of patients from far and near. Students were beginning to come. Money was beginning to flow in. Should the Stills become a closed corporation and keep in the hands of father and sons the fortune that the future promised? That the promoters promised them great things if they would do so, I know. Great wealth could have been theirs. But Dr. Still had never hitched his wagon to the star of Ambition. His pole star, by tradition, by instinct, by inheritance and by training was the star of Service. To serve mankind was bred in the bone of him, by inheritance from his medical and missionary forebears.

He says: "At that time (1892) many came and asked me to teach them how to cure the sick. I hesitated, as teaching had not been the business of my life; but as I had four children whom I wanted taught the principles and philosophy which I had proved to be master of disease in so many places, I concluded to hire Dr. William Smith of Edinburgh, Scotland, to give them training in anatomy and physiology, which was the foundation on which I had succeeded in all the diseases I had cured by the new method 'osteopathy' and without a drug."

When I arrived in Kirksville on January 6, 1896, and for many years thereafter, the first school of osteopathy, the little frame building on West Jefferson Street, was still in existence. But the second school of osteopathy, a fine red brick building, just across the street, had recently been completed. This was not a large building, but it was complete and convenient as a school and infirmary building. At that early date it was equipped with x-ray apparatus. It was later added to, front and back, and became what is now known as Memorial Hall.

The world had already worn a path to Dr. Still's door. He had shown it that he could cure the sufferers whom medicine could not. Many wonderful cures were being accomplished at Kirksville, and the news spread around the world. In fact, so many heretofore impossible things were done that they seemed a little short of miraculous. I well recall the one such case, occurring in my own experience in those early years, which went far in fixing me firmly in the faith.

This was known as the Lorna Shelton case. This girl, twenty-eight years of age, had been blind since the age of five, when she had had a bad fall out of a swing. This injured her head, neck, and spine, and she became blind within six months. Nothing could be done for her by "old school" physicians, though every effort had been made. After twenty-three years of blindness she came to Kirksville. She could see nothing, but could distinguish light from darkness with one eye. She had been treated for a short time in the clinic. I treated her about two years. Eventually correction of lesions of atlas and axis, and of the cervical and upper dorsal spine secured results. The adjustment of these lesions restored the sympathetic nerve control of the circulation to the optic nerves and retinae. Very slowly vision began to return. There came the day when she could see a handkerchief protruding from the pocket of my coat. Later she could distinguish the color of my suit, could read large print, could see the outline of a house, could tell what was passing along the road, etc.

Thus a practical cure was effected. That such a result was possible after so many years of blindness was a thing that even the most sanguine would not have believed possible.

It has many times been demonstrated that time, patience, and fixing the lesions accomplish wonders unheard of before the advent of osteopathy.

The students lived in such an atmosphere. At this early date the course of instruction meant, practically, committing Potter's "Human Anatomy" to memory with supplemental reading of Gray's "Anatomy." This study of anatomy was supplemented by lectures on osteopathy by Dr. Still and the staff. After this first six months in anatomy, the students were assigned to members of the staff in the clinic rooms, assisting in and observing the treatment given.

Such was the course of instruction prior to the enactment of the Missouri osteopathic law in 1897. But Dr. Still knew how to train osteopathic physicians. He taught many who made notable successes. One of the most successful practiced for years in a large city, and I have been told that this man never used a clinical thermometer except upon one occasion. In this epic stage of the development of his science, Dr. Still decried the use of the thermometer. His favorite term for it was "pig tail." He would berate us soundly for not having the gumption to know when a patient had a fever without "sticking a pig-tail into his mouth."

However, it had been given to Dr. Still to have an amazing power of intuition not vouchsafed to ordinary mortals. Also, his years of experience, coupled with his remarkable powers of observation and deduction enabled him to spot the patient's condition unerringly.

So it was that he had no use for textbooks on drug treatment. They were too representative of the old tradition in medicine, to break away from which was his life's battle. He says: "Early in life I began to hate drugs. My father was a doctor. I studied in his office, taking up the practice of medicine with him, as was the custom of the times." Later he took a course of instruction in the Kansas City School of Physicians and Surgeons.

He knew how to train osteopathic physicians, and he was willing to let it go at that. It was in just that way that he won his fight to establish the truth of osteopathy. Osteopathy he gave us; osteopathy we should foster and develop, in spite of the changes time has wrought since state laws laid down prescribed courses as a basis for legal recognition and regulation of our practice.

Medical opposition to osteopathy was from the outset strenuous and bitter. But it was also unorganized and unscientific. Had we, in those early days, been compelled to meet the cunning and highly organized medical opposition that now confronts us, it seems certain that our progress would have been much more difficult. As it was, state after state fell into line before the osteopathic onslaught. We should never forget that these battles were won upon the basis of what osteopathy was doing to benefit mankind.

The legislative needs of osteopathy produced a brilliant legislative strategist in the person of Dr. Arthur G. Hildreth. To him

we pay the homage due to one of the truly great among us. His winning personality, his transparent honesty, his compelling earnestness, and his whole-souled belief in the justice of the cause made him a mighty conqueror for osteopathy. There were few states in which he was not enlisted for the battle. No other man has done as much toward putting osteopathic laws upon the statute books.

Dr. Hildreth secured the passage of the Michigan osteopathic law virtually single-handed. In the year 1897, Hon. Thomas F. Carroll, Postmaster of Grand Rapids, was under the treatment of Dr. Harry Still in Chicago. Mr. Carroll was a man of much political influence in his state. It was he and Dr. Hildreth who secured this legislation. This law was patterned upon the Missouri law, then recently passed.

No more staunch pillar of osteopathy ever lived than Dr. Harry Still. I have always admired the sterling character and innate mental ability of the man. He made osteopathy well known in Chicago. Here he carried on a successful practice by correcting osteopathic lesions. He treated many prominent and influential people, such as the Cudahys, J. V. Farwell, the family of Mayor Carter Harrison, Col. H. H. Rogers of New York, and many others. He thus laid a strong foundation for osteopathy in Illinois, which was ably built upon by his successors in the profession. Later, as the financial genius at the back of the Kirksville and allied institutions, he carried on for the cause in an able, though retiring manner. No other man in our profession could have done for it what he did.

Charlie and Herman Still, the Pattersons, Wash Conner, Joe Henderson, Turner Hulett, Nettie Bolles, Carl P. McConnell and various other dyed-in-the-wool products of the Old Doctor's faith and skill were upon the staff in those days.

Dr. Still was a man of simple dignity. He was a natural and untrammelled individual. He did what he liked. He wore his trousers tucked into his boot-tops because he liked them that way. He spoke in parables. In speaking before his classes he was often so allegorical that, even if one knew his manner of speech well, it was difficult to follow him.

It was known among a number of his acquaintances that he foretold the victory of Dewey at the Battle of Manila Bay. He

said that he could see the ships under the water. Dr. Still possessed psychic powers because of his ability to foretell correctly happenings near and far.

Apropos to this, the following appeared in a recent editorial in the *New York Times*: "The reality of at least one class of these (psychic) phenomena, he (Aldous Huxley) believes has been demonstrated beyond all reasonable doubt. This is 'cryptesthesia,' which includes telepathy, clairvoyance, psychometry, water divining, and all other forms of unusual perception not passing through the ordinary channels of the senses."

The school was now (1900) quite large. There were about seven-hundred students enrolled. All of the states and some foreign countries were represented in the student body. This was a stage of gradual transformation of the institution. It now became almost entirely college. The infirmary practice had grown much less. This was, of course, for the reason that osteopathic physicians were becoming well distributed over the country. In those days it was the practice for a patient to offer inducements to a promising student to go into practice in the patient's home town. Often a "class" of ten or twenty patients would be promised as an inducement. Thus it was common enough to see a young doctor step at once into a flourishing practice. Many of these did exceedingly well in thus being introduced to a clientele of the very best people in a town, for the original Kirksville patient had generally been one of prominence in his community. The interest of people of such standing was, indeed, a most valuable aid in the dissemination of osteopathy.

The late Col. A. L. Conger of Ohio, at one time Republican National Committeeman, was taken in a private car from Boston to Kirksville while suffering from an apoplectic stroke. He was treated by Dr. Still and the staff and received remarkable benefit.

Another family of staunch supporters was that of the late Hon. Joseph B. Foraker of Ohio, former Governor and United States Senator. They brought a young son to Kirksville for a serious cardiac disease which threatened his life. The child recovered and grew to manhood. Years later I treated this young man in New York. The great influence of Senator and Mrs. Foraker was many times an important aid to our cause in Ohio and in the country at large.

Another prominent believer in osteopathy is Mr. Paderewski, who has for years adhered to this treatment. In connection with this man, I had an interesting experience. Calling at his hotel one morning to treat him, I was met by Mme. Paderewski, who told me that he was asleep, but that, as he had a very bad cold, she was anxious that he should not miss the treatment. I told her that it did not matter if he were asleep, that I could treat him anyhow. This I proceeded to do. He was entirely compliant, yielding easily to a push to get him into the desired positions, so that I thought he knew what was going on, but that, through somnolence, he preferred silence to speech. However, upon my return in the evening he assured me that he had not known of the morning treatment.

In more than twenty states of the Union, graduates of our colleges take and pass the same examinations, in all subjects, as are taken by the graduates of allopathic colleges. About the year 1899, Doctors Gilman S. and George D. Wheeler, of Massachusetts, graduates of A.S.O., passed the state board medical examinations in that state, and practiced there for many years. In that state at that time it was not necessary for an applicant to be a graduate of a medical college in order to be admitted to examination.

Always it has been true of the osteopathic profession that it was able to live up to a high standard of education. We thus builded wisely and surely a foundation for a great profession. This was another evidence of the vital quality of our system of practice, and lead to the permanence of its existence. Thereby we contributed to the high quality of our personnel and attracted an excellent clientele throughout the world. The progress of osteopathic education is a triumph.

It has, in forty-five years, raised its educational requirements to the practical equivalent of those of the best medical schools, a standard to which medicine has required hundreds of years to attain. Thus has osteopathy acquired the dignified and useful status of a learned profession.

Osteopathy has, from its beginning, attracted to its support the most prominent people. This is testimony to the importance of its cures, for these people have been able to command the best medical service. That these were strictly osteopathic cures adds to the argument for the strict maintenance of the distinctive osteo-

pathic quality of our work, and the system should be maintained as a distinctive practice of the healing art. No other healing movement in history has equalled the stride of osteopathy in its world-sweep. It has profoundly affected alike the life of the people, and the status of medical science. Its influence upon medical thought today is greater than ever before. It has turned the attention of the medical and scientific world to biochemistry. One sign of this is seen in the wide use made of the so-called "biologicals" by the medical man of today. Osteopathy has forced a change in the whole theory of medical therapeutics. The drastic dosing of a generation ago has given way to more rational methods. Nature is now given a chance to aid in the cure. It remained for osteopathy to blaze the trail to a new concept, which has been, consciously or unconsciously, accepted by a large part of the medical world; namely, that the biochemistry of the human body is fundamental to all curing of disease. "The body has its own drug store within it," said Still.

Osteopathy laboratory research, so well begun by Carl P. McConnell and so well carried on by Louisa Burns, the A. T. Still Research Institute and more recently by W. Kelman Macdonald of Edinburgh, Scotland, pointed the way to this now universally accepted principle fundamental to any rational method of cure. Thus have Dr. Still's disciples carried on along the trail he marked, and built upon the immutable principles he laid down. "D. O. means Dig On," said the founder.

Some medical man is quoted as saying recently that in ten years there would be left only three kinds of doctors of medicine: the orthopedist, the surgeon, and the biochemist. We do not unduly flatter ourselves when we claim that our own work partakes essentially of all three. It is surgery; it is orthopedics; it fundamentally deals with biochemistry.

Medicine, the science, is founded upon chemistry. Osteopathy, the science, is founded upon physics. But, whereas osteopathy is founded upon the physics of the body, medicine is founded, not upon the chemistry of the body, but upon the chemistry in a test tube.

The science of chemistry originated in ancient Egypt, then called Chemi, and it took its name from this. Here the priests experimented with herbs to find remedies for sickness, and there gradually grew up laboratories for chemical work. This was the

beginning of chemical medicine. Its use has always been empirical, by the rule of "trial and error."

But the physics of the cell underlies the chemistry of the cell. Biophysics underlies biochemistry. These two are one and inseparable. For three generations, by their use, osteopathy has succeeded in conquering disease.

There never has been any rational basis for a chemical system of medicine other than biochemistry. Yet, while from the beginning osteopathy has made it fundamental, it is only in recent years that medicine has begun to make intelligent use of it. A prominent publication upon the subject of biochemistry in medicine, at so late a date as 1918, mentions this as being a new department in medicine. Moreover, with the allopathic physician of today, this department of medicine is still in its infancy.

Osteopathy's power to rally all the natural defenses of the body against disease, for either protection or cure, is the core of its greatness. To construct or insure *acquired immunity* constitutes osteopathy's great contribution to human well-being.

McConnell recently said: "At this late date many seem to forget that a basic discovery of Dr. Still was the fact of immunity. They entirely forget the background of medical science as it existed sixty years ago; forget how revolutionary the osteopathic concept was at that time and the struggle and clinical experiments that were required to develop it. All of this is past history in one sense, but in another sense it is both present and future history. A definite amount of downright hard work will always be demanded in each case; such is the nature of the bodily organism. But the present has one great advantage—it knows what can be accomplished, for Dr. Still gave us a glimpse of new horizons." (*Journal A.O.A.*, March, 1935.)

Article three in the Charter of the American School of Osteopathy, apparently in Dr. Still's own words, says: "The object of this corporation is to establish a College of Osteopathy, the design of which is to improve our present system of surgery, obstetrics, and treatment of diseases generally, and place the same on a more rational and scientific basis, and to impart information to the medical profession."

These objects were fulfilled in abundant measure. Always there have been discussions among us as to what should be taught the

students in our colleges, what degree should be conferred, and like considerations. These still continue, and are but the sign of a vigorous, growing professional body.

The Charter of the school further reads: "To grant and confer such honors and degrees as are usually granted and conferred by reputable medical colleges." Anent this, Booth says: "There is but little doubt but that the American School of Osteopathy has a right, under its Charter, to confer the degree of Medical Doctor (M.D.) upon its graduates. Many wanted that done, but Dr. Still, with his usual foresight, would not consent. He maintained that osteopathy is such a radical departure from all schools of M.D.'s that it should not be designated by the same degree." —*History of Osteopathy.*

Dr. Still's wisdom in keeping osteopathy separate and distinct from other medical sciences cannot be questioned. The conferring of a distinctive degree has been a great help in maintaining the purity of osteopathy. Had these things not been done it surely would have been very much more difficult for osteopathy to maintain its independence and individuality in the way it has done.

Dr. Still took a close personal interest in the students. He was familiar and kind, but he was always striving to direct their thoughts to useful lines. Both in the classroom and in his more informal contacts, he was always trying to make them get his ideas. Many did truly get the vision. Once a man had acquired that, he was made. He set the feet of many a stalwart upon the path of success. One of the great assets of osteopathy today lies in the considerable number of these in our ranks. In this group I include all who *got the vision*, whether from Dr. Still personally, or from those who have "carried the torch" he set aflame. The most successful doctors of osteopathy I have known, by and large, have been the best "lesion fixers."

Still was a conqueror. He was of the indomitable cast. He was filled with a high courage, without which he could not have survived the heart-breaking discouragements and persecutions that beset his way. He knew what he could do. He knew the value of osteopathy.

In the bright lexicon of osteopathy's youth, there was no such word as "fail." The motto of osteopathy emblazoned in the spirit of its founder might well have read:



"If a thing is possible,  
It's done;  
If it is impossible,  
We will do it!"

The impossible was achieved before the scornful eyes and the railing tongues of a bigoted medical world. For this we shall never be forgiven.

The world turns to us in its need today, just as it turned to Dr. Still in those long gone years, because we represent, not the old tradition, but something different, to which it is willing to pin its hopes. In a word, people still come to us for osteopathy. As long as they can get osteopathy from osteopathic physicians, we need have no fear for the future of our science.

## CHAPTER XXVII

### PIONEERING IN OSTEOPATHY

By HARRY M. VASTINE, D. O.

Graduate, American School of Osteopathy, Class '00.  
Past Vice-President, American Osteopathic Association.  
Present President of the Pennsylvania State Board of Osteopathic  
Examiners.

TOWARD the close of the nineteenth century I was living with my father, a prosperous merchant in the thriving little city of Sunbury, Pennsylvania. I had completed my high school education and held a position with the Pennsylvania Railroad with the idea of later entering Cornell University for the study of law.

Then I fell ill. For awhile I was able to attend to my duties. I was under the care of local physicians. The illness persisted; it did not yield to their ministrations, but became rapidly worse. I was induced to go to Philadelphia, the then medical capital of America, and I was to consult an eminent physician there, at the time, considered to be the ranking doctor of medicine of his day. For a period of a month I secured some relief, but I soon lapsed into a worse condition than before and was not a little discouraged; the more so because of being under the care of the greatest of doctors. One can imagine the discouragement that must take hold of the sufferer under such conditions. Then my father's partner came forward with the suggestion of recourse to a new type of doctor, known as an herb doctor of Winchester, Virginia.

I accordingly made a trip to see this doctor of herbalist reputation in Winchester and returned home with a new hope for that elusive thing—health. It is hard to believe now, not only by myself, but my friends as well, what a pathetic figure I used to be. Formerly I had been in apparent health, now reduced to a shadow of my former self, looking like a well-advanced case of tuberculosis. After a long period of treatment at home, first by the local doctors, then by the great specialist in Philadelphia and finally the doctor in Winchester, and still health far out of sight, I did not know where to turn next.

In the meantime, however, father and I had discussed the possible benefits that might arise from a let up of my work, and an extended trip. Drowning persons clutch at straws, and that is just what we were doing. A trip was planned to visit friends and relatives in the West, or what we then called West—Iowa and Illinois. Before I left, however, I made a second trip to Virginia, and stocked up with the remedies the herbalist prescribed and was off for the West. My first stop was Keokuk, Iowa, where I paid a visit to very close friends. While at Keokuk, my hosts, seeing my serious condition, brought to my attention a new method of healing that was attracting wide attention at Kirksville, Missouri, ninety-five miles west and south of Keokuk, and urged me to make the trip and investigate it. Being eager for any avenue that offered relief, I was not hard to persuade.

On arriving in Kirksville I was astonished at what I saw. I had received but a fragmentary idea of osteopathy from my friends. I could scarcely believe my eyes. There appeared to be thousands of patients on crutches and in wheel chairs, some even on litters. I looked upon it all with wonderment, but being there for a day only the impression was not too deeply made. Osteopathy was too strange a philosophy for my Dutch brain to absorb, accustomed as it was to orthodox medicine. In the light of the most primitive intelligence, it seems impossible. I was living in a dark age and did not know it. I accepted the dictum of the doctors without question—knew no other course. It must be remembered, however, that I was young and my "think-tank" was not under full steam. I figured that if a person was to recover from illness, the cure must needs come about through some magical drug. In the light of time one can hardly believe that such dense ignorance ever afflicted so-called enlightened people. But such was the case. People did not think that illness could yield to anything short of medication; the only question was to locate the right doctor who had the mysterious drug, and knew how to administer it. To have questioned such a theory would have been sheer madness; and few, if any, held such revolutionary thoughts, much less express them as Dr. Still did.

After a few days in Keokuk, I left to visit relatives in Mt. Carroll, Illinois. In telling them of my trip, I quite naturally drifted to the subject of health as my cousin, Oscar F. McKinney, a

banker and very prominent man in Illinois, was also ill and with my own illness vividly before me, I related the story of Kirksville. He seemed deeply interested. In a couple of days what should happen but *The Journal of Osteopathy* from Kirksville was handed to him by a friend. He read it from cover to cover and at once proposed that we both go down for treatment. I immediately dispatched a letter to my father and he replied, "go if Cousin Oscar thinks it will help." In two days we were off. We registered at once for treatment and while my case, one of mitral regurgitation and secondary gastritis did not offer the best prognosis, my cousin's did.

Briefly, we were there throughout July and August, both improving materially. Then my cousin was called home on business, but I remained. He urged me not to go back East, but enter the osteopathic college and take up the study of what he believed was the coming healing art. He said that if he was twenty years younger (he was then fifty-eight), he would close out his large business connections and take up the study himself, and render to humanity a great service out of gratitude for what this new science had done for him. This was too big a hurdle for me, however, as I was heading for the legal profession and expected to begin studying as soon as I was sufficiently recovered. I started homeward much to the disgust of my cousin. At home the question of entering the school occupied my thoughts, and it gave me a great deal of concern, but there could be no snap judgment on such an important decision as that. To even consider it was a strange procedure for me. To give up law and become a doctor was one of the last things I could imagine. In fact, I did not like doctors. They seemed morbid to me, and I am not quite sure I wasn't right regarding many of them. Neither did I like their austere manners and gloomy offices, with all of their death-bed scenes and old magazines. They just did not appeal to me, and reflected the opposite from what I felt a doctor should be; that of trying to bring back the sunshine and brightness of life. How could they do it with such an attitude and environment? So I said—"No! Not for me."

But here was a new outlook upon sickness and health—an entirely different viewpoint than I had hitherto even dreamed of. The ill, the grievously ill, were all about me, but here also was a

new attack on illness, and I felt that the smile, the brightness, the sunshine lay just back of the clouds of illness, and what a wonderful thing it would be to become the instrument to drive the clouds away and bring back happiness, and what a remarkably understandable, and common sense way by which to do it! That thought helped dispel my prejudice against doctors, and I set about to become one and here I am, but not morbid. My offices have no death-bed scenes, and the magazines are fairly up to date. What convinced me? First of all a great change was wrought in my own body. A clear turn about—this in the face of the fact that I had given the old and presumably learned medical profession ample time to demonstrate its skill, and it failed. If any one, perfectly poised in every way, could have visited Kirksville in the late nineties as I did, and not been notably impressed by the sights they saw, he must be a very unusual person. No one, not even the most phlegmatic person, could look upon the sights that were everywhere present, without feeling that here a great moving force in the realm of healing had found life. Verily a new era in therapeutics was being ushered in, and I decided to have a part in it.

I matriculated in the February, 1898, class, and what a marvelously enthusiastic group they were; but not more so than the whole student body. In fact everybody seemed swept on by the great inspiration of this new found science and art that was by now commanding public attention from the four points of the compass. Patients were here by the thousands, and were being turned back into the channels of health in a steady stream through its marvelous workings.

The spirit that prevailed in Kirksville—that great outward manifestation of exaltation within, I shall never forget. It existed everywhere, not only in the college itself, but was on the lips of the citizenry, and the dominating topic of the town. Why should it not have been, for here was witnessed every day new victories over man's enemy, disease, and largely they were won over conditions that were otherwise hopeless? I was one of that type myself, with but little outlook. I was wretchedly ill, and a sorry sight to those who knew me when in health. If a system had been evolved that could turn the tide of battle and rebuild the health of such as me, it should certainly command public favor. What

value can be placed on one such restored life, let alone the vast number upon whom was conferred an equal or greater blessing?

It was done by devotedly applying the great principles of osteopathy to the ills of the body; that of the manual correction of causative structural defects. Osteopathy won its spurs this way and will only retain them this way. There were no adjuncts then. Even as primitive as the art then was, for it was in its earliest beginnings, it scored sufficiently notable triumphs over diseased conditions, many of which were classed as incurable, to attract the attention of the world.

As I labored the first semester, I became more persuaded than ever that a therapeutic system had at last been born, a system that was not merely temporizing with certain effects or annoying symptoms, but an actual cause-remover of disease, thoroughly sound and scientifically based. In fact as I heard the great truths that underlie osteopathy fall from the lips of the master—its law giver, Dr. Andrew Taylor Still, I became more and more convinced that a truly wonderful science had been formulated—one that was sufficiently great to transcend all of the healing arts, and take leadership in the field of healing, if developed to its full degree. The dark ages in my life were being shaken off, and I was rapidly coming into the light of a new era in health conservation and restoration. As I listened to the great parables and bits of philosophy of Dr. Still, I tried to get back of this marvelous man, this superb scientist, and see through his eyes certain of his audience, which indicated plainly that he was talking over their heads. Many took his utterances as jokes. How I dwelt upon his philosophic statements, pithy and pointed, but revolutionary and convincing. To me he soon became the great master teacher that he was, soundly entrenched in immutable and unchangeable natural law. He likened this new science to the perfection that pervades the planetary system, and compared it with every other manifestation of universal law. Can a position of any sort ever be more correctly taken? The answer is obviously, "No!" Its principles so far exceed those of any other systems of healing that they look like pygmies beside it. I am talking about the potentialities that lie within, not the extent to which it is practiced. This is the fatal error into which so many of our people fall. They measure its capacity by their own yardstick or range of ability

in its handling. We know but its primal truth, and at our best are most crude in applying its art.

Throughout our course we ate, slept, and drank osteopathy from every possible angle. It was in the very air we breathed. Dr. Still, our great teacher, continually admonished us as we went into the field to take up private practice to adhere strictly to the great precepts of osteopathy, and we would meet with unqualified success; that the scientific basis upon which it was founded was sound and dependable, and all that we needed to do was to continually study it, search out its great truths, and practice it with fidelity, and it would repay each one a thousand fold in brilliant results. He never said that every case was curable, because the great machine may have gone past the possibility of recovery; but he did say that the powerful recuperative forces of the body were so eager to restore health, if they were unfettered, that it was practically impossible to consign a case to the ranks of the incurable, without an attempt to turn back the tide of disease; and often astonishing recoveries would take place. He also bade us to be diligent, and to take particular pains to specifically correct the causative lesion; remarking that unless the exact anatomical cause was removed, we might no more expect good results than if by the use of the wrong proportion of ingredients in a chemical formula, we could expect a normal reaction. Osteopathy must be exactly applied. He pounded home persistently that in order to cure a patient, the obstructive or causative lesion must be corrected. If we did not gather the knowledge, our cortical cells were to blame. There may have been omissions in training, but they were minor. The major subjects were taught with real distinction, the faculty giving its entire time to their work.

My class had a number who had little or no preliminary education, but when the time came for them to enter the clinics they gave a wonderful account of themselves and they have also done so in the field. True, they lacked much in some of the things which go to make a fully rounded doctor, and I hold no brief for that; yet they were taught that structural abnormalities were responsible for bodily ills; and also taught to recognize and remove them. With what astonishing success many of them met! Trained under severe handicaps in one sense, they bore down on the fundamentals and importance of lesion detection, and lesion correc-

tion. With little or no preliminary education, they confined themselves strictly to the basic truths of anatomy, physiology, and osteopathic principles, and applying these principles to the disease, marvelous results were secured.

The school of my time, however, was a complete college and gave an excellent course of instruction, with strict fidelity to osteopathic principles. It was osteopathy itself, with its great twin sciences of anatomy and physiology that gave vitality to the course. They created the enthusiasm, and fired the minds of the students, for with these three, if they never mastered the others, as important contributing factors as they were, they could cut a wide swath through disease.

In the spring of 1900, as an evidence of the completeness of training, thirty-five students, of which I was one, went to Springfield, Illinois, before graduating to take an examination before the Illinois State Medical Board. That state had just passed a law providing for the licensing of osteopathic physicians. We were examined in all collateral subjects except materia medica, this subject applying only to medical applicants. I believe it is sufficiently noteworthy as a testimonial to the A.S.O. that out of thirty-five undergraduates who took this examination before a none-too-friendly board, all but two passed.

The Old Doctor was continually being sought after by some newly arrived patient, or a stubborn case that did not yield the expected results through the doctor in charge, but he would only undertake them under very special need. He had to safeguard himself for he was along in years and, of course, could not take on too much manual work. He had a first class outer guard in the person of his wife, "Ma" Still; Blanche, his daughter, now Mrs. George Laughlin, was her mother's first lieutenant. They saw to it that he was protected against the tremendous pressure of personal examinations and treatment. He had made a great reputation and everybody wanted him to at least see them even if he could not handle their cases. This was perfectly natural upon the part of the patients, for were not their lives at stake? They wanted the best there was, and he was that. But he could not begin to meet the requests. It was a physical impossibility. However, when the need was imperative he did not withhold his assistance.

Dr. Still occupied his time in studying and garnering new facts

to present to the student body. He carried a long staff and would often take to the "woods," as we called the pasture land back of his home and work out new material for his impromptu talks to the students. It not only provided a means of escape from the pursuing patients, but offered him a real opportunity for study and a proper setting in which to do it. For was he not at the heart of nature, from which he made so many trite deductions in his philosophy of disease? There were the peace and inspiration that he needed to accomplish these things. The next day he would add his new observations to his several books on the philosophy and mechanical principles of osteopathy. I am wondering how many osteopathic physicians own and have read them. If they have, they are thrice fortunate, for these books are laden with worth-while facts concerning natural law and its operation. If they do not own or have not read these books, they have missed something. They have missed the greatest factors to help them reach the real depths of osteopathy.

Finally after two most eventful years, in an unusual atmosphere of enthusiasm and inspiration, the great day of graduation and departure came, and we were to go out into the world and try our wings.

My first detail was in Northwestern Illinois—Hanover, Jo Daviess County, at which place I practiced for a few months. At Hanover I began to see that osteopathy was a great workable principle, which I myself could apply with some degree of success. While I was wearing off the "green" so to speak, I felt most incompetent, but I clung to the principles, for I had come to the full conviction that osteopathy was competent: it only remained for me to properly apply it. If I did that, the failures would be few and the successes many. It rested with me, not the science. I was there about five months in the summer of 1900 and accomplished good results. There were some failures, of course, but the percentage of cures was so large that I knew osteopathy could do all the things that Dr. Still claimed for it. All I needed was to perfect as much as possible the art of applying it.

As I have been asked to cite briefly in this chapter a few notable cases, I am taking the liberty here of recalling two in my first four months of practice at Hanover, Illinois, in the spring of 1900.

1. A case of chronic diarrhea that dated back to Civil war days

—thirty-five years standing. This case recovered completely in about two months. Lesions at the eleventh and twelfth dorsal. Fixed shoulders and trunk down to and including the eleventh dorsal and rotated the twelfth dorsal to position with pelvis.

2. Another, a crippled child I treated and made startling progress toward recovery. I do not recall the details, just remembered her name. Here's an interesting sequel. About two years ago I received a letter from this town and I wondered who could remember me for so long a time. On opening it I found it was from this self same little girl, now forty-three years, telling me how grateful she still felt to me for curing her. I had never heard from her in all this period. And I am happy to relate further that the success of osteopathy there in general was great. I take no especial claim to myself; I merely untied a few of the structural "knots," and the great law of the body had its way and a fine record it made of it.

I came to Harrisburg at the opening of the year 1901, and I am happy to say that the effectiveness of osteopathy continued with marked success. In all my thirty-five years of practice I do not believe I have signed ten death certificates. When I considered a case was surgical I promptly referred it to a good surgeon and I can think of but one case that terminated fatally. Now I am thankful to say that we have our own highly competent surgeons.

1. I recall a case of appendicitis to which I was called. Had a blood count made immediately. This was at six p. m. The leukocyte count was 23,000; temperature 102.4 degrees Fahrenheit. Gave one turn at the twelfth dorsal right and anterior, plus correction of right lateral atlas lesion and rotated fourth dorsal vertebra, whole treatment occupying about three or four minutes in all. Patient lying on left side, holding pelvis and all lumbar fixed, rotated trunk backward at twelfth dorsal. The pain began to subside in an hour and by morning when I saw the patient there had been much improvement. Gave further correction of twelfth dorsal vertebra chiefly, and of about the same duration. Blood count at eleven o'clock had been reduced to 8,500, temperature to 99 degrees Fahrenheit. With one more treatment the patient recovered fully. There was no recurrence of the attack.

2. Another was brought into my office one evening in a very

toxic state, almost comatose, muttering delirium. It was necessary to carry him to his auto. Blood count and urinalysis was made immediately. Leukocytes 22,500. Urine, heavy cloud of albumin, blood, loaded with granular casts, and renal cells. Thought the patient could not live over the night. The next day patient passed over a quart of pus and blood per rectum, the appendix had undoubtedly ruptured into the caecum. The third day another blood and urine test made. Result, leukocytes 7,800; urine cleared greatly, and recovery fully established within two weeks. Lesions very similar to preceding case, especially the twelfth dorsal. Technic nearly identical.

3. Another case I considered notable. In 1920 a patient seized with marked rigor, sharp pain in left chest level of fifth and sixth ribs. Marked dullness and septic temperature, 96.6 degrees Fahrenheit at six a. m., to 104 degrees Fahrenheit at three p. m. Deep cough, raising large quantities of heavy greenish pus. The illness lasted thirteen weeks, and in the last two weeks two metastatic abscesses appeared—one on the shoulder and the other on the great trochanter of the same side. As these began to point I had them lanced surgically and three pints of greenish pus resulted. Prior to lancing, however, the cough had subsided greatly and the temperature was rapidly approaching normal. Used to handle the sputum two or three bed sheets torn into segments, plus 10,000 paper napkins. Patient weighed 75 pounds at termination; formerly weighed 125, now weighs 149 pounds, and in excellent health. Diagnosis, tuberculous abscess left lung; lesions at fifth-sixth dorsal-compensating rotations. Surgeon who lanced shoulder and trochanter abscesses confirmed my diagnosis and was amazed at the results I obtained. Technic—fixation of fifth dorsal vertebra and rotating trunk with hips, lying on right side, spread fifth and sixth ribs at angle.

4. In 1909 a patient came to me with a badly wrecked rheumatic heart. She had been given but three or four months to live by the best doctors of medicine here. Had marked murmurs in all valves and subject to very serious attacks. I found the usual heart lesions at the second-third-fourth and fifth dorsal vertebrae and attached ribs. I simply set about readjusting the defective structure in the usual manner, second and third anterior, fourth and fifth post and lateral. I considered the most important lesion

between the anterior third and posterior fourth. She began to improve, and has been my patient ever since. Instead of three or four months, she has lived twenty-eight years longer and still has fair health and looks well; or about a hundred times the amount allotted to her by her medical doctors.

With these few cases hastily recalled and roughly cited as examples of the achievements of osteopathy, and with a vast number of cases of greater or less importance available if I consulted my records and space would permit, should demonstrate fairly clearly that if the osteopathic art were fully perfected, an enormous power would be loosed in the therapeutic world. Multiply this by the records of thousands of other osteopathic physicians and it should not be surprising that there is a rise in life expectancy in America to the point where there are many centenarians living today. I wonder how many osteopathic physicians have given thought to this and to the fact that they no doubt are playing a large part in increasing longevity; and the more correctly they have adhered to osteopathic principles, and the more nearly exact they have applied the art, has determined the extent to which they have contributed.

And be it understood that in the few cases referred to, as well as the sum total of my years of practice, I have not deviated from the principles of osteopathy as given by Dr. Still. I have done the work with my hands; and great are the victories that reward those who faithfully follow this great law of life, which real osteopathy makes possible. And the very few cases I have lost to other systems of therapy through loyalty to our own, is so infinitesimal compared to the enormous volume of victories I have won, that I am generous enough to grant their loss without stint. Surely one should be that magnanimous toward a competitor. A business project that makes this high a score would be considered a pronounced success. It pays therefore to follow this science and art assiduously; not only to the practitioner, but for the greater reason—his or her service to the human family.

It is quite common today to note the free use of the term "Human Machine" by other schools of therapy. Sixty years ago Dr. A. T. Still, the master nature scientist, the foremost law giver of health to humanity in centuries, the great modern counterpart of Hippocrates, (who 500 years B.C., was the first to recognize nat-

ural law) was the author and coiner of that designation; and all who refer to it as such pay tribute either wittingly or unwittingly to this truly great man. Dr. Still said: "The human machine—the Masterpiece of Creation," if structurally perfect cannot be ill; not even down to death. The functions should gradually slow down peacefully and painlessly as cell physiology diminishes; and cease as naturally as a clock runs down. This is a truly normal death; not an abnormal or unnatural one through disease, which is the rule.

There is scarcely a month passes that the newspapers or journals do not carry a startling story relating to a new cure for this or that disease. To the student of natural law this is but groping in the dark, since the cure invariably ignores the only real potential for the eradication of disease—the inherent law of the body itself—and stamps it as a temporary expedient, here today and gone tomorrow. If it were scientific it could not be displaced. The facts are that one dies while another is a borning. A five year period sees their advent and their termination.

Herein lies a great opportunity for this system. It can develop a real cure, one that is durable and built upon a sound scientific basis. Therefore, we should through intensive research, seek out the intricacies of osteopathy and develop an equally competent art to deal with our discoveries with precision and effect. This is eminently possible, and it should be seen to that nothing is left undone in achieving the ends which these great principles merit.

With a rational system of health founded on natural law and an art to employ it, we should take a leading place in the field of therapeutics. Since it is a great biophysical and bio-dynamic philosophy of health, of great therapeutic capacity, we should seek out its truths with courage and intelligence, developing its scientific, diagnostic, and therapeutic ability to the full. Osteopathy is competent, if the practitioner is competent. He can be made so by developing his resources.

Since osteopathy is founded on a definite set of principles, inextricably interwoven into natural law—a part and parcel of it—not only capable of dealing with the minor ills of the body, but with the most intricate and intractable diseases to which it is subject, it has an enormous outlook, co-extensive with the field of natural law itself, and is, if developed to the high art of which it

is capable, a master science and art of healing; it is sufficiently comprehensive in scope to deal effectively with the vast ramifications of disease, therefore unlimited; and it is the most powerful and effective barrier to bodily ills. It is nothing short of this.

To those who have not measured its potentiality this may seem an extravagant statement, but since it places its reliance on natural law, if unhampered, to execute recovery and maintain health within the body mechanism, it cannot be wrong; for this law gives, maintains, and permeates all life.

And since natural law is the ever-present activating and dominating force of all processes we know as life, from the most simple to the most complex, and since osteopathy is a component, integrating factor in maintaining the freedom of action of this law within the body mechanism, where is the individual of any school of therapy with the authority to challenge or set aside the operation of an eternal principle such as this? God is its author, and no finite being is sufficiently enlightened, nor empowered to criticise or displace it.

That is why I want to impress on our profession the point that we hold the great key to health, with a vast undiscovered country ahead. With such enormous latitude for development within the vast reaches of our own broad domain, infinitely more capable to deal with diseased conditions than any yet evolved, the chief business of this profession is to move mightily forward along these lines. Dr. Still foresaw the supreme importance and completeness of this self-evident truth when he recognized the immutability of natural law and its motivating force in all animate beings, and then superimposed a great code of application, fitting perfectly into it, and the cast was complete. To step aside from it, or incorporate within itself anything that is not a part and parcel of it, and does not check with natural law, is but to forsake a powerful agency, for a futile one, and diminish our philosophy proportionately. So let us see to it that we give our full measure of devotion to this great principle, not because of any maudlin sentiment, or idle gesture, but because of its intrinsic worth; irrevocably founded, as it is, not on a set of laws, but *THE* law of all animate life, and therefore it must be scientifically correct. And if the profession develops and employs the full potentiality of osteopathy, miracles will be wrought every hour of the day.



To him who foresaw its greatness and universality of application, and made us his heirs, we can pay our highest tribute not by empty honors, but by bringing it to full fruition in the name of God, its author and maker, and Andrew Taylor Still its interpreter and prorogator.

The Sage of Kirksville sleeps  
Near wooded knoll and dell;  
Could he but cast his presence forth,  
He'd fain a story tell.

Of how he gave to us a torch  
To light the fires of life;  
And banish illness from within,  
And quench its deadly strife.

This matchless art, may it confer  
Rich blessings on mankind,  
That he, its founder fondly dreamed,  
To sick; to lame; to blind.

And so D. O.'s if you e'er fail  
To make his dream come true,  
I can't see how you'll square yourself  
With God, unless you do.

For God's the Author of this law,  
'Tis nature's perfect way  
To rout disease, man's enemy,  
And give to health full sway.

So put all shoulders to the wheel,  
And set it rolling on;  
To triumphs that have ne'er been known,  
Since Still has passed beyond.

The Sage of Kirksville sleeps,  
Nor let his sleep be marred,  
Till God shall call him to awake  
In judgment's morn—full starred.

## CHAPTER XXVIII

### FOLLOWING OSTEOPATHIC PRINCIPLES

By GEORGE W. RILEY, PH. B., D. O.

Graduate, American School of Osteopathy, Class '04.

President, American Osteopathic Association, 1917.

Member, New York Osteopathic Clinic.

Program Chairman, Fortieth Annual Convention of the American  
Osteopathic Association at New York, 1936.

Awarded Distinguished Service Certificate of the American Osteo-  
pathic Association for literary, legislative, organization  
and clinic activities.

I FIRST heard of osteopathy in my junior year as student at the University of Pennsylvania. Mrs. Chloe Canterbury Carlock, later to become Mrs. Riley, had a sister who was stricken with Friedreich's Ataxia. She was the third victim in a family of nine children, a sister and a brother having been afflicted previously.

Mrs. Carlock had heard of some remarkable cures that were being accomplished in Kirksville, Mo., by a Dr. A. T. Still and suggested the possibility of her sister's going to him for treatment. After much thought, the family decided that they would chance it and made ready to take Miss Adrienne to Kirksville. Mrs. Carlock accompanied her on this journey, arranged for living quarters on their arrival and conferred with Dr. Still, Dr. Charlie Still and Dr. Hildreth about her sister's illness. She was told that Friedreich's Ataxia was a very serious condition with practically no hope of recovery, but it was finally decided for her sister to remain for treatment anyway. Even though osteopathy was not successful in this case, Mrs. Carlock became interested in this new method of healing and told me about it.

Her interest continued to grow, and by the summer of 1897 she had decided to enter the school at Kirksville. She entered the fall class. Through our correspondence I was kept informed on these matters. I was then in the employ of the Century Publishing Company of New York. You can imagine my surprise, one day, on looking for the word osteopathy in the Century Dictionary and Encyclopedia not to find it there. Because I had had little or no use for drugs from the time I left my almost continuous

sick-bed, when a lad ten years old, my mind was rather fertile soil for osteopathic ideas. Nevertheless I was somewhat of a "doubting Thomas," as to the advisability of Mrs. Carlock's taking up this work. However, I felt personally a bit chagrined at not finding this new word osteopathy in my ideal reference work. Truly I was disappointed. But my feelings were somewhat salved when I discovered that it was not to be found in any of the other dictionaries, which I consulted, so I immediately set about correcting this omission. Being in Kansas City, I at once wrote to Mr. Wm. W. Ellsworth, Secretary of the Century Publishing Company, calling the omission to his attention, and delicately but strongly suggesting its inclusion in the forthcoming revised edition. Imagine my surprise when I received, in reply, a request to assemble the material for a definition, and to place this material in his hands as soon as possible. This I did and the definition appeared in the new edition of the Century Dictionary. Thus began my connection with osteopathy even though afar off.

Dr. Charlie Still, son of Dr. A. T. Still, once told of an incident that occurred shortly before the opening of the American School of Osteopathy, which has an appropriate bearing on this subject. It seems that there had been considerable thought and discussion going on in the Still family as to the advisability of founding an osteopathic college. One morning the Old Doctor told Dr. Charlie to see Judge Ellison and tell him that they were going to start a school and wanted him to get them a charter. He did and the Judge told Dr. Charlie to go back and tell his father to get that foolishness out of his head. Whereupon the Old Doctor commanded Dr. Charlie to go back and tell the Judge in no uncertain terms that "we want a Charter!" This was secured May 10, 1892.

Dr. Charlie then wanted to know what they would call this new system of healing to which the Old Doctor replied, "Osteopathy."

Dr. Charlie objected on the grounds that there was no such word in the dictionary.

"I know it," replied the Old Doctor, "but we are going to put it there."

Through the kindness of Mrs. Carlock I received quite regularly copies of *The Journal of Osteopathy*, and gradually acquired a passably conversant idea of this new system of healing.

In the early winter of 1898-99 my business for the company necessitated my spending some months in Denver. Out of personal curiosity I visited the offices of Dr. W. L. Harlan and of Drs. N. A. and Nettie Bolles, and found them busy, happy, interested and enthusiastic about their work and the results they were obtaining.

A little later I contracted a very severe cold and cough, and being averse to drugs, I made an appointment with Dr. Bolles. On examination he informed me that I had a very pronounced case of bronchitis with pneumonia as a possibility. He began treating me. I noted everything he did, and more particularly, the effects his efforts were producing upon me. He began manipulating the tissues of my throat and neck, upper chest, and between my shoulders, all of which were excruciatingly tender, and I recalled that since the evening before I had begun to experience a growing feeling of tightness or constriction about my neck and upper chest. After the doctor had treated me awhile, I noted that the tenderness was not quite so pronounced as when he began and I felt a glowing feeling of warmth in the areas he was treating. Presently he told me to go home, drink some hot lemonade and go to bed. I was to drink some more lemonade before going to sleep. The next morning I felt more comfortable and the irritating cough was much less pronounced. I made two more visits to his office and felt that "the cold" was gone. I was pleased that I had found a substitute for drugs, for that which everybody felt was necessary to cure a cold.

Shortly after this experience I noticed in the *Denver Republican*, the leading newspaper there and the one with which I was handling some business for the Century Company, the announcement that a Dr. Arthur G. Hildreth, an osteopathic physician, of Kirksville, Mo., was to be in the city and would attend some meeting that night. According to the article he was connected with the osteopathic school in Kirksville, and seemed to be a person of some repute, so I decided to go to his hotel and talk with him and learn more of this new profession. I reached the hotel about the time I anticipated he would be returning from the meeting mentioned in the news item. I sent up my card and learned from the girl at the information desk that the doctor had retired, but that he would be down presently. Down he came. I found him to be a

pleasant, affable enthusiast, and osteopathy his life. I asked him many questions. One of them was, "Do you think osteopathy is an ephemeral thing, or is it here to stay?"

He grew earnest and eloquent in giving reasons for the faith that was in him.

Then I asked another question. "Well, now would you advise a man of advanced years to study this system?"

"Does that mean yourself?" he shot back.

I said, "Yes."

Then with a twinkle in his eyes, he said, "Young man, you are just the fellow to study it, sir."

I thanked him, wished him a restful sleep, bade him good night, and went my way, feeling he was not a very good judge of human nature, but inwardly excusing him on account of the lateness of the hour, 2:30 a. m.—we had been talking since 11:00 p. m.

My business took me next to Omaha. I was there at the time, April, 1899, when a cyclone played havoc with Kirksville and was greatly relieved, after many hours, to receive a telegram from Mrs. Carlock announcing that she and her son Bruce were safe. A few months later I paid them a visit, and had my first introduction to Kirksville. While there I met the Old Doctor as I learned the students and citizens affectionately called him. For the short time I conversed with him, I was impressed with his quaint manner, his unique and thought-provoking remarks, and his keen penetrating eyes.

Shortly after this trip to Kirksville, I was transferred to Chicago for a three months stay, and then a new business deal resulted in my coming to New York City where I remained for three years.

During these years my interest in osteopathy continued to grow, so that, by the latter part of August, 1902, I finally made up my mind to study this new science. I resigned my position and started for Kirksville. On my way there I stopped to visit my mother at her home in Illinois. She was then in her seventy-fifth year. I purposely had refrained from acquainting her and my brother by letter of my thoughts about osteopathy, much less my decision. My reason for not acquainting them of my intention was because I wanted to tell them in person, feeling that I could explain the reasons for my decision much more convincingly and satisfactorily by mouth than by letter. I knew full well

that such news would be a great shock to them. My surmise proved true. I had correctly envisioned somewhat the effect this news would have upon my mother—not wholly though. Never can I erase from my memory the look upon my mother's face that evening at dinner when I told them my intention, my decision. Was it possible that her son, for whom through ten long, seemingly endless childish years she had ceaselessly, patiently, given her very life blood in her successful fight to beat back the hand of death, was he there before her clothed in his right mind, or had reason left him? Surprise, unbelief, disappointment, agony, anguish, despair, oh such a changing cumulative picture of grief and sorrow!

Such similar scenes and experiences have, no doubt, taken place in hundreds of other homes throughout our country. It was the fight to a finish between that age-old belief handed down from generation to generation that disease is an entity, that when one is ill something must *be given* to drive out the disease—it was a fight between that thought and the newer thought enunciated by Dr. Still.

The evening was spent in talking over the whole problem from every angle. Two days later I left, with my mother and brother feeling much more reconciled, resigned, and kindly toward the venture I was taking. Their profound admiration for Dr. Carlock, and the knowledge of her success as an osteopathic physician, made it much easier for them to see me leave and enter this new field of endeavor.

Although I had completely severed my business relations in New York and had come to Kirksville with every intention of studying osteopathy, nevertheless, I spent my first two weeks in visiting classes, talking with members of the faculty, with students, with patients going to and from the Infirmary, with citizens of the town, trying to rid my mind of that element of doubt, aye "doubting Thomas"—like trying to find the pierced side wherein I might place my hand and clinch my faith in this momentarily new venture I was about to undertake.

Finally my mind was satisfied and I entered into the work with a zest and faith seemingly impossible for one who had been beset with such hesitancy.

The members of our class (June, 1904) came from all sections of the country—from village, farm, and city. I presume every

member of the class was over twenty-three years of age, maybe twenty-four, many far beyond that age, and probably everyone had learned the value of a dollar by the sweat of his brow. Everyone gave the impression of knowing what he was there for, of knowing, "what the shootin' was all about." This possibly is most pronounced in more mature classes who probably look with greater zeal on the practical goal sought than the more common cultural aim of classes composed of younger students.

I was very much impressed with the spirit of osteopathy that pervaded not only the whole life of the student body, but that of the citizenry of the town as well. This is easily accounted for when we take into consideration the fact that there came into the little city of Kirksville, each term, a combined outside population of between 600 and 1000 students and patients, whose aim and interest in life, for the time being, was osteopathy and what it could do for afflicted humanity. This number had to be taken into the homes of the citizens. Their interests therefore pervaded the whole life of the town. As a result we all ate, drank, and slept with osteopathy.

We, as a class, were particularly fortunate in having the subject, principles and practice of osteopathy, under Dr. Guy Hulett. Our diplomas were the last signed by that great teacher, cut off in the early dawn of what gave promise of being a remarkable career. He was a conscientious believer in the science and a man thoroughly grounded in the fundamentals of osteopathy. His was perhaps the keenest, most logical, and scientific mind of the younger members of the profession of that day. A superior student himself, he possessed to an unusual degree the faculties of a real teacher. It was always a joy to watch the look of approval on the face of the Old Doctor when listening to a lecture by Dr. Hulett. His death removed from the profession one of its keenest, most brilliant intellects.

We again were fortunate, indeed more fortunate than we perhaps realized, in having frequent visits to our class of our revered Old Doctor. In a spirit of sympathetic humility I feel sincerely sorry for all those of the profession who never enjoyed the privilege of knowing him personally, or of hearing his rare epigrammatic thought-provoking remarks, and those seemingly inspired diagnoses of his.

Frequently he would come into the classroom, always unannounced, listen attentively to the lecture or discussion and maybe after a few minutes pass out as quietly as he had entered. More often, however, he would make some quaint observation that would forever fix in our minds the fundamental osteopathic principle underlying the subject under discussion. I recall on several occasions, when congestion of the respiratory system was being considered, he would, using the person nearest to him as a subject and standing at his back, passing his hands over the shoulders and under the axillae, he would say, "Don't fail to free up the circulation of the blood and lymph in these areas." Indeed the lymph and the importance of its unobstructed flow was accentuated by him almost on a par with that of the blood. He emphasized it in our class time after time, day after day. Perhaps the outstanding impression I have of him was his eager, passionate desire for every student to become thoroughly imbued and grounded in the fundamentals of osteopathy. That was his great goal, his supreme ambition. The one disturbing thought that he seemingly had sometimes, was that insufficient emphasis was being given these fundamentals in our class work. He wanted each student to know these principles and to know that he knew them. The experience of one member of our class in his second term was a case in point.

This young man was out walking, endeavoring to overcome an incipient attack of discouragement and despondency, when suddenly he came upon the Old Doctor, maybe upon a like mission, who knows, in the woods back of his home. After the exchange of greetings, the Old Doctor said, "Sit down here on this log and tell me what you think of osteopathy so far?" The young man admitted he was groping about for a sure footing.

"Well, my boy," said Dr. Still with firm conviction, "I can picture this science as the greatest contribution ever made to a suffering world, if only those who practice it, adhere to its eternal truths."

"What are those truths?" the young man eagerly asked.

"They are found in the spinal column with all of its intricate bony framework, plus the beautiful circulation of blood and lymph through the nerve centers of the spinal cord and throughout the whole body. That's the one thing you must hammer home to your own satisfaction if you expect to get the full concept of this

thing we call osteopathy. Assure yourself of the mechanical features of this thing. It is a new concept in the treatment of disease. Remember, if ever a time comes when you are discouraged with a patient, make up your mind the next time you see the patient, that you resolve to locate the lesioned spinal anatomy—It will be there. It must be!" He went on telling about the obstruction to an artery being the cause of disease, and then added, "If I can get you and the other members of your class, who seem so full of promise, imbued with the fundamentals about which I try to tell you from time to time, it will be well for our science." And then he added, "Oh, if I can only burn this in, I am sure you'll be a credit to us all."

That young man had almost decided upon a different career—he, that day, was somewhat disheartened and was in the doldrums when this chance meeting with the Old Doctor took place. He told me afterwards, "To me that was the real date of my conversion to osteopathy." That classmate now enjoys a very large practice in one of our largest cities.

The Old Doctor was always so thoughtful and considerate, and so generous with poor students who were trying desperately to get through the college. I recall another case in point, though not of our class.

One of our most successful practitioners today gave me this account of his own experience there in college. With practically no funds, but filled with the hope that somehow he would be able to get through his course, this young man went from one of the great middle states to Kirksville to study osteopathy. Fortunately, the Old Doctor met him soon after his arrival, learned of the pittance he had, and then and there began a strange and most unusual act of philanthropy. He handed the young man enough money to pay his board and room rent for the coming week. Each week, thereafter, on a certain day, at a certain hour, this busy, generous-hearted man would enter this young man's meagerly furnished room, would sit down and visit with him for a few minutes, advise him about his studies and then, as he was leaving, would give him the amount of money necessary to pay his board and room rent for that week. This unusual performance took place regularly every week throughout the young man's entire course of study.

It was near the end of his last term, shortly before his senior work in the Infirmary was to close, that he was taught a lesson he has never forgotten.

One of his patients was a man who had recently come to Kirksville, to see if he could get any relief for an almost completely paralyzed left leg. The occasion was the patient's second visit for treatment. This budding young doctor, whose mind was filled with visions of a growing practice out yonder in some metropolis, had asked a number of impressively sounding questions of the patient and then had just begun treating him when in walked the Old Doctor, who quietly took a position where he could clearly see everything the young doctor did. There he stood, leaning on his famous old staff that for years had been his constant companion. Not a word did he utter. It was a trying moment for the young doctor, yes a very embarrassing moment for him. All the many hours the Old Doctor had spent in his meagerly furnished room, and the unnumbered fatherly words of advice he had received there from him, now came rushing quickly through his mind, and he faintly began to realize all that this grizzled old man meant to him, and his pride and feeling of gratitude spurred him on to demonstrate to his benefactor and preceptor how much he had profited by those hours of advice and acts of kindness. And so with his mind filled with these myriad thoughts he began a stereotyped, mechanical sort of manipulation of the patient's whole body. He manipulated the poor fellow from stem to stern, from port to starboard, and then back again. And then, hoping to be doubly impressive with his preceptor, who all this while had not spoken a word or lifted his eyes from the performance that was taking place on the table, the by this time perspiring young doctor repeated this shotgun performance again, and then with a swelling sort of pride he turned with a look of anticipating approval at the Old Doctor.

He had not long to wait, for the latter by this time was crimson with rage. He rose to his full height, straight as an arrow, and said, "Young man, you have not given this man any osteopathy at all. I am disgusted with you. I am ashamed to look at you. With all these months of study you have here demonstrated you don't know a thing about osteopathy. You are just an engine-wiper. I am tempted to not permit you to graduate."

And then, without another word, he placed the patient's knees over his right shoulder, put his arms around the hips and hands under the patient's sacrum and fifth lumbar vertebra, and then with a spiral twist of his own body he suddenly gave a thrust with his shoulder against the patient's buttocks that resulted in a resounding pop. That was all he did. Presently he asked the patient to get up and walk. This the fellow did, to the utter amazement of the young doctor, and walked about without any limp or pain whatever. It was this precision of anatomical knowledge that Dr. Still longed for each student to acquire in his college course and then use on every case that presented itself for care.

One day I met Dr. Still just inside the front entrance of the college building and he said, "New York," that was always his term of greeting to me, "come with me." He led the way to a room I think on the garret floor, and there he showed me a treatment chair he was building. He explained that he was trying to build a chair that possibly might be helpful in the correction of vertebral and rib lesions. He asked my opinion of it and I told him it did not appeal to me as a very effective device. The Old Doctor agreed, and then added, "Riley, there is nothing that can beat the hands for correcting lesions." Such an observation, such an estimate as that, from such an authority, should cause every osteopathic physician to give it some very careful thought. No matter how perfect nor how marvelous a piece of mechanism you may have, it is nevertheless a mechanical device, and as such can never take the place of that matchless combination of brain and skilled hands, hands that know well both the normal and the abnormal, that sense the resistance of lesions and enable the brain to control the amount of force to be applied, the exact direction, and the exact moment for its application in the correction of lesions. As he expressed it in his Autobiography, "An intelligent head will soon learn that a soft hand and a gentle move is the hand and head that get the desired result."

I have referred to his solicitude for the students and their adherence to the fundamentals of osteopathy. Well, he practiced what he preached. He held himself to a strict accountability on that subject.

As I write, there comes to my mind an observation that I, as class representative, made on our graduation day, that happened

to come on the thirtieth anniversary of the founding of osteopathy. It is as applicable today as it was thirty-three years ago. I said, "If there is any one thing that has impressed me more than another during my sojourn here, Dr. Still, it has been your unswerving, unfaltering fidelity to your principles and system. No man has had more opportunities for wavering. You have been beset upon every hand by those who have come with propositions clothed in innocent-looking and oily words, that would have proved the entering wedge to the cleavage of your whole system, but you have stood as firm as adamant rock. And let me say that in my humble judgment, outside of the inherent principles of the system itself, osteopathy owes more to your uncompromising position than to all other influences combined."

Shortly after my graduation, and marriage on June 29, Mrs. Riley and I attended the American Osteopathic Association Convention at the World's Fair in St. Louis in July, 1904. This was a happy beginning of an osteopathic career. Closely following, on October 1, 1904, we came to New York, opened an office and were ready for that which every beginning practitioner looks forward to so anxiously and longingly, the building of a practice. As a collateral and important aid to that end, we had made application for membership in the American Osteopathic Association at St. Louis, and at the very first opportunity joined the local and the state osteopathic societies and were soon in the thick of the activities of organized osteopathy. As we anticipated, this resulted most satisfactorily and advantageously, for we found among other things that it helped to occupy our time and attention, during those important gestation and labor periods of practice building.

Space and the purpose of this publication not permitting scientific descriptions, it seems well in an informal, colloquial and popular way to recount some experiences with a variety of cases picked at random throughout the years of my practice.

My first patient, a Mrs. D., was a very dear friend whose acquaintance I had made within ten days after my coming to New York nearly six years before.

She was a woman of sixty-five years of age who had had exophthalmic goiter for some fifteen to eighteen years. The enlargement was principally of the right lobe and isthmus of the thyroid gland. It presented all of the typical characteristics of this type

of goiter. Recently she had noticed the gland was increasing in size, even causing trouble in swallowing, and the protrusion of the eyes was becoming quite pronounced. Both of these symptoms, I noticed, had increased very markedly since I last saw her. Rapid heart and increasing nervousness and insomnia were given as annoying symptoms. Examination disclosed lesions of the first and second ribs on the right, up and posterior, and several vertebral malalignments between the seventh cervical and the seventh dorsal vertebrae.

Corrective treatment was directed toward these lesions over a period of about seven months, when the patient was discharged, all symptoms having entirely disappeared. The lady lived an active happy life for twenty-nine more years with no return of symptoms except a slight increase in the protrusion of the eyes during her last three years, and a slight heart involvement the last eighteen months.

Mr. K. was an unusually successful electrical equipment salesman. He was a large, vigorous and very active man. He with three other men were in an open automobile that turned turtle on a slippery road one day. Mr. K. was pinioned under the car with the back of the front seat, in which he had been sitting, across his lumbar area and buttock. Conscious of no discomfort, he felt he had been most lucky, for each of his companions had had one or more bones broken.

About one week later while on his way to Chicago he was wakened in his berth with excruciating pain in his right buttock and back of right thigh. His suffering was intense, but there was no physician on the train. On arriving in Chicago, he was taken to his hotel and medical aid called. He was informed he had sciatic rheumatism. (In days gone by, the rheumatic basket was always filled to overflowing with all the aches and pains not definitely chargeable to other and patent causes.) For four months he writhed in torture in his room in the old Sherman Hotel, and then was taken to French Lick Springs for three more months, with the condition gradually growing worse. Then he was taken to Mt. Clemons, Michigan, for another three months and then back to his hotel in Chicago, considerably worse than when he left it six months before. A patient of mine, an acquaintance of his, on learning of his predicament went to Chicago and brought him

to me to see if I could help him. I have never seen anyone suffer more intensely than he. Tears flowed copiously. He struggled along with a crutch. He could not sit. He ate standing, from a mantle or piano, and what sleep and so-called rest he got, was by lying on his stomach across a double bed. A lesion involving the right sacro-iliac articulation was the cause of his agony. One can well imagine how unusually tense all this man's musculature was after all of those ten months of suffering. At first, the weight of my hands would produce agonizing spasms of his muscles, but gradually little by little the spasms began to subside and at the end of the fourth month I succeeded in correcting the sacro-iliac lesion and almost immediately the pain began subsiding and with a few more visits extending over another month he was discharged completely cured. I kept in touch with him for ten years. There was no return of symptoms during that time.

In the fifth year of my practice a gentleman, president of a bank in a city of one of the middle states came for a consultation. He recited the following experience. Not quite two years before he began suffering with "sinus disease." The condition grew rapidly worse and a prominent Philadelphia specialist was called to his home city for an operation. It was not successful and about six months later he went to Philadelphia and his surgeon performed a second operation with practically no improvement. Eight weeks before he came to my office he had had a third operation in New York, and at the time he visited me the wound showed no signs of healing. He wondered if osteopathic treatment might help him. I frankly told him I had never had a case like his, but offered the comment that healing was dependent upon a normal blood supply, and that perhaps the present refusal of his tissues to heal, and also his original sinus involvement, were both the result of some obstruction to the circulation to his head. This appealed to him as logical, and he asked me to examine him. I found lesions involving the first, second, and third cervical vertebrae, and the upper left and right ribs. That was on a Monday, and he informed me his surgeon had told him if there were no signs of healing on the following Monday he intended performing another operation. So we decided to see what Nature, when assisted, would do. I began the correction of the lesions and stimulated the cervical sympathetics. I saw him daily. He went from



my office to that of his surgeon, who dressed his wound daily. On no visit after the first did I disturb the dressing. On the following Friday he told me the surgeon the day before when dressing the wound, remarked that there were definite signs of healing. Each succeeding day this was more pronounced. On the following Monday, one week from the day I first saw the patient, the surgeon expressed great delight with the progress the tissues were making and said, "No operation is necessary."

I continued the treatments, though not daily all the time, for two weeks more, and then the gentleman with a healed wound, and as he assured me feeling the best he had in years, left for his home a happy man. There were no return of symptoms. I heard from him occasionally over a period of fifteen years.

Which, may I ask those who read this, especially students if any, who are impressed with the dramatic—which was the more dramatic, the work of the great surgeon clad in his operating gown with the effect of ether and its odor all about, or the Dr. Still's simple assistance of Nature to perform her function? Which?

One day a father who was taking treatment asked if osteopathy could benefit convergent strabismus or cross-eye. Our conversation resulted in his wife's bringing in their ten year old daughter, who had a very badly crossed right eye, together with greatly impaired vision. The mother gave this interesting history: She had a very difficult labor of three days' duration, with ultimate instrumental delivery. When the child was eight months old, it was noticed that her right eye turned inward and downward. They consulted many specialists in New York, Philadelphia, Baltimore, Boston, London and Berlin—none of whom gave any hope of her improvement or recovery. Examination disclosed badly lesioned upper three cervical vertebrae.

I expressed a possible hope for improvement. Gradually, as the lesions were corrected, the eye began to straighten, and the vision improve. By the end of four months' treatment, she could easily distinguish between objects, could read large type letters, and the eye was practically straight except when she was excited or very tired. The death of the father caused the removal of the family from the city, and I lost touch with them.

Many opera and concert singers, pianists and violinists have saved their cachets by the timely summoning of an osteopathic

physician. With such assistance many of them have gone through season after season without the cancellation of a single performance. Hairbreadth escapes are sometimes encountered, however. One among a few such was quite harrowing and exciting at the time, but also amusing when seen in retrospect.

A noted and much advertised tenor was to make his highly anticipated premiere on a certain evening at the famous Metropolitan Opera House. The musical sections of the press had carried numerous interesting references to the life and career of this distinguished artist. The opera public were all aquiver with interest. Early in the forenoon of the day before the eventful day an excited call came from the office of the "Met" to make a hurried appointment for the gentleman. On the hour he appeared, full of excitement but empty of voice—his silvery tones were gone with only whispers in their stead. The poor fellow was in a desperate predicament, as one can well vision. An examination disclosed a condition in which many artists and public speakers have on numerous occasions found themselves, though perhaps without accurate knowledge of the real trouble.

His neck was very contracted and excruciatingly tender and his all important hyoid bone was badly out of alignment, causing an imbalance of his whole voice mechanism. With much gesticulating and a guttural whispering tone he conveyed to me—"Oh Doctor, it is dreadful, it is terreeble, do you think it is posseible for me to sing?"

A treatment then, another that afternoon, and a third the next morning put him in fairly good voice, and his face clothed in his native sunny smiles. He had hardly left the office after each call, when an anxious voice inquired, "Oh Doctor, can you make him seeng?"

Another treatment that night just before he "went on" and then again "between acts," enabled him to give a "magnificent performance," according to critics in the next morning's papers.

In March, 1911, a telegram addressed to me announced that a lady in Illinois, two months past her eighty-fourth birthday, had been stricken with double pneumonia. Daily messages for five days indicated her gradual succumbing to the ravages of the terrible disease. The sixth day the message said, "Sinking rapidly, come at once." Twenty-four hours later the physician

met me at the station, and said, "George, I've done everything I can do. I came from your mother just an hour ago, she was then alive and that was all. She may be gone by now. If there's anything you can do I want you to feel free to do it."

Three quarters of an hour later I stood beside her bed. She was lying on her back, restless and unconscious. I was told that even under medication she had been very restless for three days. Her temperature was 103.8 degrees Fahrenheit, pulse 120, respirations 40, and very feeble. I looked at the doctor. Our eyes met and I saw no hope in his. I said, "Doctor, she is *still alive*."

He said, "Yes."

It was 7:30 p.m. I sat down beside the bed, placed my eight fingers under her body on the left side of her spine, the side next to me, and from the seventh cervical down, began the long siege of relaxing those tense, contracted, excruciatingly tender muscles. *Patiently, persistently*, I gave all I had to the relaxing of those spinal tissues on both sides especially in the cervical and upper dorsal areas.

My friends, did you ever pray? I prayed that night as I never prayed before, nor since. With three intermissions of twenty minutes each, I kept up my determined efforts until 11 o'clock, when at last I secured that *reaction*, that *feel* that I was so intent upon obtaining. She was resting quietly now, breathing less frequently, and much more comfortably. She slept the remainder of the night quietly, restfully.

When the doctor came the next morning she was conscious; she knew me. He found her temperature was down to 100 degrees Fahrenheit, her pulse to 98, and her respirations to 20. Four more days of treatments to the same areas resulted in normal temperature, pulse, and respirations. She made a happy recovery, and was up and about all summer and fall. But the strain had been too great. She passed on rather suddenly, on the following November 7. To me, that experience was like putting my hands down under her and snatching her from the open grave.

Along with this reference to the yielding of pneumonia to osteopathic care, it is interesting and gratifying to recount the comparative results obtained by drug medication and osteopathic treatment in the great pandemic of pneumonia and influenza at the time of the World War.

In order to make this comparison, I sent requests for reports on the number of cases of influenza and pneumonia and the number of deaths from each, to every State Health Commissioner and to all the City Health Commissioners, in cities in the United States of 40,000 population and over. One hundred and forty-eight replies were received.

Sufficient data was received in the replies and reports of those one hundred and forty-eight Health Commissioners coupled with the estimates of the National Census Bureau and the several Insurance Companies to warrant the ultra-conservative estimate of 5 per cent of fatalities in influenza cases and 33 per cent of fatalities in pneumonia cases under medicinal care, the latter running, in some larger centers of population, as high as 68 and 73 per cent. Up to the date of the survey, the official compilation of fatalities, in epidemic pneumonia in our Army Camps, amounted to 34½ per cent.

Such experiences under medicinal care naturally made me wonder what were the results obtained under osteopathic care.

I sent report blanks to all practising osteopathic physicians in the United States and Canada for data on all cases of influenza and epidemic pneumonia. Strict instructions were given to report only well-developed cases, and to report all such with all fatalities. All told, 2,445 osteopathic physicians reported. These 2,445 reports representing every section of the country and Canada, the small towns as well as the large cities, cover 110,122 cases of influenza with only 257 deaths, or a mortality of less than one-fourth of 1 per cent. They also reported having cared for 6,258 cases of epidemic pneumonia with only 635 deaths, or a pneumonia mortality of only 10 per cent. Some fifty of these deaths occurred within twenty-four hours after the osteopathic physicians were called.

This is a sufficient number of cases to warrant intelligent and conservative conclusions and comparisons.

The following table gives, in brief, the comparative results:

MORTALITY IN INFLUENZA			
UNDER	CASES	DEATHS	PERCENTAGE
Medicinal care in . . . . .	1000	50	5
Osteopathic care in . . . . .	1000	2.25	¼ of 1

## MORTALITY IN PNEUMONIA

UNDER	CASES	DEATHS	PERCENTAGE
Medicinal care in . . . . .	1000	350	33
Osteopathic care in . . . . .	1000	100	10

In addition to these splendid results, this survey disclosed another most gratifying one:

There was not an osteopathic physician among all those who treated these cases who could not stand before his fellowmen with chest up, head erect, eye beaming, and a consciousness that not one in all that army of 116,380 patients had become a drug addict through any professional act of his, while bringing them through those dreadfully anxious hours during their influenza or pneumonia illness.

Is this a record for congratulations? I believe it is. When some 80,000 people in one of our large cities were sick unto death with influenza and pneumonia, and some 14,000 of them died, what took place? According to the report of a committee of the City's Health Department, which made an exhaustive study of the cases of influenza and pneumonia, 441,641 prescriptions for these 80,000 people which were found in the files of 946 of the 1,200 drug stores of the city, 104,101 called for narcotics.

Medical bigotry and medical politics denied osteopathic physicians the opportunity of serving in the Medical Corps of the Army and Navy. Everywhere and on every occasion, organized medicine tried to cast doubt upon our ability to do the work. But in those dreadful epidemics, osteopathic physicians in private practice showed that they were fitted and prepared to cope with the most virulent and deadly of all diseases, and if they had never accomplished anything else than what they did in these epidemics, that alone would be sufficient to make the name of Dr. Still, our founder, immortal.

In addition to the keen joy and satisfaction that I have obtained from my practice, I have also derived the greatest delight and happiness from the unnumbered hours of toil that I have given in behalf of the profession. Some of the dearest acquaintances and friends of my life have been formed in connection with the society and association work I have done.

There, it is, one learns the mettle of which his associates are

made. The sacrifices, the privations that all must endure, prove the refinery that separates the dross from the gold and silver in our acquaintances.

In this connection I am constrained to say that I have never been able to solve, to my own satisfaction, the mental make-up of those members of the profession who have never evinced sufficient interest to even join the Association. How anyone can deliberately stand aloof from his associates and see them perform all of the common and joint labors, that are so patently necessary for their mutual benefit, aye, even protection, is beyond my comprehension. I presume it must be, that they are the unfortunate harbingers of those two master besetting sins—*selfishness* and *ingratitude*. Selfish they certainly are, or they would at least insist on sharing the joint expense by contributing the regular Association dues, and ingrates they are, or they never would, yes, never could sit idly by and enjoy the fruits of the common organized effort without joining in the burden of its expense.

Early the next year after our locating in New York, May 20, 1905, to be exact, the profession of New York and the East were honored by a visit from Dr. Still. That was the only visit he ever made to the East. The Greater New York Osteopathic Society, as the local society was then called, was host at this, its last monthly meeting of the year.

The following quotation is from the minutes of that meeting:

"Following the dinner, Dr. Hazzard assumed the duties of toastmaster. The guests of honor, Dr. C. E. Still and the Old Doctor both responded. Dr. Charlie was listened to with great interest and the Old Doctor was in his usual happy vein, which osteopathic physicians have grown to know. The other speakers were Dr. R. H. Williams, Dr. Geo. W. Riley, Dr. Harry L. Chiles and the Rev. George W. Mason."

One of the outstanding characteristics of Dr. Still, as a man and as a physician, was his consuming desire to render service to his fellowmen. It was a passion with him. Remuneration was but an incident. The thought with him, where others entered the picture, was, "How can I help them?" This feeling along with the osteopathic concept in varying degrees, got hold of the graduates. So here in New York there had been growing a professional consciousness that there should be some public institution, which

would enable the profession collectively, to care for that increasing number of the afflicted poor in the community who desired osteopathic care, but financially were unable to pay office charges for such care. Gradually this feeling became vocal, and soon was the subject of conversation wherever the Biblical "two or three" or more "were gathered together."

In January, 1911, Dr. Norman D. Mattison, then President of the local osteopathic society, appointed a committee to study and report on the advisability and feasibility of organizing and establishing a Hospital and Clinic here in New York City. This Committee, in early March, met in my office and elected Dr. Charles E. Fleck as Chairman and the late Dr. L. Mason Beeman as Secretary. After many meetings and thoughtful discussions, and the necessary legal steps for such procedure had been taken, The New York Osteopathic Clinic was opened to the public July 13, 1914. Since that day thousands of the city's poor have taken advantage of the osteopathic care obtainable there.

From the first meeting the committee was governed by two fundamental principles:

- (1) That the work of the clinic shall be osteopathic throughout.
- (2) The active principle governing the professional staff shall be the submergence of the individual physician, and the accentuation of service to the patient.

As a result, we have a happy cooperative group of sincere physicians giving their all, through conscientious dependable osteopathy. It was to that end that a public campaign for a building and an endowment fund, under the leadership of Dr. J. B. McKee Arthur, then President of the local society was launched, and resulted in the raising of over \$200,000.00. With this sum an unusually well-adapted building for housing the clinic was erected and dedicated to Andrew Taylor Still in 1927, in honor of both his system of therapy and his life long devotion to service for others.

Its financial support comes from various sources. Many friends of osteopathy in all walks of life have become regular contributors to the Clinic.

There have been several bequests, one of \$25,000.00. Grateful patients, especially among noted artists, have been generous in their support. Among the many of these may be mentioned the late Maud Powell, Louis Graveure, Mildred Dilling, Amelita

Galli-Curci, Joseph Hoffman, Albert Spalding, Florence Austral and Frank Sheridan who also have given of their time and talent in benefit performances, of which at least two grossed better than \$11,000.00 each.

The last time I had the privilege of seeing Dr. Still was on his eighty-eighth birthday. The American Osteopathic Association convention had just been held in Kansas City, ending August 5, 1916. All at the convention had been greatly disappointed at his not being there, for we had looked forward with great anticipation to seeing him. We were saddened to learn that he was not at all well—then too, the heat that summer was so intense it would have taxed his strength to have undertaken the trip.

At the close of the convention, Dr. H. L. Chiles, Secretary of the A.O.A., and I decided we would go home by way of Kirksville and pay our respects to this great man. On our way we stopped at Macon, Mo., and spent a night with Dr. Hildreth and his family and saw the splendid work that he and his associates were doing there for the mentally sick.

The next day we went on and visited in the home of the Old Doctor who was being cared for by Dr. and Mrs. George M. Laughlin. Three years had passed by since I last saw him, three telling years—they had demanded and taken a great toll from this man of iron and steel, he who had always been so stately and strong, who had always walked that classically "straight as an arrow." He was lying on a treatment table, feeble in body and voice, but we were delighted to see again that magnificent head and those ruggedly attractive Lincolnesque features of heroic mold, although his face was a little thin. His eyes brightened up when we came in and every now and then while we talked with him they would take on that marvelous keenness and luster that made his face so expressive and fascinatingly attractive. He seemed genuinely happy that we had come to visit him, and, as always, was intensely interested in the convention, the work of the Association, and the success of the profession in the field of practice.

The next day, on bidding him goodbye, we somehow prophetically felt that that would be our last parting, and yet with that tinge of sadness was mingled a feeling of joy and delight that this heroic personality had actually witnessed the establishment and steady, healthy, growth of his life's work.

It was a year and two days after that parting, on August 9, 1917, that the members of the American Osteopathic Association did me the high honor of selecting me as their twenty-first President. That event marked that year of 1917 as a memorable one to me. But there were other events that added to the memorableness of that year. Already, on March 15, there had passed on one of the really great osteopathic physicians of the world, Dr. George J. Helmer. George Helmer grasped the fundamentals of osteopathy as few men and women have ever grasped them. But what was far more important, osteopathy got hold of George Helmer. He therefore knew it, believed in it, practiced it; he never questioned its efficacy. If he failed, he never attributed that failure to osteopathy, but to his failure to correctly apply the principles of osteopathy. He was proud of his profession and therefore praised it convincingly, though not boastingly, by both voice and deed. No inferiority complex ever molested George Helmer. He had courage. He was dependable. People believed in him. Being the first to locate in the East, he, therefore, gave shape and direction to the profession which those of us who came after him have enjoyed. His going was a great loss to the profession.

That year, 1917, was a notable year. On April 6 the United States had declared that a "State of War existed with Germany."

Throughout that year and far into the next the profession as one solid phalanx fought the losing fight to win from Congress the right of osteopathic physicians who either volunteered or were drafted, to enter the Medical Corps of the Army and Navy. Then in the midst of those strenuous days the profession was stunned at the passing of Dr. Still on December 12, 1917. I sent the following message to the profession through the editorial columns of *The Journal of the American Osteopathic Association*: "Had the principles of osteopathy been enunciated by a man of less philosophic acumen, of less faith in the laws of Nature and Nature's God, of less courage, less force, less perseverance, less love and devotion to humanity than Dr. Still, it is extremely doubtful whether osteopathy would now or ever have reached the position which it occupies today in the therapeutic world. The world perhaps does not hold a parallel to osteopathy in the growth of its principles and the relief obtained from its practice. In a

measure osteopathy stands as a monument to the failure of drug therapy.

"Rarely indeed have the world's really great lived to see their contribution to humanity attain such a marked acceptance by their fellowmen as did Dr. Still.

"Dr. Still dedicated his life to the work of relieving suffering humanity. When we began the study of osteopathy, ignorant though we were of its possibilities, we, too, dedicated our lives to the same cause.

"His death is a challenge to us to rededicate our lives to that cause, and to a renewed effort on our part in the furtherance of his teachings.

"We mourn his death, but we rejoice in his wonderful contribution to the welfare of humanity, and we rejoice that we were privileged to know him personally, as a man, as a teacher, a great teacher, as a philosopher, as a physician. To have known him thus was a rare privilege indeed."

By what system of accountancy could the worth of such a life and such a legacy as he left to the world be computed?

Nineteen twenty-eight was another memorable year in the history of osteopathy—for it marked the one-hundredth anniversary of the birth of Dr. Still on August 6, 1828, in Jonesboro, Lee County, Virginia.

It was decided, at the Denver Convention in 1927, to hold the next convention in Kirksville and in conjunction therewith, to hold a centennial celebration of the Old Doctor's birth. The newly elected President of the American Osteopathic Association, Dr. George V. Webster, prevailed upon me to take the chairmanship of that celebration committee. Since my very first connection with osteopathy, I have always gotten a great amount of pleasure out of any assignment for the benefit of organized osteopathy. But nothing I ever did gave me so much joy and delight as my planning, working and bringing to completion, the program of Celebration of the Centennial Anniversary of the Old Doctor's birth. It was a labor of love and that always brings joy and happiness.

Early in its deliberations the Centennial Committee decided that the A.O.A. should leave, in some permanent form, a token, or mark of its appreciation of the Old Doctor, so that the layman as well as the physician could see that the profession had taken

note of this unique and distinguished occasion. An artistic bronze tablet, recording the action of the Association in Commemorating this Centennial Celebration was therefore erected on a huge two and a half ton boulder brought some two miles and mounted on a permanent base in front of the log cabin of Dr. Still's birth, which had been transported from Virginia and re-erected on a beautiful knoll at the rear of the College and overlooking the last resting place of the great philosopher and Founder of Osteopathy.

Perhaps no words of mine can more fittingly express my feelings and my estimate of Dr. Still, nor more appropriately close these pages than those words I used at the opening of that Centennial Celebration.

"Historians and paleontologists tell us that this earth has been inhabited by millions on millions of people since it became the habitat of man. According to that same history it is amazing how few of those millions worked and labored sufficiently well to cause those who came after them to celebrate their centenaries.

"It is singularly interesting to note, according to that same history, that *service to their fellowmen* was the one constant activating element in the lives of those whose centenaries have been observed.

"History leaves no record of a centennial celebration of a Cain, a Nero, a Caligula, a Lucrezia Borgia, a King John, a Benedict Arnold, a Boss Tweed. The submerging of self, the doing of kindly deeds to others, a service to one's fellowman, is what the peoples of all ages and all races most admire.

"Today is the centenary of a man of our day, our age; of a man who once walked the streets of this little city; of a man the gleam of whose eyes looked into the eyes of many here before me; of a man who knew the sorrows of poverty; of a man whose hands have given succor and health to thousands hereabouts; of a man whose undaunted courage has never known an equal; of a man whose genius has given to the afflicted world a system of therapy that has caused the lame to walk, the blind to see, the deaf to hear, to the mentally deficient, clear brains, and reunited happy homes; of a man who has given us the Osteopathic School of Medicine which in fifty years has become known the world over. Today is the centenary of Dr. Andrew Taylor Still.

"Mr. President, your Association did itself a great honor at your last meeting in Denver when it decided to celebrate this day, the hundredth anniversary of Dr. Still's birth, here at his old home with his family and among his old neighbors, where he labored and wrought and where loving hands carried him to his last resting place on yonder knoll among the trees and flowers and birds he loved so well. That is the reason for this assemblage and the presence of these distinguished guests here this afternoon."

## CHAPTER XXIX

## SOME ANECDOTES OF THE OLD DOCTOR

By HARRY L. CHILES, D. O.

Graduate, American School of Osteopathy, Class '01.  
 Secretary, American Osteopathic Association, 1904-1918.  
 Awarded Distinguished Service Certificate of the American Osteo-  
 pathic Association for twenty years of effective service as  
 an Executive Officer.

OSTEOPATHY first came to my notice in 1896 when I was living in Nashville, Tennessee. A clergyman, whom I knew well, had injured his spine in a bicycle accident, resulting in complete paralysis of the lower part of his body, and he had been pronounced incurable. He was taken to Franklin, Kentucky, where one of the first schools of osteopathy had been founded after the parent school, and under osteopathic treatment he had been entirely cured.

A little later, we had as guest for a few days, the wife of a medical physician of that same town, who, on learning that Mrs. Chiles was in poor health, urged her to see the osteopathic physician in Nashville, insisting that osteopathy had done remarkable things for sick people in her community.

Just previous to this we had taken Mrs. Chiles to see a distinguished surgeon in Nashville who urged an operation. We then consulted a fine old country doctor, a very good friend of ours, who opposed the operation, telling us it was much more serious than the surgeon had led us to believe. (But a year later when I talked with him about my studying osteopathy, he strenuously urged me to study regular medicine instead of this new thing.)

My wife decided to try osteopathy. The results were most gratifying; I was not fully convinced that it was applicable in her case for some time. During the long course of treatment, the osteopathic physician who was taking care of my wife, Dr. E. H. Shackelford (now of Richmond, Virginia), suggested that I enter the profession, if it could be called that. Two questions confronted

me: First, was there any power or ability in Dr. Shackelford's fingers which, with study and training, might not be acquired by mine?

It should be remembered that those early days saw the beginning of many cults and isms. There was a more or less breaking away from the methods of the physicians and surgeons of that day, but no well-defined substitute took their place. Christian Science had made headway and had opened the eyes of many to the usefulness of drugs and surgery. Electricity was too little understood to be much used for curative purposes, although galvanism was employed quite widely. Animal magnetism and the transference of healing power to a recipient patient were in vogue, and suggestive therapeutics and Weltmerism were popular throughout the middle west. In view of all this perhaps it was natural that I should insist on knowing if osteopathy had anything in common with these systems and cults whose appeal, at least in part, was based on the mysterious or the occult.

The other question which I debated seriously was this: Would I be entering the profession too late? When it came time for me to graduate there would be several hundred osteopathic physicians practicing, and all of the larger cities and important centers would have at least one. Would not that be sufficient? Certainly at that time many of those who enjoyed these monopolies of location thought so. It was a large city indeed which then justified other osteopaths in coming where one was already located. And many of them were inclined to resent the intrusion of another. That was his town.

This feeling was no doubt due to the view that osteopathy was of very circumscribed limitations. I recall distinctly figuring that lying between the grosser corrective operations of orthopedic surgery on one hand and the infections and common illnesses on the other, there was a field represented by minute spinal disturbances, which for a time, at least, would give a limited number of us satisfactory occupation. What we thought of the breadth and universality of our field when we graduated may have been an altogether different thing; but I distinctly remember that at the time I cast the die to enter the study, I had no conception of what I have since been able to do, nor could I conceive that people with these many and diverse ailments would seek me and trust them-



selves to purely manipulative methods. This growth of public sentiment has been a most astounding development.

In August, 1898, about the time I was considering the study of osteopathy there appeared in *Munsey's Magazine*, widely circulated in the middle west, the first article on the subject, written by Opie Read, a well-known writer of the time. This article said that Dr. Still had not only reached the masses but also had attracted the attention of the well-to-do.

Well I recall my first impressions of Kirksville and of Dr. Still. It was mid-August as the nineteenth century was drawing to a close. Four of us in the family had reached Kirksville on that early morning train from St. Louis and were quartered, while searching for a house to rent, just across the street from Dr. Still's home (his new residence was then being built). We were, of course on a more or less constant lookout for the Old Doctor. He was in the country at the time, but Saturday afternoon brought him home. There we saw him on the driver's seat of a high-body, two-horse wagon and when it was opposite his home, hardly waiting for it to stop, he threw his umbrella out and sprang from his high seat to the ground, landing as nimbly as an athlete might do. Summer though it was, he was wearing high-top boots with his pants tucked inside.

I had no opportunity to meet him until classes started in school. At the close of one of my early classes which he had attended, I joined the throng of students tagging at his heels, and made bold to say to him: "Dr. Still, I have the honor to come from the state in which you were born. Like you, I lived several years in Tennessee, and now I am out here to learn osteopathy from you."

Quick as a flash he shot back, "Young man, I have always noticed that the smartest men and the damndest fools came from Virginia." And with a chuckle, on he went down the stairs. I did not then realize how dearly the Old Doctor loved to take the "starch" out of a fresh student, or I should not have so played into his hands.

But even at that, I came off better than a certain patient from the East who had waited his chance for weeks to force the Old Doctor to examine him. One afternoon he saw Dr. Still on the lawn with a gathering of students about him, and, uninvited, this determined tenderfoot, joined the group. At the first break in the

conversation he proceeded to tell Dr. Still that he had come West especially to be examined by him. Dr. Still asked him if his sons or members of the faculty had not seen him. The young man admitted that they had, but he said doctors back home had suggested he had water on the brain and he greatly wanted Dr. Still's opinion. This was too good an opportunity for the Old Doctor to let pass, so he told the young man to sit down while he ran his fingers over his neck. He said: "The diagnosis is wrong, I find no evidence of brain whatever," to the chagrin of the patient and the amazement of those present.

The day of the free use of the pistol and quick resort to the knife to settle minor disputes had long since passed in the Middle West and the day of the sharp retort, the pointed story and repartee, the battle of wits, had succeeded it. Lincoln was one of those who was adept at brilliant remarks. There was much about Dr. Still to recall the Emancipator; but in addition, Dr. Still used figures of speech, the allegory, the test of his listener's intelligence to follow him and to see how quickly his point was perceived. His writings, especially his earlier ones, abound in these more or less vague figures of speech.

At the end of my first year, a friend and I planned to go with a recent graduate to a distant state to gain some experience in practice. All of our examinations were early except that in physiology and to wait for it would delay us several days. We saw Dr. Still and explained the situation to him. We asked him to give us a special examination. He agreed, and without a moment's hesitation gave us the examination in one question which was as follows: "What is the difference between a pterygium and a pig's tail?"

We hesitated to answer.

To give us a hint as to his line of thought, he asked, "If you cut off a pig's tail will it grow back again?"

The idea he wanted to bring to us was that if a new growth, the result of inflammation or circulatory changes, was destroyed, unless the causes back of it were removed, the law that applied to the removal of a natural part of the body, as a finger or in a pig the pig's tail, would not operate. This allegory has come to me thousands of times in thinking out causes and effects. My recollection is that we did not make a passing grade in this special

examination and deferred our adventure into the field of practice until after the regular examination was held.

Ten calendar months—from early September to the very end of June—was a school year, and the vacations were few and short. A day at Thanksgiving and a week at Christmas were about all. The teachers of the September classes, those to graduate in June, were on double duty, as those classes, on account of numbers, were divided into two groups. Students whose last names began with letters in the early part of the alphabet attended classes in the morning hours from 8:00 to 12:30 or 1:00; and the others in the afternoon, hours from 1:00 to 4:00 or later. The laboratories—chemistry, histology, and anatomy were crowded, but the professors each had several assistants. Fortunately for us in those days, there were few State Examining boards to prepare for. Consequently the work was more practical, more directed toward the end of making the graduate a skilled and successful osteopathic practitioner, than is possible where the object seems to be to pass a medical examining board.

There were disadvantages to be sure in the absence of State practice acts, for it made the way easy for what we called "irregular" osteopathic physicians going in under the prestige the practice of osteopathy had already secured. But I have always had the conviction that because our colleges for the first five or ten years could, without regard to State Medical Boards, give the student the best training possible for the practice of osteopathy was really the determining factor in making of us today a real dominant, independent school of medicine. After all, the irregulars which profited and flourished for a time like the green bay tree, because of the lack of state law regulating their entrance into the practice, have gone to their reward, but the true osteopathic tone given to practice by the graduates in those first few years has had profound influence in giving the general public a truer concept of what to expect from osteopathic treatment which many unstable minded practitioners might have neglected to give, except for this demand.

I wonder sometimes if the "wind was not tempered to the shorn lamb." I wonder if some guiding hand, unseen by us, did not beckon and indicate the way. Surely the odds were sufficiently great to justify it. There were so many missteps we might have made. So many alluring tangents we might have followed. There

was one thing that saved us—the conviction that what was being taught us was a vital thing—a thing that would help otherwise helpless people to health, and a thing which people would accept when they understood it.

Right here in behalf of thousands who studied and practiced what Dr. Still taught, I have in mind to pay tribute to his genius and common sense. It is not his discovery of the fundamental principles I am now thinking of, but his leadership and ability to impress his teaching and carry a fighting conviction to his students and those associated with him. I have a feeling that while osteopathy had that within it which entitled it to survive and spread its influence, yet the devotion and stability of many of its earlier graduates under the stimulus of Dr. Still's personality were the determining factors in the trend osteopathic practice took and its resistance to compromise with outside influences.

The two-year course of study in our colleges at that day, made necessary because the longer course could not have been so early developed and competent teaching force for many of its subjects later incorporated could not have been provided, was an outstanding blessing. We went out in those first years understanding the fundamental principles on which osteopathy was predicated. We believed in them and were fairly competent to apply them. We knew nothing else. With no legal protection we dared do little else. Hence osteopathy as an unmixed, uncontaminated school of practice was established.

If it had been possible to have developed a four-year course of study from the beginning with all of its collateral subjects now taught, and if there had been the demand that it be given, we should not now have osteopathy as we have it today. Instead it would be a milk-and-water affair, commanding little respect from those who practice it and not sufficient confidence from the general public to make it a success. All concerned have to thank Dr. Still's understanding and the necessities of the time which compelled us to give a course of study limited to enforcing on the student the principles underlying osteopathy and sending him out depending on applying them as his only means of aiding the sick.

Dr. Still's life from childhood had developed in him the supremest courage, and he was psychologist enough to know that courage and confidence in what one is doing were the most dependable

assets of the pioneer. Therefore he had no hesitancy in seeing us go out, as he had gone, to practice what he had demonstrated was effective. The fact that there were no State laws to protect us from arrest and fine was no deterrent in those days. It was ours to create public favor which would defend us in the courts or secure these laws. These stringencies developed the resources of the osteopathic physician of the early days, and realizing this, I have been doubtful of the wisdom of incorporating too much extraneous matter into our college course and of state laws which encourage unlimited practice, including medicine and surgery.

But let us return to Kirksville! The school work that first year, as I look back over it, was a most exciting experience. Everything is so different today that it is difficult for one who has not been through it to visualize the scenes in the first college in those days. The streets of Kirksville and the halls at the Infirmary literally swarmed with patients of all ages and conditions from every part of the country. There were in addition six or seven hundred students in the school. They were in no sense the type of person who goes to a college or university today. Most of them were not prepared for college, many would not make college material at all, and others had had very limited schooling. For the most part they were mature men and women, their age perhaps averaging well past thirty. Consequently the behavior and reactions of these large classes were quite different from anything one would find in college classrooms and campuses today.

Some classes had their own yells and songs and they would burst forth with little provocation. Class spirit was strong, and when duly aroused by another antagonistic class, there were lively contests between these huskies fresh from village and farm. Kirksville at this time was a vastly overgrown town. Sidewalks, except on the square, were rare, and paved streets just did not exist. The mud after a rain, and especially in late winter and spring, was very deep. While there were attractive, well-built homes occupied by some of the business men and old families, most of the houses available for rent to students were of the cheapest type. Few had cellars, except cyclone cellars, and most of them were up several feet from the ground on brick pillars with ample sweep underneath for snow and those bitter northwest winds. I know. I lived in three of them.

There were, of course, no furnaces in these rented houses, no fireplaces; a flue or two for the little stove in which burned that miserable soft coal, mined a few miles from town. Baths? Of course not. I recall I went down to the Infirmary once and had a tub bath, but what the occasion was, I cannot now recall! There probably was a pump or an open well in the backyard. There was, of course, no plumbing nor inside toilet, so the well with its old oaken bucket in the backyard did not seem well placed according to our present-day ideas of sanitation. But I think there was little illness traceable to water contamination. Lights in houses? The kerosene lamp—no electric lights or gas in the smaller residences, and few telephones except in business places. Under these conditions we took the extreme heat and dust of summer and severe cold of winter. There was little complaining; cheerfulness prevailed. Who cared, we were soon to be osteopathic physicians.

Two hundred and forty-two students matriculated in my class. Many, of course, fell by the wayside, about two hundred graduating in June, 1901. There were many gray-haired women and full-bearded men in the class—students fifty or sixty years of age were not unusual. In many cases husbands and wives were in school and not a few sons and daughters studying with them. For the most part they were serious, hard-working people, determined to master this new system to which many of them owed their lives or the life of a member of their families. Hence the business demanded their loyalty more perhaps as a religion would do than a profession. What we may have lacked in academic training, we made up in receptiveness to the principles given us and in the determination to apply them in relieving the sick. After all, I wonder if the main thing we get in college are the facts of the subjects studied or the study-habit? What we may learn in textbooks with the exception of fundamentals may be out of date in five years, but if we have the study habit, we will be able to pick up new facts and use them when the opportunity is afforded.

Of tremendous importance was the fact that many men and women of mature minds were students in our colleges in those first years. Maybe they were not brilliant, but they were imbued with the "dig on" spirit; they furnished resolution and stability and a dignity we otherwise might have lacked. Verily, we did not go out then "to eat of vineyards we planted not, and to drink of

wells we digged not." The ground work had to be done. A profession had to be brought into being, and all machinery necessary thereto had to be created. I doubt if any of us now can see that thin line of scouts invading the enemy's country. As stated above, no laws and no court decisions to defend them, and no record of cures to recommend them—the only thing to give them courage was the conviction that they could help sick people get well.

The profession today, well-fed, well-groomed and content to make use of the sentiment thus created for them, and to enjoy laws giving them liberal protection in most states, often does not realize what it cost those individuals in an early day who might quite easily have looked out for their own interests and let the complex and expensive business of building a profession go hang. The hard work and practical sense of those early graduates have put us, all who come after them, and millions of patients under lasting obligations to them.

To return to Dr. Still: I was in close contact with the Old Doctor quite frequently, as I worked in the office of *The Journal of Osteopathy* during my last year in college, and he took quite an interest in that publication. Dr. Still talked quite freely at times of his theories and of what he expected the osteopathic profession to do. No one of us since has ever thought as deeply as Dr. Still thought. No one of us has had the imagination and followed through with work to prove or disprove theories as Dr. Still. It was the use of his intellect coupled with a will to work that made him great, for Dr. Still's life, above all things, was practical. He had the power of relaxation such as I have never known. The sensitiveness of his soul heard the guns and saw the ships afire at Manila Bay and at Santiago, Cuba, and he told that great battles were going on a day or two before the wires brought news to us. Then there may have been a doubt of this power, but radio now does it for us obtuse ones, evidently he did not need it. He believed that the mind might be trained to see beneath the surface, as the x-ray does, and may be his mind did this for him in some of his rapid diagnoses. He said to me, "The x-ray by tremendously increasing the vibrations brings to light what is beneath the surface. Why can we not train our minds to do it?" In the light of present-day science, why should it be impossible? Dr. Still's life had taught him to depend on himself and not on outside aids.

It was difficult to follow his hand in some of his diagnoses and treatment. There was no hesitation, for he had a clear picture in his mind of the structures he was working with. None of us had that much knowledge and no one has matched his technic, nor his success. His instructions in technic were often over our heads, but his reasoning, his deductions, and his philosophy were of the greatest value.

One examination I saw him make still impresses me. He was examining a foot and said, "*Begin at the point of pain and follow back, examining each joint until you come to the spine.*" Many of us in our zeal for hunting spinal lesions reverse this process. We begin at the spine and, finding tenderness or strain there, go no further and leave a local injury undiscovered. Every case was a different one and presented different problems. He discouraged students from jumping at conclusions and expecting to find a certain condition in one case because they found it in the last case.

Dr. Still was in the classrooms quite frequently the years I was at the American School of Osteopathy. It was a great treat for us underclassmen to sneak in where clinics were being held and demonstrations of technic given. Technic was the thing—classes in manipulation for pay, conducted by students who had taken such work themselves, were quite in vogue, especially for those who wanted to go out before graduation and gain some experience. I still thrill at the memory of my crowding inside the door of old North Hall, and listening to some recent graduate give his experience of battling with a patient stricken with infirmity or disease. I recall the respect we had for such a person. He knew something; he was doing things; and yet that physician had graduated from school only a year or two ago.

Perhaps I got the idea from my reaction to these "voices of experience," for I have had the conviction ever since that the student's education would be vastly more practical if the upper classes in our colleges had talks frequently from successful osteopathic physicians regarding conditions they are soon to face. Success, usefulness, happiness, are not measured by what we have gotten from textbooks in college, but rather by how applicable we can make our knowledge to the needs of others.

I am reminded here of some of the very practical advice Dr. Still would give us at times. He would urge on us that we were representatives of a new system of healing, new theory of disease,

new methods of treatment. He ridiculed the use by us of the instruments of diagnosis in vogue in medical practice. He maintained sick people were sorely tired of existing methods and would make use of us because we were different, and when we produced the same instruments and followed the same methods used on them by medical men so often, they would say, "It's the same old thing—I thought I was getting something different."

He expected us to go out as pioneers in introducing to sick people something they had never used before—and hence give them a new hope. It was good logic in those early days, and it is good logic today, as proved by the fact that those who have thought straight and worked along strictly osteopathic lines have established themselves in successful practices. As long as there are well-established medical men on every corner, ready to do surgery, a half-dozen or more of them to one of us, why should we be so foolish as to go in and attempt openly to compete with them in their acknowledged field and neglect the broad unoccupied areas made tillable and fertile by thirty years of cultivation? Thirty-five years ago there were sufficient people wanting osteopathy to keep occupied the limited number then practicing it. Today there are more people wanting osteopathy than formerly because the profession has grown in prestige as well as in numbers.

We should not seek to make the impression that merely because we are different from other schools of medicine that we are better than they are; but the fact that it is different offers some hope to many "who have suffered much of many physicians." Dr. Still was right, proved right by thousands of our number who have stood loyal to his teachings and profited by practicing them.

I marvel yet, as I look back at the versatility of the man, Dr. Still. He knew what was going on in science and in medicine, and his stock of general information was far above what would be expected of one who had lived his strenuous life. His social qualities were remarkable. In gatherings of men and women anywhere Dr. Still was sought out because he was interesting to talk to. His kindly smile, the merry twinkle in his eye, his wit, humor and repartee, his information and common sense made him the central figure in any group. Even outside of Kirksville and where he was not the "Old Doctor" to students and patients, he was the same popular and sought-after man.

In my first few months the students from the Southern states organized to give parties and socials with programs furnished for the most part by their own members. At some of these gatherings Dr. Still would be a guest and enter most heartily into the fun of the evening. I recall one such meeting at which my small children were present (because there was no one at home with whom to leave them). Dr. Still noticed the little girl, and took her around in his arms a great part of the evening. Inaugurating the custom made famous later by the late John D. Rockefeller, he gave her a bright dime which was a family treasure for years. I mention this incident, of course, merely to show the humanism of the man occupied as he was with great responsibilities and cares.

Early in the spring of 1897 the students and faculty of the American School of Osteopathy organized the American Association for the Advancement of Osteopathy. This was a sincere manifestation of the professional instinct looking to fellowship and cooperation. It was most creditable to the students of that early day to take this step. Maybe persecution of osteopathic physicians graduated a year or two before impressed on them the necessity of union for common protection. But their constitution shows plainly that the end in view was the creation of a profession for mutual exchange of experience and common benefit. Be it remembered that the first osteopathic physicians had been graduated less than three years before this organization was formed. This speaks volumes for the conviction, the earnestness, and the alertness of these early graduates and students. To learn more from the experiences of their fellows at professional meetings and to pledge each other comradeship and support in the perils of practice was a noble move.

Maybe we are a little inclined to overlook the ethics of Dr. Still in his determination to teach osteopathy so that others might practice it. He was asked by some to teach them, and he urged others of his acquaintances to take up the study. Nor was there any disposition to prevent the establishment of other schools teaching osteopathy where they gave evidence of giving a competent course of instruction. Osteopathy was for the people and those who could ethically and effectively give it to the people were welcome to it. No one who knew Dr. Still could entertain the thought that he ever considered that he might have made millions by building hospitals and employing men and women whom he

instructed to treat those who came to him. The first graduates to go out caught the spirit and were as interested in having men and women enter one of the colleges for study as they were in securing patients for themselves. On the whole a most remarkable and creditable record!

Some of the outstanding gatherings of the profession were held in Kirksville. I recall vividly the notable meeting in 1901 at which our present organization, as a really national or international body was created out of the student organization mentioned above. The name at this meeting was changed to the American Osteopathic Association, and a general form of organization, providing for Board of Trustees and standing committees, and elective officers, was adopted which lasted practically without change for twenty years.

Dr. Still appeared several times before this first meeting, and, of course, mingled freely with those in attendance, many of whom, graduates of other colleges of osteopathy, saw him for the first time. The days of the convention including July 4, brought us intensely hot weather. I can see Dr. Still now standing on the platform one night, making an address, feet encased in carpet slippers, without coat or vest, suspenders most prominent over white shirt, unbuttoned at neck, using a palm leaf fan.

I saw for the first time at that meeting many of the men and women who have become the most prominent in the osteopathic profession. Several of these came to be my closest friends and intimate co-workers in the national Association. Wonderful people! To the end of time osteopathy will owe them a debt of gratitude! At this meeting *The Journal of the American Osteopathic Association*, our first official publication, was launched, with the late Dr. A. L. Evans as first editor. Five or six years later the editorship of *The Journal* came into my hands and remained with me fifteen years. Dr. W. F. Link, who knew the printing business, was Chairman of the Publication Committee. And the stalwart, C. M. Turner Hulett, pre-eminently one of our most useful members for many years, was President that year, and Chairman of Committee on Education for the following year. Drs. Irene Harwood Ellis, M. F. Hulett, Secretary and Treasurer, respectively of the national organization, E. C. Pickler, O. J. Snyder, W. B. Davis, T. L. Ray, all afterward active officially in our national Association management, I first met at that meeting.

I have always been thankful that my first impressions of Dr. Still were gained when he was in his prime, physically and mentally. His age then was about seventy-two. He had passed through the veritable struggle for existence. He had come to be acknowledged and acclaimed by his townfolk where so recently he had been held in suspicion and doubt. The dread of want and dependence had been entirely removed; prosperity was his, and above all the child of his brain, that which he had slaved for and nurtured as a mother does a weakly babe, that which all except his faithful helpmate condemned and loathed as an unholy thing, was accepted by the world, which was beating paths from its four quarters to his door.

All through the ages men have paid the price for being different—in religion, in science, and now in the healing art. In the early years many went to their death, others were persecuted until they recanted. Fortunately for him, in Dr. Still's earlier days the world, though no more charitable, was more law-abiding, so the punishment administered to him did not kill the body, but well nigh crushed his sensitive soul. God be praised that he lived to see it all changed and that he had those many years, free from struggle, with not a physical care or concern; time to meditate, time to enjoy his children and grandchildren and friends; time to receive expressions of gratitude from thousands restored to happiness through what he had done; time to rest the wearied body and exercise the agile mind. Whatever concept each of us may have of the future, we all will agree on the recompense and the glory of such a transition period.

The next national Association meeting at which I recall Dr. Still taking active part was held in St. Louis in connection with the 1904 World Exposition. Our meetings by this time had a large attendance and this meeting was held in Exposition buildings within the Exposition grounds. A year later while going to the meeting in Denver, Dr. Still's neck was injured in a train wreck. This gave him trouble to the end of his days. At this Denver meeting our membership reached the one thousand mark.

A great meeting was held in Kirksville in 1908, to celebrate the Old Doctor's eightieth birthday. The crowd was immense; no building in town could accommodate the attendance, so a huge circus tent had been provided in which all the main sessions were held. It had been arranged to unveil a life-sized portrait of Dr.

Still, done by a world-famous artist who had visited him some months before. This portrait had been provided for by popular subscriptions within the profession, through a committee headed by Dr. G. W. Riley of New York. It was a gala occasion participated in by thousands of the faithful who rejoiced to see that the Old Doctor was holding his own against the wearing of the years.

In 1913 the Old Doctor expressed a wish to have the profession visit him again. It was typical midwest August weather—about as hot as it comes—and again a very large attendance, for who cared about heat then! We would not be celebrating the Old Doctor's eighty-fifth birthday with him again. It was plain to see these five years had made considerable change in his robust health, and thousands of our members saw him at this meeting for the last time. A year later during our Philadelphia meeting the World War broke out; and after three years as the first American troops were going over seas, the Old Doctor "went West."

This 1913 Kirksville meeting marked an epoch in our business development. It was the first meeting at which we had commercial exhibits. From that humble beginning with exhibits displayed in a tent, the remarkable recognition of the business world, evidenced by the present-day exhibits at our meetings and advertising in our publications, has grown. The purchasing power of the profession and the value of its approval of books, office appliances, instruments of diagnosis have been clearly demonstrated.

In 1874 Dr. Still, after many years of doubting medical theories, which he practiced before and during the Civil War, and after heart-breaking efforts to put his new conception of disease to practical test, he felt that he had made a demonstrable start and he always looked on June of this year as the birth time of the system he later called osteopathy. So the profession voted to honor his memory and hold its semicentennial of the birth of osteopathy in 1924 at the scene it had made world-famous. To conform with local conditions the meeting was held in May, much earlier than ever before. In spite of this, a large attendance showed their sustained interest and loyalty.

At this period anniversaries were coming rather fast. The year 1928 marked the one-hundredth anniversary of Dr. Still's birth. The profession wanted to celebrate it properly and decided that Kirksville was the one place where such exercises could be appropriately held. So we gathered there, and the sixth of August

marked the most notable day a comparatively young profession had ever had. Statesmen, United States Senators, Congressmen, and Governors, were there to honor the memory of the man who so unselfishly had given this most effective system to the world. Artists, the most noted in opera and on concert stage, were glad to be there, and pay their beautiful tribute to his memory. Seldom in the history of the country had more distinguished personages contributed to such an occasion with audiences numbering thousands.

The climax was the unveiling of a tablet at the door of the log cabin in which the Old Doctor's father had practiced medicine and in which Dr. Still was born. This cabin had been purchased from the owner of the old Still plantation in Virginia and it had been removed and re-erected on the college property by Dr. George M. Laughlin. Dr. Laughlin's son, George Andrew Laughlin, unveiled the tablet, a massive boulder with a bronze plaque imbedded in it. Dr. George W. Riley, mentioned earlier in this article, was in charge of the exercises for this entire celebration and on his request I presided at this function, presenting Dr. E. C. Pickler of Minneapolis, a lifelong friend of Dr. Still, as orator of the occasion. I made introductory remarks which perhaps summed up the life and character of Dr. Still, I append them here:

Near the point of the wedge that the State of Virginia drives in between Kentucky and Tennessee is a God-blest spot. Situated in the foothills of the Allegheny Mountains, East of us, the fading Blue Ridge look across the border to the Smoky Mountains in the South; and on the West, as if to preserve the forests and fields beyond for the native Red Men, stands the main range, impassable for hundreds of miles, pierced only by a gap at this point.

Over this trail for fifty years caravans of pioneers had made their way. Passing almost by the gate of this cabin, the Lincolns, some forty years before, had treked their way, and settled a few countries further on. Here the Emancipator, at the time of our story, a youth of nineteen, had been born. Over this trail the family of which I am to speak soon wended its way. In this environment of peace and beauty, of rugged nature and the restless adventure of man, on a day like this just one hundred years ago a little boy was born. They named him Andrew Taylor Still.

Some years ago I stood by this cabin down there, and walked



the stone pathway his feet had learned to tread. Yonder was the large apple tree and here the huge grapevine, both of which had no doubt ministered to his childhood needs. I wondered how much it all had influenced him, how much the pioneering spirit of the time had fired his brain, how much of the richness of the virgin soil had gone into his blood, how much of the strength of the hills had been built into his frame, how much of the wondrous sunshine of the day was still in his life, and how much of the tranquil glory of the night abided in his soul.

Twelve years ago, just now, with a few friends I came here, realizing it would be our last visit to him. He lay on a treatment table, conveniently placed for the air in his spacious rooms. Plainly he was already claimed by Eternity—loaned yet a little while to those who loved him here. His hair and beard were almost gone, and I saw as never before the sources of his strength; that powerful frame of the pioneer; that noble brow and cheek and chin which would have befitted Jove, and withal the countenance of an angel. The sunshine of the early days was in his face, the calm of those nights was still his, and the sparkle of the spring-fed brook in which he had played beamed in his eyes. Truly, the glory of God was on the scene! I offered a prayer then, as I do now, that when the mantling years fall upon you and me they may leave the sunshine on our face, as they cover from others' view the disappointment and sorrow and pain within.

That is the lesson for today from Dr. Still. Tomorrow and the coming weeks we are thinking of the discoveries he made and of the great work he did, but today we are thinking of the kindly, lovable man. After all, I am sure these real human traits in us are the Divine. Then how much of Himself the good Lord emptied when he made Dr. Still! Almost anyone, who is willing to pay the price it demands, may become rich or great; but he who wins the love of men and women and little children must first have love within himself.

So because we loved him, we have assembled here today to catch new inspiration from these scenes and surroundings, and in the erection of this simple monument to pledge to each other our determination to carry on.

If ever an institution was the lengthened shadow of a man, that institution was osteopathy, and that man, Dr. Andrew Taylor Still.

## INDEX

## INDEX

- ABDOMINAL PAIN, 229  
 Abscesses, multiple, 56  
 Achorn, C. E.:  
     demonstrates chiropractic, 45  
 Allopathy, organized, and public  
     health laws, 163-165  
 Alschuler, Judge, 101  
 American Association for the  
     Advancement of Osteopathy, 125  
 American College of Osteopathic  
     Medicine and Surgery: See Chicago  
     College of Osteopathy, 209  
 American Osteopathic Association:  
     accrediting agency of osteopathic  
         colleges, 210  
     adopts uniform osteopathic prac-  
         tice bill, 159  
     first meeting, 125  
     journal launched, [Chiles] 448  
     Kirksville conventions, 247, 449, 450  
     St. Louis convention, 128, 205, 249  
 American School of Osteopathy:  
     charter granted, 28, 394, 412  
     first school building, 29  
     first class begins study of osteop-  
         athy, 30  
     personnel of first class, 31  
     second class begins work, 41  
     first brick structure, Memorial  
         Hall, 44, 387  
     members of early staff of Infirmary,  
         85  
     north and south wings added, 108  
     first class rush, 126  
     dissension over Dr. Hildreth as  
         dean, 123  
     short history, 207  
     in 1900, [Hazzard] 391  
     class of June, 1904, [Riley] 415  
     classes in early days, [Chiles] 440  
     watching technic demonstrated in  
         the clinic, [Chiles] 445  
     scenes at college and clinic, [Chiles]  
         442, 443  
 Ammerman, Wesley, 210  
 Anatomy, 185  
 Apoplexy, 86  
 Appendicitis, 63, 236-241  
 Arm disability, 226  
 Arthur, J. B. McKee, 430  
 Ascites, 90  
 Associated Colleges of Osteopathy:  
     accrediting agency, 210  
     decisions regarding educational  
         requirements, 212, 213  
 Asthma, 193  
 Atlantic School of Osteopathy, 210  
 Atzen, C. B.:  
     "selling osteopathy to the osteo-  
         paths," 76  
 Austral, Florence, 431  
 BACKACHE, 348  
 Banquet, first osteopathic, 38  
 Basic science laws:  
     explanation, 169  
     editorial [McCaughan and Hulburt]  
         170  
     an attempt to throttle osteopathy,  
         165  
     and the colleges, [Willard] 172-183  
 Baughman, J. H., 108  
 Becker, Arthur. D.:  
     foreword, v  
     President, Des Moines college, 208  
 Beeman, L. Mason, 430  
 Bell, George, 27  
 Bell, John A., 282, 344  
 Biochemistry and osteopathy, [Haz-  
     zard] 393, 394  
 Bles Military Academy, 249  
 Blindness, 388  
 Body, Human:  
     a beautiful instrument, 48  
     mechanics and child health, 262  
 Brachial neuritis, 190, 226-228  
 Breast tumors, 192  
 Bolles, N. A., 413

- Bolles, Nettie Hubbard, 42, 370, 390, 413  
 Boyles, Al., 99  
 Bunch, Mr., 282  
 Bunting, Harry;  
   opposes independent type of board, 159  
 Burns, Louisa:  
   research by, [Hazzard] 393  
 Bush, Mrs., 1
- CALIFORNIA, LEGAL:  
   osteopathic law in, 354
- Cancer:  
   case of Mrs. Helen de Lendrecie, 94  
   helps pass osteopathic bill in North Dakota, 95  
 Carlock, Mrs. Chloe Canterbury, 411  
 Carroll, Col. J. H., 138  
 Carroll, Senator B. F., [Iowa] 108  
   letter from, 118  
 Carroll, Hon. Thomas F.:  
   helps pass Michigan osteopathic law, 101, [Hazzard] 390  
 Cavanaugh, Dan, 56  
 Century Dictionary and Encyclopedia, osteopathy in, [Riley] 412  
 Cerebrospinal meningitis, 231, 342  
 Charter of American School of Osteopathy, 28, 394, 412  
 Chicago College of Osteopathy:  
   short history, 209  
 Chiles, Harry L.:  
   some anecdotes of the Old Doctor, 436-452  
   tribute to Dr. Still, 320-322  
   concerning, [Riley] 431  
 Chiropractic, origin of, 45  
 Chiropractors kill allopathic bill in Missouri, 162  
 Chorea, 191  
 Christian Science, [Chiles] 437  
 Clark, D. L., experiences of, 340  
 Clark, M. E., 376  
 Clark, W. M.:  
   loyalty to osteopathy, 124  
 Clark, Senator, experience of, 349  
 Clinic, New York osteopathic, established, [Riley] 430  
 Coccyx, straightening the, 11  
 Cold, common, [Riley] 413  
 Colleges: see names of colleges and also education  
   our educational foundation, 207-221  
   legislation and, [Willard] 172-183  
 College of Osteopathic Physicians and Surgeons:  
   old Pacific College of Osteopathy, 41  
   short history, 208  
 Colorado College of Osteopathy, 210  
 Conger, Colonel A. L., 86, 391  
 Conklin, Mrs. Emma Burke (Emily Alice Corbin), 348  
 Conniff, Dr., attempts to stop Dr. Hildreth from practicing at Sioux City, Iowa, 88  
 Constipation, 11  
 Corbin, Grant, case of, 16  
 Cornelius, Mrs., 33  
 Cough, 193, 194  
 Connor, W. J., experiences of, 336-339  
 Conner, Wash, 390  
 Coryza, [Riley] 413  
 Critchfield, Kate and Mae, cases of, 354  
 "Crutches for Sale", story of [Willard] 380  
   cast of characters, 381-382  
 "Cryptesthesia" article in New York Times, [Hazzard] 391  
 Cudahys, treated by Dr. Harry M. Still, 390  
 Culley, Edgar W.:  
   letter regarding osteopathic education, 218  
   letter regarding insane student, 274  
 Cushing, Harvey, quotation from, 213
- DAVIS, W. B., 448  
 Dedication, [Hildreth] iii  
 Denslow, J. Stedman, 298  
 Denslow, Mrs. J. Stedman (Mary Jane Laughlin), 298

- Dementia praecox:  
   osteopathic treatment of, 256-267  
   cases of, 273-275  
   statistical report on 840 cases, 281  
 Denver Republican, 413  
 Des Moines S. S. Still College of Osteopathy:  
   short history, 208  
 Diabetes, 75, 340  
 Dickinson, Dr., 147  
 Dilling, Mildred, 430  
 Diphtheria, [McConnell] 365; 385  
 Dissection bill passed in Missouri, 151  
 Dockery, Governor A. M., 139  
 Dodge, Mr., writes of osteopathy in *The Republic*, St. Louis, 33  
 Dowie, Divine Healer, 351  
 Dropsy, 58  
 Drugs:  
   and osteopathy, 216, 218, 219  
   no need for student to dabble in, [Hildreth] 38  
 Dye, case of, 15  
 Dyer, Mary, 133  
 Dysentery, 16-69  
   in infants, 222
- ECKERT, W. H., 122  
 Eczema, 18, 42, 53, 188  
 Education, osteopathic:  
   in early days, [Chiles] 440-442  
   in early times, [Hazzard] 388  
   in early days, [McConnell] 370  
   and the colleges, [Willard] 172-183  
   our foundation, 207-221  
   original course, 212  
   lengthening the course, 212  
   increasing requirements for admission, 214  
   preprofessional requirements, 217, 220  
   licensure in twenty states of Union, [Hazzard] 392  
   views on, [Vastine] 401, 402  
 Elbow disability, 227  
 Elkins, Dr. George, 195  
 Ellis, Irene Harwood, 448
- Ellison, Judge Andrew, 60, 138  
   at first osteopathic banquet, 38  
   secured charter for first school, 412  
 Emerson:  
   "An institution is a lengthened shadow of one man," xvi  
 Englehart, Eddy, case of, 51  
 Epilepsy, 24, 341  
 Esophagus, stricture of:  
   case of Dr. Hildreth's father, 5  
   case of Dr. Hildreth's sister, 54  
 Esterline, Crawford M., 294  
 Esterline, Elizabeth Still, 293  
 Evans, A. L., first editor of *Journal A. O. A.*, [Chiles] 448  
 Exposition, A Century of Progress:  
   A. M. A. attempt to prohibit osteopathic exhibits, 167  
   osteopathy in Missouri building, 169  
 Eye conditions:  
   case of Mrs. A. G. Hildreth, 6, 8  
   pterygium, 7  
   case of I. C. Simler, 18  
   case of J. T. M. Johnson, 72  
   cross-eye, 424  
   Lorna Shelton case, [Hazzard] 388  
   optic atrophy, [McConnell] 365
- FARWELL, J. V.:  
   treated by Dr. Harry M. Still, 390  
 Femur, fracture of neck of, 243  
 Fever, importance of, according to Still, [Willard] 383  
 Fleck, Charles E., 430  
 Flux, 69  
 Fracture of neck of femur, 242  
   of humerus, 242  
 Friedreich's ataxia, 411  
 Foot conditions:  
   abscesses, 338  
   examination, [Chiles] 445  
   flat, 225  
   treatment of small boy by Dr. Still, 46  
 Foraker, Senator J. B., case of son of, 85

- Foraker, Mrs. J. B.:  
buys Dr. Hildreth's home, 89  
at memorial services, [Willard] 380  
[Hazzard] 391
- Foster, Dr., 64
- GALL-BLADDER COLIC, 195
- Gallstones, 339
- Galli-Curci, Amelita, 431
- Gastrointestinal disorders, 191, 196
- Glandular enlargement, 348
- Globe-Democrat write-up re: Kirksville convention [1908], 129
- Goiter, 2  
exophthalmic, 420
- Goldthwait, Joel E., 197, 264
- Gore, Dr. F. A., 23
- Gorrell, Dr., 110, 112, 113, 114
- Gout, rheumatic:  
case of Colonel Seibert, 77
- Gravett, H. H., 131
- Graveure, Louis, 430
- Green, Mrs., case of, 40
- Grubb, Perry D.:  
introduces first osteopathic bill in Missouri, 79
- HALL, MATT, 139  
shows medical bills to Dr. Hildreth, 143
- Hanna, F. W., 125
- Harding, Warren G., 131
- Harlan, W. L., 413
- Harrison, Carter, treated by Dr. Harry M. Still, 390
- Harrington, F. M., lawyer, 77
- Hartupée, Charles, goes with Dr. Charlie to Red Wing, Minn., 29
- Hawaii, Legal:  
basic science bill defeated, 171
- Hay fever, 193
- Hazzard, Charles:  
after forty years, 386-396  
practice in Chicago, 92  
loyalty to osteopathy, 124  
teacher, [McConnell] 376
- Headache, 138, 223
- Heart conditions, 198, 397-399
- Helmer, Dr. George J.:  
helps pass first osteopathic bill, Vermont, 94  
passing of, [Riley] 432
- Hemorrhoids, cured by straightening coceyx, 337
- Henderson, Joe, 390
- Higbee, Judge Edward:  
introduces osteopathic bill, 97
- Hildreth, Mrs. A. G. (Margaret Corbin Hildreth), death of, 248
- Hildreth, A. G.:  
dedication, iii  
preface, ix  
reasons for studying osteopathy, 27  
enrolls in first class of osteopathy, 28  
first experience in practice at Ellsberry and Louisiana, Mo., 30  
likens human body to a beautiful instrument, 48  
early experiences in practice, 50-66  
treatment of Eddy Englehart, 51  
case of eczema, 53  
treatment for muscular spasm of esophagus (Mrs. Notestine), 55  
more interesting cases, 67-76  
first experience in legislation, 77-80  
practice in Sioux City, Iowa, 88  
goes to Chicago to practice, 92  
second attempt to pass osteopathic bill, 94  
opens offices in St. Louis, 121  
interest in American School of Osteopathy, 122  
elected president, A. O. A., 125  
elected to House of Representatives (1900), 126  
experiences in the legislature (1901-1902), 137-153  
asked to serve on St. Louis World's Fair Committee, 140  
reelected (1902), 149  
argues before Virginia Health Committee, 156  
elected to Missouri Senate (1924), 159

- Hildreth, A. G.—*Cont'd.*:  
reelected (1929), 160  
helps pass chiropractic law in Missouri, 163  
views on basic science laws, 165  
views on public health and organized allopathy, 166  
views on allopathic controlled state hospitals, 166  
practice in St. Louis, 222  
opens office in Century Building, St. Louis, 231  
osteopathic treatment of insanity (address), 256-267  
address at Dr. Still's funeral, 285  
work of, [McConnell] 372-374  
legislative strategist, [Hazzard] 389  
meets Riley in Denver, 413  
concerning, [Riley] 431  
concerning, [Becker] Foreword, v
- Hip conditions:  
so-called tuberculous hip, Dr. Charlie's case at Kansas City, Kansas, 20  
allopathic physicians try crude hoax, 25  
case of Mrs. Cornelius, 36  
congenital, 225
- Hoffman, Joseph, 431
- Hook, Virgil, 67, 210
- Hospitals, tax-supported, and A.M.A. control, 166
- Hostler attempts practice of osteopathy, 71
- Hulburt, Ray G.:  
editorial on basic science laws, 170
- Hulett, C. E., 91
- Hulett, Guy:  
teacher of principles, [Riley] 416
- Hulett, M. F., 131, 133, 376, 448
- Hulett, Turner, 376, 390, 448
- Humerus, fracture of, 242
- Hunt, Mrs. Ella, 42, 85
- ILLINOIS, LEGAL:  
allopathic bill to prohibit osteopathy, 99
- Illinois, Legal—*Cont'd.*:  
first effort to pass osteopathic bill, 101  
first osteopathic examination conducted by state of, [Vastine] 403
- Immunity and osteopathy, [Hazzard] 394  
quotation in Journal A. O. A. by McConnell, 394
- Infantile paralysis, 75, 338-339, 384
- Influenza:  
comparative statistics, osteopathic and allopathic, during 1918-1919 epidemic, [Riley] 427  
in Montana, [Willard] 384  
case of, 225
- Insanity:  
osteopathic treatment of, 250, 256  
incidence in United States, 257  
and allopathic control of state hospitals, 166  
case of Judge Ben Johnson, 60  
more cases, 343, 346
- Intercostal neuralgia, 158, 191
- Iowa, Legal:  
battle for osteopathic law, 108, 111, 112, 117
- JAW:  
lesion of, 188
- Johnson, Dr. George Ben:  
allopathic representative in Virginia legislature, 155  
case of his "osteopathic cousin," 158
- Johnston, J. T. M., case of, 71
- KANKAKEE STATE HOSPITAL:  
patient in, 270
- Kansas City College of Osteopathy and Surgery:  
short history, 209
- Kennedy, Mr., case of, 58
- Kirk, John R.:  
the neighbor we did not know, 302-304

- Kirksville in early days, [Chiles] 442, 443  
 Kirksville College of Osteopathy and Surgery: See also American School of Osteopathy  
 short history, 207  
 Knee injury, 22, 351
- LANDES, SAM, 106, 374  
 Lane, M. A., quotation from, regarding osteopathic education, 219  
 Laryngitis, 425  
 Lasswell, case of, 233  
 Laughlin, George Andrew, concerning, [Chiles] 451  
 Laughlin, George M., 247, 451  
 Laughlin, Dr. and Mrs. George M., 86, 431  
 Laughlin, Mrs. George M. (Blanche Still):  
 story of malingerer told by, 25  
 story concerning Palmer, 44  
 [Hildreth] 296, 297  
 [McConnell] 373  
 [Vastine] 403  
 Laughlin, Will:  
 loyalty to osteopathy, 124  
 Legal and Legislative: See also names of various states  
 basic science laws and osteopathy, 165, 169  
 public health and organized allopathy, 166  
 Lendrecie, Helen de, case of, 94  
 Licensure: See also Education  
 in twenty states of Union, [Hazzard] 392  
 Link, W. F., chairman of publication committee, Jour. A. O. A., [Chiles] 448  
 Linn, Mr., lawyer for Dr. Hildreth at Sioux City, Iowa, 88  
 Longpre, Dr., letter from, 269  
 Longworth, Nicholas, 131  
 Lord, Mrs., case of son of, 24  
 Los Angeles College: See College of Osteopathic Physicians and Surgeons, 208  
 Lumbar lesions causing contraction of quadriceps muscle group, 233  
 Lutz, Dr., 143
- MACAULEY, D. B.:  
 first president, A. O. A., 125  
 Macdonald, W. Kelman and research, [Hazzard] 393  
 Mahan, George A.:  
 letter from, regarding Dr. Still's trial at Hannibal, Mo., 11  
 Malingerer detected by Dr. Still, 25  
 Mandibular lesions, 188  
 Mania, suicidal, 347  
 Marrs, R. E. L., 168, 350  
 Massachusetts, Legal:  
 osteopathy in, [Hazzard] 392  
 Matthews, S. C.:  
 second president, A. O. A., 125, 210  
 Mattison, Norman D., 430  
 Meningitis, cerebral, 74, 75, 231, 342  
 McAllister, Dr., 143, 150  
 McCarty House, 142  
 McCaughan, R. C.:  
 editorial on basic science laws, 170  
 McConnell, C. P.:  
 practice in Chicago, 92  
 loyalty to osteopathy, 124  
 Dr. Still's contribution to science, 304-319  
 early days of osteopathy, 365  
 research by, [Hazzard] 393  
 Melvin, Dr., homeopath, friendly to Dr. Hildreth, 88  
 Michigan, Legal:  
 osteopathic bill passes in, 105; [Hazzard] 390  
 Millan, Henry F., lawyer, 77  
 Milligan, O. B., 19  
 Minneapolis School of Osteopathy, 210  
 Missouri:  
 bill introduced to curb osteopathy, 32

- Missouri—*Cont'd.*:  
 first osteopathic bill introduced by Perry D. Grubb, 79  
 vetoed by Governor Stone, 80  
 second attempt to pass bill, 95  
 osteopathic bill passed, 98  
 legislation proposed to abolish osteopathic law, 138  
 osteopathic law for independent board passed, 151  
 Board of Health proposed with one D. O. member, 144  
 law affecting M. D.'s, but exempting D. O.'s passed, 148  
 dissection bill passed, 151  
 allopathic bill killed by chiropractors, 162  
 Mitchell, Dr. J. B.:  
 Dr. Still cures crippled condition of daughter of, 14  
 case of, [Willard] 380  
 Mitchell, Senator:  
 introduces Iowa bill, 113, 162  
 Mitchell, Senator, (of Missouri), 162  
 Moore, Aubrey:  
 starts Pacific College of Osteopathy, 41  
 Moore, Senator, (of Michigan), 102-105, 117  
 Morelock, The Drs., 171  
 Morse, J. C., 384
- NATIONAL SCHOOL OF OSTEOPATHY, 210  
 Neck dislocation, 15  
 New York Osteopathic Clinic established, [Riley] 430  
 Noe, Dr., homeopathic physician, 50  
 North Dakota, Legal and Legislative:  
 second state to pass osteopathic bill, 95  
 Northern Institute of Osteopathy (Minneapolis), 41  
 Notestine, Dr. Flora, 230  
 childhood accident, 10  
 Notestine, Mrs. Della:  
 muscular spasm of esophagus, 54  
 experience of, 348
- OFFICES:  
 advice on location and cleanliness, 232  
 Ohio, Legal:  
 battle for osteopathic law, 131-135  
 first osteopathic law unconstitutional, 133  
 second bill, for independent board, 133  
 composite board bill passes, 135  
 Osteopathy:  
 birth of, [Hazzard] 386  
 and biochemistry, [Hazzard] 393, 394  
 date of discovery, 368  
 definition in Century Dictionary, 412  
 name for new system of healing, [Riley] 412  
 philosophy of, [Hildreth] 185  
 as a profession, 220-231  
 Osteopathic Physician:  
 mechanic of human body, 48
- PACIFIC SCHOOL OF OSTEOPATHY, 41, 208  
 Paderewski, I., treated by Dr. Hazzard, 392  
 Palmer of Davenport (chiropractor), 45  
 Paralysis from cerebrospinal meningitis, 231  
 Paralysis of lower extremities, case of, 39  
 Paralysis, 436  
 Patterson, Dr. and Mrs. Henry E., 41  
 Patterson, Henry:  
 secretary of A. S. O., 95, 99, 365  
 in Virginia legislative battle, 154  
 Patterson, Alice, 85, 374  
 Peers, Dr., 142, 143, 148  
 Pelvic conditions:  
 treatment of Dr. Still for, 47, 196  
 Philadelphia College of Osteopathy:  
 short history, 209  
 Physician, personal appearance of, 233

- Physics and osteopathy, [Hazzard] 394  
 Pickler, E. C., 210, 448, 451  
   starts Northern Institute of Osteopathy, 41  
 Pickler, Hon. S. M., 126  
 "Pig Tail", Still's name for clinical thermometer, [Hazzard] 389  
 Pingree, Governor, 104  
 Pneumonia, 224, 349-350, 385, 445  
   comparative statistics, osteopathic and allopathic, during 1918-1919 flu epidemic, [Riley] 427  
 Pool Hotel (now the Stephenson), first osteopathic banquet in, 38  
 Powell, Maud, 430  
 Preston, Senator (of Michigan), 102-105  
 Proctor, C. W., 376  
   loyalty to osteopathy, 124  
 Psoas abscess, 56  
 Pterygium, 7  
 Public health laws and the allopathic profession, 163-165  
 Publicity, osteopathic  
   first in Kansas City paper, 22  
   in St. Louis *Republic*, photostatic copy, 34  
   write-up re: Kirksville convention in St. Louis *Daily Globe-Democrat*, 129
- RAY, T. L., 448  
 Read, Opie:  
   in *Munsey's Magazine*, 102; [Chiles] 438  
 Research Institute, A. T. Still, 393  
 Research, osteopathic, [Hazzard] 393  
 Rheumatism, 36  
   an error in diagnosis, 242  
 Rib lesion, 158  
 Riley, George W.:  
   following osteopathic principles, 411-435  
   chairman of committee on portrait of Still, [Chiles] 450, 451  
 Rogers, H. H., treated by Dr. Harry M. Still, 390
- SACRO-ILIAC LESIONS, 36, 196; 197  
 Scarlet fever, 385  
 Schizophrenia: See *Dementia Praecox*  
 Sciatica, 53, 422  
 Seibert, Colonel, Missouri State Auditor, 77, 97  
 Shackelford, E. H., 436  
 Shaw, Governor, 109, 114, 117  
 Sheeks, Horace, case of, 68  
 Shelton, Lorna, case of, [Hazzard] 388  
 Sheridan, Frank, 431  
 Sherman, L. Y., 101  
 Shoulder disability, 227  
 Sickles, Frank C., 141  
 Simler, John S.:  
   stories by, 18  
 Sinus disease, 423  
 Sisson, Dr. Ernest, experience of, 350  
 Skin diseases, 188  
 Smith, Dr. William:  
   teacher in first school, 29, 376  
   signs protest of Dr. Hildreth as dean, 124  
 Snyder, O. J., 448  
 Spalding, Albert, 431  
 St. Vitus' dance, 191  
 Statler, Mr., compliments the osteopathic profession, 129  
 Stephens, Gov. Lon V., 72  
   signs osteopathic bill, 98  
   goes out of office, 137  
 Still, A. T.:  
   first lectures in country school-house, 3  
   names his discovery, osteopathy, 4  
   treatment for eye conditions, 9  
   treatment for constipation, 11  
   trial at Hannibal, Mo., 11  
   humor of, 17  
   "if it is clothes you are looking for . . .", 25  
   laying brick, 25  
   malingerer detected by, 25  
   seeks 100 men to study osteopathy, 26  
   begins to teach osteopathy, 29  
   first lecture of first class, 30

- Still, A. T.—*Cont'd*:  
   lecture to students on eczema, 42  
   treating feet, 46  
   method of learning bones of feet, 47  
   treating pelvic conditions, 47  
   osteopathic physician, mechanic of human body, 48  
   "when you step on a cat's tail," 53  
   "that was a poor law. Next time we will get a better one," 81  
   "find it, fix it, and let it alone," 91  
   injury to neck in train wreck, 159  
   philosophy and technic of, [Hildreth] 185  
   demonstration for, at St. Louis convention, 205  
   birthday celebration (85th), 248  
   last dictation of, 267  
   death of, 285; [Riley] 432; [Chiles] 450  
   certificate of discharge from U. S. army, 300  
   registration certificates in Adair and Macon counties as an "old school" physician, 301  
   the neighbor we did not know, [Kirk] 302-304  
   contribution to science, [McConnell] 304-320  
   tribute to Dr. Still, [Chiles] 320-322  
   history, short, [Chiles] 320-322  
   memorial addresses, [Swanson] 322-335  
   friendliness of, 366  
   "tail of the squirrel was in sight," 374  
   education of, [Hazzard] 389  
   spoke in parables, [Hazzard] 390  
   predicted victory of Dewey at Manila, [Hazzard] 390  
   psychic power of, [Hazzard] 390  
   D. O. means Dig On, [Hazzard] 393  
   "the body has its own drug store within it," 393  
   studies for his classes, [Vastine] 404  
   books by, [Vastine] 404  
   method of teaching, [Riley] 417
- Still, A. T.—*Cont'd*:  
   talking to a discouraged student, [Riley] 417  
   aiding a student financially, [Riley] 418  
   views on stereotyped manipulative treatment, engine-wiping, [Riley] 415  
   visits the East, [Riley] 427  
   account of, by Opie Read, in *Munsey's Magazine*, [Chiles] 438  
   taking the "starch" out of a fresh student, [Chiles] 438-439  
   "figures of speech", [Chiles] 439  
   birthday celebration, (88th) [Riley] 431  
   celebrating 100th anniversary of birth of, [Riley] 433  
   bronze tablet erected, [Riley] 434  
   memorial address, [Riley] 434  
   predicts battles of Manila Bay and Santiago, [Chiles] 440  
   in examining a foot, [Chiles] 445  
   at social gatherings, [Chiles] 447  
 Still, Mrs. A. T.:  
   death of, 291  
   cooperation of, [McConnell] 373  
   protector of her husband's health, [Vastine] 403  
 Still, Charles E.:  
   is taught osteopathy, 16  
   practice in Kansas City, Kans., 20  
   begins practice in Red Wing, Minn., 29  
   cases of remarkable cures by the Old Doctor related by, 82  
   member, Missouri House of Representatives, 163  
   letter transmitting last dictation of Dr. Still to Dr. Hildreth, 268  
   concerning, [Hildreth] 292  
   treats crippled knee condition, 352  
   C. P. McConnell, a patient, 365  
   story about charter for first school, 412  
   miscellaneous references to, 247, 249, 252, 255, 354, 374, 382, 390