

OSTEOPATHY:

How and Why Treatments Are Given—The Creed of the Osteopaths. Its Philosophy—Its History—Its Methods.

WHAT IT IS AND WHAT IT DOES.

BELIEVING that many of our readers know but little of the practice of osteopathy, and that many vague ideas are entertained as to its theory and more especially its methods—when and why and just how treatments are given, a Tribune reporter called on Dr. D. W. Still, one of its leading practitioners, in the Board of Trade building. The doctor is a graduate of Princeton university and one of the Western schools of Osteopathy, and impresses one as being scholarly, sincere and honest in his convictions.

He told the scribe that Dr. A. T. Still, the founder of Osteopathy, dates his birth in 1824, when he (Still), who was a medical practitioner of the old school, discarded the use of drugs, and has since practiced along the lines of mechanical rather than chemical agencies.

The first school of Osteopathy, however, was not founded till 1892, and since that time—less than ten years—the Osteopaths tell you with a great deal of pride, that sixteen states have passed legislative enactments placing Osteopathy on an equal footing with medicine in those states, and that practically all the states of the union—through the Judiciary—have declared its practice legitimate.

The Tribune man remarked that he had often heard the practice spoken of as "rubbing," and similar to massage, and also heard some content that it was a form of faith or mind cure.

The doctor smiled a weary smile, and said, "Yes, we hear that on all hands, principally. I presume, because people hear that we don't use drugs, and naturally conclude that it must be either massage or a mind cure; and those who know a little about it say it is 'rubbing,' and those who know nothing, say mind cure, Christian Science and the like. But in my four years' experience with Osteopathy, I have seen no part of any treatment that could be properly called 'rubbing,' and never anything like a mind treatment. We do not treat the mind for 'mortal error,' as being the cause of distress and disease—as do the Christian Scientists—for recognize mankind to be intensely corporeal, and that the 'physical error' is the principal cause of pathological conditions, though not denying or neglecting to utilize the psychic influence to insure the proper mental attitude of the patient. But this is not absolutely necessary, for we have effected cures where the patient was a violent disbeliever in our philosophy."

"Well, what then is your method, doctor, and for what and how do you give treatment?"

"The philosophy of Osteopathy," was the reply, "is a difficult thing to explain in a few words. But we may say that its cardinal principle is simply this: The human body has within itself, or can elicit, with proper diet and hygienic surroundings, everything necessary for its recuperation and recovery in case of disease. When nature, unassisted, does not readily do this, it is because of some obstruction to the blood supply, or impingement upon the nerve force, or interference with some of the other vitalizing fluids or forces of the body, which impediment nature cannot overcome alone. This is where the osteopathic physician comes to the rescue. With his trained sense of touch and technique based upon an exhaustive study of the structure and functions of the normal human body, the osteopath locates and then removes by purely mechanical (manual) means, the lesion or abnormal condition that exists which interferes with nature's progress. Because that any physician of any school of practice can do to assist nature and nature makes the cure. It isn't the medicine or the treatment that effects the cure, but nature, and we think we can best assist nature by mechanical rather than chemical means. Because we believe that physical lesions are the cause of disease and should be removed by physical agencies."

The doctor then looked at his schedule of appointments for the day, and said: "I see my next patient is the case of a boy, and I believe he will not object to your watching his treatment, so if you'll wait a few minutes I'll show you exactly what the osteopathic treatment consists of in his case and explain its purpose. In the meantime let me refresh your memory of some of the fundamentals of physiology that you learned at school."

He then took me in his private office, or "treating room" as he calls it. In the center of this room was a long, narrow, leather-covered, and padded affair, which he calls a treating table. This was about six feet long and two feet wide and about two feet high. Upon this table most of the treatments are given. About the walls of the room were numerous charts illustrating the anatomical structure, and physiological functions of all parts of the body: one chart showing muscles, one nerves, one blood vessels, another organs. One chart was devoted entirely to the illustration of the spinal column from which the nerves go to all the various organs and parts of the body. The doctor brought in a human backbone or spinal column and upon this started to illustrate his theory of mechanical causation of disease—or how a misplaced bone or cartilage or muscle could cause most of the ills that human flesh is heir to. He began with a perfect shower of scientific nomenclature and phraseology that almost staggered me, so that I had to request him to talk "plain English" if he wished to be understood. He modified it somewhat, but even then I felt that I must be sadly deficient as to our anatomical make-up if these were the "fundamentals of physiology" that I learned at school. So that if I'm not scientifically accurate in my report of the interview, you must blame not the doctor, but myself and the inability of my shorthand to catch all of the Greek and Latin names in his polysyllabic terminology. I'll simply give you his ideas as nearly as I could get them.

"The spinal column," the doctor began, "forms the principal means of nerve communication between the brain and every organ of the body. There are three distinct, though closely related nervous systems, the cerebro-spinal, the sympathetic

and the twelve cranial nerves. The first two systems have most to do with, though we frequently treat affections caused by derangements to some of the twelve cranial nerves—for instance, a muscular or bony lesion in the neck may impinge upon or interfere with the pneumogastric nerve (the 10th cranial) and this could affect the ear, larynx, pharynx, oesophagus, heart, pulmonary apparatus, stomach, or liver, for this nerve is distributed to all those organs.

"Probably nine-tenths of the diseases we are called upon to treat have their origin in some spinal lesion, and by 'lesion' we mean any abnormal condition that exists. There are thirty-one pairs of nerves on either side of the spinal column that emanate from the spinal cord, constituting the cerebro-spinal system, and these are intimately connected and correlated with the sympathetic system situated on either side and in front of the vertebral column. These thirty-one pairs of nerves come out from the spinal column through these holes (foramina) on either side. You will notice that the holes are not through the bone of the vertebrae, but half of the hole is in the bone above and half in the one below. Now, in the normal condition these spinous processes of the vertebrae (indicating same) are in perfect alignment—not always a straight line, for we have a very flexible spine, composed as it is of twenty-six separate bones, but always in the same relative position—either straight or in a symmetrical curve. And as long as this normal position obtains you see the foramina or holes on either side, for the nerves are always the same. Now, let us twist this vertebra out of alignment by moving the spinous process to the right and holding the ones above and below in their normal position. You see at once the effect on the foramina formed by the misplaced vertebra—it enlarges the holes on the right side, but compresses the ones on the left. This compression squeezes or impinges upon the nerves as they emanate from the cord at that point and thus interferes with the normal functions of the organ or organs that get their nerve supply from that particular region. It may or may not cause pain or soreness in that region of the spine—depending on the nature of the pressure and whether or not it affects the recurring branches of the nerves that supply the muscles and integument there. And a lesion of that kind may effect the visceral organs controlled from that centre in different ways—if it causes a constant friction to the nerves, then we have stimulation and consequent hyper-activity of their function, or if it results in steady pressure, then it cuts off the nerves' functional activity and we have sluggishness, torpidity and inactivity of the organs and parts which should get their innervation from that spinal centre. Then, too, a slight deflection of a vertebra or rib can interfere with the blood flow through the spinal branches of the posterior divisions of the intercostal arteries, and thus prevent certain nerve cells in the spinal cord from receiving their proper nutrition. This could result in anemia of the spine, or various other phases of spinal diseases. Of course if the blood flow were complete—so that it brought fresh oxygen to the spinal cord, it would result in paraplegia or paralysis of parts below the lesion. But these slight misplacements—such as I have just illustrated to you on this spine, are the cause of nearly all the chronic troubles we have to deal with, as indigestion, dyspepsia, biliousness, heart, lung, uricæmic troubles—in fact all forms of functional disorder. If the lesion is in the region of some of the principal vasomotor centres of the spine, nerves which control directly the circulation of the blood by regulating the calibre of the arteries, then we have a generally disturbed circulation resulting in congestion, headaches, heat flashes, etc."

"But, doctor," said I, "what causes so many misplacements and mal positions as you picture to us?"

"There are various causes for these conditions, sprains, blows, strains, falls, contusions of all kinds, colors in fact any agency that can result in muscular contraction. There are five layers of muscles on the back, some thirty-one pairs in all, and these all have one way or another to the spinal column—either to this spinous process, transverse process, or some other part. Let us say for instance a cold settles in a muscle or set of muscles along one side of the spine. These muscles, of course, contract, and as they do so they become tense and gradually draw their bony attachment out of proper position, for the muscles on the opposite side will gradually relax to accommodate themselves to the strained position. If this contracture is in a superficial muscle, or one that is easily stretched or worked by voluntary effort, the wearer of it will himself correct the trouble. But if not, then the condition of contracture becomes chronic, and through it effects a chronic misplacement which in turn causes a chronic disease which requires an external agency (the osteopathic physician) to correct. When we thus remove the cause, the recuperative powers of nature will take care of the symptoms. I spoke of a cold as one of the causes of muscular contracture. We often 'take cold' this way without any sign of it in the head or throat. I can take a belch with very cold air and blow it upon the muscles on one side of your neck and inside of a minute you'll find it almost impossible to turn your head. It stands to reason that cold and dampness that will warp boards and contract even steel and iron, will affect a delicate sensitive tissue like muscular fibre."

Here the boy patient was announced and the doctor introduced him in the treating room. Having him remove his coat and vest and collar, he asked him to lie flat upon his right side upon the treating table. He explained that the trouble in this case was one of congenital muscular rheumatism, poor circulation, and was caused principally by muscular contractions in various parts of the spinal column. He then proceeded to examine the neck—the atlas and axis—both of which interfered with the normal circulation of the blood generally. He explained that his was a "general" treatment as compared

with many which are more local or specific.

Standing in front of the patient the doctor began by moving the muscles along the side of the spine upward and strongly outward the entire length of the spine, beginning at base of the skull and going to end of spine. This he said was to stimulate the pneumogastric nerve as they emanate from the spinal column. Then he took the left arm and rotated the muscles of same deeply—clear to the bone—from the shoulder to the hand. Then taking him by the elbow and shoulder blade, twisted his arm around several times in each direction. This was to free the circulation and nerve force of the whole arm. Then he had the patient lie on the other side and repeated the same procedure upon the opposite side of spine, arm and shoulder.

Next he had the patient turn and lie face downward with either arm over the sides of the table.

"For a condition like this," said the doctor, "I can't stimulate the kidneys, liver and spleen with it in two ways—through the nervous connections to those organs, and by direct mechanical vibration over the organs themselves. Now a word as to their nervous connections so that you'll understand why I treat where we do and in the way we do along the spine in this case.

"The liver gets its principal nerve force from the left vagus and coeliac plexus. The vagus, or pneumogastric, in this case, is of the side of the neck, when the patient is lying on the back. The coeliac plexus is a direct continuation of the solar plexus, and also receives branches from the lesser splanchnic and gives off hepatic plexus to liver and receives left vagus and right phrenic. The solar plexus is a large nerve centre—sometimes called the abdominal brain—which supplies all the viscera in the abdominal cavity. It receives a greater part of its innervation from the great splanchnic nerves on both sides, and some filaments from the right pneumogastric. The great splanchnic nerves are formed by branches that leave the spine from the thoracic ganglia between the sixth and tenth dorsal vertebrae, and the lesser splanchnic between the tenth and twelfth.

"The kidneys are supplied with nerves from the renal plexus, from the solar plexus, from the semilunar ganglia and aortic plexus and lesser splanchnic.

"The spleen gets the nerve force from the coeliac plexus and right vagus.

"Now Landois—an authority on physiology—says: 'Stimulation of the vagus dilates the renal vessels, increasing the urine; and that's what we want in this case. It assists nature to eliminate through that excretory organ the excess of uric acid which I found in the urine upon analysis. I stimulate the vagus, as I said, in sides of the neck when patient is on his back.'

"Landois also says: 'Stimulation of inferior cervical and first thoracic ganglia contracts the hepatic vessels and the lobules of the liver.' Now we don't want contraction, we want expansion—more blood and greater activity. And since we stimulate to free movements over a nerve centre that dilates and a hard, steady pressure inhibits its function, we inhibit through it this region.

All of this, by way of more 'fundamentals of physiology, which I learned at school,' I suppose you would like to know. The doctor then placed his thumbs on either side of the spine in the lower part of the neck (patient lying face downward), and gave a hard, steady pressure for some little time between each pair of vertebrae, and in a few minutes of six or eight inches down the spine. Then lower down along the spine, with one thumb on either side, he gave a rapid succession of upward and outward movements for a space of about eight or ten inches. He then, he said, the greater and lesser splanchnic nerves from the sixth to tenth and the tenth to twelfth thoracic ganglia.

"Then placing one hand lightly over first one kidney, then the other, and then over the spleen, he gave for some little time a light, tremulous motion over each organ. This he called vibration, which he said frees the minute capillary circulation within the tissue of the organs themselves and stimulates each of the little glands to greater activity.

"He then had the patient turn on his back, and with the hand on the right side gave this same treatment (vibration) over the liver.

"Then with both hands holding firmly the muscles and flesh on the right, he rotated the same deeply with a twist and an upward movement from the hip to the knee and from the knee to the ankle. With one hand upon the knee and the other grasping the ankle, he flexed the spine at the knee, and gave a sideways twist to the whole limb back and forth several times, so that when the knee was out the foot was in, and vice-versa, and then brought the limb out straight with a sharp jerk several times in each direction, as he called it.

"This was to free the circulation to the extremities. Then going to the patient's head, he manipulated rapidly the muscles of the neck, first on one side, then the other, in free, as he said, the circulation to and from the head.

Standing then at the end of the table, with the ends of the fingers on either side of patient's neck, he gave a very rapid succession of peculiarly deft movements which seemed to stretch the muscles on either side outward and downward. This, he said, free and stimulates the pneumogastric nerve which passes through the neck on either side in a sheath directly beneath the sternocleidomastoid muscle. When the doctor paused to remark that 'where the trunk of the superior laryngeal branch of this pneumogastric nerve is pressed upon by, for instance, a goitre, or an aneurism of the upper part of the carotid, we have a peculiar dry, brassy cough which can readily be relieved by proper manipulation.'

Next he took the patient by the chin and back of head and gave the neck a good strong extension—pulling till the body moved slightly on the table. Then with one hand under the back of the neck, he pushed and twisted this way and that, the hand at the back of the neck being especially active, till suddenly there came a sharp click as of a ligament or muscle slipping over

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Where Platonics Were Strained.

From the New York Times.

THEIR relations were purely platonic. At least she prided herself on that fact. When any one suggested to her the possibility of any attachment more tender and affectionate she scoffed with an emphasis indicative of an absolutely sure state of mind. She was not like other girls, she said. Several men had found that out. They began by being friendly; she encouraged them, perhaps, into a certain liking that she had for masculine companionship, which they not infrequently misunderstood. Then when the night and the moon and the soft breezes stirred their passions, they found that she was not so easily won as they had supposed. She was forced to more heroic utterances.

"Dear me," she would say, "I don't see why a man and a woman can't go on being just friends, here in New York. Bob never acted this way. Why, we've loved and adored and loved together summer in and summer out, and he never thought of making a proposal. Dear old Bob! He had more sense. Brace up now, be a man, forget it, and so will I, and we'll just go on being comrades. Further also some of them got angry. Others accepted it as a matter of course. There is at least one instance on record of a chap who really cried a second time and ended by responding to the usual throw-down with whistling a popular air that begins 'Gambler, Gambler, ever since we were boys.' Upon such occasions she told him he was a dear to take it that way, and they have been better friends ever since.

A few weeks ago she went to spend the summer with friends in a little hamlet up the Hudson. Further also she had a strong hand, some athletic creature, and fond of outdoor sports. She begins her season's swimming long before the dawning sun, and she thinks the water has lost much of its charm. Further also she had a strong hand, some athletic creature, and fond of outdoor sports. She begins her season's swimming long before the dawning sun, and she thinks the water has lost much of its charm. Further also she had a strong hand, some athletic creature, and fond of outdoor sports. She begins her season's swimming long before the dawning sun, and she thinks the water has lost much of its charm.

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of sight. The threat was effective. It was such a pretty new canoe, and he had no desire to lose it. So commenting on her stubbornness he waddled back and took hold of his end again.

Then a sound of oars was heard, and soon two men in a boat were within a few yards of them. They had seen the canoe-wrecked pair and were bearing down rapidly upon them.

"Say, there," was Bob's inquiry, "what are you trying to do?"

"Hold on a little longer," came back the answer; "we'll have you safe in a minute."

"We're all right; don't trouble," said the girl.

"Keep off," shouted Bob. "If you come any closer you'll scratch the point on my canoe."

The rowers lay back on their oars.

"What do you mean?" inquired one. "Do you mean to say that you care more for the canoe than for—?" he hesitated.

"For me," she shouted. "Yes, that's it. For a woman's only a woman and a good canoe's a boat!"

After some parleying the boatmen consented to be careful. With their assistance the canoe was righted, and the friends made their way shoreward.

But the gossips in the small Hudson river town have food for much reflection, and the oldest dame of them all admits that even she doesn't understand it.

"Why, Jim tells me," she said, "that when they got ashore she didn't show the least concern for them. Now, the least you would have expected would have been that she'd throw her arms about him and say that she would never leave him."

"And didn't she?"

"No. She just kicked up a pebble, wrung the water out of her skirt, and laughed fit to kill. Then she said, kind of short, 'Thanks,' and went into the house."

"And did the man seem cut up?"

"No. He just looked at his old cronies sharpshooter and cussed. 'I'll have to blow in a ten to get it in shape again,' he said."

of a bone, or a bone being set in place, and the doctor then told the patient that that will be all for today.

"This manipulation," he explained, "was to adjust the atlas or first of the cervical vertebrae. 'If that would stay perfectly adjusted, as it is now, he would have no more headache and would have good circulation generally, for this misplacement is the main cause of his trouble. It will be out of place again slightly when he comes next time. We gain gradually in those conditions till finally we get the adjustment perfect so as to remain permanently in normal position, and then the cure is complete.'

"The young man got up looking none the worse for wear. His treatment took in all about fifteen or twenty minutes. I asked him how he felt now and he answered by saying 'I almost feel better after each treatment. Doctor never hurts me a bit.'

After the young man had gone the doctor said: "That was a very general treatment you saw. I wish you might see the next treatment, for it is entirely local or specific—to correct one single lesion, and illustrates most beautifully the osteopathic philosophy. Being a lady patient of course I can't ask you to see the treatment, but I'll explain in a few words what it is. The condition is that of muscular atrophy and partial paralysis of the left arm. The cause is a marked muscular contracture of one particular muscle in the side of the neck—namely the brachial plexus. This muscle attaches at one end to the transverse processes of the third, fourth, fifth and sixth of the cervical vertebra and at the other to the first rib. Now the nerve force to the arm comes from the brachial plexus—a union of the four lower cervical and first dorsal nerves. And the principal blood supply to the arm is from the sub-clavian artery and vein. Now this contracture of the scalenus anticus muscle draws together the rib and clavicle or collar bone, and thus compresses the blood flow through the sub-clavian artery and vein and prevents the arm getting its proper blood supply. This same contracted muscle also interferes with the nerves that make up the brachial plexus by tending the tissues around the nerves at their exit from the intervertebral foramina, so that the muscles of the arm supplied by these nerves do not receive the necessary nerve impulses. In this case we simply work to relax and free this one muscle—and nature will do the rest. Isn't that simple and logical?"

Here the next patient was announced, but the doctor said if I had any further questions to ask he would gladly give me a few minutes longer. I asked him if any harmful results ever came from osteopathic treatment. "Not if properly given by one thoroughly trained and competent, but I would not like to answer for an amateur on some cases."

"Do you use any drugs?"

"No."

"How often do you treat?"

"As often as the case requires, sometimes daily, sometimes but once a week."

"How extensive is your treatment?"

"As cheap as chaperon, but more medicinal treatment, when you consider that we both prescribe and furnish the remedy."

"Do you treat acute cases?"

"We are eminently successful in many forms of acute disease, but generally speaking we do not treat them because of the necessity of frequent treatment and we cannot do them justice at the residence when we have a busy office practice, too. Ours is essentially an office practice."

"Do you treat for everything?"

"Most emphatically no. No one system of therapeutics is complete in itself. Some diseases are essentially surgical, some purely medical, others wholly mental—but many chronic and obscure. And since we believe in osteopathy and only Osteopathy. No strictly honest and conscientious physician of any one school of practice can take every case that presents itself to him. Any doctor who practices but one school of medicine, or who treats only one physical ailment, or who is not every day, is either a fool or a rascal."

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