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THE OSTEOPATHIC PHYSICIAN

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Number 4

Anatomical and Physiological Pictures of Diseases† Tuberculosis.

Being Chapter IX of This Series by Dr. E. E. Tucker, of Jersey City, N. J.

It is not enough to say that the germs are there. Why are they there? Dr. Still has again and again said that he can be little better than an atheist who presumes to interfere with nature's processes when he does not know what is occurring, nor why it is occurring. That is the great osteopathic article of faith.

Why are the germs there? And that which we must treat is the why, rather than the germ. In time the world should begin to see that the germ is just like the disease; the disease in itself is nothing—the germ in itself is nothing—the disease is merely the group of changes which belong to a certain condition of the body—the germ is merely the fungus which preys upon that condition. The germ is thus a kind of disease of a disease, and would disappear if the first were to disappear, just as the first would disappear if the condition of the body were to disappear. Of course, the changes themselves add to the danger, or constitute the only danger; so with the germs; but they are nevertheless secondary.

The statement is generally accepted that practically everybody* has, or has had somewhere in his body a tubercular lesion. Should the body, at that time, be weakened by this first disease to which tuberculosis is secondary, there would be a different tale to tell in all probability. But the germ alone, it will be seen from this, is not so dangerous as to constitute a deadly malady.

What is this disease—this primary disease? Tuberculosis is the disease of the disease—what is the disease itself?

The following circumstances present themselves as being related and pointing to a conclusion: That the tubercular abscess is a cold abscess; that the battle against the germ is not associated with much congestion; that the first and most noticeable effect of the injection of tuberculin, the anti-body to tubercular poison, is heat and redness and the re-establishing of circulation through the part; that the weakness which allows growth of the germ may be greater in one locality than in another. The indication of these circumstances is that the weakness on which tuberculosis grows is one of circulation at the affected part; this weakness corresponds with a weakness of the responses due to cerebro-spinal nerves—a weakness of the physiological response to irritation and injury.

We have here, then, one of two conditions—either such a condition of the cerebro-spinal nerves of the part that their action in producing typical congestion under the influence of this irritant is withdrawn or impaired; or a secretion of the germ which has the power to produce or simulate such a condition; or both. The secretions of the germ have been shown to have such an action, but not a very powerful one, and not able to explain a predisposition. Only where there was repeated or continuous exposure to the germ would this action enable it to generate the disease. There is left only the supposition of

impaired cerebro-spinal nerve force with its influence on circulation and nutrition.

We have then a germ capable of antagonizing the nutritive system of the tissues, as all germs are, and specifically capable of neutralizing the arterial tension; but rarely to a sufficient extent to enable it to lodge in the tissues of the body. When, however, these conditions already exist in the body, the action of the germ is unopposed or feebly opposed, and the lodgement of the germ is easy. The



Dr. T. L. Holme, of Bolckow, Mo., who did valiant service in the Nebraska Legislative fight.

disease precedent to tuberculosis which allows tuberculosis to develop is as it should be, those conditions which simulate the action of the germ itself.

We have, secondly, these conditions pre-existing when there is impairment of the cerebro-spinal nerve force and the conditions that follow in its train—lowered blood pressure, impaired nutrition, weakened cell resistance. No doubt other causes than impaired nerve force may lead to the same conditions, and may therefore cause the predisposition.

If this conception of the primal condition of tuberculosis be true, there should be some evidence of it in the blood pressure and in the cerebro-spinal system itself. Quoting Lawrason Brown, M. D. (Osler's Modern Medicine, "The Symptoms of Tuberculosis"):

"Blood pressure may be lowered from the

very outset, and some have held that hypotension is present in the predisposed. A much greater variation exists between the blood pressure in a reclining and in an upright position, than in health. The hypotension is held by many to be due to the tuberculin, which undoubtedly lowers tension. (Tessier.) * * * This instability of the pulse has some connection with the decrease of blood pressure and a paresis of the vessels. The vaso-motor nerve supply is very unstable. * * * Palpitation in neurotic subjects is usually a venous phenomenon associated with hypotension." Vaso-motor disorders are the most frequently mentioned of all neuroses in the disease.

With regard to the cerebro-spinal nervous system in this affection we may quote the same writer:

"Psychoses are very much rarer in pulmonary tuberculosis than pulmonary tuberculosis in psychoses. * * * The nervous system is often early affected and few patients entirely escape some nervous disturbance. * * * A tuberculous family taint is supposed to render the patient liable to nervous disorders. * * * Neurasthenia is more common in pulmonary tuberculosis than in any other disease." Various forms of psychosis form an impressive array in the descriptions of the disease. The indication is on the whole that the neurosis is primary and the tuberculosis, but aggravated by it.

* * *

The anatomical lesions in tuberculosis are usually found by osteopathic practitioners in the upper dorsal region. With regard to this, we may quote the same author:

"Hyperaesthesia of the skin is common. It is rarely noticed below the third rib.

"Pulmonary disease can cause, as Head has shown, referred pains, irritative phenomena, hyperalgesia and neuralgia, in the skin of the neck and thorax by the connection of the sympathetic and vagus.

"Night-sweats: Cause: The sweat glands are under the control of centres which can stimulate or inhibit the secretion." These centres are found in the upper dorsal region.

* * *

Dr. W. Banks Meacham in the A. O. A. Journal and others attribute the genesis of tuberculosis to preceding nutritive disorders, with disorders of digestion. This view has been extensively held by medical practitioners. An anatomical and physiological picture of

CONTENTS.

Anatomical and Physiological Pictures of Diseases	1
The Pennsylvania Osteopathic Law.....	3
Dr. McCormack Shows Up in Kansas and Lo! a New Medical Bill Appears.....	3
Osteopaths Successful as Expert Witnesses in Damage Suits	3
Suggests File of Damage Suit Cases in Which Osteopaths Testify	4
A. M. A. Ruling Clique Raked Fore-and-Aft..	4
Nebraska Wins Independent Board.....	6
Says Associated Colleges Should Help to Se- cure Osteopathic Laws.....	7
Editorials	8
Let Us Have Complete Statistics on the In- surance Companies	8
Eternal Vigilance Price of Security in Penn- sylvania	8
A Legislative Experience—How Our Fight Was Won in Nebraska.....	9
In D. O. Land.....	10

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*98 per cent Nargeli, 99 per cent Nargeli, 91 per cent Burkhardt, 50 per cent Harbitz.

such disorders with what has gone before will go far towards clearing up the etiology of tuberculosis.

The abdomen may be regarded as a second heart, presiding over the secondary portal circulation as the heart does over the primary systemic circulation. The impulses of the heart and systemic arteries do not reach beyond the capillaries of the digestive mucosa; beyond that point the circulation depends upon some second contractile force; this is supplied by the splanchnic nerves and vessels and by the abdominal muscular contractions. The act of respiration produces a rhythmic element in this contraction. Between the capillaries of the digestive mucosa and those of the liver, this "second heart" has full sway.

Normally the great mass of blood tends to lie in this second heart, in the capillaries of the intestine, in close relation with the source of nutrition; and it will not move from there except upon demand by some part of the body for functional purposes.*

Such demand causes constriction of the splanchnic vessels, putting more blood into circulation, which, by regulation of the calibre of the arteries, is driven to the proper parts. When the demand becomes general, the splanchnic system first contracts vigorously† to throw all its rich contents into circulation, and then as the depleted blood returns to it, expands to give the blood access to the intestinal supply of food and salts, but makes up by rapidity of circulation for the wider distribution of the blood.

The necessity for a correlation between the portal circulation and the pulmonary and systemic circulation will be at once seen.

This necessity expresses itself in a nerve mechanism of which the pneumo-gastric is the larger part, which binds together functionally the circulatory mechanisms of lung, general system, and portal system. Here we have the physiological basis, or at least a physiological basis, for the disease primary to tuberculosis, whose primary involvement seems to be confessed by the great majority of authorities. This mechanism may be affected in various ways—chiefly, according to testimony of both osteopathic and many medical practitioners, by gastric or alimentary disturbances. *By a singular coincidence, the osteopathic lesions typical of this disease are such as could affect all three of these systems—lung, stomach and circulatory system.* The effect of a long continued disturbance of the splanchnic mechanism reflects itself upon general circulation and blood pressure; but circulation and blood pressure are but agents of nutrition, and a part of the function of nutrition; the mechanical effect of lowered blood pressure is important, but the nutritional effect is of much more importance in respect to the germ. Any other cause which could affect the same mechanism, however, could as easily produce the same result; as the mechanical strain upon circulation during pregnancy, cited by Dr. Meacham below:

"You might care to have the observation that seven of my cases first noted marked tubercular symptoms *after* pregnancy followed by abortion or regular delivery. In my *female married* patients of child-bearing age, this is near 40%. However, in each case I have recorded the probable date of infection as much earlier than the date of pregnancy. I personally attribute the "break down" to circulatory changes during pregnancy—*changes. I should say, of a mechanical, rather than of a chemical nature.*"

(From Correspondence with Dr. W. Banks Meacham.)

So also a strictly local disturbance producing the same effect on circulation and nutrition may lead also to tuberculosis. The

*C. Ward Crampton, M. D., N. Y. Phys. Educ. Review.

†The familiar "stitch in the side" which comes on during running, or sometimes after vigorous compression of the abdomen in laughing, is due to a check of this blood mass at the liver.

numerous diseases which predispose to tuberculosis do so, largely, by weakening the nerve mechanisms of the respective organs.

Disturbance of the alimentary system would not act in this one way alone, to bring about those conditions on which tubercular germs rely. Besides this are also the depressing effect upon the general nervous system, producing a *vicious cycle* which tends to become constantly worse, and also the malnutrition, still further augmenting the vicious cycle; and lastly following the malnutrition, the inability to produce those chemical forces, opsonins, antibodies, etc. with which the fight against the already located germs is conducted.

The Vicious Cycle Beginning with Disorders of Digestion in Tuberculosis.

When to this vicious cycle is added the tubercular germ, aggravating each stage of the process, the hopelessness of the cycle is increased. The vicious cycle could start, moreover, at any point—the nervous system, for instance; and the power of the nervous system to develop various forms of toxicity is also a known but very little explored factor.

* * *

From these conditions there arises a weakening of the system of reaction to irritation and injury, in both the part played by the cerebro-spinal nerves and by the sympathetic nerves, which results in a modification of the reaction. This is perfectly in line with the law of that response itself, which is absolutely governed by the conditions of the organ, diathesis, relative resistance, nutrition, etc. of the parts in which it acts. This modification, exaggerated by the action of the germs, consists in a withdrawal of the vigorous action of the cerebro-spinal nerves, and the consequent change from the "heat, redness, swelling" of a normal abscess to a cold abscess; of a modification in the excretion of this inflammatory process, which is of a creamy nature, and lacking somewhat in the fibrinous deposits. This difference may be traced to the action of germ toxins, but may in part be due to alteration in the excretion from the "cold"

DISORDERS OF DIGESTION

condition and malnutrition. A further modification is in the proliferation of local cells.

The formation of tubercles is a thoroughly typical and normal process, but may be exaggerated here,* not by the toxins, for they are disintegrating, but by the character of the response and the low-grade nutriment. Rapid proliferation is typical of the mild catarrhal stage of response to irritation and injury, with little congestion; and of the later stages also, after the briefer action of cerebro-spinal nerves in producing the pulsating congestion has died down and only the congestion from sympathetic constriction of venules remains, as in the healing of wounds. Irregular prolifera-

W. G. McCallum, M. D., in Osler's Modern Medicine: "The action of the tubercle bacillus on the tissues is in its essentials similar to that of any other infective agents which give rise to inflammatory processes, and it seems that rather too sharp a line of distinction between these anatomical effects and those of any other inflammatory irritant has usually been drawn."

The same author quotes Wechsberg: "He points out that * * * (the tubercle is) the extraordinary proliferation of the fixed tissue elements of the connective tissue nature, a proliferation analogous, it seems, to the healing process, but in this instance quite disproportionately intense when compared with the injury done to the tissues. Apparently there is a continuous injury or irritation which maintains the proliferation. * * *"

tion is also producible by low-grade nutrition as in neoplasms. Proliferation to surround a lodged irritant is also normal in the body. In tuberculosis we have all these conditions present leading to the rapid formation of a prison-house or "tubercle" around the germs.

* * *

The result of this is in many cases to cause the germs to kill themselves by the accumulation of their own secretions within the walls of the tubercle. But the germs are meanwhile undergoing a change normal to germ life, the same change that is going on in the body by which opsonins, antibodies, etc. are produced. The germs also adapt themselves to their environment, become "acclimated," (Osler) and produce secretions more and more able to antagonize the body and preserve themselves. It becomes a race between the body and the germ. If the germ wins the poison then becomes a wall of defense which, when they have become strong enough, they can literally eat up, and descend upon other tissues in force. It is then a war of nutrition—the opsonins and antibodies of the body against those of the germ. But of what use are the elaborate chemical defenses of the body when owing to the inefficient circulation and the tubercles they cannot get *at* the germ? The problem is not one of manufacture, but of delivery of the goods, opsonins, etc. By so much as the body is heavier than the germ, and more, has it the advantage in manufacturing. But the deficiency of its mechanism gives advantage to the hardy warriors who need none. The digestive organs, already inefficient and taxed to produce normal nourishment for the body, are still further taxed to produce antibodies, etc. for the germs.

* * *

The anatomical picture of tuberculosis is a very vast field. We will cover only two points here—the elasticity of the lung tissue and the wrinkling of the lung from abnormally shaped chest-walls.

The latter seems the simple enough. Acquired abnormalities in the shape of the chest can no more be denied by the most implac-

WEAKNESS OF NERVOUS SYSTEM

ble of the opponents of osteopathy, than can the fact that such an alteration in the chest would alter the shape of the chest cavity. Especially in tuberculosis is such an alteration common. The winged scapulae are simply evidences and results of this alteration.

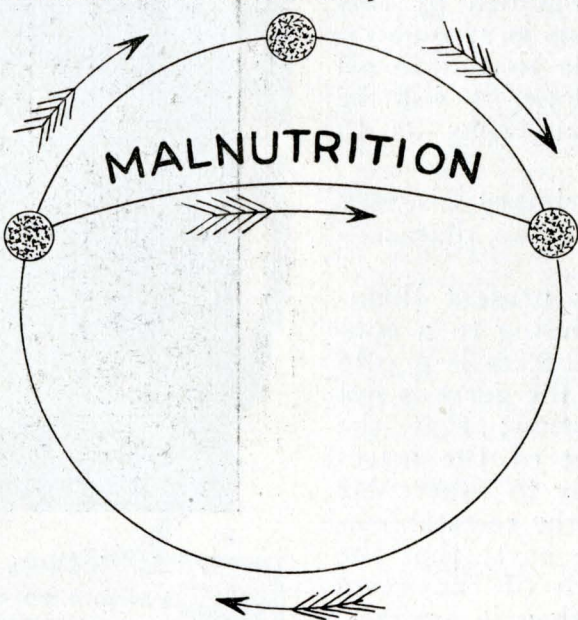
What is the effect of this alteration in shape upon the contained lung?

First, an insufficient expansion, a lessening of the lumen of blood-vessels, lymphatic channels, and air-cells; second, a possible wrinkling of some portion of the lung, like a misfit garment; which wrinkle in the continual motion of the lung and chest wall, whenever it occurs, is liable to be worked to the apices of the various lobes, especially the superior apex of the upper lobe, on account of the shape of the chest at that point, and on account of the mechanical weakness of such apices. The site of this wrinkle would furnish an excellent site for the lodgement and development of the tubercle bacilli, and as a clinical fact, the apices of the lobes of the lung are the parts first and most frequently affected.

The elasticity of the lung makes it also a secondary heart, as is the splanchnic mechanism; diastole being supplied by the raising of the chest wall, acting on the blood as it acts

(Continued on page 5.)

Disorders of Circulatory Mechanism.



The Pennsylvania Osteopathic Law

By O. J. Snyder, D.O., Philadelphia, Pa.

THERE is perhaps no State in the Union that enjoys and can boast of as thoroughly an osteopathic law as has just been procured in this grand old Keystone State, a law that does not restrict nor limit our practice and that makes us amenable to no other school.

This, however, is not the outcome of a single nor feeble effort. And let no one be deceived into the thought that all that is necessary and essential in the procuring of such a law is to demand "this and nothing less." This was not the manner in which nor by which we achieved success. To state the scheme we pursued or the line of campaign we followed that brought us victory, in an epigrammatic statement, I would put it this way: *We had all opposition cornered.*—To have opposed us would have been for the opposition to reverse and contradict themselves and thereby to have made themselves a spectacle of insincerity and inconsistency. As a matter of fact, the M. D.'s did again oppose us and it was this that gave us the arguments that won for us. It took eight years, four legislative sessions, to accomplish this.

We took into account the character and nature of the already existing law regulating the healing art in this State, and right here I would like to interject the admonition that this is an important factor to consider. In view of the fact that these medical laws differ so greatly in different States, it is therefore quite difficult to expect to secure a uniform osteopathic law as it is not entirely unreasonable to expect that we at least somewhat conform with already existing legislation upon this matter. At all events, it always will devolve upon us to show why similar or analogous legislation should not meet our requirements and serve our purposes.

In Pennsylvania the regulation of the practice of medicine is provided for as follows:

There is a "Medical Council" and there are three State Boards of Medical Examiners, the allopathic, the homeopathic and the eclectic. The *Medical Council* consists of five lay members, the Lt. Governor, Attorney General, Secretary of Internal Affairs, Supt. of Public Instruction and the Chairman of the State Board of Health and Charities. To these are added the presidents of the three State Boards of Medical Examiners, making eight members in all. This council prepares the examination questions from lists submitted by the several examining boards upon all subjects common to all schools. Each board then conducts its examinations of the applicants applying under it and also in its own characteristic therapeutics and practice. The council finally reviews and passes upon all those applicants who have been returned by the several boards as having successfully passed the examinations and issues the licenses.

In 1903 we made our first effort toward securing legislation. A straight Independent Osteopathic Board Bill with an educational basis of two years of ten months each was presented and defeated in the House, securing sixty-eight out of a necessary one hundred and four votes.

(Dr. O. J. Snyder, of Philadelphia, has been president of the Pennsylvania Osteopathic Association from the time of its organization, 1899, continuously to the present time, excepting for one year, 1903, when Dr. H. M. Vastine, of Harrisburg, held the office. This, no doubt, gives Dr. Snyder the honor of being a State President for a greater number of years than any other man in the profession. Under his administration his Association passed three bills through the legislature, the first two having been vetoed, the last one having just received the Governor's approval—securing for Pennsylvania the best osteopathic law of any state in the Union.—Editor.)

In 1905 another similar bill was introduced but it provided that the osteopathic board examine in the questions prepared by the Medical Council in all the branches common to the medical schools without making ourselves further amenable to the council, the board itself retaining the right to examine and pass upon all of its applicants eligible for licensure, etc., and upon an educational basis of three years of nine months each. The bill passed both the House and the Senate, the House by but one vote more than the necessary constitutional majority. Governor Pennypacker vetoed the bill contending that we should place ourselves in a position relative to the Medical Council as are the medical schools and incidentally relieved himself of some ridicule anent osteopathy betraying evidence of prejudice.

Our next bill, campaign of 1907, did place us squarely under the Medical Council in accordance with the recommendations contained in Governor Pennypacker's veto message of our former bill and after a successful voyage through both branches of the legislature received the Governor's ax (Gov. Stuart), for the reason that the practice of osteopathy could not have been contemplated by medical legislation now on the statute books and therefore should have legislation of its own governing its own affairs. The M. D.'s, too, contended that we had no business under the laws intended for the regulation of the medical practice, a diametrical opposite position they took with Gov. Pennypacker two years previously. Governor Stuart could, of course, not be held responsible for the views of his predecessor. Our duty and opportunity therefore was clear this year, as Gov. Stuart would still be in office to act upon whatever bill we might succeed in passing.

Both the M. D.'s and the Governor were thus committed against the regulation of osteopathy by the Medical Council or by medical laws or in common with the medical practice.

The M. D.'s did attempt to again reverse themselves by endeavoring to secure the enactment of a "Single Board Medical Bill" and thereby throttle us, but their purpose in view of this past history was too apparent and we, but a handful of osteopaths, 325, as against a medical host of over 11,000, not only secured the passage of our Independent Osteopathic Board Bill and the Governor's (Governor Stuart's) approval, but also the complete annihilation of the Medical Bill and the fight was a fierce one, there appearing as many as from 500 to 700 M. D.'s at Harrisburg at a time.

The essential features of our law are as follows:

1. It provides for an Independent Board of Osteopathic Examiners consisting of five members appointed by the Governor; makes its own rules and by-laws; has power of administering oaths and issuing of subpoenas; examining all applicants and the granting of licenses.

2. It confers a license upon all graduates of reputable colleges in practice in this State at the time of the approval of the act which license permits the licensee to "practice osteopathy as taught in the reputable colleges of osteopathy,"—no other restrictions.

3. Anyone in practice in some other State or States for a period of ten years and who is a graduate of a reputable college may be licensed in this State without further examination, also reciprocity with other State boards maintaining equal requirements.

4. Any one in practice in some other State at the time of the passage of this act and who is a graduate of a reputable college of osteopathy is eligible for examination.

5. Those in practice for a period of two years in this State at the time of the approval of this act, and who are graduates of legally incorporated colleges of osteopathy

(Continued on page 9.)

Dr. McCormack Shows Up in Kansas and Lo! A New Medical Bill Appears.

Chas. E. Hulett, D. O., Topeka, Kans.

SEND you a clipping which may interest our D. O.'s. There are so many of them who do not belong to any state or national organization and this may wake them up, at least it will show them the M. D.'s are awake.

"During the noon recess yesterday Dr. J. N. McCormack of Kentucky talked to the members of the House and the Senate for an hour on the subject, 'Why and How Good Health Should be Made More Contagious Than Sickness.'"

"Dr. McCormack travels over the country talking to Legislatures and attempting to get them to appropriate money and otherwise aid their county and state health officers to put the doctors out of business. He came to the Kansas Legislature from Missouri and went from here to Colorado."

You and I know what his visit means. He was at the state house and of course the legislature was in session. He made a great talk about our health. Then a bill came out of the committee room with a favorable report on it. This, too, at the close of the session and we had been told no bill of that kind would come up. It does not do us any harm, it is about as the 1901 law, except this does away with the present board and places registration with the board of health and carries with it a salary clause of \$3,500. This in face of the fact that we are crying economy all the time in Kansas. I could not get promises for our bill so we did not introduce it. Every one said, "Oh, we have too many boards now." Yet this new board I speak of will cost about \$2,000 a year more than the old one. I think we will not be disturbed at this time. I have not read the bill since it went to the printer but shall try to see it before it is voted on.

I think we should wake up and join the state and national organizations and have a standing legislative committee in each state. Our D. O.'s over the U. S. should try for election in the legislatures of the country, then we could keep in touch and might get on the medical committees. I wish they might try for it anyway.

We do so many things in our professional lines the M. D.'s don't do that it does us lots of harm and gives them reasons for making laws against us. I have heard of D. O.'s who go to houses and take patients while they are using medicine.

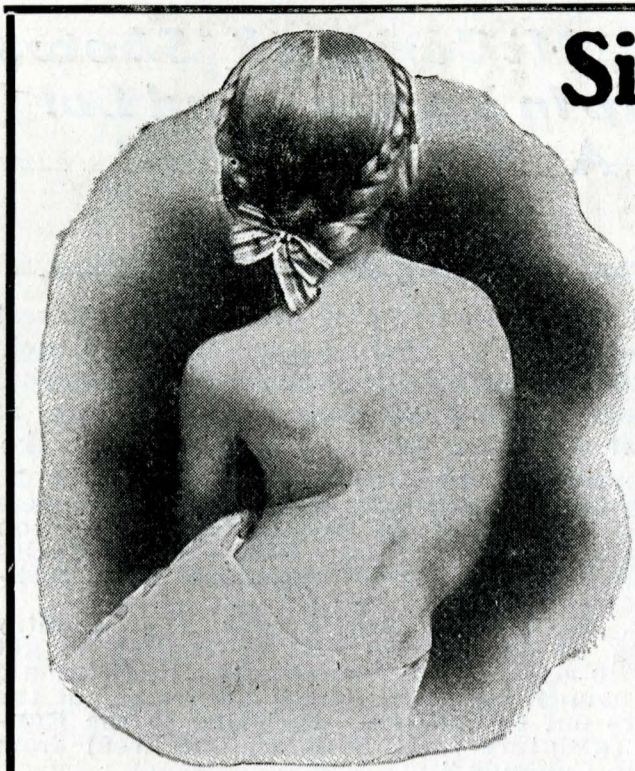
The other day a call came to me over the phone. Upon finding that the patient was taking medicine I informed the lady that I could not treat any one who was using medicine. "Oh!" she said, "our osteopath at home would not care anything about that." This kind of position hurts us, I believe. I cannot see how we can convince people we can cure without medicine, if we are willing to treat them while they are taking it.

Osteopaths Successful as Expert Witnesses in Damage Suits.

THREE interesting damage suits have recently been called to our attention which show that osteopaths are readily recognized by the courts as qualified to act as expert witnesses and that they are unusually successful as such.

Dr. A. G. Church, of Lockhart, Texas, contributes this experience:

I inclose you a clipping of a San Antonio,



Sins of Omission and Commission.

THE claims of one child, who, from a too hasty examination, is allowed to grow up crippled or deformed, cannot be discharged by all the good done in a long life of active practice. Yet 30 percent of the whole population of the United States, men, women and children, are growing, or have grown up, afflicted with some form of

Spinal Trouble.

It is easy to discover and designate the form of these troubles in infancy, childhood and youth. Up to the age of thirty-five there is hardly a case that cannot be cured by the proper treatment. After that age, alleviation and improvement of conditions may be obtained.

We will supply the alleviation and improvement, and a permanent and painless cure in all curable cases, by the use of OUR

No. 1 APPLIANCE, with the treatment advised and the exercises recommended in the

Sheldon Method of Curing Spinal Curvature.

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Texas, paper, which may interest D. O.'s at large.

The case of Stone vs. the Missouri, Kansas & Texas Railway Company, which resulted in a verdict of \$7,500 in favor of the plaintiff in the Fifty-seventh district court was unique. Among the expert physicians subpoenaed to testify for the plaintiff were two osteopaths, Dr. A. G. Church, of Lockhart, and Dr. R. L. Stephens, of this city. Chas. L. Bass, attorney for the plaintiff, says that he has never known of an osteopathic physician appearing as an expert witness in court in Bexar county before. Although the osteopaths were hammered by the defense they stood their ground with consummate skill as was evidenced by the verdict of the jury.

This case was for personal injury caused in a smash on the railroad.

The lady first had an M. D., in fact several, and then came under my care about January 12th.

I began treatment not knowing of the suit and gave her, she says, all the relief she has ever had since she was hurt, and before I knew it they had me on the road to court.

Being the only osteopath in the case, I ask for some regular osteopath in San Antonio to give her an examination to back my diagnosis. The request was granted and I called Dr. R. L. Stephens, my friend and classmate.

We gave them, as another paper stated, an object lesson in anatomy with the spinal column, showed the lesions as found and explained how these lesions caused trouble. Attorney Charles Bass said that our testimony was the best for the case they had, from a medical standpoint.

The M. D.'s found the "tender spots," as they called them, but failed to find the cause. **Dr. Bumpus Helps to Win Case in Ohio.**

Enclosed is an account of a case in which I was recently called upon to testify. This case was settled today in favor of plaintiff. I can't learn the amount of the verdict.

Lisbon, March 24.—The \$25,000 damage case brought by Harry M. Wurzel of East Liverpool against the Pennsylvania company is on trial in common pleas court.

Dr. G. W. Bumpus, of East Liverpool, who was a passenger on the train on the night on which Wurzel was injured, was called to the stand this afternoon by the prosecution. Dr. Bumpus is the first osteopathic physician to give expert evidence in court here and an effort was made by the defense to exclude his testimony for the reason that he was not of the regular school of medicine, but the effort was unsuccessful, the court holding that he was a competent witness. Dr. Bumpus testified that three of the plaintiff's ribs on the left side are

thrown down, due to laceration of the ligaments where they join the spinal column and that the left hip is twisted forward where it joins the scorum, making the left leg one-half inch longer than the right. He is also unable to control the movement of either arm or leg. Dr. Bumpus demonstrated his statement by showing the spine of the injured man to the court and jury.—East Liverpool (Ohio) Tribune.

This was not the first time for me to testify in that court. I was called there on a similar case last summer and we won the case, too.

I was also the first D. O. to be called as an expert in the higher courts of West Virginia. It was in January, 1908, at Wheeling and we won that case also. So you see I have been called on three cases in fifteen months and we have won all of them.

There were four M. D.'s called by plaintiff in this last case and all wanted to let me explain the condition of the spine to the jury, as they were afraid the defense would mix them up on their anatomy and physiology. What do you think of that for old liners?—G. W. Bumpus, D. O.

A Pennsylvania Case.

Here is a clipping that refers to a recent experience of Dr. John T. Downing, of Scranton, Pa.:

It was brought out yesterday in United States Court in the trial of the case of Bert M. Millsbaugh, who is suing the Erie Railroad Co. for \$50,000 damages for injuries received in a wreck in the Susquehanna yards of the company, that he is practically living in a coffin. To keep his spinal cord in place it is necessary to wear a wood armor.

Physicians examined him yesterday, and testimony as to his condition was given by Dr. J. J. Sullivan, an ear specialist, and Dr. John T. Downing, an osteopath. Both witnesses stated that Millsbaugh is a physical wreck, with the probabilities that as he grows older his infirmities will increase. Millsbaugh claims to have suffered a partial paralysis of the body.—Scranton (Pa.) Truth.

Dr. Downing took a human spine with him into the court and demonstrated on it what had happened to the victim of the accident and how it affected and probably would affect his health the rest of his days. The lawyers for the plaintiff were enthusiastic over Dr. Downing's testimony, saying it was the best medical testimony in a damage suit they had ever heard. Two M. D.'s who were to follow Dr. Downing begged to be excused, as they said they could not add anything to strengthen the case and might weaken it.

Suggests File of Damage Cases in Which Osteopaths Testify

Commenting on his damage case, Dr. John T. Dowling says:

It occurs to me in regard to court cases that we ought to have a clearing-house, so to speak, where osteopaths called in such cases could readily obtain data for their lawyers to cite as precedents. And who so well qualified to file and reserve such data as *The Osteopathic Physician*? Will you do it for the profession—and announce your intention—for the benefit of all practitioners?

In the Millsbaugh case I looked and looked through a file of back numbers of *The P. O.* for citation of cases of that sort (and I'm sure I have seen them), but failed to find one, and finally my lawyer dug up one from Georgia, but it happened in this particular case—being in the U. S. court, where the Federal Judge is sort of a law unto himself, that precedent wasn't necessary, as the Judge let me qualify on my own credentials.

If we knew where there was on file records of cases where osteopaths have given expert testimony, it would help matters very much in lots of cases.

We will File the Records.

If D. O.'s will send in reports of cases in which they testify as experts we will preserve them for reference and information whenever needed. The name of the judge, the court and the date should be stated.

A. M. A. Ruling Clique Raked Fore-and-Aft

HENRY R. STRONG, publisher of *The National Druggist*, St. Louis, Mo., has just issued a book, "The Machinations of the American Medical Association" that contains a powerful arraignment of the methods and aims of the self-perpetuating clique of would-be medical despots who are responsible for much of the agitation for stringent medical measures, proposed ostensibly for the protection and benefit of the public but in reality desired for the most selfish and despicable reasons and designed to enrich and empower a favored few. In sending a copy for review the publisher says:

"For several years the American Medical Association has been manufacturing sentiment against the common household remedies, ostensibly from altruistic motives, but in reality for the most sordid and selfish reasons. The home remedy hurts the doctor, not the home, and the American Medical Association has been putting the cart before the horse. Many of the newspapers of the country have been misled and have rendered much assistance to the American Medical Association in its campaign of false education. If Dr. McCormick, the traveling representative of the American Medical Association, has visited, or is about to visit your section, to make one of his famous health lectures, read pages 65 to 73 of this pamphlet."

The book is well worth the reading by every D. O. It can be obtained of *The National Druggist*, 914 Century building, St. Louis, Mo., price 25 cents, post paid.

Convert to New Creed.

At a dinner given in honor of Augustus Thomas, the playwright, Mr. Thomas discussed his recent efforts at writing plays about telepathy, the occult, etc., and said:

"I am compelled to admit that the occult is becoming popular. Only the other day a chorus girl was entering the lobby of a theater, when she met the manager.

"Well, I declare, Mr. Brown," she exclaimed, "if this isn't odd. Here I was just thinking of you this minute, and now you turn up. I always did believe in osteopathy."

Anatomical and Physiological Pictures of Diseases.

Tuberculosis.

(Continued from page 2.)

upon air, and by the pressure of the blood from the right heart; systole being the action of the elastic fibres in the lung tissue, as well as of the expiratory muscles. The chest walls being sunken in, the diastole is lessened, the systole semi-permanent. This, of course, lowers blood pressure, and impedes circulation; by impeding the action of the right heart it impedes also the left heart.

Such a collapse of the lung may be assumed to have a depressing effect on the vaso-motor mechanism, of which it is so large a part, and in that way to produce a further vicious cycle—contraction of chest, depression of circulation and vaso-tension, removal of stimulus for action of respiratory muscles, further shrinkage of chest, etc. This lessening of the chest cavity is not always primary, but complicates the majority of cases.

Among the causes which may lead to this abnormality of the vaso-motor system are any which strongly affect the vaso-motor mechanism. Any such influence may become an abuse. Among singers tuberculosis is said to be exceedingly rare,* while they are engaged in active singing, but the condition reverses itself when active singers suddenly quit and pursue some sedentary occupation. This may be explained in this way: That the vigorous compression of the abdomen in the act of singing accompanied as it is with deep breathing, artificially increases the action of this "second heart." Nature thereupon diminishes the contractile force in the splanchnic nerves and vessels, so as not to overdo. No doubt in other respects also the mechanisms are altered, which, upon sudden dropping of the active singing remain unadjusted. When the singing is dropped the circulation of the abdomen or "second heart" is left weak, and that of the rest of the body is left unduly contracted, as necessary to counterbalance the too-vigorous abdominal compression. The nerve centres governing the circulation, having had abnormal elements injected into them to meet the requirements—elements normal, of course, to those requirements but abnormal from every other point of view, are now left with the abnormal dominant. They continue to act in a way agreeable with the best of their structure, producing that amount of force which was before necessary but is now not only unnecessary, but dangerous. Of course, in time nature will re-adjust herself, but the interval is the opportunity for the ubiquitous *Bacillus Tuberculosis*.

The phenomena is exactly similar to that which produces typhoid fever in men trained as athletes who suddenly leave off athletic training. Nature continues to produce the same amount of combustible material as before; but this not being used in the normal way passes through an abnormal katabolism and overwhelms the body with toxins.

* * *

These statements with regard to tuberculosis I hold to be self-evident: that those conditions produced by the germs, by means of which they become lodged in the body, should they be produced in the body by other means, would constitute a predisposition to tuberculosis:

That since one condition produced by the germs which is necessary for their successful lodging in the tissues is impaired circulation and nerve force, therefore a pre-existing impairment of circulation and nerve force would constitute a predisposition.

That since another condition which is produced by the germ upon which it relies to

*My sole authority for this statement is a very observant young musical student, Mr. Arnheiter, who has spent many years in Germany and other musical centers, with excellent opportunities for observing such cases.

become lodged, is the penetrability of the membrane lining the cells, therefore a weakness of nutrition, nerve force, or blood pressure having a weakening effect upon the cell-membranes would constitute a predisposition to the disease.

There are thus two different magnitudes, to use the words of Le Dantic,* of the predisposition to tuberculosis. First, the physiological and anatomical, which were considered in the preceding part of the article, and second, the biological. The first concerns the entering of the system as a whole by the germs, and the war upon them by the whole organism; the second concerns the battle between individual cells and the germs.

In this latter battle, the elements are first of all the cell membrane; also the toxine of the germ, the antitoxine of the cell, and the nutritional vigor of the cell, dependent upon the vigor of circulation and nerve supply.

Professor Jaques Loeb states that between any two albuminous substances a membrane of precipitation is formed at the plane of contact, which membrane is specific for both substances. Such a membrane is the membrane around the cell, or between the cell and the lymph, and all external things; such a membrane is that between nucleus and cell protoplasm, and that around the chromatin cords; the membrane between all organs and all different structures, or basement membranes, are no doubt developments of the same structure. Both nutrition and poisoning and the penetration of germs will have reference to this membrane of precipitation, for all substances must act upon and penetrate it before reaching the vital elements of the cell—in fact, before having any relation whatever with the cell.

Of this cell wall, the most important element is fat. "The cell wall is of fatty substance, and substances soluble in fat enter. All narcotics are soluble in fat." (Overton.)

The importance of fat metabolism in tuberculosis is abundantly evident in this fact. Tuberculosis is indeed regarded as primarily a disease of fat metabolism. Dr. Still called attention to the starved condition of the omentum as of great importance in tuberculosis. The latest medical treatment advocated for tuberculosis is the injection of hog fat. The fat of the hog is nature's provision for the animal against poisoning, particularly against snake poisoning, and makes possible the promiscuous feeding of that animal. The value of the homely fat meat on a foot wound has reference to this quality.

Abundance of fat in the body might help in the neutralizing of the toxins in circulation, but so far as the essential lesion is concerned, it is helpless unless it increases the amount of fat in the metabolic processes of the body and thus enters the cell wall. Normally, quite enough fat for this purpose is ingested, but the body is unable to assimilate it. Increasing the amount ingested will only increase the burden of digestion.

The digestion of fat is accomplished largely by the pancreas. This organ is not known to be typically involved in tuberculosis. The absorption of fat is a function largely of the lymphatic corpuscles in the intestinal wall. An affection of these corpuscles is not unusual, but is not at all typical. The importance of enzymes in the metabolism of fat is very great, but is also very little understood. They are probably largely at fault in this disease.

The final step in the metabolism of fat as of all other substances is a phenomenon largely of nervous influence. The electrical charge from the nerve alters the electrical surface tension on the membrane of cells, alters thus the penetrability of the membrane, and so the nutrition and metabolism of the cell and its membrane. Every step in the

*Felix Le Dantic.
The Nature and Origin of Life. A. S. Barnes & Co., N. Y.

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preparation of the fat is of importance but this the final step would appear to be the most important. The germ, in obtaining lodgement, certainly depends upon its power to penetrate the cell wall. A weakness of the membrane therefore would constitute a predisposition to tuberculosis; weakness of nerve action, with consequent weakness of circulation and cell nutrition, would lead directly to weakness in this cell membrane. Thus the anatomical physiological and biological pictures become one.

Not alone the cell membrane is concerned in the battle between body cell and germ, but the whole cell and its nutritive strength.

All nutritious substances must be in such accord with the nature of the protoplasm within as not to increase the membrane of precipitation, and all poisons must be such substances as do penetrate or break down the membrane.

Now substances which do not accord with the protoplasm of the cell tend to cause a deeper precipitation at the cell wall. If this action stops short of producing death of the cell, then the cell attempts to restore itself to its normal state; and it not only restores those parts that were used up in the precipitation, but it over produces them, creating an excess. This produced excess is specific to the antagonistic parts of the acting substance; that is, those parts of the acting substance that are capable of being nutritious are not acted upon by the produced excess, but are absorbed as nutritious while the other parts are acted upon. In many cases it must happen that the combination of the antagonistic substance from without and the produced substance from within are capable of being nutritious, while before it was not; in such cases, the combination is absorbed as nutritious, in others discarded. What else is this process but digestion? And what else is the

excess produced in specific relation to the poisonous part of the external substance but anti toxin? When the external substance happens to be a germ, what is the produced substance but an opsonin. In case the combination of the external substance and the produced substance is not nutritious to the cells, its destiny is to be taken up by the white blood cells; and this produced substance is the opsonin which makes it edible by this white cell. The word opsonin is applied only to the substance as it acts specifically on microorganisms, but its principle is the same whether in germs or other substances.

Biologic knowledge is already at such a stage that a very much more specific study of this battle is possible; but the etiologic relations are sufficiently indicated here, and the limitations of this paper do not permit of deeper study of the matter.

* * *

Clinically, in osteopathic practice, lesions of the fourth or fourth and fifth ribs are the most frequent lesions. At the International Tuberculosis Exhibit in New York recently, a careful examination of the X-ray pictures of tuberculous subjects was made; and in practically every one of them lesions of the fourth and other ribs was clearly discernable; in one case, a lateral deviation of the body of the fourth dorsal vertebra was clearly seen. It is impossible with our present osteopathic knowledge to trace the connection between these lesions, and their effect more accurately than to say that they are in such a position that they might affect all of the factors in the disease. If we are to be permitted to study physiology from pathology, then these almost constant lesions are to be taken as evidence that the ganglia of the sympathetic nerves lying on the fourth and fifth ribs are concerned particularly in fat metabolism and in general digestion, and nerve integrity.

Nebraska Wins

Independent Board

C. B. Atzen, D. O., Omaha, Nebr.

IT IS with great satisfaction that we of Nebraska can announce to the profession throughout our land, that we have succeeded in passing a first class independent board bill in this state.

Early in the campaign there existed in the minds of a few of the practitioners the thought that an independent law was undesirable; but when these individuals were made familiar with the fact that the medical examiners of the state were granting osteopathic examinations to chiropractors, magnetic healers, and neuropaths, none of which had complied with osteopathic statutes, the sentiment for independence became unanimous, all working splendidly for one common cause, an Independent Osteopathic Examining Board.

Good work was done by a great number of the profession throughout the state. A publicity bureau was maintained, keeping the entire profession familiar with every step during the campaign. This resulted in splendid cooperation by a goodly share of the members of the profession. We will avoid mentioning names of any one in the state, but are compelled to name the man from outside of the state who devoted about one month of his time to our cause without remuneration, because of his loyalty to the cause of osteopathy. This man is Dr. T. L. Holme, formerly of the firm of Holme & Hurst, of St. Joseph, Mo. Dr. Holme is entitled to the gratitude that will be felt by the members of the profession when they become familiar with the facts of his unselfish devotion to our cause, and the writer particularly wishes to express his sincere thanks.

Says Associated Colleges Should Help to Secure Osteopathic Laws.

W. T. Thomas, D. O., Tacoma, Wash.

IN reply to Dr. Hildreth's question, did I read Dr. Moore's article "Read, Think and Act," yes and I read his article too. Those two articles should wake up the Associated Colleges as well as the A. O. A. for the two have certainly been asleep a long time, since birth as far as I am able to learn. If they had not they too would have been with the osteopaths in securing legislation as was and is the A. M. A. and Am. Association of Medical Colleges. The writer was one of five (Drs. F. L. Montgomery, J. Clinton McFadden, F. W. Winter, C. M. Maxey and W. T. Thomas) composing the Osteopathic Legislative Committee of Washington state this year and the only help we got was a few catalogs of some of the schools and advice from A. O. A. to go down in defeat rather than accept anything but an independent board. That sounds all right to the fellow who is hundreds of miles away from the field of action and who has a license, but to the one who has no license to practice and to whom defeat means a "game of checkers" and his move, it's different.

The Washington Osteopathic Society appointed its Legislative Committee and we met November 10, 1908, for the first time, we began a correspondence with a number of our best informed D. O.'s to come out and help us—that we could pay some money for help; but all with one exception, said "can't come." We employed the one and at the final he too said business was so changed that he could be with us but a limited time, so we had no help except what the committee and two other D. O.'s did.

We introduced an independent board bill on January 20th and on January 27th the M. D.'s introduced a composite board bill, giving two D. O.'s a place. After much work on part of all they came to us and agreed to make such changes as we suggested, so we joined with them and the composite bill passed the House 79 to 11 February 18th, and was immediately transferred to the Senate, which it passed by 36 to 4 on March 8th.

We realize it will be harder for new people to come in here and will work against the schools but they too must help look after their own interests. They must not leave it all to the men in the field, of course we would gladly help the schools, but when it comes to our own life, that must be the first thing to look after. With the recent decision of our Supreme Court denying us the use of the terms Dr., doctor, or physicians even though qualified, it meant "23" for osteopaths in Washington without a remedy in the legislature.

I hope I have not taken too much space but if I can put a little life all along the line I am satisfied.

What the Washington Law Requires.

It will no doubt interest osteopaths to know that we in Washington have at last won recognition. Our law was patterned after that of California. We have two osteopaths on the medical board, composed as follows: Five allopaths, two homeopaths and two osteopaths. The latter must be graduates of Osteopathic colleges.

To receive a license one must be practicing in the state upon the passage of the act, and a graduate of a school requiring actual attendance of two years of ten months each; or (b) have been in practice continuously in one locality for the past two years. After 1909 a three year course is required.

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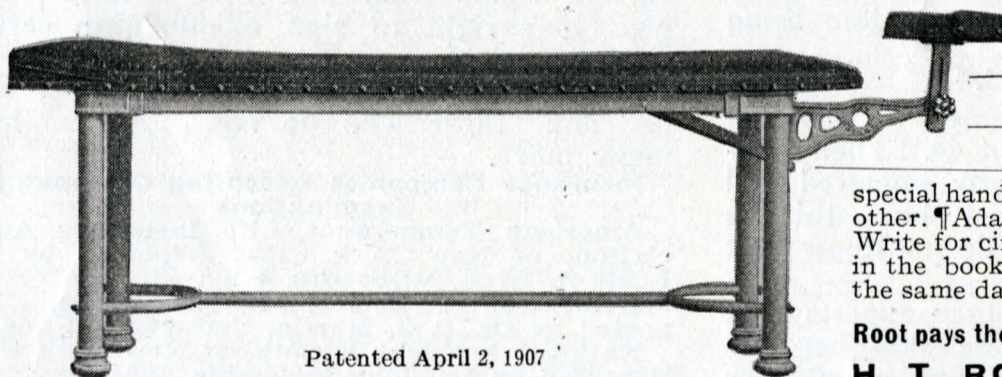
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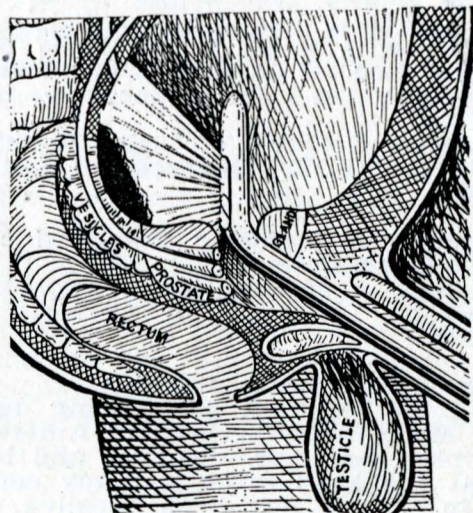
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while "breaking up" the lumbar spine. ¶ You need not lift the legs of that 200-pound patient off the end of the table and swing his feet in mid-air at the cost of your own strength unless you like it for mere exercise. ¶ Even if you like that sort of strain and have no fear of rupture, or pulling down of your own organs **The Common Sense Treating Table and Adjustable Swing** is still better than ordinary Tables for many reasons. ¶ It is light, strong, durable, portable, movable, comfortable and beautiful, and is not an expensive table. ¶ No man afraid of rupture or valuing his own vitality, can afford to use any other table. ¶ No woman mindful of the special handicaps of her sex WILL use any other. ¶ Adapted to every one's needs alike. Write for circular and prices. Everything in the book line also. ¶ Orders shipped the same day as received and



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VOL. XV. APRIL, 1909. No. 4.

Fairness! Freedom! Fearlessness!

EDITORIAL

*"Hew to the line, let chips
fall where they will"*

**X-RAYS ARE DEADLY TO
TO OSTEOPATHY.**

DR. H. CLYDE SNOOK, of Philadelphia, an expert in X-Raydiism, was recently quoted in the Associated Press as saying that repeated use of X-Rays produces artificial old age, and many other things a great deal worse. He said:

"The danger in the Roentgen ray work is to the operator and not to the patient, since the patient is exposed to the ray only a short time, while the operator is daily subjected to large amounts of the radiation. Many of the older Roentgen experts have been martyrs to science—some have actually given up their lives, the number at the present time being twelve, I believe.

Old Man at 40.

"Many others have shortened their lives; some of them are old men at 40. Their general nutrition has been greatly impaired and their vitality lessened. Just how this is brought about the physicians do not know; but that it is true is certain.

"The hands of most Roentgen experts look like those of old men. The skin becomes reddened and very sensitive, and nodules or bunches appear near the joints. The rays break down the tissues and kill the skin, so that grafting has to be resorted to.

"Large, massive doses, directly localized, often produce a falling out of the hair, but the hair usually returns in greater abundance.

"It is no longer necessary to burn a patient in securing an X-ray photograph. All of the experts who have been burned received their burns from experiments performed some years ago.

"At the beginning the Roentgen rays were used only in detecting foreign substances in the body, but today they are utilized in the diagnosis of fractures, in abdominal diagnosis of cancer, detecting obstructions of different kinds and in cases of malformation and displacement of the abdominal organs."

**HERBST BILL MADE HARMLESS
OPERATORS.**

In the Pennsylvania Senate April 7th the Herbst Medical Bill was again subjected to amendment. With the adoption of the amendment offered by Senator Langfitt, of Allegheny, that "nothing contained in this act shall be construed as affecting the practice of osteopathy as now regulated by law" the latest bold attempt of the M. D.'s of Pennsylvania to kill out osteopathy in the state was rendered void. The D. O.'s of the state are to

be congratulated on the splendid fight they made and the strength and influence they were able to exert among the people.

**Let Us Have Compleet
Statistics on the
Insurance Com-
panies.**

REFERRING to our request in *The O. P.* last month for names of insurance companies, fraternal and old line, who do or do not accept osteopathic examiners, Dr. A. K. S. Calvert, of Ponca City, Okla., sends us the name of the "Knights and Ladies of Security," of Topeka, Kans., as one of those who refuse to recognize osteopaths. Dr. Calvert sends copies of correspondence with Dr. E. S. Pettyjohn, medical director of the society, which in itself shows the need of united effort in this matter. The following is a letter addressed to the secretary of a local council, Mr. Jno. T. Noland, of Ponca City:

Dear Sir and Brother—Replying to your inquiry regarding the appointment of an osteopath as medical examiner for our order, will say that it is not my intention to do so unless circumstances absolutely force me into that position. I have corresponded with the secretary of the State Board of Health of Missouri, where that cult or sect in medicine originated, and found that they have no legal standing as practitioners of medicine. Our law requires me to appoint physicians such as are in good standing in the profession.

Yours sincerely and fraternally,
E. S. Pettyjohn, M. D.,
Nat'l Med. Director.

Topeka, Kans., Feb. 4, 1909.

In another letter he says: "The American School of Osteopathy is not a medical college at all, and osteopathy is not a school of medicine."

These kind of letters and the position taken by many insurance companies is harmful to osteopathy. Bring the influence of your friends and patients to bear on the directors of these various organizations and force them to recognize your right to sign examination certificates.

Here is the start of the list of "those who do" and "those who do not." Let us have many more.

**Insurance Companies Accepting Osteopathic
Examinations.**

American Temperance Life Insurance Association, of New York City. Reported by Dr. Louis A. Lyon, Wellsboro, Pa.

Homesteaders' Society, Des Moines, Ia. Reported by Dr. E. J. Martin, Coffeyville, Kans.

National Accident Society, of New York City. Reported by Dr. John M. Treble, Warsaw, N. Y.

Royal Court, of Los Angeles, Calif. Reported by Dr. Jessie A. Russell, Los Angeles.

United States Casualty Co., of New York City. Reported by Dr. H. F. Morse, Coulee City, Wash.

Fraternal Brotherhood, Los Angeles, Cal., reported by Dr. Lawrence M. Hart, Seattle, Wash.

Modern Brotherhood of America, of Mason City, Ia., reported by Dr. I. E. Hancock, of Independence, Kans.

Fraternal Bankers Reserve, of Cedar Rapids, Ia., reported by Dr. I. E. Hancock, of Independence, Kans.

**Insurance Companies Refusing Osteopathic
Examinations.**

Knights and Ladies of Security, of Topeka, Kans. Reported by Dr. A. K. S. Calvert, of Ponca City, Okla.

Modern Brotherhood Renigs.

I wish to inform you that after being duly elected by the Modern Brotherhood of America Lodge at this place as their examiner and being accepted at the head office, and my commission sent to me, it has been recalled on the ground that I was not an allopath, which fact they knew beforehand, of course, and stating that a mistake had been made, as the order does not accept osteopaths as examiners. However, this mistake evidently had not been discovered before the medics began to make vigorous protest against me. The members of the lodge are very bitter against this treacherous action on the part of the head office.—Sten Hanson, D. O., Fargo, N. D.

Dr. Paul, of "Homesteaders," Explains Position.

Dr. E. J. Martin, of Coffeyville, Kans., has received the following letter from Dr. C. B. Paul, of "The Homesteaders" insurance society. It seems to be up to some Iowa friend of osteopathy to make a test case of the mat-

ter: "Some one has kindly forwarded me a clipping from the 'Osteopathic Physician,' which is written by Dr. Ivy E. Hancock, and is entitled, 'What Is Technicality That Restricts 'Homesteaders'?"

"I should like to have the address of Dr. Hancock, if you will kindly give it to me, that I may set her right in regard to my attitude. I think you are well satisfied that I have done what I could to secure the recognition of osteopaths as examiners. I do not want to jeopardize the right of The Homesteaders to do business in the state of Iowa by violating the laws, as interpreted by the attorney-general of the state, as undoubtedly the Modern Brotherhood, the Modern National Reserve, the Fraternal Bankers' Reserve, and others are doing. I have tried my best to get the osteopaths to bring the matter before the legislature of this state, but have been informed that there were other more important matters at the present time engrossing the attention of the osteopaths that might be jeopardized were they to divide their resources at the present time in a fight for recognition as examiners for insurance organizations.

"I believe that if some osteopath were to bring suit in court, on his own hook, irrespective of the fraternity of osteopaths, that the attorney-general's ruling would not stand. It looks to me to be arbitrary and without sufficient foundation. If you, doctor, or any of your osteopath friends want to take the matter up, I will give you what information I can, including a verbatim copy of the attorney-general's opinion. I feel sure that the courts would decide in your favor, and would be glad to see it done, and I would also be glad if your journal would see that I am placed in a little different light from that of the article just quoted from. It places me, as you know, in an unfair light, as being technically opposed to the osteopaths, when you know, from correspondence with me, that is not my position at all, but that I have favored their admission as examiners.

"C. B. Paul,
Supreme Medical Director The Homesteaders,
Des Moines, Iowa."

**Eternal Vigilance
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in Pennsylvania**

William L. Grubb, D.O., Pittsburg, Pa.

GOVERNOR STUART signed our bill March 19th, creating an independent osteopathic examining board.

This closes the hardest battle for legal recognition of osteopathy in the history of legislative endeavors.

During the eight years of our struggle, three bills have reached the governor, including the one recently signed. Governor Pennypacker vetoed the first bill because it was a straight one-board measure. Two years ago Governor Stuart vetoed our bill because it was not a straight osteopathic bill. The bill signed by Governor Stuart was framed in harmony with his veto message two years ago.

Our fight, however, did not end with our bill becoming a law. We still have to fight the great octopus—the A. M. A. While their one-board bill now in the Senate committee is practically in a moribund condition, they will appear again two years hence and in the meantime they will be lining up their forces at the polls—electing their own members to the legislature, as far as possible. So in reality our fight has only begun and it behooves every osteopath and the friends of osteopathy to be constantly on guard.

We of Western Pennsylvania are indebted to the daily papers of Pittsburg and especially the Dispatch, which has championed our cause by throwing open its columns to the people as well as coming out with some of the strongest editorials I have ever read.

The osteopaths of Allegheny County, of Western Pennsylvania and of the whole state are indebted more than they realize to Dr. Harry M. Goehring, who sacrificed a lucrative practice to serve the cause of osteopathy. It is through his diplomacy that our bill is where it is today. He made seven trips to Harrisburg, two to Philadelphia to see Senator Penrose and others who were in a position to help us, and one trip to Washington, when others were ready to throw up the fight; to enlist influence in our behalf, and was successful.

A Legislative Experience—How Our Fight Was Won in Nebraska

T. L. Holme, D.O., Bolckow, Mo.

I WENT to the Nebraska legislature on February 23rd to hear what was to become of the osteopathic bill, Senate File 18. At this time it had passed the Senate unanimously and was in the Medical Committee of the House, who had tried to kill it by holding it up for three weeks without reporting it. Four M. D.'s and ten D. O.'s were there to present each side of the case. One M. D. was the most insulting man I ever saw. He talked twice every time any one else said a word, and finally the committee told us to leave the room and they would decide the case, and he talked three times after that.

As we walked downtown Dr. Atzen remarked: "If we had a man to stay here and work for our bill it might get through." I offered him my services, which he accepted.

I went to the House the next day and registered as a lobbyist for osteopathy. I thought I had better talk to one man at a time, so if I made a mistake only one would hear it. It was late in the evening and most of them had left the House. I spoke to one gentleman and asked him his opinion of Senate File 18, the Osteopathic Bill. He looked the bill over and argued it almost out of existence, and asked me all the questions he could think of, more than I had thought of and more than I could answer. This was the best thing that could have happened. I was ready for the next man, and when he would ask me a question I would answer him by asking him one and in this way I found what our opposition would be. Those that were positively against us I did not talk to any more; those that were friendly I asked to inquire for me how other men stood, and if they were not friendly I would not make myself known to them. In this way I did not lose any time or arouse any of my enemies. In ten days I had seen forty-seven men; forty-three were good friends and told me we would have no opposition. I told them I knew we would.

In another ten days I had seen thirty-five more men; in all, sixty-seven had promised to support the bill, and eight had promised to speak for it. Our friends told me that we were safe, as there was no other bill of the kind.

The last night to introduce bills the M. D.'s placed House Roll No. 499 on record; a bill to provide for a new medical board to be appointed by the Governor, and three weeks later they amended it to include an osteopath. Several of our friends came to me and told me how liberal the M. D.'s were to put one of us on the Board and they thought the best we could do would be to drop our bill, S. F. 18. I reported at once to our Legislative Committee, in Lincoln. They 'phoned Dr. Atzen, at Omaha, and the next day I went back to the House with instructions to ask for a separate Board or nothing. I went to our best friends and told them what we wanted and did not say anything to the others for fear of a discussion that would divide our friends.

Our bill now stood number seventy. If they had gone on four days longer we would have come out all right, but a Sifting Committee of fifteen men was appointed and everything went into it, with 348 bills to select from. I called on Dr. E. M. Cramb, Dr. W. L. Davis and Dr. C. B. Atzen to come down, as I thought I had done all that I could.

We spent most of the next day formulating answers to the objections to our bill, so that I could hand them around to our friends on short notice, if our bill ever came out of the Sifting Committee. When Dr. Atzen left he said: "Holme, stay with it; die in the last ditch." The next day I tried to get some one of our eight friends, in the Sifting Committee,

to get our bill out. One said: "Your bill is out. House Roll No. 499 is for the D. O.'s and that is enough." And to my astonishment there it was on the Board. I talked to all of our best friends and they said it was hopeless.

Just before they went into session the next day at noon I talked to Representative Wilson and told him they were going to kill Senate File No. 18 and advance House Roll 499. He said they could not do it. Just then the House came to order and I had to get off the floor. One of our friends made a motion to kill every bill in the Sifting Committee of similar nature to those sifted out. Wilson was on his feet in a second and made a talk against the motion and killed it, and before anybody had time to say a word he went on about the injustice it was for the House to advance a House Roll ahead of a Senate File; he did not say a word about osteopathy until he had the attention of everyone in the House. Then he said Senate File No. 18 should be considered with House Roll No. 499, as they were both for osteopathy.

The M. D.'s jumped to their feet, but it was too late; our friends voted it out of the Sifting Committee. I tried to call all the D. O.'s in town, but only reached Dr. Davis. The M. D.'s were using the 'phone, too. In about an hour twenty-five or thirty strangers came in and I found they were all M. D.'s.

The medics now became desperate. They told two or three of our best friends who were interested in a special bill that they would kill their bills if they voted for the osteopathic bill or said anything in favor of it. They made similar threats to nearly all of our friends. A Mr. S. walked out of the chamber and stood outside the door and said he would listen to the count and if wanted would come in and vote for our bill.

As an illustration of the tactics one has to look out for, a representative came to me and said: "I have a petition with 118 names and twenty personal letters asking me to vote for the osteopathic bill. Three M. D.'s have asked me to vote against it, but I am going to vote for Dr. Pills. What will you give me to vote for your bill?" He was hoping I would make the mistake of offering him even a cigar, and if I had done so would have had me arrested.

Mr. Wilson told the M. D.'s there was no string on him and he would talk and vote as he pleased. He made a telling speech that won several votes for us. A quotation from the American Medical Journal that "the only way to kill osteopaths was to put one on the Board and then ignore him" was very effective. In spite of strenuous opposition, a movement to amend the House Bill No. 499 by taking the osteopath off the Board was carried. Representative Hefferman said osteopathy had saved his life. Representatives Scheele and Shoemaker also spoke for it, the latter displaying a handful of letters which he said were from business people who were in favor of the osteopathic bill.


The bill passed with a slight amendment, 64 to 16. The next day it came up for a third reading and passed, 58 to 28. It then went over to the Senate to concur in the House amendment. I was told there would be a fight there, but the Senate put it through in a hurry before anyone had time to object. March 30th Governor Shallenberger signed the bill and it will become a law July 1st.

The Pennsylvania Law.

(Continued from page 3.)

(though not reputable) may register in the office of the prothonotary of the county in which such a one may wish to practice, but is not to be licensed nor allowed the privileges of a physician, as for instance, signing of birth and death certificates, etc. (This concession we found necessary to make to the quacks.)

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6. It defines what constitutes a "reputable" college of osteopathy.

7. It provides for the observance of municipal regulations.

8. The Board is endowed with power to revoke or suspend a license for certain causes.

9. The course of instruction required is three years of nine months each. After 1912 certain preliminary education for matriculation is exacted and the attendance of thirty-two months, three years of nine months and a post graduate course of five months being accepted in lieu of four years of eight months each.

10. A heavy penalty is provided for anyone representing himself or herself as an osteopathic physician without first having been licensed as such. This applies to M. D.'s, as well as to anyone else.

I am thoroughly of the opinion that an Independent Board of Osteopathic Examiners will best subserve the highest interests not only of osteopathy, but for the public itself. In all of these campaigns we never lost sight of this fact nor did we ever abandon hope of finally achieving this. Had Gov. Stuart approved our former bill which would have given us a board of examiners under the general supervision of the Medical Council we would virtually have had the same rights and privileges, as the Council's authority over the boards is after all but nominal. It would have restricted our privileges as it provided that we could not prescribe drugs nor perform major surgery. In all other matters our board would have been quite supreme as are the other three boards. But those who are conversant with the facts know only too well that had we not proposed to place ourselves under this Medical Council as we did, our present success would have been quite unlikely as the opposition would have persisted in demanding that we have a board of our own, but under the general control of the Medical Council as are the other schools of healing. The demand, we must admit, is not an entirely unreasonable one as the council is chiefly composed of lay members. At heart we knew that this served simply as a subterfuge for those who were opposing us, but we had to make good in order that we might finally lay claim to that to which we aspired, an Independent Law, and now we have got it, thank God.

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In D. O. Land

North Dakota Gets Board of Examiners.

March 20th Governor Burke of North Dakota signed the measure regulating the practice of osteopathy and creating a state board of examiners.

Good Attendance at New York Meeting.

Dr. Walter W. Steele, of Buffalo, was the guest of honor at the March meeting of the Osteopathic Society of the city of New York, and his number on "Operative Technique" was interesting and instructive. In place of an address Dr. Steele gave liberally of his fund of practical ideas in a demonstration in technique on clinical subjects.

Two interesting cases were brought before the Society. The one, a lady age 24, simple lateral curvature with marked lesions at the ninth dorsal, fourth and fifth lumbar, sacrum and innominates. The fifth lumbar being anterior and to the right. His diagnosis was accurate and entirely verified by the clinical history.

The other case was a boy of 19, compound lateral curvature, but entirely different in character from the one preceding. Both cases were admirably discussed and instructive points in technique were brought out in their treatment.

A demonstration in Emergency Technique was skillfully conducted by Dr. Joseph Ferguson. This subject is one that has been seldom touched upon in our osteopathic bodies, but the increased responsibilities attendant upon the osteopathic practitioner as a professional man of standing, which came with the honor of legislative recognition, makes this line of thought much more vital.

Dr. Ferguson's active connection with the National Red Cross for some time past has well fitted him for this work and his discussion of the subject from the classification of wounds and fractures to the temporary and permanent dressings of all emergency injuries was ably presented.—Guy Wendell Burns, D. D., President.

Missouri Osteopathic Association Convention.

The annual convention of the Missouri Osteopathic Association will be held in Kirksville the last Thursday, Friday and Saturday of May, at the A. S. O. The meeting will be held just at the close of the College session, thereby giving the student body the privilege of attending as well as avoiding all interference with either the convention or College sessions. Untiring effort is being given to the interest of this convention to make it the best in the history of osteopathy.

Among the speakers will be Drs. J. W. Conner, J. W. Hofsess, Wm. Smith, H. D. Bailey, G. M. Laughlin, George Still, R. E. Hamilton, Emma Cooper, J. R. Shackelford, F. P. Pratt, A. B. King, Franklin Fiske, W. D. Dobson, Wm. C. Thompson, J. A. Bell, H. F. Goetz. Others will be added in a short time. Every osteopath in the state should be getting ready his convention clothes that he may not miss the feast. The state is pretty well organized into districts. The centers are Kirksville, St. Louis, Kansas City and Springfield. This is a splendid opportunity to see what district can send in the largest delegation and which one can have the greatest percentage of members of the M. O. A. This will be a good chance to show your loyalty to the science and profession which is earning your salt and pepper. Get a little ginger mixed in. Get out of your old apathetic shell. Let every one "line up" for a glorious march upon the home of our beloved founder, Dr. Andrew Taylor Still. Remember the time and the place, Kirksville, Mo., the last of May.—Frank P. Walker, D. O., Pres. M. O. A., St. Joseph, Mo.

Pittsburg D. O.'s Will Establish Clinic.

A free osteopathic dispensary is to be established in Pittsburg by the Osteopathic Society of Allegheny County. A committee consisting of Dr. W. S. Lawrence, of Braddock, and Dr. E. N. Hansen and Dr. T. L. Goehring, of Pittsburg, was selected at the meeting of the society March 12th to secure headquarters for the dispensary. It will be established as soon as plans for the operation of the institution can be formulated.

The annual election of officers was also held with the following result: Dr. Harry M. Goehring, president; Dr. Emma Compton, vice president; Dr. G. W. Tebbetts, secretary; Dr. H. J. Dorrance, treasurer.—Pittsburg (Pa.) Leader.

An Opening for an Osteopath.

We are advised by Rev. Paul H. Castle, minister of the Christian church at Carterville, Ill., that there is a good opening in that city for an osteopath who is a member of the Christian church. The place has a population of 4,000.

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Those desiring particulars should address Rev. Castle or John J. Hunter.

Iowa's "Richest Man" Friend of Osteopathy.

Iowa's richest man yesterday left his office and went to the state house to appear before a committee of the lower house of the Iowa legislature—not to ask for or oppose legislation that would affect his business—but to join with Representative Charlie Miller in making a plea for a square deal for osteopaths.—Des Moines (Ia.) Register and Leader.

Washington State Meeting.

The Washington State Osteopathic Association met at Butler Annex, Seattle, April 3. Officers elected were: President, C. J. McFadden, Seattle; first vice-president, T. C. Morris, Spokane; second vice-president, L. C. Walker, Ellensburg; secretary, W. T. Thomas, Tacoma; treasurer, Ida J. Weaver, Seattle. Dr. W. T. Quell, of Tacoma, presided as toastmaster at the dinner in the evening. The program included: "The Osteopath as a Physician," Dr. W. J. Ford, Seattle; "The Osteopath as a General Practitioner," Dr. J. W. Murphy, Ledro Woolley; "The Osteopath as a Health Officer," Dr. Wm. Potter, Seattle. Forty new members were voted in. About sixty were present.—Roberta Wimer Ford, D. O.

Missouri Valley Meeting.

The inspiration of the memorable convention of last August still being felt, we count on marked success for the next Kirksville Convention 27th, 28th and 29th of May. The joint meeting of the M. V. O. A. and the M. O. A. insures a large attendance. Each organization has planned a varied and interesting program. The consideration and revision of the constitution of the M. O. A. make it desirable that we have the attendance of every osteopath in the state who is interested in the welfare of his profession. To add to the festiveness of the occasion, we shall have music provided by the orchestra and glee clubs of the A. S. O.—Bertha A. Buddecke, D. O., Sec'y.

Colorado Bill Lost in Lower House.

The cause of the separate board was defeated by three votes in the lower house of the Colorado legislature, though the outlook had been most excellent, even up to third reading. The measure had unanimous support in the senate. The reasons for this defeat are not yet clear, and I ask all to withhold judgment till every person seemingly blameworthy shall have been fully heard.—N. Alden Bolles, D. O., Denver.

Active Opposition in Rhode Island.

The M. D.'s of Rhode Island have set up an organized fight on the osteopathic independent board bill. A postal card with a "protest" is being signed and sent to the committee having the bill in charge. Our D. O.'s have made a good showing and it is expected the bill will be reported out some time this week.

Quick Work on Los Angeles College New Building.

You will be glad to know that we have the first story of a four-story and basement addition to our present college building already up. The new building will be of the same size as the present one, the only difference between the two being that we have five stories in our present building. The two will be united, separated by a court. This will practically double our present building and will give us enough room for several years' growth. We will have in the new building forty more treating rooms, an assembly hall seating 500, a modern surgical amphitheater seating 150 to 175, with ample ward and private rooms to care for a large surgical clinic. Our building will be served with an elevator from the Hill-street entrance. It is not possible to tell you exactly how nicely we are equipped and how well our buildings are planned for college purposes. I hope some day to have the pleasure of taking you through the buildings, when you will realize that we have the very best buildings and equipments that can be obtained.—Harry W. Forbes, D. O., Los Angeles, Calif.

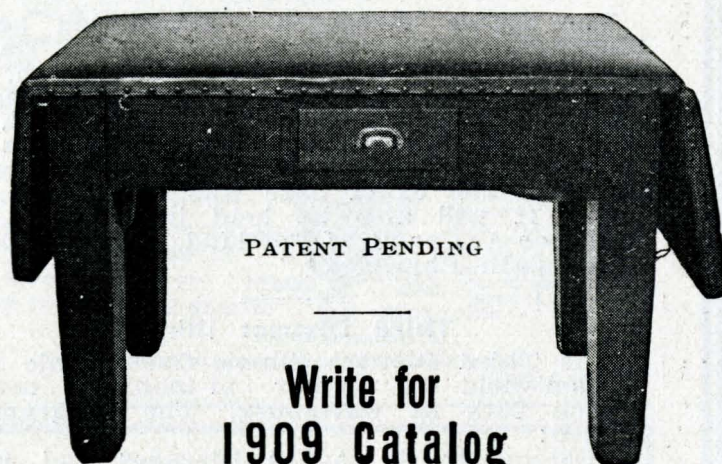
Hold Banquet as Celebration.

The Southwest Missouri and Southeast Kansas Osteopathic Association had its first birthday March 27th and the event was celebrated by a banquet at the Hotel Connor, Joplin, Mo. Officers were elected: President, Dr. Charles E. Willis, Pittsburg, Kans.; vice-president, Dr. L. D. Gass, Joplin, Mo.; secretary-treasurer, Dr. M. H. Kenaga, Joplin, Mo.

Fifth District Illinois.

The Fifth District Illinois Osteopathic Association held a meeting March 27th and elected the following officers: President, Dr. J. Nowlin, Farmer City; vice-president, Dr. J. A. Overton, Tuscola; secretary-treasurer, Dr. F. A. Parker, Champaign. A committee, consisting of

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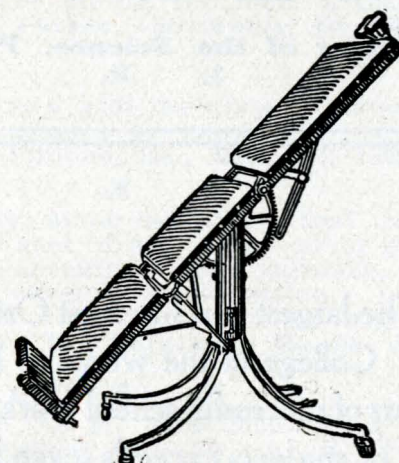
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Drs. Nellie B. Scott, William S. Hartford and J. A. Overton, was appointed to arrange for a spring meeting or reunion of the osteopaths of southeastern Illinois. No date was fixed.

Maine Osteopaths Talk Conventions.

The Maine Osteopathic Association held a meeting in the offices of Dr. Mary W. Day, at the Somerset Hotel, Portland, March 29th. Arrangements were made for the New England convention, which will be held in Portland, May 29th. The annual state convention was also taken up and the month of June decided upon, although the exact date was left to be fixed later. It will also be held in Portland. Dr. Florence A. Covey, of Portland, gave a paper on "Osteopath Physiology."

Third District Illinois.

The Third District Illinois Osteopathic Association held its regular bi-monthly meeting March 30th at Galesburg. The program included:

- "Osteopathy in Acute Diseases and Emergency Cases," Drs. Ellis and Ellis, Canton.
- "Differential Diagnosis in Skin Diseases," Dr. Minnie M. Baymiller, Abingdon.
- "Mental Disorders," Dr. A. Freeman, Cameron.
- "Hygiene and Sanitation, Personal and Public," Dr. Barker, La Harpe.

Central Kentucky Meeting.

The Central Kentucky Osteopathic Society held its annual convention March 30th at Cynthiana. There was a good attendance.

Undoubtedly True.

In a letter commenting on the fight for an independent board in North Dakota, Dr. Orr Sanders, of Grand Forks, says: "One great point that was firmly impressed on my mind was the want of knowledge of the people generally, of what osteopathy is. What the osteopaths of the United States have got to do is to inaugurate a campaign of education." Osteopathic Health has been doing efficient work along this line for many years. Its usefulness can be increased by the profession just in proportion to the extent to which they circulate it in various communities.

Opening at Savanna, Ill.

Drs. Barker & Barker, who have removed to Eureka, Ill., report that there is a good opening for a gentleman osteopath at Savanna, Ill. For information address Mrs. J. R. Connell.

Claims "New System" of Nerves.

At a meeting of the joint committee on public health of the Wisconsin legislature, held March 24th, B. J. Palmer, of Davenport, Ia., the chiropractic "fountain head," made the claim that his science was based on the discovery of a "new system of nerves" and offered to rent the opera house and demonstrate before the faculty of the state university and the medical profession. This was rather a "nervy" proposition, but "Dr." Palmer did not seem to have enough "nerve" to carry it through, as the newspapers report that when Dr. A. M. Jorris, of La Crosse, took him up and offered to share the expense of the hall if he would meet him in open debate, Palmer said he had to "catch a train." The osteopaths of the state are not opposing the chiropractors, as such, but they demand that they take the same course of study and pass the same examination as osteopaths before being granted a license.

A. O. A. Program in the Making.

A special committee consisting of Dr. Ada A. Achorn, chairman, Dr. Ella D. Still and Dr. M. E. Clark has been appointed to take charge of the programme of the section in gynecology and obstetrics at the Twin-Cities meeting of the A. O. A. Have you any suggestions as to subjects to be considered? Do you know of any osteopath who is doing any especially successful work in this line? If so, please communicate at once, as the time is short.—Ada A. Achorn, D. O., 178 Huntington Ave., Boston, Mass.

Osteopathy Given Prominent Place.

The Wilbur (Wash.) Register recently showed on its front page a half-tone of the A. S. O. buildings and gave a brief review of the growth of osteopathy.

Ontario Association Semi-Annual Meeting.

The eighth semi-annual meeting of the Ontario Association of Osteopathy was held April 12th at Hamilton. An address of welcome was delivered by Mayor McLaren of Hamilton and a fine program was enjoyed. The proceedings included: "Nobility of the Profession of Osteopathy," Dr. Hugh L. Russell, Buffalo, N. Y.; Things That Help and Things That Hinder the Progress of our Science," Dr. Asa Gordon Walmsley, Peterborough; "Costal Lesions," by Dr. H. L. Russell, Buffalo, N. Y.; "Osteopathy in Diseases of the Heart," Dr. Geo. Wenig, Hamilton; "Appendicitis," Dr. J. T. Atkinson, Brantford; "Prophylaxis," Dr. W. O. Lewis, Hamilton; "Sacro-Iliac Lesions," Dr. F. J.

Cash for Good Articles

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Articles about any one of the more common diseases are preferable to talks about general theories.

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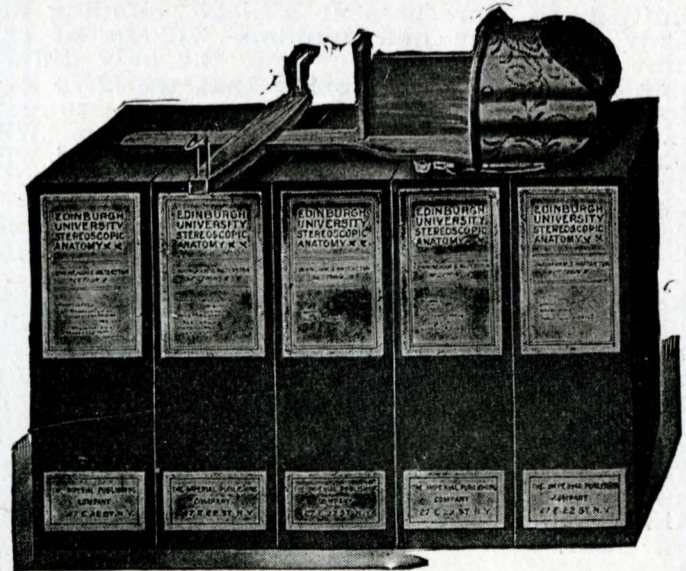
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California Annual Meeting.

The California Osteopathic Association will hold its annual convention at San Diego, May 27th, 28th and 29th.—Effie E. York, D. O., Secretary.

Utah State Meeting.

The annual meeting of the Utah State Osteopathic Association was held March 17th at the office of Drs. Mary Gamble and Grace Stratton. The program included: Annual address, Dr. J. C. Woodmansee; "Osteopathy in Gynecology," Dr. Alice E. Houghton; "Chronic Headaches," Dr. Merton McDowell; "Personal Observation on Diet," Dr. Gordon Ives. The new officers of the association are: President, Dr. Harry Phillips; vice president, Dr. E. E. Keeler; secretary, Dr. Mary Gamble; treasurer, Dr. Merton McDowell.—Mary Gamble, D. O., Secretary.

Dr. Farr Re-appointed Secretary.

Dr. Mary Noyes Farr of Pierre, S. D., who piloted the bill through the legislature two years ago securing an independent board and who has been serving as secretary of the board, has been re-appointed by Governor Vessey for another term of three years. The re-appointment meets with the approval of the members of the profession throughout the state.—S. W. Heath, D. O., Sec. of S. D. O. A.

Chicago Association Meeting.

The regular monthly meeting of the Chicago Osteopathic Association was held April 1st at 57 Washington street. Dr. Browne gave a talk on legislative matters and Dr. Elfrink gave the paper of the evening, "Remedial Foods and How to Use Them."—Furman J. Smith, D. O., Secretary.

Iowa County Hospital Closed to D. O.'s.

Notwithstanding the splendid fight made by Representative Charlie Miller, the amendment to the Iowa County Hospital law permitting osteopaths to use the institutions was voted down. The medics rallied all their strength to prevent this recognition of the rights of osteopaths.

The Legislative Situation in Maine.

Relative to the legislative situation in Maine, I regret to inform you that the committee on judiciary reported unanimously leave to withdraw. As the legislature of Maine meets only every two years, this ends the contest in that state until 1911. The members of the committee personally expressed themselves as very favorably impressed at the hearing and several of them promised positively to bring in a favorable report or at least a minority report. The reason is that there are only sixteen osteopaths in Maine and only one of these resides at the capital. The political power of the entire medical profession of the state is able so far to bring sufficient weight to bear to crush by sheer weight the efforts of the comparatively small number of osteopaths, but the osteopathic profession in Maine is a very courageous and enthusiastic one and has decided to begin immediately on a two-years' campaign for the purpose of securing victory next time.—Fraternally yours, Ralph Kendrick Smith, D. O., Boston, Mass.

Women Discuss Nervous and Mental Diseases.

The Woman's Osteopathic Association of Kansas City, Mo., held their regular monthly meeting April 6th, at No. 520 New Ridge Building. The general subject was "Nervous and Mental Diseases." Following is the program: Paper by Dr. Alma Kinney; Case Reports, Drs. Anna I. Peters and Mary E. Smith; Question Box, Dr. Katherine A. Loeffler. Next meeting of the W. O. A. is May 4th.—Matilda E. Loper, D. O., Sec. Pro. tem.

One Osteopath on Board in New Jersey.

The Senate, after considerable discussion, passed to-night the Senate measure known as the State Medical Society bill. This gives the osteopaths one member on the State Medical Board and a legal status as practitioners.—Philadelphia (Pa.) Ledger.

At present writing there appears to be small prospect of the independent board bill being given serious consideration.

Rhode Island Legislation.

The House Committee on Special Legislation gave a third hearing April 7th, on the bill to regulate the practice of osteopathy and to establish a board of examination and registration in that practice. Col. F. W. Tillinghast, representing the sponsors of the act, explained that it was a legitimate profession. Dr. Morgan, a practicing osteopath, spoke in favor of the bill, explaining her method of treating diseases. Dr. Gardner T. Swarts opposed the measure on the ground that such practitioners should be under the regulation of medical men. The hearing lasted about an hour.—Providence (R. I.) Journal.

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—Drs. Loper & Loeffler, Kansas City, Mo., Jan. 11, 1909.

"The March number of Osteopathic Health is the best of the kind I have ever seen. 'O. H.' is a great help to me. The last few numbers, I think, have been especially fine, both as to contents and style. The cover of the January number appealed to me as the most attractive."
—Dr. Nellie L. Parker, Carlinville, Ill., March 10, 1909.

"'O. H.' is now just my style. Convenient to carry in the pocket or hand-bag."
—Dr. Chas. E. Lorenz, Columbus, Ga., March 8, 1909.

"By the way, allow me to say that the March 'O. H.' is the best of all. I like cover page better, and the contents is most valuable, good for thought and careful consideration. I tell my patients it is worth a dollar for any one to read."
—Dr. J. H. Jefferson, Mount Ayr, Ia., March 9, 1909.

"The March 'O. H.' was certainly a work of art. I appreciate it."
—Dr. A. B. King, St. Louis, Mo., March 10, 1909.

"Your new 'O. H.' is much superior to the former style. I hope you will keep it up to the present standard."
—Dr. E. J. Wolcott, Oregon, Ill.

"I feel indebted to you for Osteopathic Health, as my distribution brings me patients weekly."
—Dr. R. A. Bolton, New Rockford, N. D.

"The March number is certainly a hummer. It is an excellent explanation and the cuts are clear and instructive."
—Dr. Chas. A. Wolfe, Chillicothe, Mo., March 5, 1909.

"I am very much pleased with the new arrangement of 'O. H.', both in size and cover design."
—Dr. Frances Platt, Kalamazoo, Mich., March 6, 1909.

"Please send me 100 extra copies of March 'O. H.' 1909. It is first class."
—Dr. Clinton D. Berry, Rochester, N. Y., March 6, 1909.

"The February Osteopathic Health is the best piece of field literature I have ever sent out. The new design is very attractive and my patients are enthusiastic over it."
—Dr. Harrison McMains, Baltimore, Md., Feb. 22, 1909.

"The 'Osteopathic Catechism' is the most lucid and thoroughly complete piece of campaign literature I have yet read."
—Dr. Chas. W. Bruninghaus, Worcester, Mass., Feb. 10, 1909.

"I have been slow about this, but to tell you the truth I did not like the new size of 'Osteopathic Health' and made up my mind to cut it out. However, I submitted both the old and the new style to several of my patients and they all like the new one better."
—Dr. Bert E. May, Crawfordsville, Ind., January 26, 1909.

"Think the 'O. H.' is better than ever. The change is a decided improvement, according to my way of thinking."
—M. E. Ilgenfritz, Corydon, Iowa.

"The new style paper and type are great improvements over the 1908 form."
—Dr. Frank L. Martin, San Francisco, Cal., January 29, 1909.

"I like the garb and contents of the February number very much indeed."
—Dr. John Williams, Los Angeles, Cal., January 29, 1909.

"The new Osteopathic Health received. I want to congratulate you on the improvements. I think they are a long way ahead of any you have gotten out in the past, both in appearance and contents."
—Dr. Albert H. Zealy, Goldsboro, N. C., January 26, 1909.

"Osteopathic Health for February is a fine educator. Just what the people in a small town

THE OSTEOPATHIC PHYSICIAN

An Appreciation

DEAR DR. BUNTING:—
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like mine need."—Dr. R. H. Boyd, Tullahoma Tenn., January 25, 1909.

"The new January 'Osteopathic Health' is a dandy and is a great improvement over the previous one."—Dr. Norman L. Sage, Detroit, Mich., January 1, '09.

"The new dress for 'Osteopathic Health' is good—real good—long life to it."—Dr. Joseph Henry Sullivan, Chicago, January 19, '09.

"The January 'Osteopathic Health' was a good one. The new cover also is a winner. I congratulate you."—Dr. Geo. D. Herring, Plainfield, N. J., January 20, '09.

"The inserts reached me to-day and are just right. I wish to repeat that the January issue of 'Osteopathic Health' is, in every way, excellent."—Dr. Chas. F. Banker, Kingston, N. Y., January 20, '09.

"Enclosed please find check for \$15.00 covering account to date. 'Osteopathic Health' is doing us good."—Drs. Coffman, Gooch & Coffman, Owensboro, Ky., January 20, '09.

"The January 'Osteopathic Health' to hand. I like the change in style very much."—Dr. A. C. Layne, Griffin, Ga., January 18, '09.

"I think the new 'Osteopathic Health' is an improvement. It can be slipped into the pocket and referred to when necessary by prospective patients."—Dr. J. M. Bornmann, Kensington, Philadelphia, Pa., January 14, '09.

"I am pleased with the new 'Osteopathic Health.' My first thought was that it was too small for dignity, but it is so neatly printed and on such good paper that I withdrew my objections. The novelty of it attracts and my patients like it."—Dr. A. B. King, St. Louis, Mo., January 14, '09.

"I like the new dress of 'Osteopathic Health' very much and think the size is much better."—Dr. Edna MacCollum, Dorrancetown, Pa., January 13, '09.

"I am much pleased with the new dress of 'Osteopathic Health.' It is fine."—Dr. A. M. Bruce, Murdo, S. Dak., January 10, '09.

"Your January 'Osteopathic Health' just to hand, and it is an agreeable surprise. It is a

change which I have considered much needed for a good while."—Dr. R. E. Tuttle, Hicksville, Ohio, December, '08.

"The January issue is very neat and the type and paper better. The shape permits of slipping into the pocket without folding."—Dr. M. H. Cooper, Pontiac, Mich., January 9, '09.

"The new 'O. H.' is a great improvement over the old both in its dress and style. I appreciate what you are doing for our cause, having myself been in journalism ten years with the Boston Herald as a writer."—Dr. Geo. W. Goode, Boston, Mass., January 9, 1909.

"The new 'Osteopathic Health' is handsome beyond expression—enough so to be a souvenir. The subject matter equals it."—Dr. C. A. Arand, Sandusky, Ohio, December 29, 1908.

"I think 'Osteopathic Health' in its new form is better than the old style."—Dr. J. L. Huntington, Santa Barbara, Cal., December 29, 1908.

"I think you have made a hit with your new idea. The appearance is much better—savours of professional art. I like it very much. Keep right on going to the top."—Dr. J. W. Snavely, Ottumwa, Iowa, December 31, 1908.

"The improvement in the January 'O. H.' is certainly worthy of mention."—Dr. J. A. Malone, Victoria, Texas, January 7, 1909.

"The new 'O. H.' is a 'dandy.'"—Dr. U. G. Littell, Santa Ana, Cal., January 8, 1909.

"I like the January issue very much."—Dr. Core E. Snyder, Chamber of Commerce bldg., Pasadena, Calif., December 29, 1908.

"The change in 'O. H.' I believe is a good one. While it seems a little odd after being used to the other way, there is no question about its neatness."—Dr. J. H. Baughman, Connersville, Ind., December 31, 1908.

"I value 'Osteopathic Health' very much. The issue for January, 1909, is a hummer both in its new form and also the contents."—Dr. L. H. Hilsmeier, Petersburg, Ind., January 3, 1909.

"I like the new 'O. H.' very much. Will see later in regard to the contract."—Dr. D. F. Spicer, Boonville, Mo., January 17, 1909.

"We have found that 'Osteopathic Health' has done more for us than anything we ever used in our legislative work. As you know, we sent 'Osteopathic Health' to all the members of the West Virginia Legislature for nine months, and when the M. D.'s tried to tell the members what Osteopathy was the legislators knew more about it than the M. D.'s did. We give 'O. H.' great credit for our victory last year and we want to guard against any adverse legislation this year. We wish you could get every state society to see what good they could get from 'O. H.' sent to members of the legislature for from three to nine months before the session."—Dr. W. A. Fletcher, Clarksburg, W. Va., November 25, 1908.

**Strong Articles on
the Liver, Urinary
Calculi and Catarrh**

EVERY business and professional man who leads a sedentary life will be eager for the information this issue contains on the reasons for disease in the liver. The leading article from the pen of the editor reads as entertainingly as fiction and, without appearing to be didactic, is full of instruction such as makes the basic principles of osteopathy clear and simple.

That illustrated article on kidney and bladder stones, based on experience as it is, is very convincing. Facts are eloquent.

A seasonable discussion of Catarrh, and what it means in the system and how it may be reasonably controlled, will appeal to everybody in this spring la grippe season.

How Arterial Sclerosis leads up to Apoplexy, and the Delay of Advancing Age, will also appeal strongly to all busy men of affairs and their solicitous wives.

The osteopathic care of Sprains and Dislocations will interest many people.

You will see, Fellow Osteopaths, on reading this issue that it is simple, forceful and conservative in all its claims—a very admirable piece of campaign literature, both for the education and encouragement of your own patients and the winning of hosts of new friends in the field.

Should you not be doing a regular campaign of education for osteopathic advancement, we invite your attention to the benefits of beginning. Read this May issue of OSTEOPATHIC HEALTH and see for yourself its value to your practice if generously circulated by you.

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Contents of May Osteopathic Health.

Uses and Abuses of the Liver 1
How the liver and all other organs lag when nutrition is interfered with.

A Case of Renal Calculus..... 7
(Illustrated) How osteopathy relieved a sufferer An obstructed nerve supply located the ill How osteopathy works out in practice Comparisons explain the new system best.

Bed-Wetting in Childhood..... 9
Avoidable and unavoidable cases Lack of development common Kidneys must be regulated carefully Weak children must be built up Osteopathy restores normal function.

Catarrh Not Incurable..... 11
Ideas of catarrh wrong A convenient term to hide behind Irritated nerves cause catarrh Osteopathy removes nerve irritation.

Sprains and Chronic Displacements..... 14

Arterio-Sclerosis Brings on Apoplexy..... 15
Old age may be delayed.

have seen."—Dr. Eugene M. Casey, Binghamton, N. Y.

"Thank you very much for the calendar. It is very artistic in design and I prize it highly. I think it is a good likeness of the old doctor as I remember him."—Dr. Chas. A. Wolfe, Chillicothe, Mo.

"Please accept thanks for the splendid reproduction of the original picture of Dr. A. T. Still. I prize it very highly and have had it framed to hang in my office."—Dr. Wm. O. Flory, Minneapolis, Minn.

"Please accept thanks for the Father Still calendar. It is a 'beaut.'"—Dr. C. L. Shepard, Owosso, Mich.

"The A. T. Still calendar just received and it is beautiful and artistic in every way. I am glad to have the Old Doctor in this form in my office. I thank you most heartily for this very acceptable souvenir."—Dr. Arlowyne Orr, St. Louis, Mo.

"Am very much pleased with A. T. Still calendar. The picture is an excellent copy of the painting of the 'Old Doctor.'"—Effie E. York, D. O., San Francisco, Cal.

PERSONALS.

Dr. B. O. Burton is now in practice at Fort Morgan, Colo. He reports prospects good.

Dr. C. L. Parsons, of Roswell, N. Mex., has been appointed to the territorial board of examination.

Dr. William S. Mills, of Ann Arbor, Mich., has been elected president of the city council on the democratic ticket.

Dr. Frederick S. Davenport, of Brookville, Pa., is taking a course in the Northern Illinois College of Ophthalmology, Chicago.

Dr. Jessie Lyan, formerly of Goodland, Kans., has purchased the practice of Dr. S. E. Morse at Longmont, Colo. Dr. Morse will go to San Diego, Cal.

Dr. W. S. Eisenhart, of Streator, Ill., is reported to have commenced suit for \$300 against John Wagner and his wife, Josephine Wagner, for "labor and services."

Dr. M. E. Church, of Calgary, Canada, is reproducing in the local papers portions of Belle Case Harrington's article on osteopathy which appeared in the Cosmopolitan.

Dr. R. W. Rogers, of Clearfield, Pa., suffered a loss by fire two weeks ago. His branch office at Philipsburg was burned out. It had just been fitted up and the loss was about \$200.

Dr. Milton A. Barr, of Muscatine, Ia., delivered a lecture on "The Principles of Osteopathy," April 2d, before the graduate nurses of the city at the Hershey Hospital lecture room.

Dr. Norman D. Mattison, of New York City, has been tendered the chair of anatomy in the New York Homeo-Medical College. He is now substituting in that capacity till the end of the school year.

Dr. Elizabeth Jackson Geyer, of Goshen, Ind., has purchased a new Buick automobile, and is coming to Chicago next month to bring it home. She hopes to take in the Illinois state meeting at the same time.

Dr. Maurice B. Harris, of Ft. Worth, Texas, has sold his practice there to Dr. C. O. Hook and has formed a partnership with his brother, Dr. D. S. Harris, for the practice of osteopathy and surgery at Dallas, Texas.

Dr. Ralph Kendrick Smith, of Boston, appeared before the judiciary committee of the Maine House of Representatives, March 10th, to present arguments for the establishment of a state board of examination for osteopaths.

Dr. D. S. Harris, of Dallas, Texas, is in Chicago doing "P.-G." work at the Post-Graduate Medical School. He was a caller at "The O. P." office recently. From Chicago Dr. Harris expects to go to New York City and Europe for special surgical work.

Drs. P. L. Hodges and C. H. Stearns, of Washington, D. C., have moved into new offices at 1504 H street, N. W. In their new quarters they have four operating rooms, a reception room, private office and connecting hallway. The suite was arranged according to their own plans, and will be more convenient than the old location.

Dr. Evelyn Underwood, of New York City, had the misfortune to have her apartments completely burned out one day last month. The doctor escaped with her life and one shoe, which is much more than a less skilled operator would have accomplished. A host of loyal friends came at once to her assistance, but the doctor had, fortunately, a substantial bank account in a safe place.

REMOVALS.

Dr. A. B. Wychoff, from Alton, Ill., to Booth, Tex.

Dr. J. H. Hook, from Montrose, to Telluride, Colo.

Drs. Barker & Barker, from Savanna to Eureka, Ill.

Dr. W. C. Williams, from Santa Rose, to Tulare, Cal.

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Dr. W. T. Hartssock, from Oakesdale to Rockford, Wash.

Dr. Oscar Leeper, from Blackwell, Okla., to Ashland, Ore.

A Manual of Osteopathic Gynecology

By PERCY H. WOODALL, M.D., D.O.

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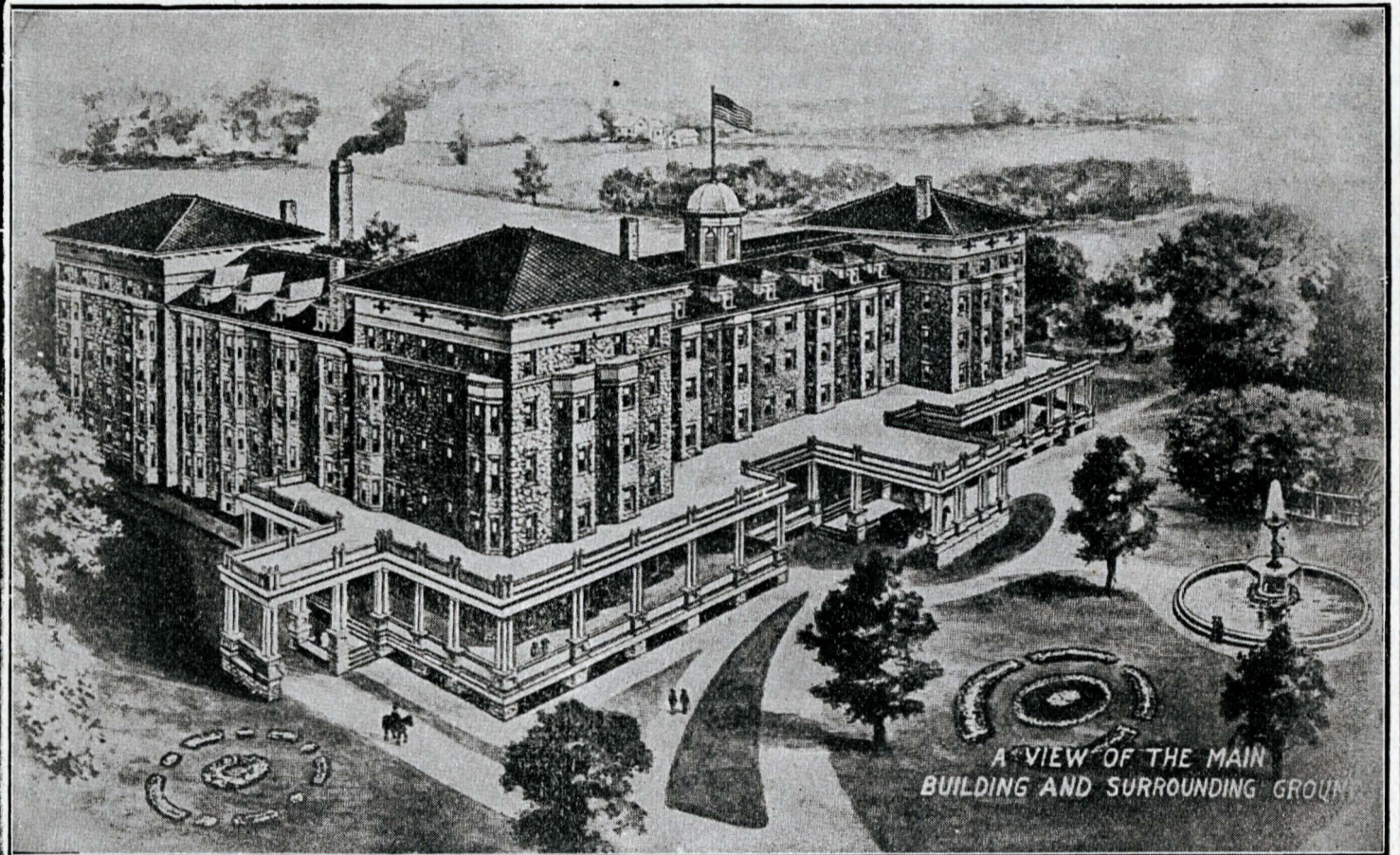
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Dr. Jessie V. Lycan, from Colby, Kans., to Longmont, Colo.

Dr. Julia S. Bolam, from Monett, Mo., to Miles City, Mont.

Dr. J. L. Huntington, from Santa Barbara, Cal., to Princeton, Ill.

Dr. Frank L. Shearer, from Prophetstown, Ill., to Dickinson, N. D.

Dr. A. E. Freeman, from Cameron to 50 N. West street, Galesburg, Ill.

Dr. A. E. Ellis, from 204 Penn Block, to Freeman Building, Riverside, Cal.

Dr. K. E. Curtin, from Colorado Springs to Hotel Belvedere, Denver, Colo.

Dr. A. A. Basye, from 201 Green street to 306 W. Nash street, Wilson, N. C.

Dr. H. M. Frazier, from San Francisco, to Keystone Block, Mill Valley, Cal.

Dr. L. O. Gooch, from Denver, Colo., to 322 E. Georgia avenue, Atlanta, Ga.

Dr. P. W. Sweet, from Cleveland, Ohio, to 614 N. Trafton street, Tacoma, Wash.

Dr. Elva Lyman, from Iowa Falls, Iowa, to 2-3 Marston Block, Madison, Wis.

Dr. P. L. Hodges, from 817 Fourteenth street to 1504 H street, Washington, D. C.

Dr. James Ray Clifford, from Afton, N. Y., to 42 N. Brady street, Du Bois, Pa.

Dr. Gertrude Evans, from 302 Adams avenue to 623 Madison avenue, Scranton, Pa.

Dr. C. H. Stearns, from 817 Fourteenth street to 1504 H street, Washington, D. C.

Dr. Mary S. McKay, from St. Louis, Mo., to 420 1/2 Okmulgee street, Muskogee, Okla.

Dr. Emma B. Dill, from 1100 W. Pico street to 533 Mason building, Los Angeles, Cal.

Dr. Elizabeth Todd, from 817 Kansas avenue, to 1012 N. Jackson street, Topeka, Kans.

Dr. Annie L. Davis, from Bradentown, Fla., to 326-8 La Grande Building, Waycross, Ga.

Dr. Florence Coffland, from 1284 Oaks street, to 1432 Franklin avenue, Columbus, Ohio.

Dr. Jeanne Byers, from Bradentown, Fla., to 326-328 La Grande Building, Waycross, Ga.

Dr. Pearl M. Ryan, from Wilcox building to 122 Eighth avenue, South, Nashville, Tenn.

Dr. Martin A. Somers, from 1525 Euclid avenue to 1432 Euclid avenue, Philadelphia, Pa.

Dr. Amos C. Graves, from 403-4 Macleay Building, Portland, to Klamath Falls, Ore.

Dr. Mary E. Pratt, from 967 Spitzer building to 402 National Bank building, Toledo, Ohio.

Dr. F. L. Liffing, from Portland, Ind., to 405-6-7 LaFayette building, Waterloo, Iowa.

Dr. H. C. Montague, from Spaulding Building, to Homestead Building, Muskogee, Okla.

Dr. T. W. Sheldon, from 1844 Sutter street, to Elkan Gunst Building, San Francisco, Cal.

Dr. Warren A. Sherwood, from 511 Woolworth building to 142 N. Duke street, Lancaster, Pa.

Dr. Arthur N. Smith, from 207 Duke building to 201-202 Central building, Rochester, N. Y.

Drs. W. R. and Sarah H. Ure, from 403 Capitol street, to 814 Quarrier street, Charleston, W. Va.

Dr. Asa P. Bliss, from 605 Chamber of Commerce, to 427-8-9 Grosse Bldg., Los Angeles, Cal.

Dr. Clarence L. Brundage, from 210 W. Bennett St., to 20-22-24 Nolon Bldg., Cripple Creek, Colo.

Dr. Anne H. McGavock, from 65 Washington avenue to 894 Woodward apartments, Detroit, Mich.

Dr. Arthur Still Craig, from Maryville, Mo., to Barnerr McFadden Sanitorium, Battle Creek, Mich.

Dr. Helen S. Halvorsen, from 730 Carlisle avenue, to 8-9 Golden Gate Building, Spokane, Wash.

Dr. Hendrik Olson, from Beaver & Mitchell Flatiron building to Wilson building, Rochester, Pa.

Dr. Marie Thorsen, from National Bank building, Long Beach, Cal., to 420 Central building, Los Angeles, Cal.

Dr. J. Dalton DeShazer, from Colorado State Bank Building, to First National Bank Building, Durango, Colo.

Drs. Burd & Burd, from Masonic Temple to 608 and 609 Security Savings Bank building, Cedar Rapids, Iowa.

Drs. W. W. Vanderburgh & Rose Vanderburgh, from 2069 Sutter street to Elkan Gunst building, San Francisco, Cal.

LOCATIONS.

Dr. W. E. Smith, at Harper, Kans.

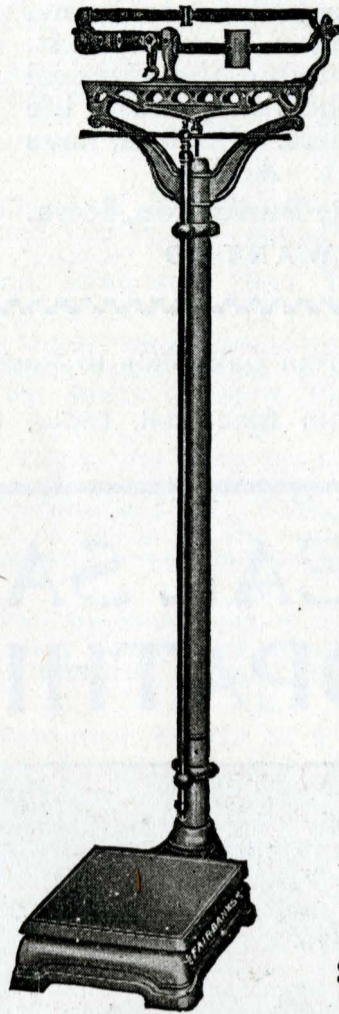
Dr. J. C. Bienemann, at Marshall, Ill.

Dr. A. L. Davis, Waycross, Ga., box 200.

Dr. F. B. Fleming, at Montrose, Colo., Box 383.

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Dr. Genoa A. Sanborn, at 12 Madison avenue, Skowhegan, Me.

Dr. Florence J. Barrows has opened a branch office at Turon, Kans.

Drs. L. R. and Ina Livingston, at 531-2-3 New Ridge Bunding, Kansas City, Mo.

Dr. J. A. Kerr has opened a branch office in Ashland, Ohio, and will be there two days a week, the rest of his time being spent in Wooster, Ohio.

MARRIED.

Dr. E. C. Estes and Miss Hazel Aistrope, at Malvern, Iowa.

Dr. Allie E. Bell and Mr. W. I. Stockwell, at Butte, Mont., January 28th.

BORN.

To Dr. and Mrs. J. P. Burlingham, of Canandaigua, N. Y., a son.

To Dr. and Mrs. W. G. Chappel, of Centralia, Mo., March 16th, a son.

To Dr. Sidney A. and Irene Harwood Ellis, March 7th, a son, Harwood Ellis.

To Dr. R. I. and Mary W. Walker, of New Bedford, Mass., March 21st, a son.

To Dr. and Mrs. Asa Willard, of Missoula, Mont., March 27, 1909, a daughter, Mabel.

To Dr. and Mrs. P. V. Aaronson, of Fresno, Cal., March 4th, a daughter, Anna Elizabeth.

DIED.

At Commerce, Tex., March 13th, Mrs. Knight, mother of Dr. Jonas Knight of Commerce Tex.

Arthur Turfler, nine-month-old son of Dr. and Mrs. Frances A. Turfler, of Rensselaer, Ind., of pneumonia, March 21st.

At Redondo Beach, Cal. March 11th Mr. R. S. Harbert father of Dr. Elma R. Harbert. Interment at Inglewood Park Cemetery.

Mr. P. Edwards, father of Dr. F. O. Edwards, March 13th, at Pacific Grove, Cal., aged 81 years. His brother, William Edwards, age 69, died March 9th, at Pamona, Cal. Both were buried at Pasadena, March 16th.

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INDEX TO ADVERTISEMENTS.

	Page
American Osteopathic College of Optics.....	11
American School of Osteopathy.....	12
Bartholomew, Dr. E. J., Man, Woman, Know Thyself	13
Baughman, Dr. N. R. B., The True Way of Life	15
Biggsby, Dr. Myron H., Osteopathic Diagnosis and Technique	13
Bovinne Co., The	7
Farwell & Rhines	11
Hayman, Geo. T., Tables.....	11
Imperial Pub. Co., Stereoscopic Anatomy.....	12
Jaeger-Hillery Supply Co., Operating Tables and Physicians' Furniture.....	11
Kress & Owen Company, Glyco Thymoline... ..	9
MacFadden Sanatorium, Bernarr.....	15
Philadelphia College and Infirmary of Osteopathy, The.....	10
Pacific Coast College of Osteopathy.....	5
Philo Burt Mfg. Co., Appliances.....	4
Protos Food Mfg. Co.....	10
Root, H. T., Treatment Tables.....	7
Rowe Publishing Co.....	7
Stewart, Dr. F. J.....	13
Still College of Osteopathy.....	6
Tasker, Dr. Dain L., Principles of Osteopathy.....	13
Woodhull, Dr. Percy H., Osteopathic Gynecology	15
Western Osteopath, The.....	13