

# **The Osteopathic Physician**

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# THE OSTEOPATHIC PHYSICIAN

Volume XIII.

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Number 6

## Anatomical and Physiological Pictures of Disease.

### The Evidence from Symptomatology.

Being Chapter VI. of the Effort of Dr. E. E. Tucker, Jersey City, N. J., to Formulate an Osteopathic Etiology.

THE uniform etiological principle: prophesied by philosophy,\* postulated by the osteopathic diagnosis, to be argued from biology: is also evident upon careful analysis of the evidence contained in that most valuable of human documents, the symptomatology of medical practice.

The problem is, to construct from the description of each disease, a picture of the actual changes in tissue, in secretion, and in general reaction, in the order in which they occur in the body; to compare that picture with the physiological process of reaction to irritation and injury as before described; and to discover the reasons for any variations in symptoms that are found.

This work will not be burdened with the actual analyzing, which has been done in a period covering five years; but the pictures, so constructed, will be included in each description in the shape of parallel tables of the symptoms in proper order.

Lest any critic suggest that the facts have been arranged to suit the theory, I will attempt to remove that possibility by telling of the origin of this work. It was begun purely as a brain-saver, when a student in the A. S. O. When the parallel tables had been constructed, the first glance at them showed the remarkable simplicity and general similarity throughout. No theory was, at any time, thought of; but the common chain of events running through them all was traced out, was studied to find the natural law behind it, and was then acknowledged for what it was—the physiological action in morbid conditions. Other features of the diseases were then studied to find what they were, and they began to fall into line as the effects of the anatomy and physiology of the parts affected upon this physiological process. The expansion of these two ideas with practically do theorizing has given rise to this work.

In these parallelisms it became evident more and more that the diseases are not only bound up together in ways so intimate that they must be studied together, and not separately nor as specialties—they are much more than bound up together—they are *one phenomenon*, differing in different parts for stated reasons.

So that to draw the picture of any disease means to draw the anatomical picture, add the response to irritation and injury in whatever degree it occurs, subtract the abortive functional activity, and trace the possible spread of the morbid influence to other parts.

The *deus ex machina* is with the few exceptions which may be expected from Ch. III., the nervous system; and of this many evidences will be noted.†

\*Herbert Spencer.

†Lucy Waite, A. B., M. D., Medical Record, Sept. 8th, 1906, "Shock, in its widest significance, covers the whole field of medicine. From the slightest physical traumatism or lightest mental depression to the most profound impressions on the vasomotor centres, causing instant death, the difference is only of degree, the phenomena being the same. \*\*\*\*\* "Shock is nerve storm".

## Diseases of the Respiratory Tract.

IN ACUTE nasal catarrh, the affection begins with an initial dryness; failure of normal secretion always precedes the onset of inflammatory secretion. The real onset is with increased secretion, becoming colorless, salty, very thin liquid—which soon assumes the character of a thick tenacious mucus, or muco-pus—rarely, becoming fib-



Dr. A. B. King of St. Louis.

rous similar to diphtheria. Here are seen the changes of secretion analogous to the process described in Chapter III., sufficient to indicate their identity; here are seen also the effects of the physiology of the part on the secretion. For instance, the abundant salty liquid is more abundant than in other places. This is because in the nose, where the particles of dust and other substances of the respired air are to be intercepted and disposed of, nature has made extensive provision for flushing the surface with the same

†The most conveniently arranged medical text is Dr. Daniel E. Hughes' Compend of the Practice of Medicine, which is used throughout this analysis.

fluid. Therefore, the catarrhal features are exaggerated, true to the physiological func-

tion of the part. We see the same thing in the conjunctiva, and other parts whose function is to produce abundant secretion in emergencies.

The loosely named "thick tenacious mucus or muco-pus" is undoubtedly the same thing that is described elsewhere by other names—phlegm. The admixture of different amounts of the fibrin ferment gives different appearances; diluted it is phlegm; concentrated it is membrane. The catarrhal stage likewise has many loose names, as: salty, colorless, very thin, a hyper-secretion of mucus, a serous secretion, secretion with a lessened amount of mucus, etc. So with the membraniform stage; fibrinous, similar to diphtheria; membranous mistaken for diphtheria; false membranes, etc. The statements are made evidently with not the greatest amount of care, and the discrepancies need not give us pause. The identity of the various stages should be experimentally proven, and is abundantly indicated in the descriptions, as well as by their relation to each other, and to the morbid process as a whole.

The changes in the tissue itself consist of (a) hyperemia, redness, swelling, (b) oedema, infiltration, (c) desquamation of epithelium, (d) copious generation of new cells.

(a-b). The influence of anatomical peculiarities is seen in the location of greatest hyperemia, swelling and oedema. The olfactory portions of the membrane are comparatively poor in blood vessels, and have practically no areolar tissue beneath the surface, hence swell very little. The mucus surfaces on the contrary are highly vascular, perhaps the most erectile of all tissues in the body. In them, therefore, the hyperemia and oedema are greatest. The same thing is seen in every other part of the body where areolar tissue is abundant, as in the eyelids.

Here it is remarked that the oedema diminishes when the muco-pus forms, showing the true origin of the muco-pus, rather phlegm, and its relation to the serum. It will be remembered that coagulation of fibrin seldom occurs within the tissues, but rapidly occurs on exposure to the air, or contact with a foreign substance. Oedema contains all the elements for coagulability diluted and re-

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strained only until contact with air, or a foreign substance, sets up the reaction. The excellence of this provision will appeal to everyone. (c) Desquamation is no doubt the result, partly, of the distention of the membrane, loosening the hardened surface cells; partly to the pressure of fluid seeking escape; partly, perhaps, to the softening of the connecting fibrils or cement substance by the same fluids, partly to malnutrition from the nerve irritation and disorder. (d) Copious generation of new cells will be discussed under *biology*, (in the last chapter). It is more abundant in the catarrhal than in any other stage of the process, except the most severe.

The sensory and spasmodic reflexes found in affections of the nose are the normal physiological reflexes of the part—sneezing and local tenderness. Headache, due to congestion or to reflex nerve irritation may supervene.

Experimental proof of the fact that the cause of all these changes is the nerve reflexes, is had in the fact that they are quickly reached and inhibited by other nerve reflexes. *Every broader or new co-ordination that is demanded by new incoming stimuli acts as inhibition on those already established in the ganglion.* Sneezing may be instantly checked, even at the climax, by quick and firm pressure in the angle of the upper lip and nose. Similarly, the congestion of the nasal membrane may be very promptly relieved by firm pressure with the heel of the hand, just above the brows, continued for sixty seconds or less. These are popular measures.

Popular measures which control the severer stages through nerve reflexes might be cited; but the osteopathic clinical experience is more satisfactory and conclusive. It proves that the etiology of these conditions has to do with the nerve co-ordinations.

Symptoms due to anatomical features are interference with respiration, with sense of smell, with eustachian tubes and lachrymal ducts.

The sensory and spasmodic reflexes are earlier in natural order (response to irritation) and hence are seen in the earlier stages, in the milder types of diseases, or in the stronger constitutions. They are largely inhibited when the irritation is increased and the reaction passes on to that for injury. In hay fever, which represents the neurosis of the nasal structures, and in croup, the sensory and spasmodic features do not always disappear, but may even be exaggerated with the advent of the later responses.

The first feature of the response to injury is the systemic shock with the general changes.

In cases where the response is as for irritation, consisting of neurotic or spasmodic affections (as in hay fever), the reflexes are heavy and the general reaction slight. Conversely, where the response is as for wounds, the reflexes may be inhibited, and the shock to the system heavy, as in diphtheria.

So also, when the onset is slow, lassitude and depression characterize it; where the onset is sudden, the reflex features are apt to be in evidence, and the fever begins suddenly without preceding chill. (See tables below.)

\* \* \*

When the process occurs in the pharynx, the same changes in secretion are seen: viz., initial dryness, abundant colorless secretion, becoming phlegmonous, and finally developing into membraniform patches.

The influence of anatomy is clear. Oedema is most marked in the soft uvula, which may lengthen until it lies on the tongue. Infiltration of the oedema into the muscles of the pharynx causes a pseudo-paralysis of them. Many instances of choking in swallowing from the escape of fluids into the nose or larynx, are due to the inefficient action of these muscles from such oedema. This feature becomes very important in many situations, as in the sphincter muscle of the appendix.

Fluids in the uvula find ready escape. But from the retro-pharyngeal surfaces escape is

not so easy. The mucous membrane in this situation is so closely bound to the anterior of the spinal column, that it is little distensible. Pressure from accumulated oedema may therefore interfere with circulation, with the result of abscess formation. The same condition and the same result is seen in the tonsil, the cheek, in the appendix, and in other situations. (It is carefully described under ganguerous stomatitis.)

Physiological effects are interferences with deglutition, anorexia, thirst, coated tongue and bad taste, constant desire to clear the throat, etc.

A reflex inhibition similar to that obtained for sneezing and for congestion of the nose, may be obtained for the pharynx, particularly the uvula. It is obtained at the top of the head, by stimulation with the fingers, or (popularly) by tying together two hairs, or by pulling the hair.

The anatomical basis of these strange reflexes is not so far to seek as might be thought. It is known that the skull consists of a series of vertebrae,\* whose cavities are enlarged to accommodate the brain, and whose corresponding ribs and anterior portions are differentiated to form the mouth, nose, and pharynx. The various parts of these vertebrae may still be traced. The anterior opening of the whole series corresponds with the mouth and nose, the anterior portion of the palate being an overgrowth, which sometimes fails to complete itself (as in hare-lips and cleft palate). The lower jaw is the rib belonging to this segment. The olfactory and gustatory senses are the sensory nerves of the segment. Sneezing, the reflex for clearing the opening of the cavity, may therefore be inhibited at the same spot of this segment, preferably a spot which reaches both sides at once, and so the middle of the arch.

The arch of the second vertebra is the frontal bone, whose spine may, in some skulls be felt very clearly at the junction of the frontal bone with the sagittal suture. The optic (second cranial) nerve is the sensory nerve of this segment. Trouble with the eye produces frontal headache. The mucus membrane of the antrum of Heighmore and the nasal passages is more in relation with this, than with the first segment, and its reflexes may be controlled by pressure in the center thereof, or on the forehead, which results in clearing the nose.

Similarly the reflexes of the uvula and pharynx may be reached through the third of these segments, whose spine may be felt near the crown of the head. Wherefore, for dropped palate a popular remedy is to pull the hair. The styloid process and the horns of the hyoid bone represent the ribs of cranial segments. The body of the hyoid seems to represent a manubrium, being fastened to the horns by a cartilaginous joint, similar to the costal cartilages. Reflex connections throughout the whole body are sought for on the basis of this segmental arrangement.

In the tonsil the secretions are confined, the tonsils being without ducts; hence the tendency to suppuration is pronounced. (See seventh paragraph above.) The fever and general changes which arise are out of proportion to the degree of the inflammation, due no doubt to the enforced absorption of the secretions, to the construction of circulation from pressure, and perhaps other unknown nerve relations and functions.

(Note.—These other "unknown functions" may find explanation in a subsequently written article on Diphtheria to follow.)

\* \* \*

In the larynx the same series of changes is noted. The active use of the organ during congestion creates a tendency to hemorrhage. The free motions of the part requires a quantity of loose areolar tissue making distension by oedema often great. The aperture being narrow, this swelling may close

the larynx and obstruct breathing (oedematous laryngitis). The larynx being a highly sensitive motor organ, the neurotic affections are pronounced and severe. Whooping cough may be described as the *sensory* type, corresponding with hay fever, (see also hydrophobia, whose features arise partly from the close connection between the organ of voice and the organ of emotion, the brain (Dr. Chas. Hazzard); and spasmodic laryngitis as the motor type, corresponding with cramps, and other spasmodic affections.

The physiological effects are thirst, pain on swallowing, interference with phonation and respiration.

Reflex connection with the pharynx and larynx may be obtained through the sciatic nerve, the ear, the tongue and through posterior spinal nerves.

Parallel tables constructed from Medical Symptomatology are appended below, to make this uniformity more decisively evident.

### From Hughes' Compend of the Practice of Medicine.

#### Acute Nasal Catarrh, Page 263.

- I. Definition. A catarrhal affection.
  - a. Beginning with deficient secretion.
  - b. Later increased, becoming a colorless, salty, very thin liquid.
  - c. Soon assumes the character of a thick tenacious mucous, or muco-pus.
  - d. Rarely, and then in newborn infants, becomes fibrinous, similar to diphtheria.
- II. A catarrhal affection of the mucous membrane, in which are seen
  - a. Hyperemia, redness, swelling.
  - b. Oedema, infiltration, diminishing when muco-pus forms.
  - c. Desquamation of the epithelium.
  - d. Copious generation of new cells.
- III. A catarrhal affection of the mucous membrane lining the nose and the cavities communicating with it.
  - a. More marked in the respiratory than in the olfactory portions, the former being looser and more vascular.
  - b. Extending to the eyes, eustachian tubes, middle ear, pharynx, larynx, and sinuses (to all contiguous mucous surfaces).
- IV. Characterized by feverishness, in connection with which are the following:
  - a. Onset with lassitude.
  - b. Chilly sensations in back.
  - c. Feverishness.
- V. Associated with
  - a. Sneezing (normal sensory reaction from nasal mucous).
  - b. Headache.
  - c. Local pain and tenderness.
- VI. Causes.
  - a. Atmospheric changes, cold to neck and feet, local irritants.
  - b. Serofulous taint, poison of syphilis, rheumatic diathesis.
  - c. Epidemic influence, contagion.

#### Acute Catarrhal Pharyngitis, p. 269.

- I. Changes in secretion.
  - a. Secretion first lessened.
  - b. Secretion increased, fluid filling the mouth.
  - c. Later \* \* \* of a thick tenacious opaque character.
  - d. In severe attacks, white or grayish white membranous masses form in spots, often mistaken for diphtheria.
  - e. When retained in retropharyngeal tissues, abscesses form.
- II. Changes in tissue.
  - a. Congested, red, swollen.
  - b. Infiltrated with serum.
- III. Anatomical changes and peculiarities.
  - a. More marked in loose areolar tissues of the uvula.
  - b. Extending to involve all adjacent membranes and structures, as the tonsils, pharyngeal muscles, etc.
- IV. Accompanying general changes.
  - a. Onset usually sudden, hence no preceding lassitude seen.
  - b. Rigors.
  - c. Fever.
- V. Physiological effects:
  - a. Thirst.
  - b. Headache.
  - c. Local pain.
  - Also coated tongue, bad taste, loss of appetite.
- VI. Causes:
  - a. Cold, damp, local irritants.
  - b. Complicates scarlatina, measles, erysipelas, influenza, diphtheria, variola.

\*Encyclopedia Britannica.



**Acute Tonsillitis, p. 272.**

- I. Changes in secretion:
  - a. b. Cannot be seen, but swelling implies the filling of the tissue spaces with exudate.
  - c. d. Small yellowish points, distended follicles, show beneath skin.
  - e. Strong tendency to suppuration.
- II. Changes in tissue:
  - a. Congested, red, swollen.
  - b. Swelling indicates oedema.
  - c. d. Cannot be seen.
- III. Anatomical changes and peculiarities:
  - a. Being a ductless gland, secretions are retained; in follicles; a parenchymatous affection.
  - b. Extending to mucous membrane over and near tonsils.
- IV. Accompanying general changes:
  - a. Sudden onset.
  - b. Rigors.
  - c. Rise in temperature.

When suppuration is imminent, the usual changes resulting therefrom are seen.
- V. Physiology of tonsils not understood.
- VI. Causes:
  - a. Cold.
  - b. Predisposition; apt to recur.

**Acute Catarrhal Laryngitis, p. 274.**

- I. Changes in secretion:
  - a. Diminished secretion, dryness.
  - b. Secretion increased, streaked with blood; hemorrhage may occur.
- II. Changes in tissue:
  - a. Congestion, redness, swelling (swelling precedes increased secretion).
  - b. (Swelling indicates oedema—precedent also to secretion).
  - c. Desquamation of epithelium.
- III. Anatomical peculiarities:
  - a. Affecting all, or more commonly circumscribed portions of larynx.
- IV. General changes:
  - a. b. c. Feverishness.
- V. Physiological effects:
  - a. Cough, sense of foreign body in throat.
  - b. c. Pain on swallowing.
- VI. Causes:
  - a. Atmospheric; cold and wet; local irritants; overuse.

**Oedematous Laryngitis, p. 277.**

- I. Changes in secretion:
  - a. Onset as in catarrhal laryngitis.
  - b. Secretion does not escape, but tissues are infiltrated with serous fluid.
  - c. Becoming sero-purulent.
  - d. e. And purulent fluid.
- II. Changes in tissue:
  - a. Hyperemia, redness, swelling.
  - b. Infiltrated with serum, etc.
- III. Anatomical peculiarities:
  - a. The freedom of motion in these parts makes requisite a quantity of loose areolar tissue, which may become distended with oedema, etc. At the same time, the constant friction and use of the larynx requires a thick and tough skin, which may prevent the escape of these fluids. In other parts of the body, such a condition need cause no alarm, as in the uvula, for instance. But the closing of the larynx from oedema and swelling means death from suffocation.
  - b. Oedema extends to fill the areolar tissue of the larynx from any neighboring part, particularly from the tonsil, from which also the secretions do not escape; and also in case of erysipelas, in which the secretion is subcutaneous.
- IV. Accompanying general changes:
  - a. Onset as in catarrhal laryngitis.
- V. Physiological effects:
  - a. Dyspepsia, pain on swallowing.

Rare in children, possibly because the skin is not hardened by use. Oedema sufficient to cause death disappears with death, probably because the limiting contracture of the areolar tissue which confines the oedema to one place disappears with death, allowing the dispersion of the fluids through the cellular system.
- VI. Causes:
  - a. Same as acute laryngitis.
  - b. Abscess in or about throat or tonsil; erysipelas, scarlatina, smallpox, Bright's disease, syphilis.

**Spasmodic Laryngitis, p. 279.**

- I. Changes in secretion:
  - a. Deficient secretion.
  - b. On day following, cough of loose character.
  - c. d. If first paroxysm continues for two or three days, may become fibrinous.

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- II. Changes in tissue:
    - a. Congested, red, swollen.
  - III. Anatomical peculiarities:
    - a. The larynx is a motor organ. Spasmodic action of these muscles obstructs respiration.
  - V. Physiological effects:
    - The spasmodic contraction of the muscles of the larynx precedes the other changes. It therefore corresponds to the response to irritation. The irritant persisting for two or three days, causes deeper injury, and the typical responses therefor.
    - The affection is never fatal, for the approach of death so weakens the muscles that are producing the suffocation that they relax and respiration recommences.
    - This paroxysm, and many paroxysms of a similar nature, begin at night, because in the abeyance of the broader reflexes and higher centres, the action of the lower becomes more dominant. The affection is evidently a reflex neurosis, wherefore we find in the list of causes excitement and violent emotion.
    - The perspiration following the paroxysm is due to a reflex from the lungs, such phenomena being noted in all respiratory paroxysms.
  - VI. Causes:
    - Atmospherical, taking cold, emotion, excitement, excess in eating and drinking.
- b. Especially liable to extend downward, probably following innervation; extending also to pharynx.
  - IV. General changes:
    - a. (Either sudden or) as in acute catarrh.
    - b. As in acute catarrh.
    - c. Fever.
  - V. Physiological changes and peculiarities:
    - a. Thirst.
    - b. c. Interference with respiration, pain on swallowing.

The paroxysmal character of the spasm indicates that it is reflex in character.

The membrane is pictured as forming before any phlegm. This is perfectly possible, in the tissue repair process. The use of the words intense, marked, etc., indicate the greater severity, as well as the suddenness of onset frequently met with. It may be that the membrane forms immediately on account of this severity; or it may be that on account of the strategic importance of the larynx, nature has provided for a more intense and rapid process of closing wounds—such as is seen in the heart, pleural, peritoneum, the spinal membranes, and other places.

The predilection of this disease for vigorous well nourished male children is hardly to be attributed to an amative peculiarity of the disease, but rather to a peculiarity of the constitution of such children. The vigor of the process may be due to the vigor of the nervous system. The association of powerful muscular spasm with this affection represents an effort on the part of nature to bear up under the stress of irritation and to remove the irritant, rather than a feature differentiating this disease from all others.

**Croupous Laryngitis, p. 281.**

- I. Changes in secretion:
  - a. (Sometimes as ordinary catarrh.)
  - b. (First membrane softened by serum.)
  - c. As inflammation extends downward it assumes a muco-purulent character.
  - d. Grayish pellicles form, grow, coalesce into membrane.
- II. Changes in tissue:
  - a. Intensely red, hyperemic, swollen.
  - b. Oedema.
- III. Anatomical peculiarities:
  - a. Membrane always on true vocal chords, and inner surface of the epiglottis; this feature probably indicating the particular nerves involved.

- V. Causes:
  - a. Cold, damp, local irritants.
  - b. Scarlet fever, measles, erysipelas, influenza, diphtheria, variola.
  - c. Heredity, childhood.



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#### *Laryngismus Stridulous, p. 286.*

- I. Changes in secretion:
  - a. b. May have been catarrh.
- II. Not determined.
- III. Anatomical peculiarities:
  - a. Affecting upper air passages and larynx; spasm of muscles innervated by inferior laryngeal nerve.
- IV. Non febrile.
- V. Physiological peculiarities:
 

Stated to be a physiological reflex over the afferent or superior, and the efferent or inferior laryngeal nerves.
- VI. Causes:
  - a. Irritation of superior laryngeal nerve; teething.
  - b. Laryngitis, indigestion, scrofula, the cachexiae, etc.
  - c. Heredity, childhood.

## Vaccination

### Unscientific.

By **Walter E. Elfrink, D. O., Secretary of the Chicago Anti-Compulsory Vaccination Society.**

**D**R. COLLIER'S inquiry in the May "O. P." interests me and with your permission I will try to answer some of the questions which he propounds. The doctor asks, "Is the theory of vaccination unscientific?" I have made a pretty thorough study of vaccination and I have so far failed to find any theory to uphold vaccination, either scientific or otherwise. The practice started in a guess, an accidental "discovery," made by a "barber" which has since been termed a "milkmaid's fairy tale!" So the practice did not have a theoretical basis at its inception, but simply started with the hearsay evidence of ignorant country folks. Since that time the practice has been sustained by "statistics," many of which have been proven false, and by the graft which is a necessary part of the vaccinators' "art."

The most notorious falsehood which is used in support of vaccination is the "Franco-Prussian War Fable." According to this story the French Army was not vaccinated and lost 23,469 men because of smallpox. The Prussian was thoroughly vaccinated and lost only 297 men from this cause. Now what are the facts. In the first place investigation has shown that neither army kept any smallpox statistics at that time; secondly, it has been shown that the rules of the French Army

in regard to vaccination were identical, or nearly so, with those of the German army, and that every soldier was required to be vaccinated upon entering the service. This was so thoroughly shown up that *The London Lancet* retracted the story, as did a number of English authorities.

Yet our Illinois Board of "Health," backed by such alleged "authorities" as Welch and Schamberg, are still publishing this fable, notwithstanding that they have repeatedly been shown the evidence on the other side. Several years ago a lawyer, A. Y. Scott, entered into an extensive correspondence with Dr. Egan, secretary of the Illinois State Board of "Health," and proved that many of the statements of the "Board" were false, but in spite of this fact those same statistics are still doing service in the vaccination "cause."

Again during this last winter I called Dr. Egan's attention to some of these matters, but all the satisfaction I got was the statement that the "Board" was satisfied with the correctness of the figures and would continue to publish them. So it can readily be seen that there is no reliance to be placed on these figures. Some years ago Mr. Lora G. Little of Minneapolis investigated some of the "Health" Board "figures" there and found them to be about forty per cent false enough to make just as good a case for one side as the other.

In the city of Chicago, the "scientist-politician" members of the "Board of Health" have things so ingeniously arranged that no person who is "vaccinated" ever gets the smallpox at all! Their twaddle is very convincing to anyone who does not know all the facts, and it is simply laughable to anyone who does. All their statistics are based on a "creed" the like of which has never before been found. Anyone who will read this "creed," and then put two and two together will readily see that no vaccinated person will ever have smallpox in Chicago, for the very fact that a man has the disease is enough to show that he was unvaccinated! The Board of "Health" proclaims that Chicago is well vaccinated, but I doubt if five per cent of our citizens are vaccinated up to the requirements of this "creed." The Board has uttered sentiments as far-fetched to admit that an "unvaccinated" man had been "vaccinated" five times. But didn't "take," therefore the man was

not "vaccinated" and went into the "statistics" as such. One child was sent home from school for non-vaccination although the operation had been performed a dozen times within a year. They used to tell us that when it didn't "take" it proved immunity and the person was vaccinated, (protected), but now such people are ranked among the unvaccinated. It will readily be seen that no matter what happens the Board will still be able to make out a strong case for vaccination. It would surely be the height of folly to place any reliance upon such foolish "statistics." Someone has well said that figures won't lie but liars will handle figures!

After all, *statistics* may be made to prove anything. I don't think we can prove anything either for or against vaccination in that way until a scientific basis has been laid, either for or against the practice in the fundamental natural laws of the body. Statistics are only useful when we have established a basis for them; otherwise we can prove either side of almost any question with equal facility.

So far as I have been able to find there has never been any such a basis for the vaccination practice. The whole case hangs on the question of statistics and they are not valid testimony. If you want to prove it on that basis, all you have to do is to consult such authorities as Welch and Schamberg on the pro-vaccination side, and then consult Creighton, Ruata, Crookshank and others on the anti-vaccination side and you will certainly have a chance to stand on your head.

The latest theory which may be stretched to fit the vaccination case is that of the opsonins, but also is no more than a guess. It, in its application, presupposes an absurdity and it scarcely seems necessary to say that it will not do as a justification for vaccination.

"Then, how does the disease itself render immunity?" It is a mere assumption that it does. As a matter of fact there is no basis for this idea further than the fact that anyone is less liable to infection from any cause for some time after an acute attack of any disease where a good recovery is made. Even the pro-vaccinationists do not accept the "immunity" theory for they insist on vaccinating people who have had the smallpox.

"Does vaccination fail entirely in rendering immunity?" There is every reason to think it does. We have only to consider the facts in the case to see that this is true. If we consider the total lack of hygiene, sewerage, pure water supply, etc., in the days of real smallpox and plague scourges, we can readily see that it is quite possible to account for the diminution of small-pox on this basis alone without any reference to vaccination at all. In addition to this we know that smallpox was actually increased by the practice of inoculation which was in quite as good repute with the medical fraternity at that time as vaccination is now. But when it caused too much harm the people arose against it and put it out of business.

And yet there is reason to think that modern "vaccination" is not really vaccination at all. Vaccination is supposed to be inoculation with cowpox while as a matter of fact it has never been shown that there is such a thing, but it has been shown that there is an infection conveyed to cow from syphilitics who produces a pustule similar if not identical with the so-called cowpox pustule. At least a part of the makers of "vaccine" virus admit that their original "seed" came from human smallpox, and therefore their virus is simply smallpox material passed through the cow. Inoculation has been made a penal offense in some countries, but here we have a real form of inoculation masquerading under the name of "vaccination."

I believe that many doctors are honest in their advocacy of vaccination just as they are honest in their belief in mercury, bel-



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ladonna, strychnine and other violent poisons. We may respect their honesty; but we can't have a very high opinion of their intelligence.

Their are some honest authorities on the subject, however, for such men as Drs. Creighton and Crookshank must be recognized as authorities and there is good reason for thinking them honest. Dr. Creighton was engaged to write the article on "Vaccination" for Ninth edition of the Encyclopedia Britannica. He was a pro-vaccinationist. His studies convinced him that he was wrong and the whole article is one of the strongest indictments of the vaccination folly that has ever been written. Dr. Crookshank was engaged to answer Dr. Creighton and the result is a two volume History and Pathology of Vaccination which proves to anyone willing to see the facts that there is nothing to the vaccination faith except the ipse dixit of a lot of doctors who are either acting the parts of parrots or have a line of private graft involved in the question.

There seems to be a good deal of a lack of knowledge on the subject of vaccination among the osteopaths and I am glad to notice that quite a number are showing a disposition to learn something about it. I would advise all who want to know the facts from an authority to send \$1.00 to Dr. J. W. Hodge of Niagara Falls, New York, and ask him to send you an assortment of his literature. He wont make anything on the stuff. He has been giving too much away for years. But I am sure it will open the eyes of any open-minded doctor to the huge deception which has been practiced on the people (and the doctors, too) by those who are responsible for this widespread belief in a worn out fetish.

## Osteopathic Insurance Against Malpractice Suits

**A**FTER reading the request of Dr. R. H. Williams of Rochester, N. Y., in your last issue of The O. P. regarding physician's liability insurance I asked Mr. Dewey to prepare a brief outline of the policy he issues. I have one of them. It makes a fellow feel comfortable. Mr. Dewey is a patient of mine and an osteopathic "rooter."—J. A. DeTienne, Brooklyn, N. Y.

"I can procure policies that cover the liability of the assured for bodily injuries, fatal or non-fatal, suffered by any person in consequence of any alleged error, mistake or malpractice, occurring in the practice of the assured's profession, to the amount of \$2,500 for one person, and to the limit of \$7,500 for more than one person, for a premium of \$10. A policy for double these benefits can also be written for a premium of \$20. If any suit is brought against the assured, the Insurance Company will defend, at their expense, against such proceedings, on behalf of the assured, or settle the same, if it is a just claim, but will not compromise any claim without the consent of the assured. This outlines briefly what the policy covers, and I think will give you the information you desire."—Charles Dewey, Insurance, 76 Williams St., New York City.

### Getting Even With the Doctor.

An old Scotchman, not feeling very well, called upon a well known doctor, who gave him instructions as to diet and exercise and rest. Among other things he advised the patient to abstain from all forms of spirits. "Do as I say," he added, cheerfully, "and you'll soon feel better."

The Scotchman rose silently and was about to withdraw when the doctor detained him to mention the all important topic of the fee. "My advice will cost you \$2," he said. "Aw, mebbe," said the old Scotchman. "but I'm nae gaun to tek yer advice."—Lippincott's Magazine.

### In Wrong.

She—A week ago you told me my husband couldn't live, and now he's nearly well.  
Doctor—I can only express my regrets.

## Still Time to Arrange For Dr. Smith's Lecture

¶ There is still time to get a few dates arranged for my lecture on osteopathy this summer if you hurry. I trust you have read some of the endorsements of the osteopaths in the various places I have visited. These without exception express their unqualified approval of the entertainment and educational value of this lecture. They say it is proving a power for the good of osteopathy in these places. It will help your field likewise. Let me hear from you. Address me at Kirksville and mail will be forwarded enroute.

WILLIAM SMITH, M.D., D.O.

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But these opportunities entail a corresponding obligation—the obligation to be prepared, not in the theory of the science merely, but in the methods of best and most resourceful Osteopaths.

A college founded on a commercial basis can never give this—no money rewards it could offer would tempt the men best qualified to teach. Such men are so crowded with work that they are inclined to practice rather than teach.

And the teaching can never be better than the teacher—the stream rises no higher than its source.

The Philadelphia College and Infirmary of Osteopathy is not a money-making institution. Its net earnings go back into bettered equipment.

Its Faculty is made up of practitioners who sacrifice part of a busy professional life to spread knowledge of the science which has their full allegiance.

Every one takes active part in instruction and clinical practice. They demonstrate to the student the methods of some of the most brilliant exponents of the science.

And no other Osteopathic institution has equal equipment and teaching facilities.

**Write to the Dean for Catalogue of the Philadelphia College and Infirmary of Osteopathy, and a copy of the Journal.**

**1715 North Broad Street, Philadelphia, Penn.**

## The Philadelphia College of Osteopathy Moves to New Quarters.

***New Home Approximately Twice Size of Former Quarters—Now Have Special Building for Dissection and Laboratories.***

*By Dr. J. Ivan Dufur, Registrar of the College.*

THE Philadelphia College & Infirmary of Osteopathy is now located in its new home at 1715 North Broad street, Philadelphia. It consists of two fine buildings erected at a cost of \$150,000. The location is ideal, on one of the great boulevards of the world, within easy reach of the clinics, libraries, museums, art galleries, and the shopping and theater center, and in the midst of a populous home section that not only ensures the students good and reasonable board in private families, but brings a wealth of clinical material right to the door. Churches of all denominations are conveniently near at hand.

In the four floors of the main building are grouped College hall, which seats several hundred people, two large lecture halls, ample class rooms, extensive laboratories for experimental and research work, gynecological operating room, the administrative offices, cloak rooms, etc., the best equipped osteopathic infirmary in the world, and the dispensary.

The Anatomical Department and dissecting rooms are housed on the first floor of the annex, only a short distance from the Main Building. On the second floor is the student's gymnasium, where the athletic activities of the College center.

As a literary, historical and medical center the city is pre-eminent. There is the Liberty Bell that rang out from Independence Hall the peal of liberty to the western world. There is the Betsy Ross flag house. There



Chas. J. Muttart, D. O., Dean of the Faculty, To whose untiring efforts much of the success of the Philadelphia College is due.

are churches and government buildings, made memorable in the infant nation's struggles. There is League Island Navy Yard, one of the oldest and largest in the country.

Its institutes, libraries, schools of anatomy, hospitals and museums open their doors to the seeker after truth in the healing art.

The City Hall, the largest municipal building in the United States, and Fairmount Park, comprising 1,000 acres, are among the places of interest.

A dozen theaters, some of them within a few blocks of College, offer the latest attractions in the season. Hammerstein's new Opera House is within a half mile. The Metropolitan Opera season, the Philadelphia Orchestra season, and many other concerts and recitals, many of which are free, appeal to the music lover; while the permanent art collections, as at the Pennsylvania Academy of the Fine Arts and the Wiltach Gallery in Memorial Hall (Fairmount Park), with other exhibitions, attract the artistically inclined.

The Philadelphia College & Infirmary of Osteopathy was organized, as its name indicates, for the twofold purpose of establishing a center for osteopathic teaching in the Eastern United States, and of providing an infirmary where poor people can obtain the osteopathic treatment they desire.

While the Corporation enjoys some of the advantages of a business charter, yet it is the policy of the present Directors, and has been for some years, to apply all the net earnings to the purchase of additional equipment; no part of the profit has ever been paid out to the stockholders in the dividends or otherwise.

The pursuit of this policy enables them to offer the prospective student the advantage of the most advanced apparatus and other adjuncts in every department of the College.

The equipment of microscopes, manikins,



skeletons, obstetrical models, etc., most of which have been imported from the foremost European makers for their special use—has no equal in any other osteopathic institution in America.

The stereopticon is now a permanent addition to the regular equipment in all departments. At first limited to the department of Anatomy and Physiology, it was found so helpful in securing and holding the student's attention, in making the teaching more concrete, and in impressing the memory, that the departments of Histology, Bacteriology and Pathology have also been equipped with it.

As a result of this broad policy, the College has for the fourth time outgrown its quarters, and has been forced to seek larger accommodations for its increasing number of students, as well as for the demands made on its Clinical and Infirmary service.

In location, in equipment, in curriculum, in teaching material, in opportunities for practical work, the Philadelphia College is to-day better than ever fulfilling its mission as the chief osteopathic institution of America.

It has all the resources of the Philadelphia School of Anatomy. It has recently acquired access to the unique collections of the Wistar



J. Ivan Dufur, D. O., Registrar of the College.

Whose ability as a teacher, popularity among students and practitioners, and probity as a manager, have contributed much to the growth of the institution.

Institute of Anatomy, and to the Museum of Comparative Anatomy of the Academy of Natural Science—two collections unequalled in even the medical centers of Europe. It has the freedom of every important surgical clinic in the great medical colleges and hospitals which make Philadelphia the leading medical center of the United States.

It draws clinical material from Philadelphia's fifteen hundred thousand population. Its Faculty includes some of the foremost practicing osteopaths in America, all of whom do active practical work in the clinics.

Those desiring to take up osteopathy as a profession must realize that more emphasis is being placed upon the doctor's resource and preparedness; his professional training; his school.

In a new and uncrowded profession there is so much work waiting to be done that the ablest men are inclined to practice rather than teach.

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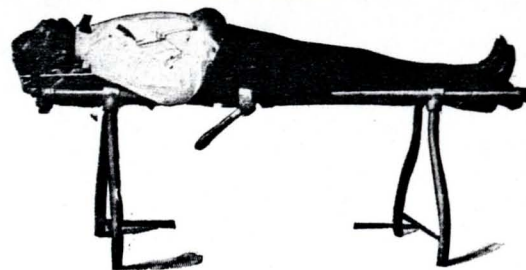
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profession in a great center of practice are ready to sacrifice something for an ideal that a true College of Osteopathy becomes possible.

No college is complete without athletics. The Philadelphia College offers excellent facilities for the usual sports, and is especially fortunate in having among its student body many athletes of considerable reputation. The whole second floor of the Annex in the new College is given over to the students' gymnasium for recreation and training.

The Athletic Association is a healthy, active body, which has for several years entered a Track Relay Team in the National Intercollegiate Races held annually on Franklin Field.

The Basket Ball teams have done themselves credit, and the students include some notable tennis players.

The Track Relay Team made a very creditable record at the intercollegiate race meet held in 1907 and 1908.

### All a Relative Matter.

"The doctor told her she drank too much coffee."

"What did she do?"

"He said she could drink half as much as she was drinking. She obeyed him, but she made it twice as strong."

## Osteopaths Win Blood Twice in Louisiana Fight

LOUISIANA osteopaths scored a partial victory June 18th when the independent osteopathic bill being pushed by our people in opposition to a compromise medical bill passed the House by a vote of 81 to 77. This was achieved in the face of the united opposition of the medical men; so it looks after all as if our stalwarts were going to keep up the osteopathic record for success in Louisiana also.

This queer situation is now presented. The Senate had already passed a compromised medical bill in which the osteopaths in the state were to be licensed to practice. This concession was wrung from the M. D.'s as the price of preventing the osteopaths from fighting their medical bill. Our people, however, went ahead and introduced their own independent osteopathic bill in the House, with the result of the first round victory recorded.

June 15th Dr. C. C. Hewes, secretary and treasurer of the Louisiana Osteopathic Association, wrote as follows:

We fought the Senate medical bill in the com-

(Continued on page 9.)



## THE OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the  
Profession.

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Fairness! Freedom! Fearlessness!

### EDITORIAL

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

#### WHO WILL BE OUR NEXT A. O. A. PRESIDENT?

In the midst of the fun and excitement at Kirksville, our A. O. A. members must remember that they will have to elect officers for another year. By an unwritten law there has never been any self-seeking for the office of president of the association and no electioneering. Such methods would surely defeat the chances of any aspirant. However, by long custom, it is not unusual for those interested in the welfare of the A. O. A. to begin to look around in the ranks a little beforehand for the available man and see, if possible, whether any worthy candidate shall be found standing head and shoulders above the rest.

The *O. P.* has been looking over the map with a long-distance spy-glass the last few days to see if any man of destiny were in view. The editor could not make up his mind that any one had a walk-over for this honor, but he did find several individuals who looked good to him, and no doubt—if this search were continued long enough—the list would grow. There are several men whose names I think are worth mentioning in this connection. No doubt there are scores just as good, and I believe it would be a good plan for some of our leaders to begin to mention names informally in connection with the office of president of the A. O. A. so that delegates could be thinking over whom they believe to be the right man to lead the association next year.

The *O. P.* wishes to make a suggestion in this connection before naming names. That is, that it would be a fitting tribute to the loyalty of the "children" and "grand-children" colleges of osteopathy, descended from the parent school, at this time of national gathering to do honor to Dr. Still upon his 80th birthday, to select a graduate from one of these other schools to be the president of the National Association. This honor has only once fallen outside of the A. S. O. family. That there are plenty of available candidates representing each of these various other colleges of osteopathy, living and dead, none doubts for a moment. That the rank and file of these graduates are just as loyal to the cause of osteopathy as the A. S. O. graduates, none will dispute. Therefore, I think it would be a peculiarly fitting time this summer to elevate some one of our many prominent men to the highest office within the gift of the A. O. A. who was graduated from one of the other osteopathic colleges, living or dead—it matters not which.

Looking for tall men who stand out in the presidential timber like Saul, "head and shoulders above the rest," *The O. P.* optics naturally focus upon good Dr. C. B. Atzen, a trusty veteran and A. O. A. worker, who dwells at Omaha. Dr. Atzen is a graduate of the S. S. Still College. He retires as trustee this year and has made a faithful and businesslike officer. This training has educated him into a knowledge of what executive responsibilities mean in the conduct of the national professional organization. Dr. Atzen is a loyal osteopath and in all respects a man. He would, I think, make a fitting pilot to steer the National Association for the coming year.

Then there is another man way down South in Dixie who stands "head and shoulders above the rest," when he gets up on a step-ladder—not before, to any extent. Perhaps he would not attract attention for his physical prowess under any other circumstances. However, he is a real man, too, and a big one mentally, professionally and osteopathically. His being in the welterwaite class, anatomically speaking, does not prevent him having been a valuable worker in the cause of the profession and in the ranks of the National Association. He dwells at Birmingham, and, all in all, is of the presidential calibre. Of course, you have guessed whom I mean. None other, surely, than Dr. Percy H. Woodall. Dr. Woodall has been one of the veteran workers in the A. O. A. for quite a number of years; he is a member of the Board of Regents for the A. O. A. Dr. Woodall is a graduate of the Southern School of Osteopathy, of the class of 1899. He is the author of a successful text-book, as well as a successful practitioner. He would look well behind the A. O. A. gavel and in all respects, I feel sure, would make a thoroughly satisfactory executive and presiding officer.

Then, way out on the Pacific Coast there is another trojan who has earned a place in the hearts and confidence and respect of osteopaths all over the Union. He has been a successful practitioner, a successful teacher, a successful author and a successful executive whenever called upon to represent osteopathic interests. He is, at present, a member of the California Osteopathic Board. Of course, you know him. Dr. Dain L. Tasker. Dr. Tasker has been a persistent and conscientious worker in the ranks of the profession and the A. O. A., and while not as yet pressed into service to any great extent by that body, he has long been in the professional mind as one fully worthy of rewarding with the highest office in the gift of the profession. Dr. Tasker would make a cracker-jack president of the A. O. A. He is a graduate of the Pacific College of Osteopathy. Professional strife out on the coast has passed away. The time would seem to be ripe to give the Californians this great honor.

Were I not imbued with this idea that it is a good year to honor our visiting osteopaths by selecting one of their number as president of the A. O. A., I would say that Dr. Herman F. Goetz of St. Louis would prove a very happy selection. But it's the visitor's honor this year by rights, and Herm will "keep" till some other time.

Possibly by the time of our next issue we will have our political spy-glass out again. Maybe a look into still other states to locate available presidential timber would show other winners just as good. However, the profession could probably not do better than to stop right here and pick a presiding officer out of this bunch.

Anybody who has an osteopath to suggest for consideration in connection with this office—providing it is *not himself and not her husband*—can go on record through the columns of *The O. P.* What say the members of the A. O. A.? Do either of these gentlemen named look good to you? If not, who does?

#### OUR SCHOOLS SHOULD OBSERVE ETHICS.

All our osteopathic colleges ought to work hard to get new students and make new business for themselves this year, and try, if they possibly can, to keep from proselyting students in the other osteopathic institutions. It will be far better for our schools to work openly in the field and use their strength to make new converts than to work underhandedly against each other. I think this is what our colleges should do and I believe that these bad features should be wholly eliminated from school promotion. Else there will be a good deal of danger to the profession and a good deal of feeling on the part of the public that we have a very poor profession when it becomes necessary to resort to such things. A fountain will rise no higher than its source and if our colleges, one and all, do not live up scrupulously to a clean ethical standard in their dealings with each other, what are we to expect professionally from the graduates put forth?

#### The O. P.'s Legion of Honor

HUNDREDS of osteopaths rushed to get into *The O. P.'s Legion of Honor* just the moment that the invitation went broad-cast to the profession, and hundreds more are scrambling to get in now every week. In one day we have received as high as one hundred responses. All are duly constituted "Eminent Boosters" for the big Kirksville family gathering August 3-8, and are decorated with the A. T. Still 80th Anniversary Souvenir—either watch fob, watch charm or brooch, as the individual prefers. This is also backed up by our bond to deliver *The O. P.* for two years to come and make it better and still better. The total cost to the doctors is



This is How the Brooch Looks (Enlarged).

but \$2.00. Some say the fob alone is worth \$5 and even \$10. So it's an opportunity and a bargain, any way you look at it.

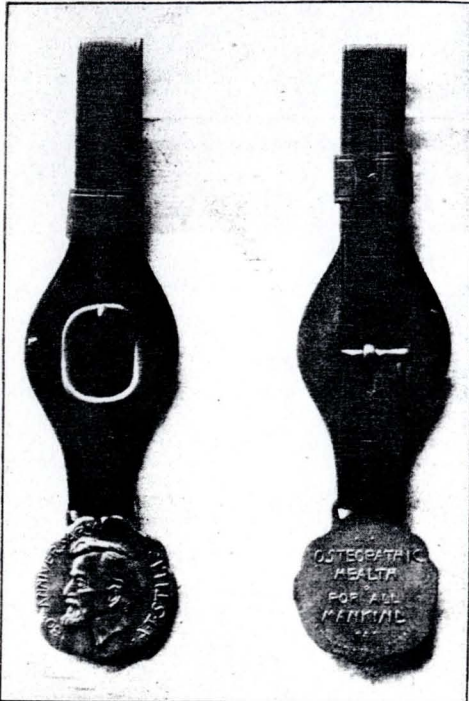
We hope to enroll 4,000 D. O.'s in our *Legion of Honor* and decorate them with the sign and superscription of A. T. Still. Will you be one? The time is now getting short. Send in your order and \$2.00 to-day and indicate whether you wish a fob, a charm or a brooch and whether of Roman gold finish or sterling silver. The gold fobs and brooches have proven the most popular selections and about four out of five "Chevaliers" and "Ladies" of *The O. P.'s Legion of Honor* designate that finish.

As for the "Old Doctor"—Well, he wears both. Wouldn't be at all surprising if he had a brooch, too. Get in your order with \$2 to-day. You can wear your souvenir all your life.



### Our Offer for Thirty Days

SEND us \$2.00 to prepay your subscription for two years to *The Osteopathic Physician* and we will make you a present of your choice of a gold-plated or sterling silver watch fob, watch charm or brooch. We will also enroll you as a "Chevalier" or "Lady" of *The O. P.'s Legion of Honor*, which will be our duly appointed "Committee of Boost, Ceremonies, Welcome and Jollity" to officiate personally and administer collectively to the comfort and pleasure of A. T. Still at Kirksville, August 3d to 8th, 1908. If you're good and belong to this august bunch, maybe you can lend a hand to that mile-long rope that



This Is How the Fob Looks (Reduced).

certificates the same as they do from physicians who are not osteopaths. Notwithstanding the new law giving osteopaths full recognition as physicians in the State of New York, the department steadfastly refused to register Dr. Bandel and our other osteopaths under the astounding impudent pretense of the M. D.'s comprising the board that osteopaths are not physicians and do not practice medicine.

This Appellate decision knocks this presumptuous arrogance of the M. D.'s into a very soiled and crushed cocked hat and furnishes a high court citation which for all time should correct this insulting attitude of medical State Boards against the osteopathic profession throughout the Union. If it doesn't, sue and get damages. The medical pocket-book will prove more alert than medical ethics.

It begins to look like the now celebrated decision in the "Allcutt Case"—that of a mechano-healer, not an osteopath, who was arrested by the County Medical Society and made the pretext for getting a partisan definition of the practice of medicine—will prove to be a boomerang for the County Medical Society, after all. This was a shrewdly planned campaign of Attorney Camp S. Andrews to put the County Medical Society into control of the osteopathic profession of the State of New York. But this Kings County Supreme Court decision now makes Comrade Champ's efforts look foolish, and we congratulate the osteopaths upon their deserved victory and emancipation from medical domination.

"The County Medical Society are the boys who have been fighting us through the Board of Health, and, by the way, the city is furnishing the sinews of war for them," writes Dr. George W. Riley of New York City. "Talk of high finance! Just get an M. D. official to plan it out for you and you will get the most advanced article. Our attorney, Mr. Littleton, thinks the Board of Health will not appeal to the State Supreme Court."

For the help of osteopaths in similar contests all over the Union, we print herewith the full text of the Bandel decision:

SUPREME COURT,

King's County,

In the Matter  
of the Application of  
Charles F. Bandel, an Osteo-  
path,

Petitioner,

Opinion.

against  
The Department of Health of  
the City of New York.

Charles F. Bandel, a regularly licensed and practicing osteopath, applies for a peremptory writ of mandamus directed to the Department of Health of the City of New York, requiring such Department to register him in the list of physicians of the City of New York, and to accept from him death certificates, the same as they do from physicians who are not osteopaths. The Department has refused to so register him, under the claim that he is not a physician and does not practice medicine.

Before any recognition by statute was given to the practitioners of osteopathy, Section 153 of the Public Health Laws had a provision making it a misdemeanor for any one to "practice medicine" without license and lawful registration, and one E. Burton Allcutt was prosecuted and convicted under this act. On his appeal it was held (117 App. Div., 546) that one not licensed to practice medicine, who advertises himself as a doctor, practicing mechano neural therapy, who takes patients, makes diagnosis, prescribed diet and conduct, and who asserts the power to "cure all diseases that any physician can cure without drugs and also diseases that they cannot cure with drugs," and takes payment for consultation and treatment, was properly convicted of a violation of the statute, although he administered no medicine nor used surgical instruments.

So it seems that "the practice of medicine does not consist in merely administering drugs or the use of surgical instruments," the Court saying: "The day has passed when it is thought that a physician's advice was of no use unless he ordered a dose of medicine."

By Chapp. 344 of the Laws of 1905, what was meant by practitioners of medicine was clearly defined in these words:

"A person practices medicine within the meaning of this act, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake

by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition."

By this same act osteopathy is recognized and its practice is regulated with provision for the admission to practice of those qualified. In my opinion the law-makers intended to and do make osteopaths practitioners of medicine, and also makes them physicians because Sub. 8 of Sec. 1 of this act says that a physician means a practitioner of medicine. It is claimed that the practice of osteopathy first began in the State of Missouri. By the statutes of that State, R. L. Missouri, Chap. 128, it is specifically provided that osteopathy is not the practice of medicine. It was in the power of our legislature to make a similar provision, and they did not do so, but, on the contrary, they defined the practice of medicine so that it must be interpreted to include the work done by osteopaths in the practice of their profession. The Sanitary Code of this city provides that the word "physician" shall include every person who practices about the cure of the sick and injured, or who has charge of any person sick, injured or diseased, etc. So it is clear to my mind that osteopaths are physicians and practice medicine, and, except for the restrictions put on them by Chap. 344, Laws of 1905, prohibiting them from administering drugs and performing surgery with use of instruments, they are entitled to all the rights and subject to all the penalties of the other physicians and medical practitioners. The fact that their degree is O. D. instead of M. D. makes no difference so far as their right to register and grant death certificates is concerned. The study required of them before their admission is of such a general and extensive character as to fully fit them to certify as to cause of death of a patient.

Mandamus asked for granted with \$50 costs.  
WILLIAM A. DICKEY,  
Filed May 11, 1908. J. S. C.

### Win First Battle in Louisiana.

(Continued from page 7.)

mittee and asked for an amendment exempting us. They took a vote and five medical doctors voted against it while three laymen voted for us. Then Senator O'Keefe got up and spoke in our behalf and said, as well as I remember, the following:

"These Osteopaths are practicing in the State; they are doing good work; they take the lives of their patients in their hands, and they ought to be regulated."

He then offered an amendment giving us equal rights of the medical doctors and a member on the board of examiners. This also the committee voted down.

We then got busy and made a man to man canvas of the Senate and found before sunset that we would have twenty-seven out of the forty votes with us when the bill came up for engrossment. We made a fight on the floor; but in the meantime the enemy had discovered our strength and knew that their bill would be killed if it was not amended to suit us, so they came to us with a compromise and offered to issue us a certificate to practice medicine and surgery if we applied within sixty days after the promulgation of the act; but they denied us the right to examine the osteopaths who would come into the state in the future.

At this point we D. O.'s split ranks. Some were in favor of accepting the offer and then two years hence demand our separate board. Others wanted simple exemption from the medical bill so that we could get our own bill through this year.

While we were thus squabbling among ourselves the bill came up in the senate. The amendment suggested by the medical doctors was accepted by us—so far as this bill is concerned at least—and the bill has since passed by a vote of thirty-three to three (33 to 3).

Last Thursday our own rival independent bill came up for a hearing in the house. The medical doctors fought it bitterly and claimed that one of the osteopaths had agreed to withdraw the osteopathic bill when they offered us the amendment to their own bill. This the osteopath in question denied. The bill was reported unfavorably by the committee, composed mostly of medical doctors. However we had a minority report and are going to fight it on the floor. We have made a man to man canvas in the house and find that we have a majority. There are a number of men whom we have not interviewed so we hope to pass our bill with flying colors.

Since the passage of the medical bill we have made another canvas of the Senate and find that a majority are in favor of giving us our separate Board. Dr. Ledbetter, the most active of medical doctors who was opposing us, came to me and said if we killed their bill they would bring two-hundred medical men down here; if it cost \$10,000 to kill our bill they would kill it; and then we would be up against Judge Kings' decision (which was to the effect that the present Medical Law applies to us and forbids our practice without a Medical certificate). As other Osteopaths who were present can bear witness, I told Dr. Ledbetter that "we would not withdraw our bill but it was his

the boys will use in pulling Father Andrew down to the square and back. But this honor is optional—not obligatory. And perhaps only the "real sports" will take a dare and get in line! But they will, for sure. Now send in your \$2.00 to-day and get both *The O. P.* for two years and one of these handsome A. T. Still 80th anniversary and osteopathic jubilee souvenirs free—and don't forget to say whether you want it in gold or silver.

Hurry up!

[Note—Orders have come in so fast of late our jewelers can't keep up with deliveries, but we will have a new supply on hand this week and fill all orders promptly.]

### Great Victory for D. O.'s in New York Court

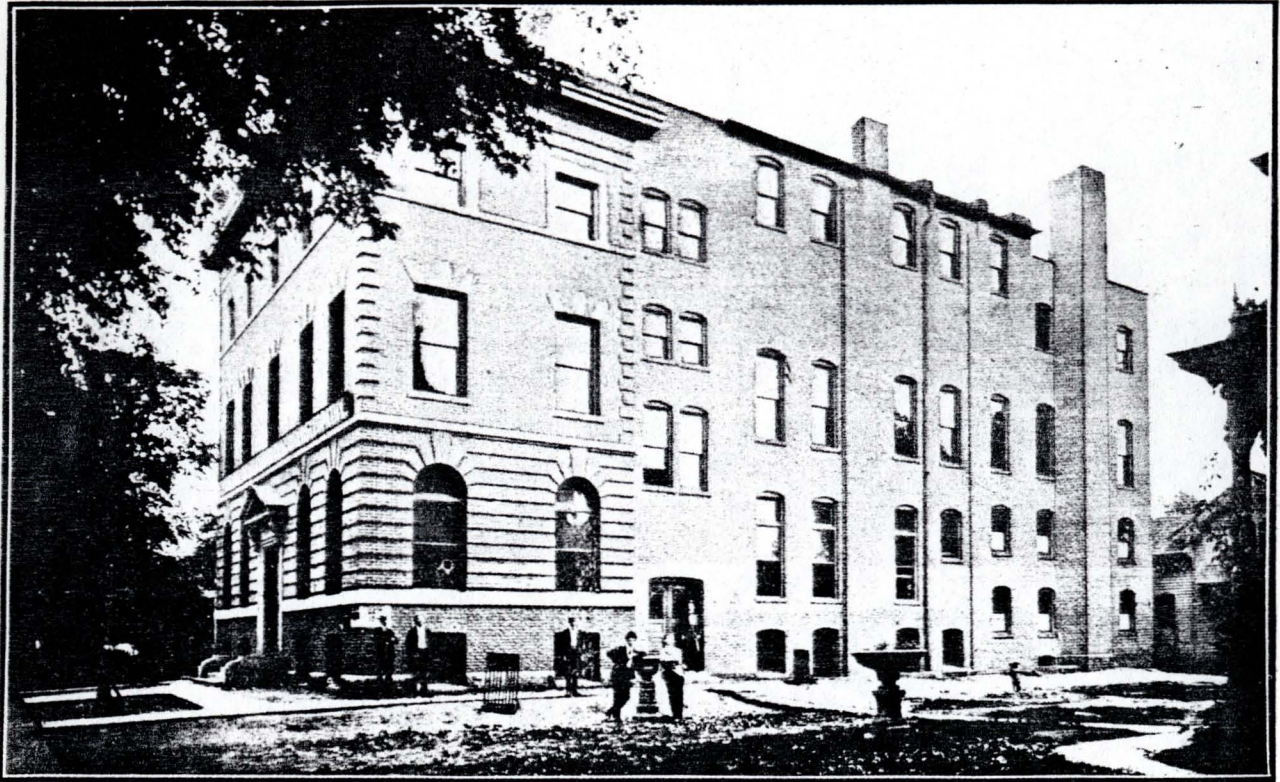
THE Appellate Division of the Supreme Court of New York handed down a decision June 12th, unanimously affirming the decision of Justice Dickey in the osteopathic case of Bandel versus The Board of Health. Thus is scored one of the notably great court victories in the history of our profession.

As will be recalled from our reports in former issues, Dr. Charles F. Bandel of Brooklyn applied for a peremptory writ of mandamus against the Department of Health of the City of New York, requiring it to register him in the list of physicians of the City of New York and to accept from him death









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#### *Dr. A. B. King, of St. Louis, a Typical Man of His Profession*

**T**HE proof of the pudding is the eating" in medicine not less than in other fields of human experience. This being true, osteopathy is an anomaly among medical schools, for not only do osteopaths take their own medicine, but a very important share of all of our doctors now engaged in active practice were first rescued from the grip of disease by the new treatment and then took up the practice of osteopathy after finding what it would do for the sick by personal experience. How many M. D.'s have you ever heard of who studied allopathy or homeopathy because it had cured them of disease? I never heard of one—did you? And yet those now engaged in the work of bestowing the benefits of osteopathy upon their fellow men who themselves became the first beneficiary, can be named by the legion.

One of the shining examples of this truth is Dr. Alfred Byron King, of St. Louis. For twelve years this well-known osteopath engaged in the grind of mercantile life in a wholesale grocery house at Omaha, where he worked up from the beginning until he held a very responsible position. His health failed him completely as the result of too close application to duty. Osteopathy cured him and Dr. King straightway set out to become an osteopath. Isn't it the same old story? Ought not this alone to be the best evidence that the

world asks for regarding the truth and value of the osteopathic system?

As is well known to all of our profession, Dr. King is now one of the foremost osteopaths in our ranks. He is a leading physician in St. Louis, while in practice, as well as in the professional organizations, he has for years been recognized as one of the valiant and useful men of our profession in the state of Missouri.

For some time Dr. King has been receiving the compliments and congratulations of all his friends and visitors over the possession of his ample new offices at Suite 1008 Third National Bank Building, St. Louis. The traveling public say it is one of the finest physician's offices in the country. It consists of three treating rooms, 8x16, 8x14 and 8x12, respectively; quite a handsome reception room, 14x14; a private office, 8x10; a private hallway, 30x6, while every room is an outside room. This office has sunshine on three sides of it and a total of ten large windows. This gives an abundance of light and ventilation. There is not an interior room in the arrangement.

Dr. King's offices are finished in antique oak. The color scheme is green and tan. The furniture in the reception room is of light walnut with tan leather cushions and is the best that "Stickley of Grand Rapids," puts up. An office like this is surely a good investment for any physician who can afford to secure such an ideal arrangement. It delights everybody who calls upon Dr. King and facilitates his work greatly and will no doubt be worth all it costs for the added comfort, convenience and results it will help to show for his cases.

Dr. A. B. King is a product of the S. S. Still College of Osteopathy, at Des Moines. When his health failed him and osteopathy cured him while living in that city, he at once decided to enter Still College, from which he was graduated in 1901. Continuously from that time he has practiced his profession in St. Louis.

He is a member of the American Osteopathic Association; has been president of the St. Louis Osteopathic Association; a member of the Board of Trustees of the Missouri Osteopathic Association; and was at one time associate editor of *The Cosmopolitan Osteopath* at Des Moines. He is a broad-minded physician, progressive and liberal, and is a wholesome force in his profession. His patients know him as a man of persistence and conscientious endeavor, and admire him for his high character, sincere, sympathetic nature and rare professional instincts. He is tactful and discriminating in all his undertakings. Such faculties could not fail in building up the influential practice which Dr. King enjoys.

Dr. King was born at Kitanning, Pa., and came from good old English stock, whose great-great-grandfather settled near Philadelphia. He had his early education at College Springs High School and his college training at Amity College, College Springs, Iowa, where he was graduated in 1883. In religious belief Dr. King is a Presbyterian and in politics, a Republican.

Dr. King was married in 1892 at Dorchester, Neb., to Miss Lora Maud Kettler. One daughter has been born of this union, Louise King. Dr. King is a member of the Iota Tau Sigma Fraternity and was one of the first osteopaths to join *The O. P.'s Legion of Honor*, which means that he wears our gold souvenir fob and expects to be on hand at Kirksville, Mo. whoop for Dr. A. T. Still in the big procession, this summer.



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# American School of Osteopathy

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## Dr. Landes Secures the Best Offices in Michigan.

SAMUEL R. LANDES, pioneer osteopath of Michigan, is being congratulated by his friends upon securing an additional leasehold in the building where he has offices, at 147 Monroe street, Grand Rapids, which enables him to carry out plans for office improvement that he has contemplated for many years. Dr. Landes has become a professional landmark in Grand Rapids and it can be said truthfully few of the men and women who have gone out from our osteopathic colleges have earned as much credit for themselves, done as much good and received as satisfactory recognition and financial reward as "Sam" Landes. It is not flattery to say that Dr. Landes has made himself a strong factor in the medical life of Grand Rapids, and he is respected by the members of the other schools of medicine just as much as by the general public.

A friend of mine said the other day that Dr. Landes was a living monument to the wisdom of "an osteopath keeping his mouth shut and attending strictly to his business." It is characteristic of "Sam" that he has never been much of a talker. He talks very little and with all modesty upon the things he knows a great deal about, and he says nothing at all about the subjects upon which he does not feel the gift of special information. He has never been a knocker of other schools of medicine. He has spoken well of his medical competitors of Grand Rapids or said nothing at all, and the result is, while at first holding him askance and under suspicion, many of the M. D.'s at length came to sending him their difficult patients, knowing full well that Dr. Landes would always give them a square deal and due professional consideration.

Meanwhile, Dr. Landes' practice and popularity, professional and social, continues to increase, and today there are few osteopaths in practice who will not say that Dr. Landes has enjoyed phenomenal success in his work in all directions. He is a member of exclusive clubs of the city and is a factor in social life. His business interests have been well conserved, and it is no idle boast to say that this practitioner has accumulated \$30,000 in cold cash besides property in the past decade. He owns a fine stock farm in Missouri and is a chronic fisherman.

There is one thing about "Sam" that always makes me laugh. He is an anti-vivisectionist of the most sincere type, and he will raise his hands in horror as high as Dr. Walter Elfrink of Chicago, at the mention of vivisection experiments for the investigation of physiology. He thinks it is a cruel practice—but, mind you, Sam will go a-fishing and hook the finny prizes and he'll catch a boat-load of 'em if he can, and anti-vivisection principles have no relation whatsoever to a good day of sport when Sam goes a-fishing.

But I started to tell about Dr. Landes' new offices. He now occupies the entire front fourth floor of the Kendall Building, with 50 feet frontage on Monroe street and 1,500 square feet of floor space in all. He has six rooms, three large rooms fronting on Monroe street. The reception room and library is 15 by 21 feet and is furnished with heavy mahogany and leather. His bookcases are sectional and in mahogany.

There are three commodious treating rooms and two rest rooms. Oriental rugs are scattered about, and in the treating rooms there are full length mirrors for the accommodation of women patients. This altogether makes Dr. Landes' offices probably the largest and best appointed offices of any physician in the state of Michigan.

Dr. Landes is one of the pioneers of the profession and graduated at the American School of Osteopathy in the class of 1895, the second year of the history of the parent col-

lege. He remained on the staff of the A. T. Still Infirmary for several years and was one of the most conscientious and competent practitioners among that early band of men and women who numbered such other distinguished osteopaths as Dr. Hildreth, Dr. Nettie H. Holles, Dr. Alice Patterson-Shibley, Drs. Harry and Charlie Still, Dr. Herbert Bernard and others.

Dr. Landes left Kirksville to locate in Grand Rapids and has never made any other move since taking this field. He has been honored with the presidency of the State Osteopathic Association and presidency of the State Osteopathic Board. "Sam" says he will forego that fishing trip this summer and be at Kirksville to lend a hand drawing Dr. A. T. Still's carriage through Kirksville in state, with all the rest of the old "grads" in line.

## In D. O. Land

### Oklahoma's Annual.

The state meeting of the Oklahoma State Osteopathic Association was held at Guthrie, June 17th.

### Elgin D. O. Has Smallpox.

Dr. Chas. H. Murray, of Elgin, Ill., is a victim of smallpox, being in quarantine in his home at Elgin. His case is not a severe one.

### Another Fight for Pennys.

The members of the Pennsylvania Osteopathic Association have prepared another bill which they will present at their first opportunity, seeking to put the practice on a legal basis in Pennsylvania.

### Patience Wins Always.

"Osteopathic Health" is bringing results for me now. Why it did not sooner is more than I can understand. It didn't for a time—but it does now. Patience wins.—Dr. A. B. King, St. Louis, Mo.

### Need Diplomas in Missouri.

Attorney-General Hadley of Missouri has delivered an opinion that all osteopathic doctors practising without a diploma from some regular college of osteopathy are doing so illegally, whether the State Board has given them a license or not.

### Dr. R. H. Williams Did It.

Credit is due Dr. R. H. Williams of Kansas City, Mo., for making the good cure referred to in that article in the June "O. H." entitled "When Gastric Secretions Had Dried Up." It was a rare case and he has a right to be proud of his achievement.

### Detroit's Adjournment for Summer.

The Detroit Osteopathic Society held the last regular meeting for the year June 9th. After a business session and interesting clinic, a five-course "spread" was greatly enjoyed. The host and hostess, Drs. T. M. & Dorothy Sellards, proved themselves royal entertainers.

### Fraternal Times in St. Louis.

The St. Louis Osteopathic Association held some excellent meetings this past winter and spring. Dr. Geo. Laughlin gave us quite a feast Monday, May 18th. The meeting that evening was held at the Sanatorium and supper served by a caterer after the clinics.—Dr. Arlowyne Orr, St. Louis.

### St. Louis Women Osteopaths' Dinner.

The St. Louis Woman's Osteopathic Club gave a dinner at the Buckingham Hotel May 15th. Those present were Doctors Moore, Chappell, Orr, Notsein, Schaub, Adams, Ingram, Lewis and Wycoff. The Misses Orr, Beeson and White were guests. After the dinner all of the women went in a party to the charity carnival.

### Now Painting Old Doctor's Picture.

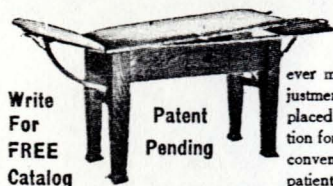
The profession has succeeded in raising sufficient funds to insure painting a fine art portrait of the Old Doctor—a picture for posterity. The committee selected Mr. George Burroughs Torrey, a well known artist, to do the work. Presumably he is now in Kirksville, busy at his task. He will complete the work in time for the unveiling at the great meeting in August.

### What Is Life Without "The O. P."?

I find I can't live longer without your paper (O. P.) so I'm inclosing a dollar for a year beginning with May. Have very recently been appointed medical examiner for the Royal Acates, which fact explains the dollar; other-



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Dr. George T. Hayman, 317 Mint Arcade, Philadelphia

wise I would have sold my "nutshell" rather than miss reading your live wire.—Fraternally, Dr. H. B. Mason, Temple, Texas.

### Bill Smith Made Good at Colorado Springs.

The Colorado Springs Osteopathic Association would like to say through your excellent paper that the lecture delivered in this city last night was satisfactory in every particular to both osteopaths and citizens. Dr. Smith started out by saying he was not here to boost any osteopath or school, but he was here to boost osteopathy and we can candidly say he did it. The audience was large and appreciative, and on the whole we feel well paid for the expense.—By order of Colorado Springs Osteopathic Association, M. Jeannette Stockton, Sec'y.

### Antiseptic Success.

Dr. R. H. Williams of Kansas City is sending the profession an orange-tinted circular this month for his antiseptic that hits the nail on the head and convinces one of the wide popularity his ezema antiseptic and antiseptic soap both enjoy. As a cleansing and antiseptic preparation we know nothing better. Give these articles a trial.

### D. O. Re-elected Health Officer.

That Dr. C. A. Whiting was unanimously re-appointed health officer in his home town, South Pasadena, California, after a most highly complimented efficient past year. Dr. Whiting was re-elected chairman and the undersigned secretary of the Biological Section of the Southern California Academy of Sciences, of which Dr. Whiting is also a prominent director.—C. H. Phinney, D. O., Los Angeles.

### Kansas City Women D. O.'s.

The Woman's Osteopathic Association of Kansas City, held its regular monthly meeting June 2 in the office of Dr. Harriet Crawford, New Ridge building. Papers were read as follows: "Erysipelas," by Dr. Matilda Loper, and "When is a Surgical Operation Necessary?" by Dr. Theodosia Purdon. Both papers were followed by discussions. The association recently presented to the Kansas City Library one copy of "Booth's History of Osteopathy." The meeting adjourned for the summer to meet in September.—Dr. Nellie M. Cramer, Sec'y.

### Atlas and Axis Joint Banquet.

A joint banquet of the Axis and Atlas Clubs will be held during the convention at Kirksville on the evening of August 4. Three hundred are expected to be present. As the committee must guarantee the expenses of the banquet beforehand, it is necessary to receive an order from each person wishing to reserve a plate. Each one present must pay for his own plate, costing from \$1 to \$1.50. Reply at once, stating how many reservations you wish to make.—Committee, J. C. Greenwood, H. W. Maltby, D. O., Christian Luft and Richard Prindle, Kirksville, Mo.

### Fourth Illinois District.

The fourth district of the Illinois Osteopathic Association held its third annual meeting at the Illinois Hotel, Bloomington, May 30th. A banquet was served at 6:30 o'clock. Following the banquet an address was made by Dr. F. P. Young, who conducted also an interesting clinic, a case each of simple goitre, Wharton's disease and serotal hernia. Clinics were followed by a lecture on the part osteopathic lesions play in the etiology of disease.—Bloomington Bulletin.

### Chiropractic Mallets Get Results.

Thomas H. Storey, convicted of practicing medicine without a license at Los Angeles, was recently sentenced to 60 days in jail and to pay a fine of \$500. This is the severest sentence ever made in the justice court at Los Angeles for such an offense, but Storey's deserts were unusual. It is alleged he used a mallet and pounded his patients on the spine, a la chiropractic, until they were exhausted. A woman witness said her husband died after five of these royal good treatments. A complaint was filed against Storey at the time, but he fled to Mexico. Upon his return he was arrested, tried and given the limit which the justice had in his shop.

### Kansas-Missouri Fraternity.

The joint meeting of the Southwest Missouri and Southeastern Kansas Osteopathic Associations was held at the office of Dr. Strickland, corner of Seventh and Main streets, Joplin, Mo., June 13th. During the evening several addresses were made and after these a general discussion of the subjects were held. The next meeting of the association will be held in Pittsburg, Kan. The addresses of the evening were made by Dr. Willis of Pittsburg, who spoke on "Professional Charges," and by Dr. Strickland of Joplin, on "For the Good of the Cause."—Joplin Globe.

## IT'S A BACK SAVER

and obviates all awkwardness embarrassment and weariness connected with treating on low beds: folds flat to set in closet; oak turned legs, pantosote cover, perfectly strong and solid,



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**Withdraw Osteopathic Support from San.**

The osteopathic sanatorium project at Atlantic City has had to be given up for the present, at least, owing to the fact that one of the largest stockholders was squeezed by the money depression and had to sell out. His stock was bought by a man who would not submit to our scheme of making it a strictly osteopathic sanatorium, and as he insisted on the introduction of all manner of treatment, agencies and devices, Drs. O. J. Snyder and T. Simpson McCall withdrew from the corporation. They hope to get a new osteopathic institution organized there sometime in future.

**Philadelphia College Banquet.**

The annual dinner of the Alumni Association of the Philadelphia College of Osteopathy, of which Dr. Eugene M. Coffee is president, was held at the Hotel Walton the night of June 6th, and proved a most brilliant affair. Dr. Walter L. Beitel was toastmaster, and speeches were made by Drs. O. J. Snyder, C. F. Muttart, C. W. McCurdy and President Coffee. The banquet was marked by the best of good fellowship and the speeches proved both witty and entertaining. The association is growing rapidly in numbers and comprises most of the leading osteopaths of the city.—Philadelphia Record.

**Christian Science Wisdom.**

Dr. Floyd H. McCall of Atlantic City, N. J., was fined \$10.00 for speeding his automobile by Recorder Hayes, a professed Christian Scientist, who refused to recognize the osteopath as a "regular" physician. He admitted that "doctors" had a right to speed on the way to their emergency cases, but said the osteopath was not a doctor, and had no right to be speeding to a patient. This fact—deeply rooted in the mind of the C. S. bigot—cost Dr. McCall \$10.00. Holy Gee!

**Boost This Woodman Resolution, Modern**

In effect this resolution will make it the duty of the head state physician to appoint osteopaths as examiners, especially in states where there is osteopathic recognition or where there are osteopathic members of the National Association, to the office of camp physician when elected by the local camp. As it is the head physician is an allopath and he turns down everybody but allopaths, possibly letting in some homeopaths. The neighbors are requested and urged to see all the delegates from their own and the neighboring camps and secure their co-operation in getting the resolution adopted. By a united effort we can secure this just recognition. The other Woodman order recognizes osteopaths, and there is no reason why M. W. A. should not appoint osteopaths also.

**Osteopathic Test in Indiana.**

Dr. J. Andrews Barnett is seeking to compel the State Board of Medical Examination and Registration of Indiana to grant him the privilege of taking the examination and be licensed to practice in that state. He is a graduate of Still College. "The rule enforced in the State Board," says he, "requiring a four years' course in a medical college before its graduates may be recognized is illegal because it shuts out all the present graduates of all the schools of osteopathy alike." Argument was heard on the case in the supreme court at Indianapolis June 16th.

**A National Osteopathic Sorority.**

With the distinction of being the first national osteopathic sorority of the world, Beta chapter of the Delta Omegas was organized at Still College, May 21st. Dr. Cora Parmalee of Denver, Colo., was in the city to install the chapter. After the exercises the members and Dr. Parmalee were entertained by an auto tour about Des Moines. The six charter members of the sorority are as follows: Mrs. William Denholm, Mrs. L. V. Symons, Miss Bertha Gates, Mrs. Grace Hillery, Miss Tupper and Miss Carrie Harvison. Saturday afternoon the chapter will take luncheon at the home of Miss Harvison, 2916 Brattleboro avenue.—Des Moines News.

**In the Millionaire District.**

The Osteopathic Society of Allegheny County held its regular meeting May 23 in the offices of Drs. Goehring, 339 Fifth avenue, Pittsburg. The largest attendance in the history of the Society was registered. The following program was given: "The Law of the Movements of the Spinal Column," by Dr. William L. Grubb. Some practical features in dietetics, by Dr. Harry M. Goehring. Are you going to attend our state meeting?, by Dr. E. N. Hansen. Every one took an active part in the program and went away feeling that it "was good to be here."—Dr. Noyes G. Husk, Sec'y.

**Pull for Unity.**

In last month's O. P. you put forward an article entitled, "Editorial Confidences." There

are many of us not of the parent school who appreciate this plea to eradicate the wrong so frequently done by the graduates of the A. S. O. The watch word in the osteopathic world today is "UNITY." We must pull together. Differences and school pharisaism will not help, but will make things hard indeed. Possibly this might have been justifiable some years back, but it is surely bad taste at present. School prejudices do not dignify the profession. Let us become a grand nationalized profession.—Dr. Carl W. Kettler, D. A., Washington, D. C.

**Boom On At Still College.**

Prospects for Still College are very bright. We have had a glorious year. Next year Dr. Meacham of Asheville, N. C., will deliver a series of lectures to our students on "Tuberculosis." Dr. Bolles of Denver will be with us all year and will be one of the regular instructors of the college, and Dr. Atzen of Omaha will deliver a series of lectures on the "Principles of Osteopathy." Dr. Storms, president of the Iowa Agricultural College at Ames, the foremost institution of its kind, delivered the graduating address to our class.—Wm. E. D. Rummel, Secretary, Still College.

**Round Table in Southwest Kansas.**

The monthly meeting of the S. W. Mo. & S. E. Kansas O. A. was held at Dr. Otilie Strickland's office, Joplin, Sat. May 30th. A "Round Table" was established with subjects, Laws, Prices, Professional Etiquette, Literature, Dress, Habits, Office Furniture, Social Features, Educational Advertising, Relation of the Doctors to the community, Dietetics and Psychology. These subjects were assigned to the members and for six months at roll call they are to give their current news on these topics. The program rendered consisted of two papers, "For the good of the cause," by Dr. Strickland, and "Professional Charges," by Dr. Willis.—Dr. Florence Magers, Geslin, D. O., Sec'y.

**Kentucky State Meeting.**

The Kentucky Osteopathic Association met in the Y. M. C. A. building in Lexington, May 4, and elected the following officers: President, B. S. Adsit; vice president, O. C. Robertson; secretary and treasurer, Martha Petree; trustees, S. W. Longan and G. R. Carter. Dr. Evelyn R. Bush was chosen delegate to represent Kentucky at the A. O. A. meeting in Augusta.

After the election of officers the following program was carried out: "Some Intra-pelvic Conditions; Their Diagnosis and Treatment," Dr. Perry H. Woodall, Birmingham, Ala.; "Osteopathy vs. Drugs in Acute Diseases," K. W. Coffman; "Manipulations Correctly Applied," Dr. A. G. Hildreth, St. Louis; "The Spine," B. S. Adsit; "Elimination," E. W. Longan. The visiting doctors, Dr. Hildreth and Dr. Woodall, added much to the interest and value of the program. Dinner was served at the Phoenix. The whole day was an enjoyable as well as profitable one.—Martha Petree, Sec'y.

**Will Seek Amendment to Woodmen By-laws.**

I enclose an amendment to Modern Woodmen of America by-laws which I will have introduced at Peoria, June 16th. If you can help in any way please do so.

To the Head Camp, Modern Woodmen of America, Peoria, Ill.

We wish to offer the following amendments to Section 302, Chapter 44, of By-laws, to-wit: In lines 4 and 6 of said section, after the word medicine insert the words "or osteopathy," making the section read as follows:

"Sec. 302. Qualifications of Camp Physicians. —In order to be eligible to the office of camp physician, the candidate shall be a graduate of some reputable college of medicine, or osteopathy, and be of good standing in the profession and be entitled under the laws of the state or territory in which he resides to practice medicine or osteopathy therein."

It's a good thing for D. O.'s to push along.—W. A. Fletcher, Clarksburg, W. Va.

**Eighth Texas Osteopathic Association.**

The eighth annual meeting of the Texas Osteopathic Association convened at the Cathedral hall, Galveston, May 29 and 30. Our president, Dr. A. P. Terrell, of Dallas, was not able to attend on account of high water. Dr. T. L. Ray was elected president pro tem. Dr. J. F. Bailey, of Waco, a member of the State Medical Board, made a report of the business passed upon by the State Board, stating that reciprocity had been established with Maine, Minnesota, Missouri (partially), Michigan, Maryland, Indiana, Iowa, District of Columbia, West Virginia, and that they were endeavoring to procure reciprocity in many other states. Very interesting clinics were presented by Dr. W. Davis, of Beaumont, Dr. H. B. Mason and others. "Successes and Failures in the Practice of Osteopathy" were discussed by Drs. T. L. Ray and R. R. Norwood. A paper was read by Dr. W. A. Noonan on "Demonstration of Lesions of the Dorsal Spine—Cause, Effect and Reduction." Address of president was read by Dr. Paul Shoemaker. Officers elected: President,

Dr. W. E. Noonan, Houston; first vice president, Dr. D. L. Davis, Hico; second vice president, Dr. E. E. Larkin, Galveston; secretary and treasurer, Dr. R. R. Norwood, Mineral Wells. Trustees elected for three years: Dr. D. W. Davis, Beaumont; Dr. J. T. Elder, San Angelo. The meeting, though small in attendance on account of floods and washouts, was full of enthusiasm.—Dr. R. R. Norwood, Sec'y.

**Third Illinois District.**

The third district of the Illinois Osteopathic Association held its bi-monthly meeting June 3d at the residence of the Drs. Chapman, Galesburg, after a dinner served by them at the Illinois hotel. Many of the doctors from adjoining counties were in attendance and a very interesting and enthusiastic meeting was held. Plans were made for attending the annual state meeting to be held at Quincy, August 1; also the National Osteopathic Association, which will be held in Kirksville, Mo., immediately following state meeting. The first subject on the program was "Insomnia," by Dr. Cora Hemstreet. The manner of treatment of such cases was outlined. Dr. Etta O. Chambers of Geneseo read a good paper on the subject of "Rectal Fissures and Hemorrhoids." Dr. Fred D. Gage of Chicago was present as a guest of the association and assisted in the examination of clinic cases. The meeting then adjourned to meet October 1, with Dr. Gilmer and Dr. Messick, in Monmouth.—Galesburg Mail.

**Harmony Supreme in California.**

Those outside of California who have kept more or less posted about our friction will rejoice when I say that harmony now reigns supreme. The session of the California Osteopathic Association held at Fresno, May 28 to 30, was indeed one of the most harmonious and profitable ones ever held in the state. Meeting this year near the center of California, at a distance from the large cities, those who attended showed their zeal and earnestness for the profession. The banquet on Saturday night was also enjoyed by all. After adjournment several took advantage of arrangements made and added extra pleasure to their trip by going to Yosemite Valley. The following program speaks for itself.

One thing that materially added to the interest was the number of good clinics with practical demonstrations in diagnosis and technique.

The officers for the coming year are: H. F. Miles, president; Nettie Olds Haight, first vice-president; J. Leroy Near, second vice president; Effie E. York, secretary, and Lester R. Daniels, treasurer. Trustees: Dain L. Tasker, Elwood J. Thorne, Sophie L. Gault, W. R. Laughlin and W. W. Vanderburgh. The one regret expressed was that there was not time enough even with three days being devoted to the work of the convention.—Dr. Effie E. York, Sec'y.

**Philadelphians Up and Doing.**

The regular monthly meeting of the Philadelphia Osteopathic Society was held in conjunction with the Alumni Association of the Philadelphia College of Osteopathy at Grand Fraternity Hall, June 2d, at 8 p. m. There was a large number of practitioners and members of the graduating class present. After a short business session at which a letter from the mayor was read asking for co-operation and funds for Founder's Week, a committee was appointed to confer with the authorities to see whether official recognition would be granted osteopaths in the program of events, or if they simply wanted our cash. The literary portion of the program began with a piano solo by Mrs. Florence Stoeckle, a student at the P. C. O. Dr. Irving Whalley read an interesting paper on "Osteopathic Errors" in which he criticized some of the common faults of the profession. This was followed by some good fatherly advice from Dr. William B. Keene and Dr. O. J. Snyder upon the proper conduct and management of an office. Then the assemblage was invited to sing a song written by a fellow member. Dr. E. M. Coffee as president of the Alumni Association then made his annual address, which was well received. Dr. C. W. McCurdy, president of the Philadelphia Osteopathic Society, then read a lengthy research article entitled "Strength and Economy of the Human Body," in which he went into a full description of a rather complex subject. Dr. E. D. Burleigh then read a humorous poem and afterwards the society sang the "Battle Hymn of Osteopathy" and adjourned.—Walter Lewis Beitel, Sec'y. Pro Tem.

**Distressing Fatality in Dr. F. H. Smith's Family.**

Dr. and Mrs. Frank Hunter Smith, of Kokomo, Ind., sustained a crushing bereavement in the sudden death of their little daughter, Kathleen, June 13th, as the result of a chemical accident. The child had been suffering from pin worms and Mrs. Smith, under direction of the father, at bedtime gave an enema containing a supposed weak solution of carbolic acid. The proportion of water and carbolic acid had been carefully prescribed by Dr. Smith to make the solution weak enough to be innocuous, while sufficient to eradicate worms.

By a peculiar accident that could not have



been anticipated, but which is not unknown in the medical annals, the carbolic acid did not mix with the water, and being heavier, evidently settled at the bottom. Thus a small quantity of carbolic acid was injected into the tractus intestinalis with the result of quick absorption. It caused paralysis of the nerves, yet with no hint of pain, and finally arrested heart action, causing the little girl's death almost before the mother was aware that the child was succumbing to the absorption.

Physicians were called and antidotes promptly administered, but to no avail.

Mrs. Smith is crushed with grief over the occurrence, blaming herself, while blame could not rightfully fall on any human agency. A council of physicians in Kokomo declared that such an accident might have happened to the most competent medical practitioner.

Little Kathaleen was in her eighth year and was recently a caller at the office of The O. P. with her father. Dr. Smith and his family had just completed arrangements for their summer vacation on the north lakes, and would have left within a few days. The profession will tender its sincere sympathy to the afflicted parents.

#### Georgia Osteopathic Convention.

The fifth annual meeting of the Georgia Osteopathic Association was held at the Kimball House, Atlanta, Georgia, May 27 and 28. After the address of welcome by Dr. M. C. Hardin, President L. N. Turner delivered his annual address, which was very much enjoyed for its practical common sense. Dr. Hardin was appointed delegate from Georgia to the A. O. A. convention, to be held in Kirksville, August 6th to 8th. Dr. Frank F. Jones, of Macon, presented a very interesting paper on "Appendicitis;" Dr. Thos. L. Davis, of Savannah, spoke interestingly of his experience with "Cervical Lesions and Fractures," citing a case of national import.

Dr. Hardin gave an instructive and scientific outline of the work of the great anatomists of the world, who met at Basel, Switzerland, in 1895, to formulate a nomenclature, styled "The B. N. A. System," and along those lines the proposed "Osteopathic Nomenclature and Terminology." Dr. H. W. S. Hayes was appointed secretary of information, whose duties shall be to the securing and furnishing information, at the request of any member of the association, regarding etiology, pathology, symptomatology and treatment, in any case and with case reports.

Delegates from the Georgia Osteopathic Association to the A. O. A. convention were instructed to invite the A. O. A. to hold its next meeting in Atlanta, the city offering unexcelled facilities in railroad transportation, hotel accommodations and a new auditorium, which will be completed by them, at a cost of \$100,000.

The election of officers resulted: President, Dr. Frank F. Jones, Macon; vice president, Dr. Elmer T. Hall, Atlanta; secretary and treasurer, Dr. John W. Phelps, Atlanta. Executive board: Dr. Chas. E. Lorenz, Columbus, for one year; Dr. Thos. L. Davis, Savannah, for two years; and Dr. Elizabeth Broach, Atlanta, for three years. Wednesday evening the Atlanta Osteopathic Society complimented the visiting osteopaths with a delightful banquet. Dr. Frank F. Jones acted as toastmaster in his characteristic

style. Bright responses were made by many present. All agreed that there is nothing equal to the "Atlanta spirit." The convention adjourned, to meet in Atlanta again next year, to celebrate the tenth anniversary of the advent of osteopathy in Georgia. Taken all in all, it has been the most successful meeting in the history of the association.—Dr. John W. Phelps, Secretary and Treasurer.

#### Tenth Annual Meeting of Iowa Association.

The tenth annual meeting of the Iowa Osteopathic Association was called to order May 21 in Assembly Hall of Still College, Des Moines. Invocation by Rev. Howland Hansen, after which Mayor Mathis warmly welcomed the association. Response by Dr. J. S. Baughman, of Burlington. President J. R. Bullard of Marshalltown delivered an address. The association then listened to some interesting papers, viz.: "Some Cases Involving the Digestive Tract, with Diet and Treatment," by Dr. A. Clifford Brown, of Council Bluffs; "Some of Our Liabilities," by Dr. Della B. Caldwell, of Des Moines; and following were clinical demonstrations conducted by Drs. Geo. W. Weddell, Carl M. Post and C. E. Thompson, of the faculty of Still College. These were of much interest to every practitioner. In the evening Dr. Clark M. Proctor, of Ames, conducted a successful Round Table for the benefit of all.

On the second day Drs. S. S. Still, C. W. Johnson, U. S. Parish and J. S. Baughman gave short but interesting talks on the subject, "Successes and Failures." These were followed by Dr. S. B. Miller, of Cedar Rapids, who presented a paper on "Our Ethical Standing and How to Improve It." The improvements were recommending our code of ethics with modifications that all would do well to follow. Dr. B. E. Washburn, of Iowa City, held the close attention of those present for some time with a paper on "The Treatment of Tuberculosis." Dr. Elizabeth M. Thompson of Ottumwa conducted an open parliament on "Acute and Infectious Diseases." Dr. William Smith of the American School of Osteopathy delivered an illustrated lecture on "The Common Sense Method of Handling a Case of Normal Labor." This lecture was full to overflowing with good points for the practitioner in the field.

Report of committees and election of officers was the next on the program and these officers were elected: President, Dr. J. R. Bullard, Marshalltown; first vice president, Dr. S. B. Miller, Cedar Rapids; second vice president, Dr. A. C. Brown, Council Bluffs; secretary, Dr. T. B. Larrabee, Anita; treasurer, Dr. L. C. Thompson, Red Oak; delegate to A. O. A. Council, Dr. U. S. Parish, Storm Lake; alternate, Dr. U. M. Hibbets, Grinnell. Trustees: Dist. 1, Dr. R. C. Blair, Parkersburg; Dist. 2, Dr. S. B. Miller, Cedar Rapids; Dist. 3, Dr. J. S. Baughman, Burlington; Dist. 4, Dr. R. S. Dysart, Webster City; Dist. 5, Dr. U. S. Parish, Storm Lake; Dist. 6, Dr. M. C. Brown, Council Bluffs; Dist. 7, Dr. C. W. Johnson, Des Moines, and Dist. 8, Dr. Lillian E. Waggoner, Creston. Legislative committee: Dr. S. S. Still, Des Moines; Dr. C. W. Johnson, Des Moines; Dr. S. B. Miller, Cedar Rapids; Dr. O. M. Proctor, Ames; Dr. F. G. Cluett, Sioux City; Dr. L. O. Thompson, Red Oak; Dr. U. S. Parish, Storm Lake.—Dr. T. B. Larrabee, Secy.

## The July Issue is Unique

YOU will have an enhanced appreciation of your own science and practice, Doctor, after reading the July issue of *Osteopathic Health*. It makes it plain that osteopathy is the great medical discovery of the ages. It makes it plain that all physicians would like to give up drugs but that osteopaths are about the only ones who can. The influence and necessity of constant stimulation to nerve is explained and how its abuses run into disease is made plain. How osteopaths have a new way to administer healthful stimulation and remove abnormal stimulation of nerves is elucidated.

Read below the several various diseases explained from the osteopathic standpoint. Piles, angina pectoris, neuralgia, headaches and locomotor ataxia are all set forth clearly and the benefit of osteopathic treatment proven.

In all these diseases the patient and the public will be made to understand clearly by this one issue how nearly all disease starts as a disturbance of circulation.

You want this number, Doctor. Order today.

Fraternally,  
HENRY STANHOPE BUNTING, A. B., D. O., M. D.  
Editor.

#### PERSONALS.

Dr. E. W. Tate of Newark, N. J., expects to go to Europe this August for his vacation.

Dr. W. J. Ford of Seattle, Wash., who has been in Kirksville two months, has returned to his home.

Dr. Mary N. White, of Brooklyn, intends to change her office location and the same will be closed for the summer.

Dr. U. M. Hibbets and wife, of Grinnell, Ia., are visiting Baltimore and other eastern cities, leaving their patients to recuperate during their absence.

Dr. Charlie Still was in Detroit and called upon his family of the A. S. O. on the 8th of June and gladdened all their hearts by his wholesome and genial presence.

Dr. E. R. Ryerson, formerly located at Beaver Crossing, Nebr., has located at Tecumseh, Nebr., after having attended the Nebraska College of Medicine at Lincoln.

Someone, presumably envious of the prosperity enjoyed by Drs. G. W. and Eva Reid, of Worcester, Mass., broke into their residence recently and relieved Mrs. Reid's secretary of two \$10 bills.

Dr. Eudora V. Keen of Wilkinsburg, Pa., was compelled to open up an office in the Carl building as the Wallace building, her former location, was destroyed by fire.

Dr. Jane E. Lockwood of Buffalo, N. Y., has removed to South Dennis, Mass., for the summer months. She is also in Hyannis, Mass., twice each week, Monday and Friday.

Dr. E. J. Kampf, who was formerly assisting Dr. Rush of Fort Wayne, Ind., called on The O. P. on his way to Kansas City, Mo., where he expects to open an office in the Midland Hotel.

Dr. Joseph B. Schrock of Bedford, Ind., returned June 1st from Lincoln, Nebr., where he has been attending the Nebraska College of Medicine and also serving an internship in St. Elizabeth's Hospital.

Dr. Guy Wendell Burns, of New York City, expects to take a vacation for the next few months, and we hope the extended rest will make him feel greatly refreshed and ready for active practice this fall.

Uncle George Tull of Indianapolis called upon us recently en route to Denver for a good rest.

Dr. J. A. Linnell of Chicago sent The O. P. a souvenir postal from Mexico City, Mexico, this month, where he has gone for his wife's health.

Eloise, the four-year-old daughter of Dr. and Mrs. S. Ellis Wright, of Marion, Ind., fell from a lawn seat May 23d, sustaining an epiphyseal fracture of the humerus. However, the parents of the little girl think there will be no deformity, as it seems to be in place perfectly and giving no pain whatever.

Dr. E. A. Montague, formerly of Eureka, Calif., is spending the summer at South Haven, Mich., and invites "The O. P." editor to come and visit him. Brother Montague is an S. A. E. and was initiated by the editor into Sigma Alpha Epsilon down in old Kentucky away back in 1888. How tempus fugit, "Monte."

Dr. H. H. Fryette and his wife, Dr. Myrtle Fryette, have moved their offices from the Auditorium to Suite 506-7, Trude building, where they are equipped better than ever to take care of their patients. They have five treating rooms, one big reception room and one consultation room, all being outside rooms, and therefore well lighted and ventilated. They have raised their fee to \$3.00 per treatment and do not seem to have lost any patients from it. In fact their practice is increasing steadily.

## The July Issue of "Osteopathic Health" Contains

### A CAUSE OF STOMACH TROUBLE

### THE GREAT MEDICAL DISCOVERY OF THE AGES

Must View the Body as a Machine ☒ Causes of Disease are Within the Body ☒  
Osteopathy Began with Facts ☒ We Meet with Forces that Injure Us ☒  
Osteopathy Studies Records of Injury in the Body ☒ Why Osteopathy is an  
Independent School ☒ It Remedied these Injuries and the Ills Got Well!

### LIFE DEPENDS ON NORMAL STIMULATION

Organs all Work by Stimulation ☒ Osteopaths Supply Normal Healthy  
Stimulation ☒ Mechanical Stimulation is Natural ☒ The D.O. Foregoes  
Drug Experimentation Only

### NERVE TREATMENT FOR ANGINA PECTORIS

Disturbed Circulation Leads to Valvular Disease ☒ Throws Every Organ Out  
of Tune ☒ The Part Infection Plays ☒ Sense of Pain is Transferred ☒  
The Avenue of Pain Used to Heal ☒ Relieve Congestion and Prevent Degen-  
eration ☒ Two Widely Separated Discoverers Hit the Truth ☒ Pain and  
Degeneration Both Come from Nerve Sickness

### COMMON SENSE IN TREATING PILES

Muscular Tension Means Nerve Waste ☒ Constipation a Common Cause ☒  
Do Not Cut or Cauterize Piles ☒ Osteopathy Removes the Causes ☒  
Stop That Nerve Strain!

### WHEN LOCOMOTOR ATAXIA IS CURABLE

First Stage of Disease is Impure Blood Flow ☒ Relief is Reasonably Sure in  
Early Stages ☒ Cases Due to Injury Yield Best to Treatment ☒ Pressures  
Lead to Death of Nerve Cells ☒ Must Correct the Circulation

### THE ELEMENT OF SAFETY IN TREATMENT

### NEURALGIA AND CHRONIC HEADACHE

### THE FINANCIAL SIDE OF TREATMENT



**LOCATIONS.**

Dr. Ella B. Veazie, A-08, at 521 Commerce building, Kansas City, Mo.  
 Dr. Alfred J. Tau, A-08, at 111 N. Frederick street, Oelwein, Ia.  
 Dr. K. W. Shipman, A-08, at Manawa, Wis.  
 Dr. C. E. Farnum, A-08, at 95 Foote street, Fall River, Mass.  
 Dr. W. L. Durnan, A-08, at 71a Bleeker street, Toronto, Ont., Canada.  
 Dr. Kate Stoddard, A-08, at Beatrice, Neb.  
 Dr. J. W. Stevenson, SC-08, at Palouse, Wash.  
 Dr. Carrie Stealy, at Goshen, Ind.  
 Dr. F. N. McHolland, A-08, at The Pines, Seaside, Ore.  
 Dr. Cora Trevitt, A-08, to Monroe, Wis.  
 Dr. Fred G. Thiele, A-08, at Mattoon, Ill.  
 Dr. Ray B. Gilmour, A-08, at 406 Security building, Sioux City, Ia., with his mother, Dr. Ella R. Gilmour.  
 Dr. L. H. Walker, A-08, at 43-44 Olympia block, Ellensburg, Wash.  
 Dr. E. Randolph Smith, A-08, at Lyons, Kans.

**REMOVALS.**

Dr. L. J. Goodrich, from Corning, Cal., to Suite 5, Aiken block, Santa Barbara, Cal.  
 Dr. Wm. L. Klugherz, from Batavia, N. Y., to 402-5 Rothschild building, Philadelphia, Pa.  
 Dr. H. C. Hook, from 128 N. Main street to 22 First East, Hutchinson, Kans.  
 Drs. Sisson & Sisson, from 85 Delgar building to First National Bank building, Oakland, Cal.  
 Dr. W. S. McClain, from Franklin, Ky., to Greenville, N. C.  
 Dr. J. R. Moseley, from Deland, Fla., to Suite 720, McClelland building, Lexington, Ky.  
 Dr. L. R. Chapman, from 1020 E. Tenth street, Kansas City, Mo., to Quenemo, Kans.  
 Dr. James Hegyessy, from Grass Valley, Cal., to Nevada City, Cal.  
 Dr. Eudora V. Keen, from The Wallace building to 404 Carl building, Wilkingsburg, Pa.  
 Dr. Emma Gardner, from Eaton, Ohio, to 11-12 Moorman building, Winchester, Ind.  
 Dr. Roy W. Marsh, from 85 W. Main street to 732 First National Bank building, Uniontown, Pa.  
 Dr. E. R. Ryerson, from Beaver Crossing, Nebr., to Tecumseh, Nebr.  
 Dr. H. H. McCall, from Eagle Grove, Ia., to Paonia, Colo.  
 Dr. J. A. Gamble, from 125 S. Main street to 510 Atlas block, Salt Lake City.  
 Dr. H. R. Bynum, from The Randolph building to The Byrd building, Memphis, Tenn.  
 Dr. Walter Guthridge, from 11-12 Heermans & Lawrence building, Corning, N. Y., to 322 Holland block, Spokane, Wash.  
 Dr. I. F. Mahaffay, from 16 Kali-Inla building to 2 and 3 Model building, McAlester, Okla.  
 Dr. Mead C. Coon, from Toppenish to Goldendale, Wash.  
 Dr. H. M. Ireland, from 9-11 Andrew block, Kearney, Nebr., to 21-22 Opera block, Kearney, Nebr.  
 Dr. Alfred J. Guapp, from Franklin, Ky., to 630 Anderson street, Bristol, Tenn.  
 Drs. Ira Spencer Frame and Elizabeth Bundy Frame, from 1118 Penn building to their residence, 1619 Race street, Philadelphia, Pa.  
 Dr. Leonard P. Bartlett, from 101 N. Thirty-third street, Philadelphia, Pa., to 46 Livingston avenue, New Brunswick, N. J.  
 Dr. C. H. Snyder, from Caldwell, Idaho, to 611 Johnston building, Seattle, Wash.  
 Dr. E. J. Carson, from Wilson, N. C., to Mineral Wells, Texas.  
 Dr. Leslie S. Keyes, from the Hulett block to 22 Syndicate block, Minneapolis, Minn.  
 Dr. Annette H. Beckwith, from Eureka Springs, Ark., to 121 S. Fourth street, Raton, N.  
 Dr. T. C. Lucas, from Rock Hill, S. C., to Chester, S. C.  
 Dr. Henry F. Miles, from 10 Stoll building to 719 1/2 K Ochsner building, Sacramento, Cal.

**PARTNERSHIP FORMED.**

Drs. E. Randolph Smith and J. Woring Bere-man, at Lyons, Kans.

**DISSOLUTIONS OF PARTNERSHIP.**

Drs. Hook and Smith, formerly at 128 N. Main street, Hutchinson, Kans., the former removing to 22 First East, same city.  
 Drs. G. A. and Mary E. Gamble, formerly at 125 S. Main street, Salt Lake City, Utah, the former retaining the same office and the latter removing to 510 Atlas block, same city.  
 Drs. Guthridge & Breed, formerly at 11-12 Heermans & Lawrence building, Corning, N. Y., the former removing to Seattle, Wash., and the latter retaining the same office.  
 Drs. B. S. Peterson and H. M. Ireland, formerly at 9-11 Andrews block, Kearney, Nebr., the former retaining the same office and the latter removing to 21-22 Opera block, same city.

**MARRIED.**

Miss Mabel Jory to Dr. Ernest J. Kamph, June 8th, at Peterborough, Canada. At home after June 20th at the Midland Hotel, Kansas City, Mo.  
 Miss Harriet F. Cornell to Dr. George S. Smallwood, June 10th, at Brooklyn, N. Y. Miss Cornell is a recent graduate of the A. S. O. June, 1908, class, while Dr. Smallwood gradu-

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ated in 1907. They are members of the Atlas and Axis Clubs, respectively.  
 Dr. Wm. R. Weddell, of Elma, Wash., to Miss Esther F. Friske, of Bellingham, Wash.  
 Miss Ida Coon to Dr. J. J. Walker, of Middle-

**BORN.**

To Dr. and Mrs. C. C. Teall, of Weedsport, N. Y., May 23d, a 9-pound girl, Mary Grace Teall.  
 To Dr. and Mrs. John N. Helmer, of East Orange, N. J., May 26th, a daughter, Etta Merkle-Helmer.  
 To Dr. and Mrs. S. Ellis Wright, of Marion, Ind., May 18th, an 8-pound girl, Gwenolyn.  
 To Dr. and Mrs. F. A. Turfler, of Rensselaer, Ind., May 20th, a son.  
 To Dr. and Mrs. H. E. Caster, of Spokane, Wash., a daughter, Errelle Catherine.  
 To Dr. and Mrs. J. E. Donahue, of Berkeley, Cal., April 23d, a daughter, Katherine Elvira.  
 To Dr. and Mrs. J. E. Bodle, of Boise, Idaho, a son.

**DIED.**

Dr. T. J. Floyd, at his home in Winfield, Kans., May 31st, of Bright's disease. The deceased leaves a wife, two sisters and three brothers.  
 Miss Nella Harshman, student at the American College of Osteopathic Medicine & Surgery, Chicago, on March 14th.  
 Little son of Dr. and Mrs. Geo. F. Ingledue, of Sioux City, Ia.  
 Mrs. S. S. Jones, mother of Dr. E. D. Jones, of St. Cloud, Minn., June 17th, of kidney trouble, in addition to nervous prostration. The remains were taken to Exeter for burial. The deceased leaves six children to mourn her loss.  
 Kathaleen Smith, little seven-year-old daughter of Dr. and Mrs. F. H. Smith, of Kokomo, Ind., June 13th.

**WANT ADS.**

**WANTED—SITUATION BY EXPERIENCED** osteopath as assistant or substitute till October first. Dr. E. E. Edmondson, 2428 Prairie Ave., Chicago. Reference, The O. P.

**FOR SALE—GOOD PRACTICE IN A TOWN** of 5,000 inhabitants, situated in a wealthy farming district in Kansas. Office fixtures and practice \$250.00 cash. Community well educated along osteopathic lines. A snap for some one with a little money. Address "Kansas Snap," care of O. P.

**FOR SALE—GOOD PRACTICE IN GROWING** Idaho city of 2,500. Good reason for selling. Address 151, care O. P.

**FOR SALE—I HAVE TWO OFFICES AND** must sell one. Eastern city of 35,000. Established four years. Six-room apartment furnished. Immediate possession. Address 152 care O. P.

**WANTED—OSTEOPATH TO LOCATE IN** Montrose, Colo., which city is at present without an osteopath. Address 153, care O. P.

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**FOR SALE—GOOD PRACTICE AND OFFICE** outfit in West Texas; town of 4,000; best of reasons for selling; part down, rest monthly. Practice runs about \$3,500.00 yearly. Must be taken by July 10. Will sell cheap if taken at once. Address "West Texas," care of O. P.

**FOR SALE—OFFICE EQUIPMENT AND** practice in Southern Wisconsin town of 5,000; cheap for cash if taken soon; good reasons for selling; do not write unless you mean business; osteopathy established six years. Address 154, care O. P.

**WANTED—PRACTICE IN CHICAGO FOR** the summer by a competent osteopath, as assistant or taking entire care of a practice. Address 157, care O. P.

**WANTED—POSITION AS ASSISTANT OR** take charge of office for a few months. Have had nearly three years of private practice and have just completed post-graduate course. Can give best of reference. Address 155, care O. P.

**FOR SALE—GOOD OSTEOPATHIC PRACTICE** in city of over 10,000, with a large surrounding territory; complete office outfit, best mission furniture one year old; three large, well lighted, heated rooms on main street; practice runs about \$2,500 yearly; good opening for an OSTEOPATH, no use for masseur; if you mean business write; wish to sell this summer if possible. Address Dr. E. D. Jones, St. Cloud, Minn.

**WILL SELL, OR TO THE RIGHT PARTY** will sell half interest in \$6,000 to \$8,000 practice, established twelve years, for \$2,000 cash. No time or installment proposition considered. Best of reasons for offer. Address 156, care O. P.

*Handwritten signature: O. P. Decker*