

The Osteopathic Physician

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THE OSTEOPATHIC PHYSICIAN

Volume XIV.

CHICAGO, SEPTEMBER, 1908.

Number 3

We Have \$65,000 for Post Graduate Work Now

We didn't tell all the good news about the "A. T. Still Research Institute" in our last issue—not, at least, all respecting the size of its present endowment. All we claimed was true but we did not go far enough. We said, that the endowment raised for this "research" work added to what had been subscribed previously in the name of the A. T. Still "Post Graduate College," would amount to about \$45,000. As a matter of fact it is \$65,000—just 6.5 per cent of the million dollar endowment we are going to get for it. Dr. C. M. T. Hulett calls attention to our error and we confess it with joy and thanksgiving. We wish we had been \$100,000 below the right mark.

"The endowment subscription prior to the Kirksville meeting amounted to \$25,000 of which \$10,000 was paid in," writes Dr. Hulett. "The Kirksville subscription was \$40,000, making a total of \$65,000 in round numbers. The income available for use this year will be the interest on the \$10,000 and on the annual installment of one-fifth of the \$65,000 that is to be paid in the next few months."

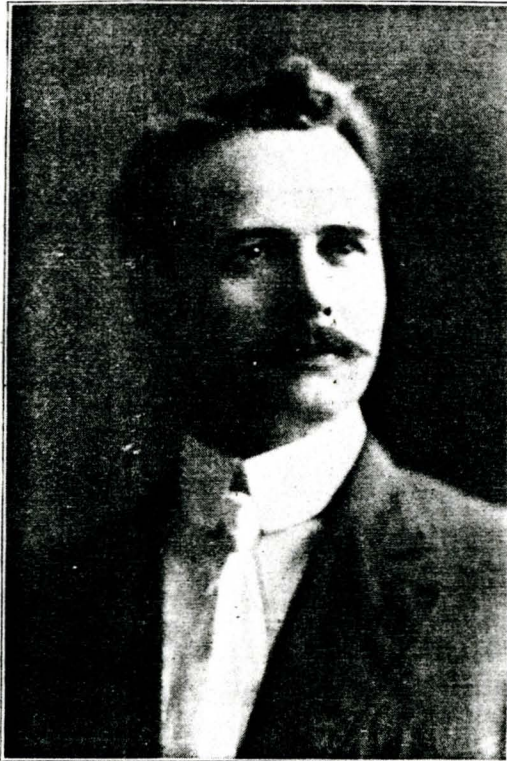
We congratulate the profession on this good showing. It ought not to be hard now to get our rich and devoted patients interested in swelling this fund, after the profession has shown so well where its heart lies. Perhaps some of the big philanthropists like Mr. Rockefeller or Mr. Carnegie can now be interested. It is worth the effort.

Now that the various policies professed for this institution have undergone two years of mature study and the enterprise has evolved into a clear-cut, definite foundation for doing scientific research work altogether apart from the "conduct of a college," having "courses of study" and "granting degrees," etc.—which the first plans clearly contemplated surely every osteopath in the profession can now unite in support of it. No member of the profession ever doubted the value to our science and practice of research work—not schoolboy dabbling for a few weeks in vacation time with guineapigs and microscopes, preparing such slides as are now a part of the sophomore and junior work of all medical colleges—but skillful laboratory research, by men and women who have made ample scientific preparation, and who are so highly educated to start with that they could command the attention of the scientific world by their utterances. That is what "research" work means at its basis. The structure to be reared upon this foundation is years and years of patient, quiet toil—not reading papers on new hypotheses that have been hatched over night; but work, work, work to learn and prove facts which relate to osteopathic diagnosis and treatment of diseases. That is what the profession needs. That is what the "A. T. Still Research Institute" now proposes and has already set out to achieve. You can help it, Brother and Sister osteopaths—and you will.

Before the evolution of this institute from hazy dreams of a "college" into a foundation for the maintenance of a selected few delvers after really scientific material, the editor of *The O. P.* was accused once or twice of lukewarmness toward the enterprise. The accusation was unjust. He was *dead against it*. In later months he had come to believe the college idea was all foolishness. It was not a question which would do the most good, a new college

which would aim to carry the students somewhat further than our schools now take them, or a scientific laboratory where research would plod along undisturbed, but it was a plain blunt question of business sense. The "college" with any endowment short of half a million dollars, already in hand, and well invested, would be a frost. It would take an available annual income of \$25,000 a year to make a dent with any sort of a post graduate college worth the name of osteopathy.

When we all had time to think this over the truth of this situation came clearly to us and, consequently, about 99 per cent of us changed our minds and set our faces unalterably toward the goal of making the A. T. Still Research



Dr. J. R. Shackelford, 1003 Century Building, St. Louis, Mo.

Institute a practical factor for developing scientific osteopathy and there we all are without a dissenting voice today. The profession is harmonious as to this program. There were no dissenters or bolters. The plan just naturally unfolded. Research had been planned as a feature of the post graduate college laboratories. It was only needed to give up the "student" and "teacher" idea entirely to leave the laboratories we planned in charge of savants who could work to some scientific purpose when once the classes in search of diplomas were eliminated.

Luckily the preamble and by-laws drawn to regulate the college first proposed were wisely drafted along broad, general lines and, with scarcely any modifications that are just as well adapted to conduct "research work" as conduct a P. G. college. This instrument reminds me

in this respect of one of those "blanket charters" now and then secured for corporations which permit their companies to "own and run mines, mills, stores, railways and steamboat lines, own property, publish newspapers and maintain an armed force," etc. These A. T. Still Research Institute by-laws do not cover that ground, to be sure, but on examination it will be found as well adapted to found and control laboratory research alone as research plus a post graduate college work originally provided for. This is fortunate as it permitted the change desired to come about in a very practical way with only the change of a name. The wisdom of those who drafted the by-laws is thus made manifest.

Now the work of the future is clear-cut and all of us believe in it and know it is practical, possible and infinite in its possibilities. Therefore get in line, doctor, and do your part, and see if you can't get a rich patient or two to help.

Push along this A. T. Still Research Institute!

Abuse of the Vocal Organs as a Cause of Tonsillitis.

BEING CHAPTER VII IN PART.

Anatomical and Physiological Pictures of Disease.

By Dr. E. E. Tucker, of Jersey City, N. J.

MY ATTENTION was first called to the origin of tonsillitis as a result of abuse of the organs of the voice two and a half years ago in the case of a young man who had taken his first singing lessons. The teacher had omitted the caution usually given, to be careful and not use the voice more than the prescribed time in the beginning, so that the young man went home and ambitiously practiced an hour or more by himself. The result was a full fledged case of tonsillitis the next day, with fever, prostration and all the usual attendant symptoms.

There was no other possible cause, so far as the most complete knowledge of the individual and his surroundings could detect. I had been treating members of the family for some time, and kept myself carefully cognizant of all features of the situation pertain-

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THE OSTEOPATHIC PHYSICIAN

ng to the health of the family. Following out this clue, I watched with interest for the next case of tonsilitis that should come to me.

The next case gave most distinct confirmation to the ideas I was forming. It again proved to be in a youth otherwise perfectly healthy who had just subjected his vocal cords to severe strain in shouting at a football game between his college team and a rival. One-half of the enjoyment of the game seems to be in the rival shouting; those who are familiar with this feature of "college spirit" will be able to gauge the degree of the abuse. I had treated this boy a number of times, and know him to have had no indication of tonsilitis other than a slight chronic catarrh of the pharynx. The shouting and the exposure at this game, however, brought on a severe cold and a pronounced tonsilitis, so that he was in the hospital for a week before he was able to return home, when two osteopathic treatments relieved him entirely.

The second case taken alone is probably not enough for drawing conclusions as to the causing of the tonsilitis; but in connection with the previous one, it was a decided confirmation to my views.

The next case was that of a traveling man. Following the indication of my previous experiences I made careful inquiries as to any abuse of the cords. At first the evidence was entirely negative, the man declaring that he had given them no abuse, that in his talks with his patrons he habitually used a soft and quiet tone of voice. I kept up the inquiry, asking about any singing he may have done, and the reward of my perseverance was in discovering that he with some comrades had been singing quite a little on the cars, immediately after this the tonsilitis had set in. This person gave a history of repeated attacks, which accounted for the severity of the condition in his case, an ulcerative condition; one of the tonsils burst the morning after the first treatment, given late the previous evening. The other, under osteopathic treatment, had diminished to half its size when first seen within twenty-four hours, and after the third day the man went back to his work. In connection with the tonsilitis there was in this case a cough of a neurotic character, the spasms out of all proportion to the amount of inflammation or the expectoration from it; and I have no doubt that the further strain of the cords from this coughing helped to aggravate the condition, and presume it alone is at times capable of producing it. There were severe vertebral lesions in the neck also, in this case, explaining the chronic tendency to the affection.

In every case that has come to me since that time I have been able to obtain a history of abuse of the vocal organs sufficient in my judgment to account for the attack of tonsilitis. Of course, there were anatomical lesions as well, but these were manifestly not responsible for the acute attacks, but for the weakness. The latest, and a most conspicuous one, is that of a woman who has always been "disgustingly healthy" in all respects. She came over two thousand miles to see a brother whom she had not seen in eight years, and retained no ill effects from the journey. But in the eager exchange of ideas and experiences she talked to him in the elevated and subway trains and in the incessant roar of the metropolis, to which her throat was not accustomed, nor her ear adapted; and within twenty-four hours she came down with an attack of tonsilitis. In this case also there was a history of chronic catarrh, but no history of previous tonsilitis. The tonsilitis was evidently due entirely to the abuse of the vocal cords. In this case also there were severe lesions of the cervical vertebrae to account for the chronic catarrh and the weakness which allowed the developing of the tonsilitis.

Numerous other cases might be cited. But what has been my unvarying experience should be verified by the thousands of other practitioners before being accepted as the rule in cases of this kind. The experience of no one man is sufficient to establish a rule in such matters.

The value of the determination of such a point as this would not stop with the prophylaxis and the treatment of the affection itself, but would help to justify nature of all her children and find a use for the tonsil. The tonsil has been regarded as a useless organ, and sacrificed on any and every excuse—too often sacrificed to the cupidity of surgeons. But regarding any organ in the body as a useless organ is an insult to Mother Nature and almost a subversion of all laws of physiology.

In Anatomical and Physiological Pictures of Diseases it was shown that diseases radiated from organ to another along lines of physiological relation. If then abuse of the vocal cords and organs of the voice generally results in affection of the tonsil, it indicated that the function of the tonsil has to do with these organs. It becomes a matter of inferring, and then of demonstrating what this relation is.

It will immediately occur to pathologists that there is a relation between the tonsil and the larynx indicated in Laryngeal Diphtheria.

Dr. Sigler Goes Up in a Balloon

DR. W. D. SIGLER, of Salem, Ohio, accompanied by two companions, made a very successful ascent in the balloon "Sky Pilot," the latter part of last month. An average height of 11,000 feet was maintained for fifty miles, and landing was accomplished without accident.

The start was made from the park of the Aero Club of Ohio, at Canton, and the trip was one of the most successful in the history of the club.

This is the second ascension made by Dr. Sigler (who has gotten to be a first rate "sky pilot"), in the last few months, and on both occasions he fluttered an osteopathic pennant to the rarefied breezes. It is prophesied with the progress being made in aerial navigation, that Dr. Sigler may be coming to the A. O. A. meeting at Minneapolis next year by the balloon route.

Louisiana Osteopathic Board Not Yet Appointed

THE expected appointments of the new Louisiana Osteopathic State Board have not yet been made. Governor Sanders slipped away on his vacation and left politicians and doctors, alike, in an unsettled frame of mind. Political gossip has it that the board members will be Drs. Murray Graves, Monroe; Wendell Hyde, W. A. McKeenan and Eugene Gaupp, New Orleans; and Earl McCracken, Shreveport. These men are all members of the old state organization except Dr. Gaupp, who is not one of our own people but represents a quasi-osteopathic society recently organized.

The State Osteopathic Association put up a lot of hard work to get the board created by the Assembly—as our profession well remembers—Drs. Hewes and Tete being especially active, and many members feel they both should be on the board. On the other hand, Dr. Tete has expressed himself as satisfied with the representation it is suggested New Orleans will have. At the present writing local professional excitement is keen, but nothing is really definitely known as to the final make-up of the board.

Cannot We Osteopaths Compile New Vaccination Statistics

By Dr. Asa Willard, Missoula, Montana.

I AM glad to see the subjects of vaccination and anti-toxins being prominently featured in the columns of the O. P. and I should like to see interest displayed in these subjects to the end that some accurate and generally available data be compiled.

When the writer began the study of osteopathy he had supreme faith and belief in the efficacy of vaccination as a preventive, of smallpox. When he finished school he could not satisfy his reason as to its being a wise course, yet in view of the seeming superabundance of testimony in its favor would not speak against it. About the way he then felt as to vaccination is illustrated by this incident.

One morning during his first year of practice he was at work in a treating room. There was some commotion in the waiting room and other treating room and after giving the treatment, he stepped to the other treating apartment to see six ladies of prominence and worth in the town right arms bared, sitting with chairs in a row and requesting that they be "vaccinated quick." They were informed that it would not be done.

"Why?"

"I doubt whether it is the best thing to do."

"Oh, well, as to that," said one lady, "we simply have confidence that you will take pains as to infection, etc., and so we came. We will take all responsibility, and you'll do us a favor, and as we have made up our minds to be vaccinated anyway, you had as well have these six dollars as some one else."

The practitioner declined, however, on the ground that there was so much in the healing art the worth of which to his patients he was sure of, that he would rather confine himself to that than to use any methods about the wisdom of which he was uncertain.

From observation and experience in the years since then I have come to be convinced in my own mind that vaccination is not only unosteopathic in principle but is theoretically fallacious, does not do what is claimed for it, and that it frequently produces immediate or ultimate physical distress and deterioration.

In the last issue of the O. P. questions were asked: "Is the theory of vaccination unscientific? Then how does the disease itself render immunity?"

It has never yet been established that one disease will render immunity to any other disease. That the eruptive disease of the cow the virus of which we use in vaccinating is simply smallpox modified by passing through the cow, is claimed by the adherents of vaccination, but such is yet a much mooted and very unsettled question.

Chauveau, of France, took seventeen healthy young cattle and inoculated each of them with smallpox virus. Small reddish papules resembling those appearing in man in smallpox appeared and rapidly disappeared. The animals did not develop cowpox. To see what the papules were which developed in the cattle from the inoculation one was excised and a child inoculated with it. The child developed smallpox. Another child inoculated from a pustule of that child also developed smallpox. Fifteen of the animals were vaccinated or inoculated with cowpox. One developed the typical cowpox eruption.

Other experiments have been made tending to establish vaccinia or cowpox and small pox as different diseases while still others have been made substantiating the contention of cowpox being modified smallpox.

Bacteriology has in no way supported this contention.

The question, then, of the identity or dual-

ity of these diseases is still "up in the air," and until it settles down to established facts the fact that smallpox confers immunity to smallpox cannot be proof that vaccinia will confer immunity to smallpox.

Small pox is undoubtedly not as prevalent as it formerly was the credit for this being given by believers in vaccination to vaccination; yet the elimination of yellow fever has gone on much more rapidly during the past decade and in Cuba, under government regulation of sanitation, yellow fever has practically been obliterated without any immunity inoculation whatever. Then may not improved methods of sanitation rather than inoculation with cowpox have bearing on the less frequent appearance of smallpox?

Smallpox is decreasing in severity and this also is attributed to vaccination. The aboriginal races when affected are almost without exception afflicted with a malignant form of the disease. When we get down as far as the 17th and 18th centuries we have abundant authentic evidence that by that time epidemics often occurred in which the disease manifested a mild form.

Sydenham in the 17th century stated "smallpox also has its peculiar kinds which take one form during one series of years and another during another." John Mason Good said that when six years of age (He was born in 1764) he had smallpox with "scarcely any disturbance and not more than 20 scattered pustules." Coming on down to our own age we find the disease usually assuming a mild form.

May it not be, then, that an irrespective of vaccination, certain conditions incident to the development of the race which tend to lessen the virulence of small pox are becoming universally more prevalent. That there is much of bias in the reports during epidemics and in the statistics available, I am confident. Figures never lie but they sometimes conceal the truth.

Some years ago I was in a town where smallpox was prevalent. Every one was ordered vaccinated and the statement was published in the newspapers by the board of health that without exception those who had been vaccinated, especially in recent years, and were having smallpox were having it in a very mild form. My opportunities for investigation were limited, but of the two most severe cases at that time I found one to have been vaccinated successfully a few years previous (a young business man) and the other was a sheep herder who had evidently enjoyed his first thorough bath when brought to the pest house. He was a strong advocate of the "wine, women and song" program, his habits being equally vile in morals and hygiene.

I investigated a family of three who were quarantined at their own home, a mother and two grown sons, none of whom had ever been vaccinated. The boys had the smallpox. They were sitting in a window playing the mandolin and guitar and were then feeling as bad as at any time during their confinement. The mother looked after the boys and never took the smallpox at all.

I asked a physician about that family and how its experiences jibed with the report. He said: "Oh, I knew of them, but if we say anything about those *exceptional* cases we'd have trouble in getting the people to be vaccinated."

Another point as to the bulk of statistics. While with a large percentage it is done under protest, the vast majority of those vaccinated are among a class of people who pay some attention to general laws of sanitation and health, while a vast majority of those who have smallpox not only are *not* vaccinated, but belong to a class who believe neither in external irrigation nor internal with water, to say nothing of the food they eat and their general environment and habits. Of course this latter is not always true, for we all know of cleanly, well cared for people who

have had smallpox. They were exposed when their systems were in a condition which made them particularly vulnerable. They were clean outside, their house sewage system was all right, but that of their body may not have been.

The immediate and ultimate physical deterioration resulting from vaccination would in the aggregate be astounding. Following are some of the possibilities admitted by authorities favoring vaccination. I quote from Osler:

"A quiescent malady may be lighted into activity by vaccination. This has happened with congenital syphilis, occasionally with tuberculosis."

"At the height of vaccination convulsions may occur and be followed by hemiplegia."

"The observations on the presence of actinomyces in vaccine virus has been confirmed by W. T. Howard, Jr., who found it 24 times in 95 cultures from the virus of five producers in the United States."

As to tetanus, "the occurrence of this terrible complication emphasizes the necessity of the most scrupulous care in the preparation of the animal virus, as the *tetanus bacillus* is almost constantly present in the intestines of cattle. (Underlinings are mine.)

I have myself seen children whose arms were amputated because of vaccination and one of these in particular was a case in which every possible precaution was observed by the physician and family. I have known several whose health was ruined, one especially glaring case, a girl of sixteen. Prior to vaccination she had never had a sick-day in her life; a rosy-cheeked, plump girl of happy disposition and bounding spirits, the life of a healthy family. Since vaccination about 15 years ago, she has never known a real well day, is emaciated and literally drags through life. The father of this girl was an assemblyman in the New York legislature.

I have seen a young lady of twenty-two years with one leg four inches shorter than the other from a hip drawn out of its socket as a result of inflammation and contractures due to vaccination. The condition could never be corrected.

I have know personally at times of wholesale vaccination during smallpox scares, of numbers of cases of constitutional illness of from one to four weeks' duration with pronounced suffering when at the same time the majority of those having smallpox did not even "feel bad," and not one was as sick of smallpox as a number were from vaccination.

Among medical men I am convinced there are thousands of such experiences never reported, each physician perhaps thinking his experiences "unusual" and often afraid to report them because the untoward occurrences will probably be ascribed by his profession to error on his part. We are informed by the radical pro-vaccination authorities that improper methods and precautions in vaccination cause practically all the trouble and if you mention to the average pronounced vaccinationist some of the ill results of vaccination he will say, "Vaccination not properly done."

An amusing incident along this line came to my knowledge not long ago. The daughter of a railroad man presented herself at one of the largest railway hospitals in the West. The first assistant surgeon, who a little later became chief surgeon, attended her. He examined her arm, which had been vaccinated a few years before and had caused her much suffering and remarked: "Only an ignoramus would do such work." "Well, you did it," said the girl. His vaccinating had covered more ground than his memory.

Take from vaccination the effect on the vaccinated one's mind and you have removed its keystone. The psychological factor is a mighty one. Worry and fear cause much disease and no factor will so quickly exaggerate

functional weaknesses and lessen vitality and resistance. The disturbed and frightened person goes to a physician and is vaccinated with the assurance that he is now absolutely safe. His worry and fear fly away. His equilibrium is restored. Have you never noticed this?

Had the physician used carbolic acid or anything making a sore of cowpox the result would, to this extent anyway, have been the same.

I am well aware that my own experience, were it many times as large as it has been, would in no sense be conclusive. About six years ago I made up my mind to do some general investigating of smallpox epidemics and with that object in view had prepared and printed a large number of circular letters and lists of questions to be mailed to the victims of northwestern smallpox epidemics. The questions covered a wide range as to patient's history, number of times vaccinated, where, by whom, if successful, etc. I very soon found that the pursuit of the investigation to any successful and valuable issue would involve more time than I could give and more money than I had or was likely to have.

What I should like to see at this time is a collection made of absolutely reliable reports of individual cases where injury or death resulted from vaccination or antitoxin. These reports must not be merely reports that so and so died at such and such a place from vaccination. They should give address of person, time of vaccination, by whom vaccinated and what school he represented, care of patient, etc., and should be accompanied or preferably, signed by a list of reliable witnesses with their addresses.

You may say: "You are prejudiced beforehand; why look up one side only?" Simply this: It would be a huge undertaking to compile general detailed statistics or to investigate in detail those already reported. It would be practically impossible because of having the opposition of the M. D.'s who do nearly all of the vaccinating. Perhaps almost every osteopath has known of a case or more where permanent debility or death resulted from vaccination. The profession could by having one or two reports from each practitioner collect a large number of these reports.

A list of 5,000 authenticated cases of permanent debility, injury or death caused from vaccination would prevent the passage of further compulsory vaccination laws and would repeal the majority, if not all, existing laws. It would so stir up the question that the medical profession would be compelled to sit up and take such notice that vaccination as a scientific procedure would be given less questionable support than mere statistical substantiation. Scientists would take up with unlimited support and facilities laboratory work relating to smallpox and cowpox and vaccination would either be scientifically established or relegated to the therapeutic dump heap.

What preventive can we offer in its stead? Personally I believe a community in which there is good public sanitation, reasonable private observance of cleanliness and common sense laws of health and in which people eat only plain, wholesome food and the year around each much of fruits and such vegetables as lettuce, spinach, dandelions, onions, tomatoes, will have very little smallpox. Add if you will the psychological factor of confidence, that this regime will produce immunity to smallpox and your vaccination statistics, I am confident, will be completely out-classed.

Another Fraternal Examiner.

Dr. W. D. Fitzwater of Brooklyn, N. Y., has been insurance examiner for the Improved Order of Heptosophs for over two years.—*Yours fraternally, Joseph Ferguson, Brooklyn, N. Y.*

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D. O.'s Should Educate Insurance Companies.

MUCH interest has been shown by the profession in this insurance boycott of osteopathic examiners since we broached the matter in a late issue. A number of new examiners have been reported and others reported have been turned down because they are osteopaths.

Dr. Fletcher of Clarksburg, W. Va., says we ought not to worry about M. D. opposition in getting these appointments, but go to headquarters and file our claims—establish with the organizations who we are and what we are entitled to. He is right. We publish his letter.

Says We Must Educate the Woodmen.

I have read with interest the discussion about insurance matters, and think it high time we bring some of the companies to time. I note that a number of D. O.'s have been turned down by the Modern Woodmen of America as examiners. Now I think we can correct matters with this company. The next Head Camp Meeting of the Modern Woodmen will be held in Peoria, Ill., in June, 1908, and if all the osteopaths will put their shoulders to the wheel we can have the by-laws of the company amended to include osteopaths as examiners.

I am confident that at least 300 or 400 osteopaths are carrying insurance in the Modern Woodmen, and if they will see the state delegates, who will be elected in their respective states in May, 1908, and have them vote favorably on the amendment that will be introduced, that we can pass it. I wish you would call the attention of the profession to this matter in the next issue of *The O. P.* and suggest that they get busy at once. I will take the matter up in this state and will see that the amendment is introduced.

There is no money in being an examiner for the Woodmen, but it will help us in other companies if we win in this, and it will help us in our practice by getting us better acquainted with members of the Woodmen order. So let us all pull together on this.—*Fraternally yours, W. A. Fletcher, D. O., Clarksburg, W. Va.*

Of Course the M. D.'s Will—If They Can.

"I inclose a clipping from the March *Modern Woodman*, page 5. What do you think of the question proposed by this J. W. Bastian, M. D., head physician of Wilmington, Delaware?" writes Dr. W. T. Thomas, of Tacoma, Washington, March 6th. The article says in part as follows:

Many of the questions on the present blank have absolutely no bearing on the risk. Some are really absurd. There is one question, however, that could well be added—that is: "If you become sick or injured do you agree to employ a physician who is a graduate of medicine?" My reasons for a question of that character is on account of such characters as Mrs. Eddy and her followers, and the many other self-styled first assistants to God. The local examiner is "the man behind the gun," and it is our duty to give him some consideration.

Of course, the M. D.'s who hold these jobs will hold on to their monopoly as long as they can and keep the D. O. out till he shows he is a better diagnostian and walks away with the prize.

National Protective Legion Wont'.

Dr. William G. Classen, of South Haven, Mich., was turned down as an examiner Oct. 15th last by W. M. Hilton, M. D., national medical examiner of the National Protective Legion of Waverly, New York. Under that date Dr. Hilton wrote the secretary at South Haven: "Yours in regard to the appointment of Dr. Classen received. If he is an osteopath and not an M. D., it would be impossible for me to appoint him, as the constitution prohibits the appointment of any but an M. D. as examining physician."

Osteopath Sets a Broken Leg in the Mountains

AS an instance of the emergency work that may fall on any who bear the title of doctor and stray from the beaten paths of civilization, and also as an endorsement of surgical training for osteopaths, may be cited a recent experience of Dr. Otis Akin of Portland, Oregon, who while on a mountain climbing expedition with the Mazama Outing Club found himself to be the sole physician within a radius of fifty miles. Within a week he was called upon to set a fractured limb.

The patient in ascending Mt. St. Helena (Washington) a snow peak, had been struck by a rolling stone which broke both bones of the left leg. After thirty-six hours' work by successive relief parties the man was borne into camp on a litter. Surgical appliances were absent. Front splints were made of "shakes," soaked, warped and padded to fit the tibia while bread pans, hammered out and bent to a right-angle made a serviceable heel and calf splint. A blanket was cut into bandages. Reduction was effected, splints applied, and the man conveyed in comfort by wagon and automobile, fifty miles to the nearest railroad and thence to a Portland hospital, where plaster dressings were applied. The patient is making nice recovery with every prospect of the use of his leg without permanent injury.

Osteopath Attempts Suicide Twice

A NEWSPAPER dispatch to the Chicago *Inter-Ocean* from Los Angeles reports that Dr. D. Francis Smith, 757 So. Hope street, a graduate of the A. C. O. M. & S., Chicago, attempted to commit suicide in her apartments, September 5th, by inhaling carbon monoxide. It is probable that her attempt would have been successful but for the fact that Dr. Smith telephoned a newspaper office of her intentions. She neglected to state where she lived but a dozen reporters were rushed out on the case and by good sleuth work succeeded in locating Dr. Smith's place

of residence before it was too late, although she was in unconscious condition. It developed that she had made another attempt to kill herself earlier in the afternoon by turning on the gas in her room. After being revived Dr. Smith was sent to the detention ward of the county hospital in the belief that she is insane.

Montana Board Enters Upon Reciprocity

THE Montana Osteopathic Board, at its semi-annual session, held in Helena, Mont., Sept. 2 and 3, licensed Dr. C. E. Dove, Glendive; Dr. Wm. H. Heagney, Missoula; and Dr. H. T. Ashlock, Butte, by examination, and Dr. L. M. Rheem, Helena, by reciprocity with Minnesota. The board made the following ruling relative to reciprocity:

That this board give permanent certificates of practice, without an examination, to those who have passed an examination before a similar osteopathic board or a medical board on which is an osteopathic member, where the requirements in every way are equal to the requirements of Montana, provided the board reserves the right to examine any applicant whose credentials as to previous examination are not entirely satisfactory; further provided this ruling does not extend to those examined by another board in case that board does not extend the same privilege to applicants who have been examined by the Montana board.

The above ruling was extended to the following states: Idaho, Indiana, Michigan, Minnesota, North Carolina, Tennessee, Vermont, Wisconsin and Missouri under present ruling, not to those who were examined by the Missouri board previous to May, 1908. The next meeting of the board will be held in Helena the first Tuesday and Wednesday in March, 1909. The officers of the board are: Dr. C. W. Mahaffey, Helena, president; Dr. L. K. Cramb, Butte, secretary; and Dr. O. B. Prickett, Billings, treasurer.

A physician out west was sent for to attend a small boy who was ill. He left a prescription and went away. Returning a few days later, he found the boy better.

"Yes, doctor," said the boy's mother, "the prescription did him a world of good. I left it beside him, where he could hold it in his hand most of the time, and he can almost read it now. You didn't mean for him to swallow the paper, did you, doctor?"

The Pacific College of Osteopathy

[INCORPORATED]

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Member of Associated Colleges of Osteopathy.
Established 1896.

THREE YEARS' COURSE OF STUDY

NEXT CLASS ENTERS September 8, 1908.

This college has long stood for thorough and practical professional training. It asks the favorable consideration of such men and women as wish to base their practice of Osteopathy upon a thoroughly scientific foundation.

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A costly three story edifice with spreading lawns; located in choicest sections of historic old Cambridge; five minutes from Harvard Colleges.

Equipment superior in all departments, including laboratories, unlimited clinics, general, gynecological, obstetrical and surgical.

The large teaching staff consists of experienced practitioners who are eminently successful in their lines of work. No theoretical demagoguery.

Tuition, including dissection, \$150 per annum.

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CAMBRIDGE, MASS.

I have made two certificates for parties insured in the London Accident and Guarantee Co., both accepted, one in the Red Men, one in The Travelers' Protective Association, and one each in two other companies that I have forgotten, all being accepted. Aside from these I made out pension papers for a Spanish war soldier that were accepted and he is now drawing \$15.00 per month pension. Uncle Sam wasn't afraid of them. Very truly yours,
T. M. King, D. O., Springfield, Mo., March 5th.

I have been accepted on benefits from the United Association Journeymen Plumbers, Gas Fitters and Steam Fitters' Helpers of St. Louis and Chicago; Cigar Makers' Union, Champaign, Ill.; the Loyal Protective Association, Accident and Sick benefits of Boston, Mass., and the Accident Company of the Modern Woodmen of Illinois, Danville, Ill. The above companies do not require medical examination for membership and accept our certificates for benefits. The Modern Woodmen of America Lodge will not accept me. Also the N. Y. Life Ins. Co. turned me down as examiner, yet the N. Y. Life wrote me they were willing to accept osteopaths if we would prove our standing.—*J. A. Nowlin, D. D., Farmer City, Ill., March 4.*

I have filled out insurance papers: (1) Modern Protective Association, home office, Sayre, Pa.; (2) American Assurance Company, home office, Philadelphia, Pa. Both of these claims were ultimately paid *under protest*, and with a warning to the insured, as much as to say, *do not employ an osteopath again*. Also, I have for a number of years held a policy in the Modern Woodmen of America, and members of our local camp suggested my name as camp or physician examiner, but I did not permit my name to be used as I understand the head physician of the M. W. of A. will not accept an osteopath's certificate. I think it is high time we all, to a man, put up a vigorous protest against this injustice.—*I. F. Yeater, D. O., Altoona, Pa.*

I have filled out accidental insurance papers for four different persons in four different insurance companies and all were paid without question as to the applicant's physician. I cannot now give the names of the companies, but could do so by looking the matter up. I also served one term as physician for the A. O. U. W. here and the examination papers were accepted without question also.—*A. E. Hook, D. O., Cherokee, Iowa, Feb. 27.*

I hold commissions as insurance examiner from the following: The Knights and Ladies of Security, the Fraternal Brotherhood, and the Royal Neighbors of America. I was the first osteopath appointed (so the supreme physicians informed me) in any of these orders, and I followed a systematic course in securing each appointment, by which, I am sure, certain M. D.'s have become better informed as to what constitutes an osteopathic physician. I have other appointments pending, but cannot tell what the outcome will be.—*Jessie A. Russell, D. O., San Bernardino, Cal., Feb. 24.*

I have filled out accident insurance papers which were accepted by the North American Accident Insurance Co., of Chicago, during the summer 1906.—*Lenna K. Prater, Springfield, N. Y., March 3.*

I have been examiner for the American Order of Foresters of Peoria, Ill., and Mystic Workers of the World, of Fulton, Ill., for some time. Have never had an applicant refused. Am also physician for the American Mutual Benefit Association, of Chicago. I have complete charge of their work here. If any member becomes sick or injured I am to take care of him and the company pays the

OSTEOPATHY AND ITS HISTORY

One hour of practical, sensible explanation of Osteopathy and its principles; then one hour of pictorial history.

I am now prepared to book engagements to lecture on above subject on each Saturday evening during the school year, exclusive of those which occur in vacations, my time for those being already engaged. My lectures are fully illustrated by a selection from over 300 slides. To all osteopaths in practice at points which it is possible for me to reach by six o'clock on Saturday, leaving Kirksville at 11:14 a. m., Friday, I extend an invitation to write to me for explanatory literature, press and other opinions. Early application will be necessary, as in the school year I have only about twenty-five available dates.

Wm. Smith, M. D., D. O.,
Kirksville, Missouri

The AMERICAN OSTEOPATHIC COLLEGE of OPTICS

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¶ Osteopaths can increase their practices very materially by learning one of the most profitable branches of the profession.

¶ Optics, as a specialty for the Osteopathic Physician, can not be surpassed.

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¶ A corps of able instructors give their personal attention to the instruction of the students.

¶ The complete course may be taken by correspondence.

¶ The degree, "Doctor of Optics" (Op.D.), is conferred upon those who complete the course.

¶ Address all communications to the

Secretary
American Osteopathic College
of Optics,
ELLSWORTH, KANSAS

Philadelphia College and Infirmary of Osteopathy

SESSION of 1908-1909 of the Philadelphia College and Infirmary of Osteopathy opens September 15th, in the new quarters, 1715 North Broad Street.

Two spacious buildings house the most complete equipment in any Osteopathic institution, and provide ample accommodations for expansion.

Skipped quarters and equipment are fatal to scientific study and research—waste the student's three years and send him out half prepared.

The new Main Building has four floors—comprising College Hall, large lecture halls and classrooms, extensive laboratories for experiment and research, gynecological operating room, and the Infirmary and Dispensary.

Anatomical and Dissecting Departments are housed in the Annex, a few yards from the Main Building.

Net earnings of the College are turned into equipment and betterment. The Philadelphia College pays no profit to its stockholders.

But the strength of any college must be its teaching staff. Buildings and equipment are but tools, useless in unskilled hands.

The Faculty of the Philadelphia College is made up of Osteopaths known throughout the profession for their resourcefulness in treating patients. Every member is active in class-room and clinic, imparting to the student the individual methods he finds successful in practice.

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.

fees. I am trying to get the Fraternal Reserve Life Association of Peoria to appoint osteopathic physicians, but don't have much hopes of succeeding.—*R. W. E. Newton, D. O., Cambridge, Illinois.*

Have read with much interest the reports from the osteopathic field in regard to the attitude of insurance and fraternal organizations toward osteopathic physicians. I have filled out a number of accident insurance papers and have never had one turned down. I believe that the time is not far in the future when the D. O. will be given the preference by insurance companies, but it will require us to be up and doing if we wish to fill these positions. I have recently been appointed examiner for the Fire Insurance Patrol of this city, not because I have the glorious (?) degree of M. D., but because I am a D. O. The patrol wants men with "good backs," and they believe "the D. O.'s know good backs when they see them."—*W. G. Hamlin, D. O., Chicago, Feb. 21.*

While at Fairfield, Iowa, I examined right along for the Illinois Bankers' Life Association, of Monmouth, Ill. I carry \$2,000 with them and I regard it as very good. I have also made out accident papers for the Travelers, of Hartford, Conn.; for the Bankers, of Des Moines, Iowa (I believe that was the company), also for a Ministers' Mutual Benefit Association located some place in Michigan. I was turned down as examiner by the German-American, of Burlington, Iowa, by the Fraternal Aid, and have not heard from the "Homesteaders" of Des Moines. I never insure with any company that will not recognize me as a physician, and I will insure with any fraternal company that will give me recognition. The last agent who called was for the "Homesteaders" of Des Moines, Iowa. He was anxious to appoint me, if I could find any record of his company appointing osteo-

paths. Said he would not ask me to take insurance if his company would not recognize me professionally. One of my classmates, Dr. T. B. Larrabee, of Anita, Iowa, says he is examiner for the Endowment Rank, K. of P., in his lodge. I think we ought to stand together on this proposition.—*W. S. Maddox, D. O., Brush, Colo., Feb. 27.*

I have had two accident companies accept my reports, the Preferred and one other. I will look up the name of the other and tell you. I supposed all you wished were names of old line life companies.—*Edythe Ashmore, D. O., Detroit, Michigan.*

I have signed three claims for a patient who was injured in a railroad accident last month, all of which were accepted and damages paid. The companies in question were the Travelers' Accident Co., of Hartford, the Standard Life and Accident Co., of Detroit, Mich., and the Commercial Travelers' Accident Insurance Co., Utica, N. Y. This, of course, is not as important as a death certificate, but argues well.—*L. N. Turner, D. O., Savannah, Ga.*

Sensational Pipe Dream in Osteopathic Office

WILY press agents (alleged) of Drs. A. L. & W. P. Goff, Tacoma, Wash.—or else some hungry space men on the local press seem to have been very busy late on the night of Saturday, August 1st. At any rate there appeared in the Tacoma papers next morning a harrowing story—occupying something over a column—telling how, in the offices of Drs. A. L. and W. P. Goff, osteopaths, in the Provident building, a Miss McCallum, a beautiful twenty-four year old, the daughter of the Rev. Neal S. McCallum, was bound, gagged and chloroformed, but not otherwise injured by "two well dressed intruders."

The supposed robbers are supposed to have made a supposed search for surgical cotton, antiseptics, vasoline, adhesion tape, stethoscopes, a skeleton, a swing, and such other lures and penates as adhere to an osteopathic office, but it does not appear that they got away with any of this loot.

The police at first regarded the affair as a mystery, but later seem to have adopted the conclusion that it was a hoax—probably the result of over-wrought nerves of somebody's press agent. It seems to us there was once another great story of "broken ribs," sprung in osteopathic circles in this same town. N'est-ce pas?

Osteopathy Commemorated in Song.

At the Kirksville convention the following song, entitled "Osteopathy," written by Miss Mary E. Hinchliff, of Denver, was presented by the C. O. A. to the A. O. A. and was sung at every session to the tune of "America":

Great science, 'tis of thee,
Of Osteopathy,
Of thee we sing,
Far will we spread thy name,
Great shall become thy fame,
All lands thy works proclaim,
Osteopathy.

We thy glad victories
Come here thy name to praise,
Osteopathy,
May we but worthy be,
Our lives to give to thee,
Loyal and true we'll be,
Osteopathy.

Suffering humanity,
With glad hope turns to thee,
Osteopathy,
Thou wilt their pains relieve,
Comfort all those that grieve,
Triumphs unknown achieve,
Osteopathy.

Great Master, unto thee,
Who this great truth did see,
Osteopathy,
We bring our love and praise,
Our voices loud we'll raise,
We'll bless thee all our days,
Osteopathy.

Our Pioneer Gallery

**Dr. J. R. Shackelford,
of St. Louis, a Pioneer
Who Does Things**

A FEW months ago there removed from the city of Nashville, Tenn., a man whose departure caused so much regret and occasioned such hearty expressions of esteem and good will that it singled out the recipient as a fellow of unusual character and ability. We take pleasure in reporting that these tributes were accorded to one of our pioneer osteopaths, and they came in recognition of his skill in administering to suffering as well as of his splendid character as a man. He is Dr. J. R. Shackelford, now of St. Louis, Mo.

In company with so many men who have fought their way to prominence and success, Dr. Shackelford was born on a farm, first seeing the light of day in 1870 in Lewis county, Missouri. He lived on the farm until of age, attending the country schools. In 1899-90 he was a student at Christian University, Canton, Mo., and later took a business course at Sedalia.

For about three years Dr. Shackelford was engaged in a mercantile business at Lewistown, Mo., but deciding to adopt the profession of osteopathy, he entered the American School at Kirksville in September, 1895, and graduated in June, 1897. He selected Nashville as a location for the practice of his profession and went there in October, 1897, where he enjoyed a growing patronage until his removal to St. Louis in December, 1907. When he located in Nashville Dr. Shackelford was the first and only osteopathic physician in the city and the science was not yet recognized by state law. By his ability, genial nature and enthusiasm he drew to himself many strong friends, and it was largely through his work and influence that osteopathy received state recognition in Tennessee. Do you remember how our bill was passed unanimously by the Tennessee legislature and senate? Not one opposing vote. This was a great tribute to the esteem in which Nashvillians held our champion, for it was largely they who secured the enactment of our law.

Dr. Shackelford organized the Tennessee Osteopathic Association in the spring of 1899 and was its first president. When Nashville came to have an osteopathic society of her own he was an active member and supporter.

April 26, 1905, Dr. Shackelford was honored by the governor by the appointment for the five year term to the Tennessee State Board of Osteopathic Examination and Registration. He was at once elected president of the board, which position he held until his removal from the state.

Dr. Shackelford is also a charter member of the American Osteopathic Association, and served a three-year term as trustee. Since removing to St. Louis he has become a member of the Missouri Osteopathic Association, the Mississippi Valley Osteopathic Association and the St. Louis Osteopathic Society.

At the regular meeting at Chattanooga, Tenn., April 20, 1908, the Tennessee Osteopathic Association passed the following resolution:

RESOLUTIONS ADOPTED BY THE T. O. A.
APRIL 20, 1908.

Whereas, Dr. J. R. Shackelford, the pioneer osteopath in Tennessee and the first president of the T. O. A., has since our last annual meeting removed from the state;

And, whereas, during his long residence here he was ever foremost in every contest for the advancement of osteopathy, aiding generously with his time, talent and purse.

Therefore, be it resolved by the Tennessee Osteopathic Association that we deem it fitting

BOVININE



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SAMPLE

Assures Normal Opsonic Index, Full Elimination of Waste. Rich Red Blood. Cell Stimulation and Complete Nutrition.

BOVININE. Internally it establishes a normal balance between elimination and nutrition, result being health.

BOVININE. Contains every element in a full and proper proportion necessary to completely feed every tissue of the human body.

BOVININE. Has no competition, as all other prepared and liquid foods feed only in part, hence their field of usefulness is limited and nature must accomplish the rest, and this she can seldom do.

BOVININE. Is not antagonistic to any medication, but greatly aids the therapeutic action of drugs. It is indicated at all ages and in all conditions.

BOVININE. Locally as a dressing in all forms of ulceration or any peripheral starvation is ideal.

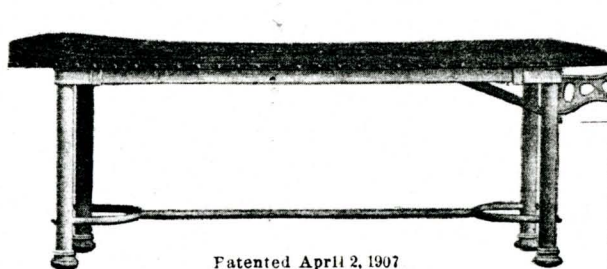
BOVININE. Is ready for immediate assimilation, does not disturb, but gives the gastro-intestinal tract full and complete rest.

BOVININE. Is rich in assimilable organic iron and is sterile.

THE BOVININE COMPANY
75 West Houston St., New York City

SAVE YOUR BACKS, D. O.'S

while "breaking up" the lumbar spine. ¶You need not lift the legs of that 200-pound patient off the end of the table and swing his feet in mid-air at the cost of your own strength unless you like it for mere exercise. ¶Even if you like that sort of strain and have no fear of rupture, or pulling down of your own organs **The Common Sense Treating Table and Adjustable Swing** is still better than ordinary Tables for many reasons. ¶It is light, strong, durable, portable, movable, comfortable and beautiful, and is not an expensive table. ¶No man



Patented April 2, 1907

afraid of rupture or valuing his own vitality, can afford to use any other table. ¶No woman, mindful of the special handicaps of her sex WILL use any other. ¶Adapted to every one's needs alike. Write for circular and prices. Everything in the book line also. ¶Orders shipped the same day as received and

Root pays the freight charges on books only.
H. T. ROOT, Kirksville, Mo.

that we hereby express our appreciation of the unselfish labor he has performed and the inestimable value of the service he has rendered to the cause of osteopathy in Tennessee during the past decade, and that we entertain the earnest hope that in his present field of labor he will attain to that measure of happiness and prosperity which his ability as an osteopath and his worth as a man entitle him.

Be it further resolved that these resolutions be spread upon our records and a copy furnished Dr. Shackelford.

Respectfully submitted,
W. F. LINK.
T. L. DRENNAN.
B. S. ADSITT.
B. A. DUFFIELD, Secretary.

These resolutions speak volumes for the esteem in which their subject is held by his fellow practitioners.

Dr. Shackelford was married November 8, 1898, to Miss Anielka Illinski, who studied osteopathy in the same class as the doctor and who is a daughter of Dr. A. X. Illinski of East St. Louis, Ill., who was the oldest practicing allopathic physician in the state of Illinois when he died at the age of 90 in 1897. Dr. and Mrs. Shackelford have two fine boys of whom they may be justly proud, James Rufus, Jr., who attended the Put-in-Bay meeting with his father, and Xavier Illinski Shackelford, who lacks a few months of being seven years old. The doctor says they are strictly "osteopathic

products, born in the hands of osteopathic doctors and have never taken a pill."

Since moving back to his native state Dr. Shackelford has laid the foundations of an excellent life work in his St. Louis practice. He occupies a nice suite of offices at 1003 Century building. His influence will ever be felt for osteopathic brotherhood and advancement and the amelioration of human kind.

Diagnoses of Two Doctors.

The late Ambrose L. Thomas, of Chicago, once told a story about two doctors.

"To illustrate my point," he said, apropos of an advertising error, "I'll tell you about my friend Bones.

"Bones was taken ill, and, his family physician being out of town, a specialist was called in.

"But the family physician unexpectedly returned, and he and the specialist entered Bones' chamber together. They found the man in a high fever and partially unconscious. Each put his hand under the bed clothes to feel Bones' pulse, and each accidentally got hold of the other's hand.

"'He has typhoid,' said the first physician. "'Nothing of the kind,' said the other. 'He's only drunk.'"—Chicago News.

THE OSTEOPATHIC PHYSICIAN

The Organ of News and Opinion for the
Profession.

Published on the 15th of every month by The OSTEOPATHIC
PUBLISHING COMPANY, 603, No. 171 Washington
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ADVERTISING RATES ON APPLICATION.

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Vol. XIV. SEPTEMBER, 1908. No. 3.

Fairness! Freedom! Fearlessness!

EDITORIAL

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

DR. "BILL" SMITH'S CAMERA PRESERVES HISTORY.

The *O. P.* is much indebted to Dr. William Smith of Kirksville for the excellent photographs we reproduced in our last issue showing the big parade and other incidents of the recent professional meeting. Dr. Smith's ready kodak is doing a good work for the profession in preserving for the historian views of osteopathic history which will be immensely more valuable in years to come than any mere wordy descriptions. This acknowledgement of our indebtedness to Dr. Smith was intended to have been printed in the Convention Number, but was crowded out by accident.

ROT, IRA!

One of Collins' two column ads in the *El Paso Herald* of Sept. 10 wound up with this jerk:

"Even the germ theory of disease has been attacked by high medical authority, and Dr. Ira W. Collins, the eminent osteopath of *El Paso, Texas*, who made an examination in 1906 of the government's septic tanks, and wrote "Osteopathy vs. Microbes," in which he showed that no diseases were ever caused by germs, but that they were scavengers, and he has been sustained now by no less personage than Dr. Alexander M. Ross, fellow of the Royal Society of England, member Hygienic College of Physicians and Surgeons of Quebec and Ontario, professor of hygiene and sanitation," etc., etc.

Ira, you're the cheapest lemon ever handed to osteopathy in its sixteen years of written and printed history. And may fate never send us your double!

DR. McKENZIE RAISES A FUSS.

Dr. A. L. McKenzie of Kansas City has been getting himself talked about and likewise the Missouri Osteopathic Board in recent weeks. A little over a month ago the *Kansas City Times* had a half column story on the subject under the heading "Osteopaths in a Row Now." Dr. McKenzie is reported to have charged immorality and malfeasance against the board. His attack was really directed over the heads of the board at the parent school.

The board investigated Dr. McKenzie's mouthings and declared there was nothing to his prattle—just a typical McKenzie nightmare, which has the consistency of moonshine.

Dr. McKenzie then attacked the board. It is said the matter will go to Governor Folk.

Dr. McKenzie brought down a good deal of censure on his head at the big Kirksville meeting through reports of attacks he had made upon the A. S. O. and its gynecological and obstetrical clinics, one result of which was that it went far to spoil the program which had been arranged for the big meeting in this department. But that was not all, for according to Dr. Wm. Smith's statement, it interfered with a real philanthropy which the A. S. O. has been conducting successfully for some months, caring for unfortunate girls, finding homes for their babies and giving the luckless mothers and infants both a new start in life. This is one of the best and most unique practical charities in the United States today.

There was some talk at the meeting of making this matter a professional issue and calling on Dr. McKenzie to give an account of himself, but more conservative counsel caused the matter to be overlooked.

It is a pity that Dr. McKenzie finds it necessary to get into the limelight with talk of this sort and he will have few sympathizers among the rank and file of our profession. Hasn't osteopathy in the past years of its youth had enough scraps and squabbles without carrying on this sort of thing today? Let us have an end of these bickerings which reach the newspapers, for they injure all of us and help nobody—not even Dr. McKenzie, unless he figures that getting into print, even in a quarrel, is good advertising—which we don't believe.

NO CURE—NO PAY.

Dr. L. J. Gerla of Mitchell, S. D., in *The Daily Republican* of July 20 appears with an advertisement bearing these words: "Cure guaranteed, with all cases accepted. Twenty-five treatments for \$25." Alas! that Dr. Gerla should find it necessary to resort to the "no cure no pay" tactics of the medical fakir. It is too bad that a man of his promise and usefulness in the profession could have so little sense as to depreciate himself and osteopathy in that manner. The Osteopathic State Examining Board of South Dakota should make this form of advertising *casus belli* and, unless the doctor abandons that plan of advertising, consider seriously his fitness to enjoy a license to practice osteopathy.

The Godfathers of Osteopathy (Review of a Review)

By a Follower of the Old Doctor.

To the Editor of *The Osteopathic Physician*:
IN a recent excellent review of a valuable new publication by a philosophic member of the osteopathic profession, occasion is taken to trace the genesis of osteopathy to a date prior to the beginning of the practice of medicine. While interesting to students of archaeology and satisfactory to all who value the atmosphere of antiquity and the panoply of authority, this is hardly satisfactory to the friends of the great prophet who alone originated the practice of osteopathy; and while the point of the mechanical concept of disease and its cure is no doubt both well taken and also will have its value in appealing to the scholastic stratum of the public, yet it is hardly fair to Dr. A. T. Still, and should not pass unchallenged or unquestioned.

It is not possible to put upon the work of Borelli the construction put upon it by this reviewer, and to call it the real grandparent of osteopathy, setting aside Dr. Still as a new godfather. Therapeutics might have followed a distinctly mechanical philosophy for centuries without evolving more than Swedish gymnasts or masseurs.

Asclepiades also, the fighter against drugs

and teacher of relaxation and constriction as the method common to all disease, might have enlarged his ideas to the degree without hitting upon that which makes osteopathy. Many a man no doubt watched the lid blow off of a boiling kettle, and perhaps put bricks upon it to hold it down, or applied the observation in various ways, without thereby becoming the father or grandfather of the steam engine. Stevenson alone invented the steam engine.

No man preceded Dr. Still in the discovering, elaborating and perfecting of the science of osteopathy. It has no historic pedigree. The nearest approach to it was perhaps the "bone setters" in various countries. But in no sense could they be regarded as antecedents of Dr. Still's work. The world is not to be deprived of its one spectacle of a whole science springing full armed, Minerva like, from the brain of a single man.

Yet it is a very comforting thing, in some mysterious way making us to feel that we are the real heirs to the title who are soon to drive out the long-time usurpers—to know, long before the world went drug mad, therapeutics followed strictly a mechanical philosophy.

It is as though the world were but coming back to its own. But the world will lose nothing by giving credit to whom credit is due. These former efforts might have been prophecies of what was to come, through Dr. Still, but were in no sense parents of it. Just as the man who first finds a nugget of gold may be prophetic of those who, centuries afterward, and ignorant of the first discoverer, find a whole great vein of the precious metal in the same field; but they are in no sense parents of him, nor is the first discovery parent to the later one. And as to the philosophy, the osteopathic philosophy follows the osteopathic fact. The fact alone is parent of the philosophy and not any preceding philosophy.

New Jersey Stalwarts Run a Press Bureau

NEW JERSEY osteopaths have undertaken to get legislation this year by going at the problem right. They have formed the Osteopathic Educational Bureau, with headquarters at the office of Dr. John B. Bueliler, chairman of the Osteopathic Educational Bureau, at Asbury Park. This bureau prepares items of news interest and editorial opinion which it sends out to the osteopaths of the state, with the recommendation that they do all they can to secure the publication of these items in their local newspapers.

The plan is to present in concrete form well written, separate paragraphs such as the editor of any live newspaper would be glad to insert in his columns, both for their interest to readers and to accommodate the local osteopath who requests this favor. These items are confined to a compass of about ten or twelve lines in length.

This is an excellent plan and is carrying out the suggestions so often offered and emphasized in these columns that our local osteopaths can do themselves and the cause much good by furnishing such data to the newspapers. This New Jersey plan, however, goes about this task in a concrete form and supplies osteopaths with just such data as will bear favorably upon the forthcoming New Jersey legislative campaign. It will doubtless help our stalwarts there to win success in their next legislative battle. We congratulate President Branbury and the officers and the executive committee of the New Jersey Osteopathic Society on this excellent plan.

Another phase of this educational campaign to influence legislation, which it is believed will have immense influence on getting an osteopathic law, is the proposal to have Dr.

William Smith of Kirksville deliver a series of lectures during the holidays, which will include the following cities: Vineland, Atlantic City, Camden, Trenton, New Brunswick, Asbury Park, Elizabeth, Phillipsburg, Jersey City, Hoboken, Plainfield, Newark, Orange, Paterson, Passaic, Hackensack, Morristown, Westfield and Montclair.

Our New Jersey fellows always have a way of making a bold fight for their rights and they have deserved success ten times over in their several past battles. We give them our best wishes and prophesy success in the campaign now undertaken.

Join Us in Congratulating Dr. Downing

DR. E. M. DOWNING of York, Pa., has done a very excellent thing for osteopathy by writing and securing the publication of a serial article on "Osteopathy" in the September and October issues of *The Metropolitan Magazine*.



The first installment in September contained a historical description, definition and explanation of the philosophy of osteopathy. The second contained the application of this philosophy to a good many disordered conditions and citations of some of the cures recorded by our system. The article is well illustrated. It is simply and clearly written and ought to

do, and doubtless will do, a great deal of good for our profession. We can but wish that *The Metropolitan Magazine* had a circulation of millions of copies. This is the third magazine article that has appeared in explanation of osteopathy within recent months in our leading periodicals and the profession is to be congratulated upon this evidence of growing interest in our science and profession. We congratulate Dr. Downing on his good work in this connection.

Dr. Ira W. Collins Arrested for Not Having a License

DR. IRA W. COLLINS is making a disgusting spectacle of himself, as usual, out on the west borders of Texas. He has been arrested on a charge of failing to have a state certificate to practice osteopathy in Texas. Having failed in his wire pulling methods to get appointed on the state board, it now appears that he is up against the realization of the fact that he cannot stand the osteopathic examination—at least, he has not done so as yet.

With his characteristic brass, he is now using the advertising columns of the *El Paso Daily News* to make it appear that osteopathy is being persecuted in his arrest, instead of the plain truth that Collins is a clear violator of the existing state medical and osteopathic laws and that the state has come to the rescue and vindication of the osteopathic profession. His subsidized newspaper prints columns of as disgusting drivel as was ever uttered in connection with the name of osteopathy. I almost wonder that this man's paranoia which runs to printers' ink does not drive every other self-respecting osteopath out of his city simply to get beyond the pale of such sickening influence. Evidently that is what his newspaper rot tries to do—to rid his field

of osteopaths who have self respect and hate collinsitis as they would a plague.

This collinspest is something we cannot very well get away from in states where there are no adequate laws to protect osteopathy from fakery, and Dr. A. T. Still from the deadly Judas kiss which Dr. Collins bestows upon him every few days in his subsidized newspaper. But now that Texas has a good law and Collins has been arrested and put under bond we congratulate the profession of osteopaths that his unprofessional extinction is probably in sight. Can such a joy be true, oh, stalwart osteopaths of Texas?

When Antitoxin Is Not Indicated in the Treatment of Diphtheria

By Dr. W. S. Corbin, Chickasha, Oklahoma.

IHAVE selected this subject with no thought of converting the osteopathic profession to my ideas, but as modern medicine seems to be drifting into serum treatment, it is a live issue, and I believe we should meet and face the question by discussion.

The ability of the system to resist or even immune itself from toxine is demonstrated in most every chronic case where elimination is defective.

Take a simple case of acute biliary catarrh and note results. There is constipation, nausea, headache, accelerated pulse and elevation of temperature, due to the absorption of toxic products of elimination. These toxins, instead of being eliminated as they should be, are taken up by the lymphatic system and carried by it into the general circulation, and immediately the system reacts as indicated. But allow this condition to become chronic and many times the amount of toxine will be absorbed with practically no evidence of reaction by the system. Should the last state of affairs be thrust suddenly upon the system it would undoubtedly prove fatal.

That it is possible to immune the human system against infection I think will not be questioned.

That "antitoxin" is a misnomer and does not contain antidotal properties is demonstrated by its action upon the healthy subject. For it is a fact easily demonstrated that by the subcutaneous administration into the healthy subject of any germ secretion, or toxin, the reaction of the system will be noted as above indicated. Increase the amount of such toxin at regular intervals until the maximum for the human is reached, and when the system ceases to react by elevation of temperature, acceleration of pulse, etc., the person is considered "immuned."

That all infectious diseases are self-limited, no one with experience in the healing art will deny. The reason that some infections run a longer course than others is only accounted for in the ability of the individual micro-organism to secrete toxin enough to sufficiently charge the blood of the individual with toxin to produce its own death, and then, and not until then, will the patient recover.

The fight, then, is not so much on the micro-organism as it is to sustain the system until the micro-organism has produced its own death by its own secretion, or toxin. All efforts to abort or cure other than these are futile.

If the system cannot be made to withstand the effect of the toxin, the patient will succumb; for it is the toxin and not the micro-organism that kills the patient.

Take an individual whose system is attacked with the bacillus of diphtheria. These micro-organisms grow and multiply with great rapidity in the devitalized tissues, for they can thrive in no other. The more virulent the micro-organism, the more active and the more virulent their toxin. The oftener the micro-organism is reproduced, the less virulent they

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become, and in this way is account made for the first cases of an epidemic always being the most fatal. When the system is putting up the greatest possible fight to overcome the effect of this toxine, would it not be adding insult to injury to introduce—not an antidote, but more of the same identical toxin into this system? And in addition to this, the medium through which it is conveyed (horse lymph) is antagonistic to the human system, and is often the load that breaks the last thread of life by paralyzing the heart muscle.

In the recent epidemic of sore throat—so-called diphtheria—it is my judgment that many lives were sacrificed upon the altar of ignorance and experiment. I question seriously whether there was a single case of diphtheria in the whole epidemic. This conclusion is based upon the following facts:

1st. Diphtheria is pre-eminently a disease of children, but in this epidemic about an equal per cent of children and adults were attacked.

2nd. In the recent epidemic the death rate was about 1% in cases where antitoxin was not used, against a mortality rate of from 40% to 60% in diphtheria epidemics. The percentage in the cases treated by antitoxin was much greater than those treated otherwise, some patients succumbing almost as soon as the so-called antitoxin was used.

3rd. The microscope revealed the diphtheria micro-organism in but a very limited number of cases, and in no case, in our city, was the culture experiment tested sufficiently to prove the virulence of the micro-organism.

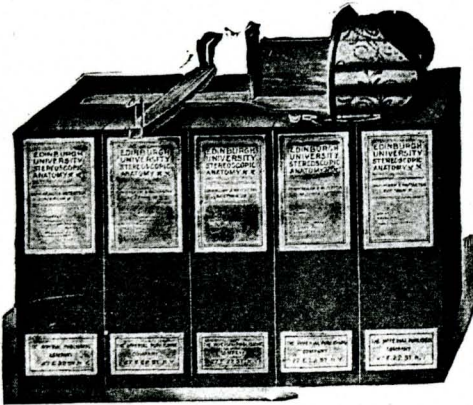
4th. The post-paralysis, instead of being limited to larynx and pharynx, was in most instances a multiple neuritis, especially was this true in cases where antitoxin was used. These cases frequently terminated fatally and thus, the last state of the man was worse than the first.

In the light of observation and experience thus far in my professional career I must conclude that serum therapy is scientific, if used on the healthy individual to immune him from an infection, but to use it in the treatment of an individual after he is infected is unscientific, and is a gross insult upon the system so treated.

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You simply don't know how to work.

—The Chicago Tribune.

Dr. Wright Was Right— Also Would You Give a Hypo of Strichnine?

By Dr. Arthur Taylor, Northfield, Minn.

I READ Dr. Wright's experience in the case he cites with interest and pleasure, for I have been placed in similar circumstances and have always wished to "do unto others as I wished them to do unto me," but whenever they did not show me rightful professional consideration I have had to tell them that I could not assist them until they did. I have told them also that they could not expect any other brother practitioner to serve them under such conditions and that they should not expect me to do so any sooner than any one else.

Had Dr. Wright simply gone to work in that case and said, "Why, yes, I will do as Dr. 'So-and-So' says," right then and there he would have depreciated himself as a physician and likewise the profession of osteopaths. On the other hand, I, myself, would not have cared to give any abdominal manipulation anyhow in that case, simply giving a spinal treatment, but I would have given a good thorough examination of that patient in order to know what I was treating and that I might well know the existing conditions. Since Brother M. D. was so careful in giving directions, the first thing I would have asked for was a good, thorough examination of the conditions of the abdomen, and I would certainly "touch" that abdomen then. If I were not allowed to examine the case, surely I would not treat it. By so doing it would show Brother M. D. up in the light that he should be shown up in—prejudice.

We are physicians and must be treated as such. When we are called in on consultation we must expect and insist on receiving all the courtesies that are accorded to any other physician, and if we do not receive them from the M. D. before going to see that case, we should simply refuse to see the patient. Those are my ways of doing at least, and I have been treated just as Dr. Wright was that time—once, I recall, but never after, and I have been called in many times for consultation since and have been shown all due respect. People and other doctors will probably not accord us any more authority or consideration than we demand for ourselves.

Physicians or Bonesetters, or Both?

And right here let me say that I am greatly pleased to read the articles in the last issue regarding bone setters and all-around physicians. Both the editor's own article on "We Need to Know More Than Bone-setting," and Dr. Pearce's, are two articles that I feel like saying "Amen" to very emphatically. There is not a truer statement than where you mentioned that "A correction of a bony lesion would suffice in chronic cases, but would not fully cover the ground in acute bedside practice."

A true physician goes to the bedside of his patient in acute infectious diseases and does all in his power to make that patient easier and does everything that will tend toward the recovery of that individual case. He surely will do so if that patient is in the balance between life and death, or else he will back out the door and leave the case—leave it to the family to call in an M. D., or else he will himself call in a Brother M. D. for consultation, and that is apt to look to the public as though an osteopath was not competent to handle such cases and that he had to call in some one to give the patient some medicine.

Suppose, now, that your patient is at the crisis or turn of the disease and you know that if the heart will hold out for a while longer he is well out of danger; you have done all that is in your power to prevent heart failure in a patient who has a weak heart anyhow, and you are called in in a hurry

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some time during the night and find your patient almost gone, the heart growing more irregular all the time and weaker. With all the stimulation you are giving and all the manipulative methods you possess, along with hydrotherapy, you are still unable to get that heart to beating regularly! Your patient sinks lower and lower and you realize that death will close the struggle very shortly!

Is there anything more you can do to save a life? You could not call in an M. D. by this time if you wanted to for there is not time. By the way, what would the M. D. do if he did come? Well, if he had been there soon enough, he would reach down in his pocket and pull out his hypodermic syringe and give that patient a hypo of strychnine and that heart would rally—for a while at least. The hypo would be repeated about every two hours if it was necessary until the danger point was past. Then after the danger was over the strychnine would not be needed. The strychnine having no curative powers but simply to tide that heart over the break, which really was all that was necessary in that case.

Now, who is going to be the doctor to save that patient, Doctor Allopath or Doctor Osteopath? Which shall it be? Shall Dr. Osteopath fall down completely and let Dr. Allopath be the hero when it comes to such a really serious case? Or is Dr. Osteopath going to be prepared to meet emergency cases of this kind, as well as all others that we might mention?

Listen.

I have been placed in just such circumstances and as a last resort, after trying all else, I have reached into my pocket and pulled out a hypo and given my patient a hypo of strychnine. The heart rallied. The patient can tell you to-day about his recovery whereas I am satisfied that his grave would be decorated with flowers at this moment. If I had not done as I did I feel that I did my duty.

I will venture to say that any other D. O. placed in such circumstances—and there are many others for they have told me so—would do the same thing to save a life.

Yes, someone will say: "Well, I am sorry that Dr. Taylor does not know enough about osteopathy to start that heart beating by manipulation." Pray tell me, are you going to use heroic methods, strong stimulation, when the patient is so weak and sensitive that even to touch him causes pain in the precordial region, let alone moving him? It is such cases I refer to, not those where your patient can turn in any position on the bed so that you can get at him, but where he cannot.

I did not mean to mention any of my personal experiences here but I would like to hear from others who have been placed in the same position.

And this is why I say "we must be physicians, prepared to meet all sorts of cases." If it is a bony lesion, set it; but if you cannot set it, then be able to take care of the case until that patient is able to have strength enough to sit up and "be set," and then if he has any bony lesions go after them.

I do wish some of our brother practitioners would get over thinking that anything that is not done by manipulation, is not osteopathy. Our various methods are called adjuncts so often when they are only a part of osteopathy.

Minor surgery, for instance, is part of our practice and still a hypodermic syringe looks like the Demon himself to some—yet how are you going to practice even minor surgery without some form of an anesthetic? You must use either cocaine hypodermically or ethyl chloride spray. We D. O.'s must wake up and be able to take care of our patients without any M. D.'s aid except it be in major surgery and then it belongs to a specialist in surgery.

Our work is to fight disease and to save lives in the closest way we can to nature's

way. Nothing is more natural than nature and osteopathy is the nearest we can get to nature's cure.

Now do not misunderstand me. I do not believe in the use of the hypodermic save in minor surgery excepting where absolutely necessary, and I have not run across more than two such cases in my practice where I thought it was necessary. In cases of heart failure and in a whole lot of other cases the heart was restored just by manipulation alone. A true physician is one who will save his patient and not worry for fear he may be using an "adjunct."

Will some one please give a definition of a physician?

Ultra Specialism.

At a meeting of physicians one speaker said: "The rage for parceling out the human frame into special territories is passing all bounds. We have specialists for the nose, the throat, the ear, the lungs, the heart, the genitourinary organs, the rectum, the mouth, the brain, etc. It seems to me, gentlemen, that it will not be long ere the specialist, like Alexander, will have to sigh for new regions to overcome. So far as I can see the umbilicus is about the only portion of the human body not allotted to a specialist." Whereupon a veteran practitioner, raising his hand, exclaimed: "Doctor, you're forgetting the naval surgeons!"—*Chicago Medical Recorder.*

A Little Medical Slap.

The Illinois osteopath may call himself "doctor" whenever he wants to. That is the decision of the Attorney General and it is very apt to stick. With all the joy this may bring to the osteopath, it must bring a certain amount of shock. It is the first shadow of success that Illinois osteopaths have had since Father Still discovered Kirksville.—*The Chicago Clinic.*

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The Law of the Movements of the Spinal Column

By Dr. William L. Grubb, Pittsburgh, Pa.

THE question of a stable, or rather a scientific osteopathic technique, has been a serious problem for our profession for several years. So far as the literature on the subject is concerned it does not appear to be any nearer a scientific solution now than it ever was. We hear the cry on every hand for research work in the fields of pathology and physiology. Our current literature is teeming with it. But there is not very much being said about research work in the field for a scientific technique. I should think that we need a technique abreast with, if not in advance of, our osteopathic pathology.

Our technique is more or less founded upon the principle of exaggeration, rotation, traction and pressure, which is very good as preliminary procedure, but as a foundation to build a scientific technique upon, it is the grossest empiricism. Our various works on principles and practice base their technique upon this basis, from which we as students are taught our technique. It is no wonder the practitioners in the field have so much to say about our weakness along this line. Since entering the osteopathic field I have been more interested in this question than any other; I have had treatment from the older osteopaths in the field and from the younger ones, too. Also from graduates from the different osteopathic schools, with the view of getting data that would be more satisfactory than what I already had. But I was sadly disappointed. The same old basis—exaggeration, rotation and pressure, while some injected a change; muscle stretching and muscle rubbing.

For relief I turned my attention to the study of the spinal column—that masterpiece of workmanship and the *backbone of osteopathy*—the joints, ligaments and the articular facets, and the *relations* of these to the various *movements* in the different regions of the spinal column. I found that the vertebrae assume certain definite positions corresponding to the various *movements* of the column, and they will always do this. I have called this the *law of the movements of the spinal column*. I find it just as universal and absolute in its field of operation as the law of gravitation and chemical affinity are in their respective fields of operation.

This law is simple in its application after we once understand the *anatomy of the spinal joints*. At this point our weakness begins to manifest itself. I hesitate to speak of this fact, but it is true nevertheless—I have yet to meet the first osteopath who can describe the *anatomy of a spinal joint* and the *relation of the inter-vertebrate disks, the ligaments and the articular facets to the movements of the joint*. Take for example the basis for our technique to adjust innominate lesions. It is based upon the *movements characteristic of this joint*, which is rotation around a transverse axis. This knowledge of the *movements of the joint* is the final step in our diagnosis and furnishes the key for the technique to be applied to make the adjustment.

The same Law of *Movements* applies with greater force to the spinal joints because they are better type of joints. Piersol says: "Remove the restrictions from a spinal joint and it becomes practically a universal joint."

A thorough knowledge of "The Law of the Movements of the Spinal Column" means a thorough knowledge of the anatomy of the spinal column and the relations of the *articular facets to the movements* which is the key. Then we know positively the positions of the bodies and spinous processes in any of the various movements.

A thorough knowledge of the mechanical construction of the lumbar facets and the re-

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lation of this mechanism to the parts of the facets that receive the applied power, will give a scientific, as well as a mechanical reason why the bodies of the lumbar vertebrae rotate to the concavity of a curve in this region. Also for the same reason that the bodies of the thoracic vertebrae rotate to the convex side of a curve in the thoracic area. Further: should it be necessary, for instance, to lock the thoracic part of the spine while treating the lumbar region, or if we wish to lock the lumbar spine, it can be done in either instance by applying the law without any effort on our part other than to instruct the patient what to do. They do this because it is the law of their being.

I contend that a technique founded upon the Law of the Movements of the Spinal Column will place the osteopathic mechanics beyond the pale of empiricism. It will inspire the practitioner with a confidence that he never experienced before. His diagnosis will then be made from the standpoint of the spinal joint and its related structures. His treatment will then be based upon The Law of the Movements of the Spinal Column, which is the only scientific basis for pure osteopathic mechanics or technique.

Each of us can become a first-class human machinist, if we choose to be. But, there is one absolute requisite first—condescend to learn the anatomy of the spinal column so that we can have a perfect picture of it; then we are prepared to take up the mechanical study and not before.

I find almost as much trouble to explain The Law of the Movements of the Spinal Column to our graduated osteopaths as I would to a person who had never seen inside of an anatomy. A man who is a mechanic will apprehend it much quicker. I believe I am safe in saying that fully ninety-nine and seven-eighths per cent of our graduated osteopaths are unprepared to take up the study of the application of The Law of the Movements of the Spinal Column, because of their lack of knowledge of the anatomy of the backbone.

No wonder we are rushing into print trying to defend ourselves against the irregulars—masseurs, chiropractors, medical doctors, Christian scientists, etc. We are just as hopelessly at sea as they are, to an alarming extent. Take the treatment of other schools of medicine and it is based largely, if not altogether, upon observation. Can we claim much more for our exaggeration, rotation, traction and pressure as a scientific basis for treatment, in view of the fact of the actual existence of a law governing the physics of the spinal column? I think not.

Let's wake up!

In D. O. Land

A Correction.

In our list of contributors to the A. T. Still Research Institute Fund appears the name of C. Baltzer, as a subscriber to the extent of \$500. It was a typographical error and should have read Dr. C. B. Atzen, of Omaha, Nebr.

Cause for Pain.

Patience—I see a new theory by the British Medical Journal is that persons resembling each other suffer from the same diseases.

Patrice—Well, if I looked like some people I know, I'd suffer all right.—Yonkers Statesman.

Osteopathy in Baseball.

Terry Turner, Cleveland's star short stop, who has been afflicted with an ailment affecting his throwing arm, has been sent to Washington, D. C., where an osteopath will treat his shoulder, for ten days or two weeks.—From Chicago Examiner.

Dr. Wilson and Bride Visit "The O. P."

Dr. C. M. Wilson, of the firm of Drs. Wilson & Bowden, Duluth, Minn., and Miss Catherine Currie, also of Duluth, were married September 15th, at the home of the bride's sister in Calu-

met, Mich. They are now spending a two weeks' honeymoon in Chicago and were visitors at "The O. P." office recently.

Osteopaths Wanted in Arkansas.

Doctor, if you are looking for a location, you will find lots of good ones in Arkansas. Write me for a list of Arkansas towns, ranging from 2,000 to 13,000 in population, in which there are no osteopaths.—C. L. Fagan, D. O., (Member State Board), Stuttgart, Ark.

Dr. McClain Goes to Philadelphia College.

Walter S. McClain, the well known osteopath of Cookeville, Tenn., has accepted a chair in the faculty of the Philadelphia College of Osteopathy at Philadelphia, Pa., and will leave for Philadelphia in a few days to begin his duties.—Nashville (Tenn.) Tennessean.

Detroit Society Resumes Meeting.

The Detroit Osteopathic Society has resumed its regular meetings, the first occasion of the season being held in the office of Dr. Charles A. Bennett, 213 Woodward avenue. It is the intention to have at each meeting a presentation of an interesting case, followed by a discussion of its peculiar features.

Denver Osteopaths Have Good Meeting.

The Denver Osteopathic Association held a meeting at the Brown Palace hotel, Sept. 5th, after a vacation of two months. Tuberculosis was discussed and the meeting was a good one. There were thirteen osteopathic physicians present. We hope for a more "lucky" number October 3d.—Fannie Laybourn, D. O., Sec'y.

Many Enroll at Still.

With the opening of the new term, the Still College of Osteopathy was assured of the best year in its history. The enrollment makes it certain that the attendance will be larger than ever before. During the vacation days extensive improvements have been made and the college is in the best condition throughout.—Des Moines (Ia.) Capital.

Osteopath Delegate to Tuberculosis Congress.

Dr. A. A. Kaiser has been appointed by Acting Governor Pindall of Arkansas as a delegate to the International Congress on Tuberculosis to be held in Washington City, September 21st to October the 12th. Dr. Kaiser is one of the leading osteopaths of the state, and this is a recognition of his authority on such subjects.—Lonoke (Ark.) Democrat.

Discuss A. O. A. Convention.

The Southwest Michigan Osteopathic Association held its regular meeting Sept. 5th, 1908, with Dr. R. A. Glezen, Kalamazoo National Bank block, Kalamazoo, Mich. The meeting was well attended, the program consisting of reports from the A. O. A. convention. The next meeting will be held in Battle Creek, Nov. 5th next.—Frances Platt, D. O., Sec'y.

Central Kentucky Elects Officers.

The Central Kentucky Osteopathic Association held its seventh annual convention at Lexington, Ky., August 25th. Dr. O. L. Buckmaster, of Lexington, read the annual paper, which was followed by a general discussion. Officers elected were: Dr. S. W. Longan, Paris, president; Dr. Virginia L. Amos, Georgetown, vice-president; Dr. Martha Petre, Paris, secretary; Dr. O. C. Robertson, Cynthiaana, treasurer.

D. O.'s Sue Medical College for M. D. Degree.

A. D. Roth, C. B. Ward and C. F. Cashman began proceedings in the district court June 5th to force Drake University to give them the degree of M. D. from the medical school. The men claim that they took two years at osteopathic schools, that they have taken two years at Drake and that now they are entitled to the degrees. The defense of the school is that the men have taken the first two years of the medical course and not the two years of the senior college.—Des Moines News.

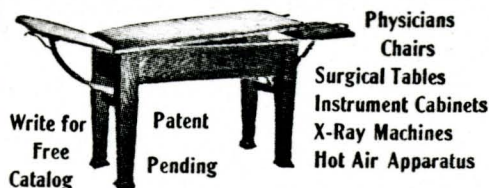
Dr. Kerr's Histrionic Triumph.

Dr. Clarence Vincent Kerr's "Hermit Show" was a big success at Cleveland again this year. Owing to an unprecedented demand for tickets the club had to extend the engagement three nights, making a total of eleven performances. The receipts amounted to a fraction over \$27,000. Clarence was called twice before the curtain in one evening, but the speech which he blocked out with the first scenario got tangled up in his system and all he could emit was a few inarticulate sounds. But he made a hit, just the same.

Nebraska Osteopaths Hold Session at Lincoln.

The Nebraska state osteopathic convention convened at Lincoln, September 4th and 5th. In addition to regular routine business daily clinics were held. Several good papers were read and discussed, among those contributing being Dr. C. B. Atzen, of Omaha, Dr. B. H. Cabbage, of Beatrice, Dr. Wm. F. Wurth, of Fairbury, and Dr. A. B. Cramb of Lincoln. Of-

BARTLETT OPERATING TABLE

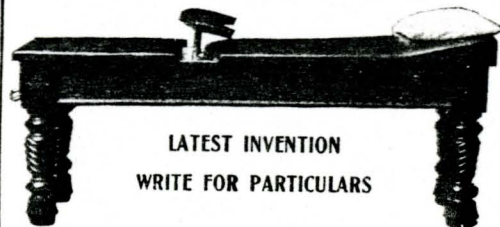


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ficers were elected as follows: President, Dr. James Tilton Young, Superior; vice-president, Dr. Byron S. Peterson, Kearney; secretary, Dr. C. B. Atzen, Omaha, and treasurer, Dr. Lulu L. Cramb, Fairbury.

Osteopaths Will Meet at Galesburg.

The fourth bi-monthly meeting of the Third District Osteopathic Association of Illinois will be held at the office of Dr. R. S. Halliday in Galesburg on Wednesday, September 30, commencing at 1 o'clock. Following is the program: "Bronchitis and Asthma," Dr. W. J. Giltner, Monmouth; "Spinal Curvatures and Their Reduction," Dr. J. E. Olson, Bushnell; "The Menopause," Dr. Minnie Baymiller, Abingdon; "Acute Gastritis," Dr. Effie Messick, Monmouth; general discussion.—Bushnell (Ill.) Record.

Pennsylvania Osteopaths Plan Campaign.

For the furtherance of legislative action the Osteopathic Society of Allegheny county and the Western Pennsylvania Osteopathic Association will hold a joint meeting on September 26. Addresses will be made by Dr. Harry M. Goehring on "The Practice of Osteopathy"; Dr. V. W. Peck on "The Legislative Situation," and Dr. W. L. Grubb on "Osteopathy and Nervous Diseases." Two or three banquets during the present year will be arranged for, as well as an educational and legislative campaign.—Pittsburg (Pa.) Leader.

Colorado Osteopaths' State Convention.

August 28th and 29th the Colorado Osteopathic Association held its semi-annual convention at Colorado Springs. About fifty members were in attendance and a good program was arranged. Owing to delayed trains Dr. Wm. Horace Ivie, of San Francisco, and Dr. Harry W. Forbes, of Los Angeles, who were down for prominent parts in the first day's program, were late in arriving, and a good deal of the work of the convention had to be done the following day. Two of the papers read were: "Ethics," by Dr. Nettie H. Bolles, and "Technique of Discovering and Correcting Lesions" by Henry W. Forbes. A well attended and much enjoyed feature of the convention was the banquet, given at the Alamo hotel. Demonstrations by Dr. H. W. Forbes and Dr. W. H. Ivie were also followed with interest. In addition to regular business, the subject of ways and means to enhance the standing of, and legalize, the profession were discussed, and also the neces-

sity of preventing "fakers" practicing under the name and guise of osteopathy.

An O. P. in Politics.

Dr. J. S. Allison, of Monrovia, California, was nominated at the democratic convention in Los Angeles as the democratic candidate for assemblyman for the 68th district. When the votes are counted at the November election the doctor's opponent will know there was a fight, notwithstanding the former big majority for the El Monte man. The doctor's abilities on the platform and his engaging personality, along with his reputation as a man of action and of reliability, will make him a formidable candidate.—Monrovia (Calif.) News.

Mississippi Will Organize.

Dr. Reuben T. Clark, engaged in the practice of osteopathy at Natchez, announces that a call will be issued within the next few days for a meeting of the members of the profession in this state for the purpose of forming the Mississippi Osteopathic Association. Dr. Clark has been attending the summer course at Kirksville, Mo., and was elected president of the post graduate class. He will issue the call as soon as he returns to the state. There are not far from thirty members engaged in active practice of osteopathy in Mississippi.—Jackson (Miss.) News.

O. P.'s Enjoy Social and Scientific Program.

Drs. Wolf, of Carthage, entertained the S. W. Missouri and S. E. Kansas Osteopathic Association in their new and pleasant home Saturday, Aug. 29th. The program, consisting of an able talk on "Tuberculosis," by Dr. Mairty, and a paper on "The Relation of Osteopathy to Surgery," by Dr. Slaughter, was one of the most interesting that we have had. Conversations on the A. O. A. convention and vacation topics were enjoyed with refreshments of ice cream and cake and the association then adjourned to meet Sept. 26 with Dr. Boswell of Joplin.—Florence Magers-Geeslin, D. O., Sec'y.

Ng Che Hok and Ira W. in the Same Boat.

Charged with unlawfully practicing medicine, Anna Reum, Ng Che Hok, Ira W. Collins and Charles Reum were arrested yesterday afternoon by the sheriff's department. Each of the defendants was released under \$500 bond. The arrests were made upon complaint filed in the county court for violation of that provision of the law which says that physicians shall register with the district clerk their authority for practicing, their age, postoffice address, place of birth and school of practice. Information upon which the complaint against Ira W. Collins was furnished by E. W. Earl.—El Paso (Tex.) Times, Aug. 30th.

"O. H." in Scotland.

12 Lansdowne Crescent,
Edinburgh, Scotland,
September 10, 1908.

I have made a close study of conditions here in Scotland and the advisability of promoting osteopathy in all practical ways. I am getting on, but not as swift as I wish to. So I have decided to try "Osteopathic Health" on a bit and risk the results. If I go broke I will draw on you for money to get back to the States. The September "O. H." is a good one, so send me 200 as a starter, and 100 per month thereafter. I will send you a mailing list for October.—Fraternally yours, Franklin Hudson, D. O.

"Personal Appeal in Advertising."

Dr. Henry S. Bunting delivered a speech on "Personal Appeal in Advertising" before the Associated Advertising Clubs of America at their big Kansas City convention, Aug. 26th. He appeared on the program with William J. Bryan, Assistant Postmaster General Lawshe, Arthur Brisbane, editor-in-chief of the Hearst papers, and other notables. This speech was delivered in behalf of the National Association of Advertising Novelty Manufacturers, who elected Dr. Bunting to represent them as delegate and spokesman both. Something like twenty advertising magazines and business publications have since reprinted this speech, so it seems to have hit the mark satisfactorily.

Montana Eighth Annual Convention.

Montana osteopaths held their eighth annual convention at Butte, September 3rd and 4th. A very complete program was carried through. The president's address by Dr. John H. Lee, of Billings, was on the subject of the "Injustice of Compulsory Vaccination." Some of the papers presented and discussed were: "Psychotherapy in Relation to Osteopathy," by Dr. L. K. Cramb, Butte; "Gynecology," by Dr. Daisy Reiger, Billings; "Osteopathy in Obstetrics," by Dr. Wellington Dawes, Dillon; "Diphtheria," by Dr. Eva M. Hunter, Livingston.

Demonstrations were conducted by Dr. H. Thomas Ashlock and Dr. L. K. Cramb, both of Butte. There was also a general discussion on "Osteopathic Legislation and Public Health" and a "question box" conducted by Dr. O. B. Prickett, of Billings. The election of officers resulted: President, Dr. Hugh Thomas Ashlock, Butte; vice-president, Dr. Wellington

Dawes, Dillon; secretary, Dr. W. H. Heagney, Missoula; treasurer, Dr. C. E. Dane, Glendive; trustee, Dr. J. H. Lee, Billings; delegate to National Osteopathic Association, Dr. Asa Willard, Missoula; delegate to National Legislative Convention, Dr. J. H. Lee, Billings. Bozeman was selected as the meeting place for next year. Pleasant social features were enjoyed at the evening social session and banquet, and a "Seeing Butte" car trip at the close of the convention. The trip was arranged by Drs. Cramb, Ashlock and Lorton, as a courtesy to the visiting doctors.

Nelson's Encyclopedia on Osteopathy.

To the Editor of The O. P.:—I was pleased to be informed the other day by the publishers of "Nelson's Encyclopedia" that in their next revision, which will be in March, they will substitute for their present article on osteopathy one written by a celebrated osteopath. One of their agents had represented that the article in the present edition was written by an osteopath, whom he named. When I informed the publishers of the untruth of this statement, they acted very promptly in discharging the agent. (At least, they said they did.—Editor.)—R. K. Smith, D. O., Boston, Mass.

Women Have Good Meeting.

The Woman's Osteopathic Association, of Kansas City, Mo., held their regular monthly meeting on Tuesday evening, Sept. 1, at 520 New Ridge building. The program for the evening was devoted to the diseases of the eye, ear and nose, and consisted of a paper by Matilda E. Loper; case reports by Drs. Spies, Cramer and Crawford; and a demonstration by Dr. Harwood. A question box was conducted by Dr. Whiteside. The members voted the evening a very interesting and profitable one. Dr. Josephine E. Morelock, of Lincoln, Neb., who is visiting in the city, was present at this meeting. A cordial invitation to these meetings is extended to all women osteopaths who may be visiting in the city on the first Tuesday of each month.—Matilda E. Loper, D. O., Sec'y.

Ontario Association of Osteopathy.

The eighth annual meeting of the Ontario Association of Osteopathy was held in the parlors of McConkey's restaurant, King street, west, Toronto, on Wednesday, Sept. 9th. There was a good attendance of members and several non-members were present. The program was attentively listened to.

Morning session: Routine business, report of delegate to A. O. A. Dr. E. D. Heist; report of A. T. Still Research Institute, Dr. Mary Lewis Heist; report of historian; applications for membership; business unfinished, and new president's address (review of the year). Dr. R. B. Henderson; Open Parliament—"Shoulder Joint Cases," Dr. A. G. Walmsley; address, "Legislation," Dr. Ralph H. Williams, of Rochester, N. Y. Afternoon session: Paper, "Infantile Paralysis," Dr. Sarah B. Detwiler; clinics—"Neurasthenia Cases," Dr. Ralph H. Williams; paper—"Coccygeal Lesions and Their Relation to Hemorrhoids" (read by Dr. MacRae in Dr. Hilliard's absence); election of officers 1908-9.

Dr. Williams in his talk on legislation gave many valuable suggestions as how best to conduct a fight for recognition, urging, among other things, the absolute necessity of thorough preparation. He pointed out that when once a legislative battle had commenced the question of legislation and ways and means to procure the same should be pre-eminent in the minds of the osteopaths in the state or province affected. The Ontario osteopaths were much helped and encouraged by the doctor's presentation of his subject and expressed their feelings by a unanimous and hearty vote of thanks. Other numbers of especial interest and profit were the reports of Dr. E. D. Heist, delegate to A. O. A. convention, and Dr. Mary Lewis Heist, who reported the progress being made in connection with the A. T. Still Research Institute. Two changes only were made in the list of officers for the coming year—Dr. Sarah B. Detwiler and Dr. John N. MacRae were elected trustees to replace Dr. Jessie Hardie of Ottawa and Dr. J. A. E. Reesor of Toronto.

The consensus of opinion was that every meeting of the association is better than the last. The next meeting will be held in Hamilton next spring.—A. Gordon Walmsley, D. O., secy.

A Great "Woman's Number" for October

OUR campaigner for October is a "Woman's Number" and a peach. Just the talk to circulate among women at this season. The table of contents shown on this page will indicate what a wholesome collocation of osteopathic doctrine it really is.

Don't overlook the women for the support they are able to give you in practice building. Not only do they constitute the big majority of our patients, but they actually send us a big majority of all the rest. To utilize these valiant helpers for their full worth they must read *Osteopathic Health* every month to get these osteopathic ideas clearly in their heads. They must also have scores of copies of "O. H." to take with them to drop where they will supplement their personal work as nothing else but clear-cut ideas and well presented facts can. Trust *Osteopathic Health* for completing this personal appeal. That's what it's for.

Put in your order today, doctor, for a year's service, beginning with this October issue. That will cost you \$3 a month including blank envelopes. Your expressage bill can be reduced by having us mail out your magazines from this office under 1-cent postage, which we will do for only 25 cents a hundred copies, addressed on the typewriter, plus the postage. Put your order in today.

Oct. Issue of "Osteopathic Health" Contains

WOMAN'S DELIVERANCE FROM THE KNIFE

The Too-Hasty Surgeon a Menace ☒ Needless Removal of Ovaries and Uterus a Crime ☒ Why Cut to Cure Inflammation? ☒ Sewing Uterus to Abdomen ☒ Shortening Ligaments Also an Error ☒ Lessening the Pains of Childbirth ☒ Curettement Doesn't Reach the Cause

HOW OSTEOPATHY CURES WITHOUT CUTTING

OSTEOPATHY IN WOMEN'S DISEASES

Every Woman Knows ☒ Menstrual Irregularity ☒ Ovarian Troubles ☒ Leucorrhoea and Backache ☒ Osteopathy Removes Causes ☒ Sterility ☒ Surgery Should be the Last Resort ☒ Cysts and Benign Tumors ☒ A Case of Cancer of the Breast Cured ☒ Fibroids of Uterus and Ovaries ☒ Disease Due to Specific Infection ☒ Arterial Blood Nature's Best Germicide ☒ Constipation

INSOMNIA COMES FROM TENSE NERVES

"SICK NERVES"

WHY YOU MAY FEEL WORSE AFTER TREATMENT

PATIENTS WEAR TREATMENT ROBES

SORE SPOTS IN THE BACK

OSTEOPATHY CONTRASTED WITH MASSAGE

BEWARE OF FALSE PRETENDERS

ELLA WHEELER WILCOX ON OSTEOPATHY

A BOON TO DELICATE CONSTITUTIONS

GIVE IT A FAIR TRIAL—OR NONE

CANNOT WORK FASTER THAN NATURE

CHILDREN LIKE OSTEOPATHY

ECONOMY OF OSTEOPATHY

There Are Bread Pills— Even in Osteopathy.

EVEN those of us who are in no sense devotees of the Christian Science idea often have very good reason to be convinced that there is a deal of common sense in the belief that many of our ills will yield as readily to a little cheerfulness or a bit of good luck as to drugs, said the *Evening Wisconsin*, of Milwaukee.

The "bread pills" with which some wise physicians are said to dose their patients as are merely in need of the attention of some one who will sympathize with them in a supposed ailment, are not so much of a joke as they may seem to be. It appears that the bread pill theory is not too antiquated for use on occasion, even by such an advanced school of medicine as that of those who call the science of manipulating the cords, muscles and veins osteopathy.

For a certain osteopathic practitioner in a western city tells a story of himself to a few privileged friends that proves that the bread pill era has not departed. It seems that he was visited one day by a woman who was clearly a hypochondriac. The special disease with which she believed herself afflicted was heart trouble, let us say, for if the correct disease were cited the story might get round to the woman concerned and mean trouble for her and possibly for the osteopath.

Whatever the disease, it was not present, as the stethoscope proved, nor was there sign of other trouble. But the practitioner did not say that. Had he done so his patient would have gone away to bewail his ignorance, perhaps publicly. The doctor went to work and in the course of his treatment skilfully induced a slight inflammation in the muscles of the knee.

The treatment completed, he assured the patient that her heart trouble was a secondary symptom merely. "The main trouble is in your left knee," he added. The patient declared that there was none, but with her first step she felt the irritation and was convinced. Three more treatments, the knee was cured and so was the fancied heart trouble. It strikes me that this osteopathic bread pill did a real service, and that, I suppose, is what doctors are supposed to furnish.

Personals.

Dr. Chas. E. Farnum, of Newport, R. I., who is a graduate of the 1908 class of the A. S. O., has been elected one of the directors of the Wabash Life Insurance Co., as well as its third vice-president.

Dr. Samuel Scothorn, who has been assisting Dr. Thos. L. Ray, of Fort Worth, Texas, this summer, is now in practice for himself at Dallas, Texas.

Dr. W. E. Dwiggin, of Bakersfield, Calif., has recently returned from the mountains where the heat and overwork had driven him for a rest.

Dr. Charles J. Blackman, of Bluffton, Ind., expects to be away on a vacation for about three weeks.

Dr. Guy W. Elder, formerly of Whittier, Cal., is associated with Dr. G. A. Gamble, in the Atlas Bldg., Salt Lake City, Utah.

Dr. G. F. Lathrop, who has been assisting Dr. H. W. Conklin at Battle Creek this summer, has returned to his practice at New Market, Iowa.

A fine nine-pound boy arrived at the home of Dr. and Mrs. A. D. Campbell, of Philadelphia, August 29th. Mother and baby are reported "doing fine."

Drs. Ada A. Achorn and Kendall L. Achorn, of Boston, have removed their office from the street floor to the top floor of the "Ikley," 178 Huntington avenue. Dr. Clinton E. Achorn, formerly in the same office, will be at the "Kensington," 687 Boylston street.

September 2d, a son and heir was born at Dr. and Mrs. P. L. Hodges, of Washington, D. C., and since that important event the practice

of Drs. Hodges and Stearns has been in a disturbed condition, Dr. Stearns having to attend to "most everything" himself.

Dr. J. F. Bumpus and his wife, of Steubenville, Ohio, have recently returned from their wedding trip up through the lakes and the St. Lawrence Bay.

Dr. Anna Stubbs Schwarzel has assumed the practice of Dr. William Efford, at Lacon, Ill.

Dr. B. A. Woodard of Harvard, Ill., has purchased the furniture and practice of Dr. R. D. Mitchell, at Woodstock, Ill., and has opened offices in the Church block. He will run the same in conjunction with his Harvard office.

Dr. S. E. Wright, who has heretofore maintained his office at his residence, is arranging to open an office in the Queen City block within a short time.

Dr. Ella X. Quinn will open her offices at Palatka and St. Augustine, Fla., about October 1st.

Dr. Nelle Prindle of Arlington, S. D., has recently returned from an extended trip along the Pacific coast where she has enjoyed a pleasant vacation and good rest.

Dr. T. H. Morrison, of Port Jefferson, L. I., N. Y., expects to open an office in Mineola, which is a central point, having trolley and train connections with a good many towns in its vicinity.

Dr. W. L. Klugherz, who has offices in the Rothschild Bldg., Philadelphia, Pa., has removed his residence to Jenkintown, Pa., a suburb of Philadelphia, and spends three days a week in the latter city.

Dr. Daniel W. Doolittle, formerly of Pomona, Cal., has taken charge of Dr. R. D. Emery's practice for three months at Los Angeles, Cal.

Dr. F. J. Barr purchased the practice of Dr. A. C. Graves at 207-8 Mohawk Bldg., Portland, Ore.

Dr. Wm. O. Flack of Portland, Ore., was recently burnt out with considerable loss and discomfort. He is again nicely located at 706-7 Marquam Bldg.

Dr. A. J. Malone is in charge of the practice of the Drs. Peck, San Antonio, Texas, while they are enjoying an extended vacation.

Drs. S. L. Scothorn and J. A. Malone recently passed the Texas State Medical Board without any trouble.

Drs. Geo. W. and Jennie W. Parker, of Madisonville, Ky., who have been touring Europe, and while there stopped in Dublin and carried on the practice of Dr. Harvey R. Foote while he attended the convention at Kirksville, will return to America in October.

Dr. Della K. Stevens of Smithfield, N. C., while visiting her sister, Mrs. A. F. Crider, 1518 Beave avenue, Biloxi, Miss., is having charge of Dr. Grace E. Bullas' practice, as Dr. Bullas is taking the post-graduate course in Kirksville. Dr. Bullas will also visit her mother in Petoskey, Mich., before returning to Biloxi in October.

Among the out of town osteopaths who called on The O. P. were Dr. Agnes Ussing of Cransford, N. J., Dr. Lizzie O. Griggs of Harvey, Ill., Dr. E. A. Montague of Tacoma, Wash., and Dr. Pearson of the June, '08, class of the A. S. O.

Dr. C. C. Rude, formerly of Tuscola, Ill., has removed to 1844 Sutter street, San Francisco, Cal., and is associated with Dr. T. W. Sheldon at that address.

Dr. Warren Hamilton, secretary of the American School of Osteopathy, Kirksville, Mo., was a business visitor in Quincy, Ill., and St. Louis, Mo., recently.

Dr. May A. Vanderburgh, of San Francisco, Cal., has decided to locate permanently in San Jose, and has secured offices in the Garden City Bank building. Dr. Vanderburgh has had several years' successful practice and was formerly secretary and treasurer of the San Francisco osteopathic society.

Dr. Laura E. Swartz, of Carbondale, Ill., has returned home after several weeks' visit at Kirksville, Mo. She was at the national convention and has since been attending the summer lectures.

Dr. A. J. Tarr, of Oelwein, Ia., has opened new offices in the Ellis building, 111 North Frederick street.

Dr. Lee K. Cramb, of Anaconda, Mont., secretary of the state board of osteopathic ex-

aminers, has been attending the semi-annual meeting for the conduct of examinations for licenses to practice in Montana, which was held at Helena.

Dr. W. N. White, of Johnstown, N. Y., has closed his office, and is visiting friends in Batavia. Later the doctor expects to go to Missouri and open an office.

Dr. L. B. Nelson, of Great Falls, Mont., was among those attending the state association convention at Butte.

Dr. Bertha West, of Washburn, Ia., who has been practicing two days a week in Fairbury for some years past, has been compelled to give up her visits until she can secure suitable quarters for an office.

Dr. M. P. Browning, Macomb, Ill., has opened an office at Golden, Ill., and will spend two days a week there.

Dr. Garrett E. Thompson, of Elmwood, Ill., has just returned from a five weeks' vacation. He attended the Kirksville convention and then took a trip east.

Dr. George E. Hassmann, of Litchfield, Ill., has given up his visits to Morrisonville on account of unsatisfactory accommodation.

Dr. Homer Sowers, of Decatur, Ill., will take a post graduate course at Kirksville. His practice will be looked after two days a week by Dr. W. H. Johnston, of Ft. Wayne.

Dr. William Armstrong Graves and Miss Clara Anna Baeuerle, of Philadelphia, will be married October 7th, at the Fairhill Friend's Meeting House in that city. They will be at home after December 1st at 1226 Allegheny avenue, Philadelphia.

Dr. John H. Wilson, of Napoleon, Ohio, is staying in Chicago for a few weeks, doing p. g. work on the eye, and was a recent visitor at "The O. P." office.

Dr. Charles D. Ray, of Le Mars, Ia., has made arrangements to open an office in Sibley, Ia., and will spend two days a week there.

Locations.

Dr. Chas. G. Hatch, A-08, at 813-14 Bay State Bldg., Lawrence, Mass.

Dr. Mary E. Alspach, A-08, at 1345 Welton street, Denver, Colo.

Dr. Samuel Scothorn, A-08, at 626 Wilson Bldg., Dallas, Texas.

Dr. Alphonse A. Saucier, A-08, at 1700 3d avenue S., Minneapolis, Minn.

Dr. Gertrude Scivally, A-08, at Martin, Tenn.

Dr. Johanna Young, A-08, at 834 Grand street, Jersey City, N. J.

Removals.

Dr. Chas. E. Getchell from Red Lodge, Mont., to Festus, Mo.

Dr. J. H. Osborn, from Mt. Vernon, Wash., to 409 E. 75th street, Seattle, Wash.

Dr. L. H. Walker, from the Olympia Bldg., to 8-10 Davidson Bldg., Ellensburg, Wash.

Dr. G. F. Lathrop, from Battle Creek, Mich., to New Market, Iowa.

Dr. Guy W. Elder of Whittier, Cal., to the Atlas Bldg., Salt Lake City, Utah.

Dr. Robert W. Rogers, from El Paso, Texas, to 410 Commonwealth Bldg., Denver, Colo.

Drs. Collyer & Collyer, from 635 2d avenue, to the Pope building, Louisville, Ky.

Dr. Daniel W. Doolittle, from Pomona, Cal., to 2802 Ellendale Pl., Los Angeles, Cal.

Dr. Charles J. Muttart from the Mint Arcade to 802-3 Flanders Bldg., Philadelphia, Pa.

Dr. M. R. Spafford, from Fairmont, N. D., to First National Bank Bldg., Rock Rapids, Ia.

Dr. Lizzie O. Griggs, from Wheaton, Ill., to 148 154th street, Harvey, Ill.

Dr. Geo. M. Whibley, from Milton, Me., to 1155 19th street, Des Moines, Ia.

Dr. P. T. Corbin from Tecumseh, Nebr., to Anadarko, Okla.

Dr. S. A. L. Thompson from 121 Wisconsin street, to 507 Caswell Bldg., Milwaukee, Wis.

The State Board of Osteopathic Registration and Examination of Missouri will meet at the

Midland Hotel, Kansas City, June 26th, to examine graduates of the Central College. Dr. V. H. Greenwood will conduct an examination on the same day for the A. S. O. students at Kirksville.

Dr. H. W. Houf from Columbia, Mo., to Montrose, Colo.

Dr. C. Wolfe Amsden from 25 Charles street, Toronto, Ont., Canada, to Still College, Des Moines, Ia.

Dr. T. L. Lorbeer from Hemet, Cal., to 764 Main street, Riverwise, Calif.

Dr. W. C. McManama from 29 Courier-Journal Bldg., to 516 Equitable Bldg., Louisville, Ky.

Dr. Robert E. Anderson from San Francisco 21, Gamaguey, Cuba, to El Cristo, Oriente, Cuba.

Dr. E. F. Dietzman from Stoughton, Wis., to 4-5-6 Baker Blk., Racine, Wis.

Dr. Edward Mattocks, from Riverside, Cal., to 509 Scripps Bldg., San Diego, Cal.

Dr. W. A. Rush, from Council Bluffs, Ia., to 21 N. Dubuque St., Iowa City, Ia.

Dr. C. C. Rude, from E. Auburn, Cal., to 1844 Sutter St., San Francisco, Cal.

Drs. Ada A. Achorn and Kendall L. Achorn, from street floor, 178 Huntington avenue, Boston, to top floor same building.

Dr. Clinton E. Achorn, from 178 Huntington avenue, to 687 Boylston street, Boston.

Dr. E. A. Carlson from 418 West 2d street, Madison, Ind., to 132 West 19th street, Indianapolis, Ind.

Dr. J. C. Goodell from The Webb Bldg., to the First Natl. Bank Bldg., Covina, Calif.

Dr. Nellie M. Fisher from Youngstown, Ohio, to 239 Wauwatosa avenue, Wauwatosa, Wis.

Dr. Arlowyne Orr from 1327 to 812 Missouri Trust Bldg., St. Louis, Mo.

Dr. E. L. Williams from 497 W. Monroe street, Chicago, to Fairhope, Ala.

Dr. Elmore C. Chappell from 229 to 527-528 Frisco Bldg., St. Louis, Mo.

Dr. Roy T. Quick from 17 S. 7th street, Zanesville, Ohio, to Kirksville, Mo.

Dr. Lauren Jones from Blair, Nebr., to 509 1/2 North 24th street, South Omaha, Nebr.

Dr. I. Chester Poole from 292 Pine street, to 204 High street, Fall River, Mass.

Dr. J. H. Long from 211 1/2 to 405 N. Broad street, Lancaster, O.

Dr. H. T. Ashlock from Kirksville, Mo., to 13-16 Owsley Blk., Butte, Mont., to be associated with Drs. L. K. & Carrie A. Cramb.

Dr. May A. Vanderburg from San Francisco, Calif., to Garden City Bank Bldg., San Jose, Calif.

Partnership Formed.

Drs. T. W. Sheldon and C. C. Rude at 1844 Sutter St., San Francisco, Cal.

Drs. J. H. Hook and H. W. Houf, at the Keller Bldg., Montrose, Colo.

Drs. G. A. Gamble and Guy W. Elder, at the Atlas Blk., Salt Lake City, Utah.

Drs. John S. Rydell and Alphonse A. Saucier, at 1700 3d avenue, So., Minneapolis, Minn.

Married.

Dr. C. M. Wilson and Miss Catherine Currie, of Duluth, Minn., at Calumet, Mich., September 15th.

Dr. Edward Randolph Smith of Lyons, Kans., and Miss M. Alice Coe of Hurdland, Mo., July 22d.

Dr. Daniel B. Macauley and Mrs. Dorothy Mehrbas, both of Chicago, August 26th.

Dr. D. B. Macauley changed his residence from 4700 Grand blvd., to 4731 Lake avenue, Chicago.

Dr. La Vina Price Beauchamp to Mr. McCheyne of Clifton, Ariz., August 15th. They will reside in Clifton.

Born.

To Dr. and Mrs. C. C. Crampton of Kankakee, Ill., August 31st., a daughter.

Los Angeles College of Osteopathy

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A. B. Shaw, B. S., D. O., Secretary and Treasurer
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City Office: 318 Clay St., Los Angeles.
B. S. WEYMOUTH, Sec., LaManda Park, Cal.

To Dr. and Mrs. W. F. Nay, of Enid, Okla August 23d, a son.

To Dr. and Mrs. J. S. Barker of La Harp Ill., at Kirksville, August 2d, a daughter.

DIED.

Dr. Mary E. Taber, of Lebanon, Mo., on August 27th.

Dr. Fannie M. Willcox, of Des Moines, Ia August 27th, after an illness following two operations for appendicitis, being sick about two months.

Frances Margaret Furry, only child of Dr. and Mrs. F. I. Furry, of Cheyenne, Wyo., Denver, Colo., Aug. 8th, age 6 years and 6 months. Dr. Furry was attending the convention in Kirksville from whence he was called to Denver, where the family was visiting, by telegram announcing the serious illness of his daughter. She died the day following his return from an attack of malignant diphtheria.

Floyd F. Seelye, one of the twin babies of Dr. and Mrs. E. A. Seelye, of Hillsdale, Mich September 7th.

WANT ADS.

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