

The Osteopathic Physician

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THE OSTEOPATHIC PHYSICIAN

Volume XIV.

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Number 4

New York Osteopaths Win Their Final Court Battle

THE osteopaths of New York state have won their fight against the Board of Health to compel registration and acceptance of death certificates signed by osteopaths. Hurrah!

Dr. George W. Riley, New York City, advised us October 13th that a telegram had just been received from the Clerk of the Court of Appeals, the highest court in the state, reading as follows:

"Lower Court Decision Sustained With Costs."

Congratulations, Osteopaths of New York State!

This is a great victory and puts Osteopathy, at once and for all time, on a par with physicians of other recognized schools in the first state of the union!

That progressive and wide-awake bunch of practitioners that composes the New York Osteopathic Society are now turning their attention to the matter of making the state meeting, which occurs October 28th, a great rally and the "best ever" in point of enthusiasm.

Dr. Riley's message to us is as follows:

"Shake with me in behalf of the D. O.'s of New York State. We have just won our fight vs. the Board of Health before the Court of Appeals, our highest state court. Mr. Littleton just phoned me he had just received the following telegram from the Clerk of the Court: "Lower courts' decision sustained with costs." That means, of course, that the Board of Health will have to register us and accept our death certificates the same as they do other physicians. We, of course, are very happy. Our attention now will become centered on making our state meeting on the 28th the best and most enthusiastic one ever held in the state. You will note by the *A. O. A. Journal* some of those on the program. We hope, also, to have Dr. Eugene Porter, State Commissioner of Health, to give us a talk."

Text of the Decision.

New York State, under the medical unification act of 1907, recognized osteopaths and gave them representation on the state board of medical examiners, together with allopaths, homeopaths and eclectics. Judge Vann, who writes the prevailing opinion for the Court of Appeals, analyzes this statute and decides that Dr. Bandel was regularly licensed under this law by the state board of medical examiners.

"It appears from the record," the opinion reads, "that according to a regulation duly adopted by the Board of Health no permit to bury the body of a deceased person or otherwise to dispose of the same will be issued except on presentation of the certificate and record of death made by a physician pursuant to the sanitary code.

"The effect of the denial of registration as a physician to this respondent by the Health Department was that the body of a person who died while he was the medical attendant could not be buried upon his certificate, and not until a coroner had taken charge of the case and had held an investigation. The horror and dread of such an investigation would naturally prevent many persons from employing an osteopath, even if they preferred that treatment."

The court declares that "when the Sanitary Code and statute are read together, it is manifest that a duly licensed osteopath is a physician within the meaning of both."

Defined and Classified as Physicians.

"Clearly," says Judge Vann, "one who practices osteopathy holds himself out and offers to diagnose and treat some of the ailments mentioned in the statute, and he is not required to treat all in order to be a physician within the meaning of the statute. He is required to study substantially the same length of time, and be examined upon the same subjects as other applicants for a license to practice, except that

sanitation, surgery and gynecology are excepted from his examination, and theory from the examination of all other applicants. Thus the statute defines and classifies licensed osteopaths as physicians.

"It says, in substance, that any person of mature age and sound character, who has a general education satisfactory to the Board of Regents and a medical education satisfactory to the Board of Medical Examiners may practice medicine, but that he must not use such agencies as he professes not to use. It gives to all licensed osteopaths the right to treat any human ailment by any means or method except that they cannot administer drugs or perform surgery with the use of instruments.

"Assuming that they can administer antitoxin, for instance, in the treatment of diphtheria or amputate an arm, or crush, such patients as they may be permitted methods should not be denied the right of burial without disagreeable publicity when the medical



Dr. C. W. Young of St. Paul, Who Generally "Hits the Nail Square on the Head."

attendant, duly authorized by law to practice medicine, is presumed to be competent to certify as to the cause of death, and there is no regulation of the health department duly made and published which prevents.

"The definition of a physician by the sanitary code is almost as comprehensive as that of the statute and in every respect of which it falls short is enlarged by the statute so as to conform thereto. Clearly, licensed osteopaths, who practice osteopathy with the sanction of law, now practice the cure of the sick or injured, within the meaning of that code. If an osteopath treats a patient afflicted with inflammatory rheumatism by the method peculiar to his system of practice, no one could more safely or intelligently certify to the cause of death in case of a fatal result. Everyone has the right to employ whom he chooses to treat him for disease, but the law, in order to protect the patient, prohibits all but licensed practitioners from accepting such employment. When he employs one licensed to practice, his family, in case of the death should not be subjected to the intense annoyance of a coroner's investigation when the law does not require it.

"While, doubtless, the Board of Health can make stringent regulations as to the persons whose certificate of death it will accept for the purpose of a burial permit, it is sufficient to

say, that so far as appears, when this proceeding was commenced it had not made any regulation which excluded licensed osteopaths from their rights to give such certificates. The statute makes doctors of osteopathy physicians, the sanitary code requires every physician in the City of New York to register his name with the Department of Health. The respondent, as a duly licensed doctor of osteopathy, was entitled to registration and was wrongfully refused."

Reciprocity Among the Licensing Boards of the Various States

WE are frequently asked by osteopaths wishing to change fields and new graduates about to locate as to reciprocity among the licensing boards of the different states. This leads us to believe that the following summary from the *State Board Journal of America* will be valuable data for many of our readers. We assume it is reasonably correct and take for granted that a state having an osteopathic law will grant osteopathic reciprocity just the same as medical. If this is not true will any D. O. please inform us.

Colorado reciprocates with States offering equal standards of education and moral qualifications.

Connecticut reciprocates with States giving an examination equivalent to its own requirements.

Delaware reciprocates with New Jersey, Virginia, Illinois and Maryland.

District of Columbia reciprocates with States of equal requirements.

Georgia reciprocates with States requiring same standard and recognizing Georgia certificates.

Illinois reciprocates with Iowa, Indiana, Kansas, Maine, Michigan, Minnesota, Nebraska, New Jersey, Ohio, North Dakota, South Carolina, Wisconsin and Virginia.

Indiana reciprocates with Michigan, Wisconsin, Nebraska, Nevada, Ohio, Iowa, Kansas, Illinois, Maine, Kentucky, Maryland and New Jersey.

Iowa reciprocates with Colorado, Wyoming, Nevada, Kansas, Nebraska, New Jersey, Maine, Delaware, Maryland, Virginia, South Carolina, Georgia, Michigan, Illinois, Indiana, Ohio, Missouri, Kentucky, South Dakota, North Dakota, Michigan and Wisconsin.

Kansas reciprocates with States whose standards for qualifications for practice are equivalent to her own.

Kentucky reciprocates with District of Columbia, Georgia, Illinois, Indiana, Iowa, Oklahoma, South Carolina and Wisconsin.

Maine reciprocates with States whose stan-

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dards of education are equivalent to her own in all respects.

Maryland reciprocates with Delaware, District of Columbia, Georgia, Illinois, Iowa, Indiana, Kansas, Maine, Michigan, New Hampshire, Nebraska, Ohio, Oregon, South Carolina, Texas, Vermont, Virginia, Wyoming and Wisconsin.

Michigan reciprocates with Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, South Carolina, Virginia, Wisconsin and Wyoming.

Minnesota reciprocates with Illinois, Iowa, Kansas, Michigan, Maine, Maryland, Missouri, Nevada, New Jersey, Nebraska, Ohio, South Carolina, South Dakota, Wisconsin and Wyoming.

Missouri reciprocates with States whose standards or requirements are equal to her own.

Nebraska reciprocates with Michigan, Indiana, Iowa, Maryland, Minnesota, Georgia, Wisconsin, Kansas, Illinois, Ohio and Wyoming.

Nevada reciprocates with Indiana and Texas. New Hampshire reciprocates with States whose standards are equal to her own.

New Jersey reciprocates with States whose education, examining and licensing requirements are equal or excel her own.

New Mexico reciprocates with States having like requirements.

New York, New Jersey, Michigan and Ohio have made a reciprocity arrangement based on an examination made by any one of these State Boards.

North Dakota reciprocates with States maintaining standards not lower than her own.

Ohio reciprocates with Illinois, Indiana, Maine, Maryland, Michigan, Minnesota, Nebraska, New Jersey and Wisconsin.

South Carolina reciprocates with States of equal requirements.

South Dakota reciprocates with States having equal requirements.

Utah reciprocates with States having an equal standard.

Vermont reciprocates with Maine, Maryland, Michigan, New Jersey, North Dakota and Wyoming.

Virginia reciprocates with District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Michigan, New Mexico, North Dakota, Ohio, Oklahoma and South Carolina.

Wyoming reciprocates with States having equal requirements and issuing licenses on the same terms.

Ohio Osteopath is a Successful Balloon Voyager

THE accompanying illustration shows Dr. W. D. Sigler, of Salem, Ohio, and party, just before making their successful balloon ascent of last July. This was the sixth of the local ascensions made by the Aero Club of Ohio from their grounds at Canton.

Owing to some repairs that were necessary

it was late in the day before the final retaining ropes were "cast off." A big crowd had assembled and heartily cheered Louis Brush when he climbed aboard followed by Dr. Sigler and Aeronaut Stevens. The last ropes were loosened; some ballast was thrown overboard and the balloon rose majestically away from *terra firma*.

The trip was a success in every way. The balloon was up about three hours and traveled twenty-five miles, going north and east and then returning to within ten miles of the starting point. The landing was made two miles east of Louisville.

The highest altitude reached was 5,000 feet. Dr. Sigler reports it a most interesting and delightful experience. He was not forgetful of the cause of osteopathy on this eventful journey, but waved a farewell to the crowd with an osteopathic pennant which was kept displayed by this doughty sky pilot all during the trip.

Osteopaths Around the World in 1920

DURING the past year the writer has talked to a number of Osteopaths and written to others, relative to "a trip around the world in 1920"—a distant date giving plenty of time for the rounding out of a very elaborate program as a whole, a part of which to be carried out in each country visited under the management of a committee in charge, of the various places visited.

The cost of this trip, the steam ship chartered, the time it leaves, the countries to be visited, the time required to make this trip, all to be gradually shaped up and perfected as the time draws near.

The originator of this idea is the self-appointed secretary and treasurer, and since it will take some little letter writing and a few stamps with no charge for the time spent, I shall have to call upon the profession for voluntary contributions (not over 10c since I don't care to keep any books) to help me push this idea to the front.

It is my idea that a Board of Travels be formed, one member to be drawn from each State Association, one member from each Inter-state Association, one from each Osteopathic Club and Fraternity and one from each recognized Osteopathic College.

The president, vice-president, secretary,

treasurer and various committee chairmen to be elected by and from this Board of Travels.

In view of the above will the various associations, clubs and schools appoint one from their midst, and send in the name to me, now acting as secretary and treasurer until the Board of Travels is duly formed and my successor elected? Time and place of meeting of the Board of Travels would naturally be at the annual A. O. A. convention.

All osteopathic publications please copy. All schools, clubs and associations please make your appointments before the 1909 A. O. A. convention at Minneapolis.

Reuben T. Clark, D. O.,
Secy. and Treas.,
Frank Bldg.,
Natchez, Mississippi.

Good idea, Doctor Clark, but why put it off till many of us are calcareous-jointed and too old to travel? Why not do it during the lifetime of this generation?—Editor.

Has Dr. W. E. Sawyer Been Buncoing Osteopaths Widely

A YOUNG man, giving his name as Dr. W. E. Sawyer and claiming to be a graduate of the Philadelphia College of Osteopathy, who got Dr. O. W. La Plount, of Portage, Wis., to indorse a forged check for \$125, is in jail at that city awaiting trial for bunco methods. He was arrested at Battle Creek, Mich., while sitting in the office of Dr. H. W. Conklin, on whom he was trying to work the same sort of confidence game.

Dr. La Plount is entitled to the thanks of the osteopathic profession in "rounding up" this young confidence man. As soon as he saw he had been victimized he had Sheriff Hawkos send out notices all over the country. One came into the hands of Dr. Conklin by mail while Sawyer sat before him waiting for another piece of loot. Dr. Conklin telephoned the police and turned him over. He returned to Portage without requisition.

Sawyer first asked Dr. La Plount for a small loan for a night's lodging, putting up a pitiful hard luck story. After some talk Dr. La Plount offered to put him to work as an assistant. He promised to send for his diploma and medical certificates and went to work. He soon proved incompetent and Dr. La Plount let him go, but Dr. Sawyer hung around the town waiting, he said, for a check from home. Finally he came up one morning and exhibited a letter purporting to be from his mother, containing a check. He asked Dr. La Plount to go to the bank and identify him, but the doctor was too busy to go and so agreed to indorse the check. Almost as soon as he had done so he regretted it and phoned the bank to stop payment, but the check had already been cashed. Later a letter from Philadelphia stated the check was a forgery. Sawyer left Portage without paying room and board bill at his hotel.

Dr. Sawyer also used his blandishments on the editor of "The O. P." when hungry and travel stained, and got staked twice to small sums. Then he tried to work his forged check racket, but instead of delivering him the currency after indorsing it, he was advanced a couple more dollars while the check was taken on collection. There was no such party known as the drawer of this check and the misguided prodigal never came back to explain matters.

Very likely Dr. Sawyer has flimflammed the osteopathic profession all over the country and he should get a work house sentence to help him realize that it is bad business to try to eke out a living by buncoing those willing to help a chap who is down get back on his feet.



The Balloon Party Which Left Canton, Ohio, July 25th. Reading left to right they are Dr. W. D. Sigler, Aeronaut Leo Stevens, Louis H. Brush.

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.

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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.

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Anatomical and Physiological Pictures of Diseases

Being Chapter VII of This Series—by Dr. E. E. Tucker, Jersey City, New Jersey.

Diphtheria

IS there anything in this description of the uniform response to morbid influence that will clear up the darkness around the dreaded diphtheria?

In the first place the actual changes in tissue, in secretion, in character of reaction in diphtheria are thoroughly analogous to those of the described process (Ch. 111). It is no exception to the law. A great difference in severity, in morbid depth, however, is present. Will this difference explain all the differential features of the disease? And what will explain this added severity? The difference in severity is most clearly seen in the diagnostic point mentioned by Dr. Harry Still.

The first great triumph in the history of osteopathy, aside from the "Old Doctor" was that of Drs. Charles and Harry Still in Red Wing, Minn., during an epidemic of diphtheria, in which these two pioneers lost only two cases, moribund when brought to them, as against the unusually high death rate in the unusually severe epidemic, under the medical practice. Questioned as to how he recognized a diphtheretic from a croupous case (many of which coexisted with the diphtheria) Dr. Harry Still said that in the early stage of "sore throat" if you scratched the pharynx with a pencil or other instrument, the skin would tear if it was diphtheria, but not if it was croup. That it would tear sometimes like wet paper; and that the more easily it tore the more severe the case would be.

* * *

First, as to the features of the natural response. The inflammation is thoroughly typi-

cal except that the membrane may form immediately without the intervening catarrh and phlegm. This is no violation of the natural law (explained under fibrinous bronchitis) and occurs in many situations. Its relation with phlegm and catarrh is evident in the statement that "if the *larynx*, *trachea* or *nasal* mucous membranes participate in the disease, the *croupous* and not the *diphtheretic* form of inflammation occurs." (Hughes, p. 212.)

The perfect analogy of this whole process with the process in other places is told in the statement that "the diphtheretic inflammation differs from either the *croupous* or the *catarrhal* form, in that the inflammation is not only *upon*, but also *within* the substance of the mucous membrane." Recurring to the statement of Dr. Harry Still as to how easily the mucous membrane tears, we can readily understand this fact, and the many that go with it. For the easily torn membrane is evidently already dead, in many respects, and is treated by the live tissues as foreign substance, so that the fibrin has not the usual difficulty in coagulating in the tissue here. This dead surface comes off with the false membrane for the same reason that it tears easily, and because the fibrin filaments are rooted into it. It leaves a raw and bleeding surface for the reason that it comes off to the line of demarkation between semi-dead and thoroughly live tissue.

In the normal inflammation, desquamation of epithelium is a constant feature. May it be that the devitalized membrane is this same

feature, tremendously exaggerated by the great morbid depth of the disease?

* * *

Second, as to the depth and severity of the process. The table of comparative symptoms given by Dr. Hughes illustrates this difference most clearly, as follows:

Croup.	Diphtheria.
1—A local disease.	A constitutional disease.
2—Begins in trachea and extends up.	Begins in tonsil and extends down.
3—Exudation never cutaneous.	Exudation often cutaneous.
4—No pain on swallowing.	Often severe pain on swallowing.
5—Cough always present and severe.	Seldom much cough.
6—Not traceable to bad drainage.	Often traceable to bad drainage.
7—Seldom occurs in adults.	Often found in adults.
8—Neither contagious nor infectious.	Both contagious and infectious before and after death.
9—A sthenic disease.	A sthenic disease.
10—Membrane does not extend to nares.	Often extends to nares, and to other parts.
11—No symptoms of septicaemia.	Septicaemia generally present.
12—No albuminuria.	Albuminuria present.
13—Neither attended with nor followed by paralysis.	Paralysis not uncommon.
14—Death seldom from syncope.	Death from syncope common.
15—Death due to suffocation.	Death from other causes.
16—Absence of specific germ.	Klebs - Loeffler bacillus.

We have already noted that under the head of croup it was stated that the disease had a predilection for vigorous, well nourished males; and this peculiarity it was suggested, was hardly due to a selective affinity of the group of symptoms, or of the cause of the disease, but was but an expression of the constitution of the child; that in a vigorous, well nourished male child the response of the system to the irritant that caused the

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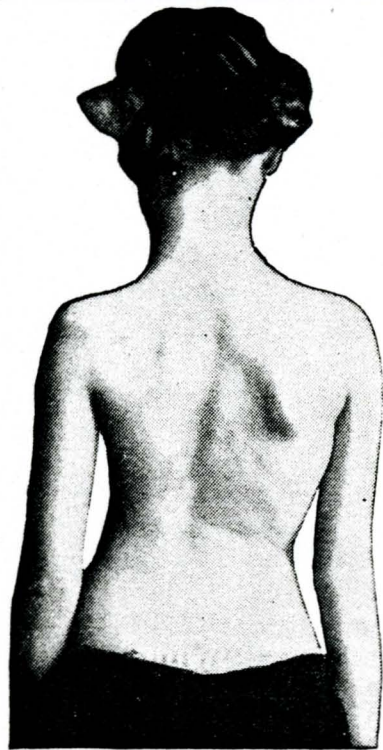
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disease naturally took its character from the vigor of the system. In diphtheria, on the other hand, the affection arises mostly in sickly, ill-nourished infants. The inference is obvious—that the symptoms take their character from the character of the system of the infant. The table of differentiations groups itself around these contrasts, and allows an explanation of very nearly all of the features thereof on this basis.

Upon reviewing the analysis of other diseases we shall be able to notice that when the affection takes the sthenic (strong) type, the chill, fever and general reactions are lacking; the force of the malady seems to confine itself to the one set of reflexes. But where there is lacking the vigor that displays itself in muscular spasm and paroxysm, the resistant strength of the system as a whole is less. In the first case, the reaction to irritation predominates; in the second, the reaction to injury. In the latter, the exudative features are prominent, and the febrile and constitutional symptoms severe; more and more severe as the strength of the system to resist the shock is less. This is the condition typical of diphtheria.

In this latter condition there is this also to add to the depression of the system; that there is greater absorption of the inflammatory products. These should be thrown to the surface or confined to one spot by the contraction of the areolar tissue. In asthenic (weak) conditions this fails in common with other muscular and motor effects, and the pressure of the fluid drives it into the lymphatic spaces in great quantities, whence it is distributed throughout the body (noted also in typhoid fever). It collects chiefly in the neck, however, causing great swelling and becoming, in the expressive words of Dr. A. T. Still, like clabbered milk.

* * *

Taking the parallel tables in order, the very first contrast almost grants the question. Croup a local disease, diphtheria, a constitutional disease; in other words, when the constitution is too weak to fight off the morbid influence, the diphtheretic form occurs.

The second contrast appears as a corollary of the first. Croup begins in the trachea and extends up; diphtheria begins in the tonsil and extends down. This contrast is that between

a motor affection and an exudative one—one might almost say a lymphatic one. In discussing diseases of the bronchi and lungs it will be seen that they radiate downward. Not so the neurotic and muscular diseases, which tend in general towards the orifice. It might be rendered thus: The motor type shows first in the trachea and extends up; the exudative type first in the tonsil and extends down.

The distinction, however, is seldom very evident in clinical practice. It is one of those made with the object of impressing the distinction between the two diseases.

* * *

The third contrast is the cutaneous exudation in diphtheria and its absence in croup. This naturally associates itself with the tremendous absorption of exudate or the active antecedents of it. It suggests the question whether there be a "chemotaxis" of this inflammatory exudate for the surfaces of the body. There is also a nervous relation between the organs of respiration and the skin, seen in all diseases of the former. Again, the skin is a great cleansing organ, throwing out low grade cell products. Very nearly all conditions in which there is a general disorder of metabolism (as the infectious diseases) produce skin lesions. The epithelial cells are probably physiologically adapted for some such purpose, their very exposed position alone being sufficient argument. But whatever be the reason for the exudate appearing especially on the skin, there is no difficulty at all in accounting for its abundant presence in the whole body, by absorption from the neck.

* * *

The fourth contrast, as to pain on swallowing, is also not constant; but in general, the amount of pain depends upon the depth of the injury to the tissues, so would be greater in diphtheria.

The severe cough in croup is an expression of the sthenic type of the disease; the comparative absence of cough in diphtheria is due to the depression, affecting both sensory and motor nerves—an expression of the asthenic type of the disease, and also pointing to the involvement of the nerves.

* * *

Diphtheria is traceable to bad drainage. The lungs rapidly absorb all things gaining access to them through the air, even such things as

coal dust and chloroform. In an atmosphere polluted with gases from bad drainage, organic gases, and germ laden, the absorption may well be at times sufficient to depress the constitution.

There are two important points to note in this connection. The first is that after a meal that has been poorly digested, pimples are apt to form on the body, and any inflammatory exudate to become severer. Whenever the blood contains stuff that is of low grade, whether from indigestion, or poisoning, or other causes, there will be more material for phlegmonous formation; for of course nature sacrifices her lowest grade of stuff for this purpose; so that the phlegmonous formations will be more abundant and depressive. Moreover, the low grade stuff circulating in the blood has had a debasing effect on the whole body; so that when the morbid influence comes to a person so affected, there is a great reckoning to be made. It is the nucleo-proteid of the white blood corpuscle that causes the coagulation of fibrin, and it is also this same nucleo-proteid that secretes the substances which act on poisons, low-grade tissue, and the like. So that when inflammation brings the two together in a person full of semi-poisoned stuff, a severe fibrous deposit is to be expected. But as in boils, the result is a cleansing of the system.

Sources of pollution should be carefully sought for in each case, to find the probable physiological source of the disease.

* * *

The second point to be noted in connection with bad drainage concerns the anatomical peculiarity of the disease, that its primary seat is the throat.

The basis on which this primary seat in the throat will be explained here, or rather on which the attempt will be made to explain this primary seat in the throat, is a distinctly osteopathic idea—an idea that would have been impossible but for the conception which osteopathy has developed of the nervous system and its relation to diseases. It is therefore of the first importance, both as verifying and slightly broadening the osteopathic concept, and as bearing upon the deepest problems of not only diphtheria, but the whole group of diseases to which diphtheria belongs.

To begin with, then, an anatomical peculiarity needs an anatomical explanation.

The anatomical explanation which must exist here must have relation to bad drainage and other pollution of the body fluids. There must therefore be some function of cleansing, or of chemical equilibrium, or trophicity, whose seat is in the neck, which is affected in this disease.

Taking a broader survey, we notice a whole group of diseases in which this is also true—scarlet fever, whooping cough, measles, mumps, possibly even chicken pox, small pox, and meningitis, whose symptoms appear first in connection with the nerves of these spinal segments. Tuberculosis also may perhaps be included here.

In the great majority of venereal diseases there is evidence of disturbance here; even in pregnancy, a condition in which nutritional changes are great, there is often a "hot spot" in relation with the upper cervical segments, which is often so pronounced as to be valuable as a sign of pregnancy.

A connection between the cerumen of the ear and diphtheria is noted by Dr. Still. This connection may often be noted in cleaning the ear with some instrument, when a tickling or constricting sensation will be noted in the larynx. Dr. Still calls attention to the very deep-seated position of the nerves of the ear glands—probably in connection with this nutritional organ, which forms among other things the ear-wax; through which relation its connection with the larynx and throat is made. Dr. Still advises keeping this wax softened in diphtheria.

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Even typhoid fever reaches and affects strongly the nerves in this segment, and through them the mouth and tongue. Incidentally, when we come to examine these affections, we shall see that the agency of the nervous system is very clearly indicated in most of them. In rheumatism, also, eminently a disease of chemical pollution, this especial part of the nervous system is very clearly indicated (see these diseases).*

All these affections are nutritional, zymotic or poisonous in nature, and all these circumstances point strongly to the existence of an organ or group of organs wholly within the nervous system, in the region of the medulla and fourth ventricle, having to do with the chemical equilibrium of the body. Here are known to be respiratory centers, renal centers, sweat centers, centers for taste and digestion, seminal centers, as well as all the mechanisms evident in the diseases above mentioned; and it seems probable therefore that here are centers for all the important chemical activities of the body—the centers where their relations one to another are conducted—the true *noed vital* of the body. Incidentally, the important phenomena of the relation which certainly exists between all the acute exanthemata finds explanation in this fact.

To return to our muttons, then; the pollution of the body by absorbed poisons constitutes an abuse of this suppositious organ or this series of organs; the weakened constitution consists largely of weakness in these organs: and bio-chemic action, whether a natural one in the body, or an alien one due to germs, has its seat here—the chemical war against germs is largely made here, and the war against specific metabolic action of all kinds as well.

These organs, like any others, are subject to abuse. The irritation from this abuse acts in all respects like that from an osseous or other lesion, or any other abuse—the excess of irritation acts in a purely automatic way to cause the co-ordination for irritation and injury to be set up. The subsequent events also follow the automatic law described in Chapter III, as the irritation overflows into the set of nerves most closely associated with the ones primarily affected, or else into the ones functionally most sensitive.

A great many hitherto inexplicable things find most ready explanation on this basis, so much so that the hopes at least leap to it and try to make it true. For instance, the relation of cold to the throat in general, to all these diseases more or less, and to small-pox in particular, becomes simple—the battle against cold being a chemical battle. So also, the prolonged heat of the fall acts as an abuse on this chemical organ as much as the acute cold of winter and spring and is able to cause diseases of this group.

The close analogy in symptoms between many of these affections, aside from their relation to the throat, becomes most simple—as for instance, the downward progression of events, the cutaneous eruption and desquamation, beginning on the forehead and having a crescentic shape, the depression, and is chiefly the sequelae.

Diphtheria is evidently the most severe of the affections of this group, since it includes many features of all of them and in a severer form. I have not been able to suggest a reason for this, nor to point out more exactly the anatomy and physiology of this disease. The

*A quotation from Dr. Wolff Freudenthal (Journal of Am. Med. Ass'n, June 15, 1908) may be considered in this connection.

Freudenthal concludes that the larynx is frequently the seat of serious affections of tabetics. Laryngeal complications are met with so often that they are almost of pathognomonic significance. Unilateral and bilateral paralysis of the postici muscles are the affections par excellence in tabetics, but a unilateral paralysis of the recurrent nerve, often with the vocal chords in a hyperabducted position, as mentioned by Harland, is nothing uncommon.

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|---|--|

frequent paralysis of the pharyngeal muscles is the closest indication as to the location of the nervous seat of the disease.

Here, therefore, is assumed to be an abuse and overthrow of certain nutritional centers, closely associated with the nerves of the throat. This overthrow has the result of completely removing what vitality is left in the superficial cells of the membrane of the throat, which, it will be remembered, are normally passing through a progressive withering as they move toward the surface, to be finally rubbed away.

This overthrow could give rise to the diagnostic point mentioned by Dr. Harry Still, the easy tearing of the skin; and to the great constitutional depressing which characterizes the disease. It is also the basis of the distinct anatomical picture of the disease.

* * *

The seventh of these differential points in the table states that croup seldom occurs in adults, while diphtheria often does so. The point is of not much importance etiologically.

Paragraph eight describes croup as neither contagious nor infectious; while diphtheria is both contagious and infectious, both before and after death.

With regard to the germ theory in connection with diphtheria, there is much controversy. Even in the ranks of regular medicine, which is the originator and guardian of the germ theory, there is much controversy. It may be said that the medical world is at the present time given over to the germ theory in general, bag and baggage; consequently most of the comments which come to light are in favor of it, with here and there a brave dissenting opinion. In any case the osteopathic profession has no right in my opinion in view of the tremendous overweight of the consensus of opinion, to reject either the germ theory (which is really the germ fact) or the antitoxic treatment which

is not only logical but physiological, until it can have proven a better and *more physiological* way. The answer to this will be, that it does not *except on the ground of failure in technique*.

There are, however, the following points to be made from a dispassionate, or even perhaps a prejudiced, outside view of the germ theory, with regard to the *more physiological* way:

1. That some precedent abnormal condition of the body is necessary to make it susceptible to the action of the germs.

2. That germs may be made pathogenic or non-pathogenic, or may be made more pathogenic or less pathogenic, by the substances on which they feed; and presumably (there is much uncollected evidence in favor of this point) may be so acted upon by the tissues of the body.

3. That the body itself has resources with which it fights germs of all kinds, whose use and stimulation is not attended with danger.

4. The susceptibility to the germs is often a purely local affair, not general throughout the body, but confined to—it may be the eye or one spot in the throat—and must have therefore a purely local explanation, not in the circulation, for that would speedily become general; but evidently in tropicity and in nerve disturbance producing it. A bit of reasoning which looks exceedingly illogical, covers these points in medical literature. It is said that the germs gain entrance through an abrasion and spread after the manner of a dissecting wound; that they may be confined by the action in the tissues to one spot; that when so confined, they may yet produce enough toxin to finally overwhelm the body. Now the germs secure their advance into the tissues solely by means of the poison they excrete; and it is to say the least puzzling to see how they can produce so much toxicity and yet be unable to spread farther than the

area of a button. In osteopathic reasoning the germ is a secondary, although it may be a severe complication.

5. There are many cases whose symptoms differ not at all from diphtheria in which no germs are to be found.* Investigations have never so far as I know been made to show whether the secretions in these cases are pathogenic, as is true in tuberculosis, the idea being that metabolic errors are self-propagating, or may be so, just as metabolic orders in general are self-propagating—a very fundamental principle of even inorganic chemistry.

For these reasons, and many others, and chiefly on account of its success in meeting these conditions, the osteopathic profession hesitates to regard the germ as the primary cause, even when it is very evidently the exciting cause; and positively refuses to admit the words *sole* or *invariable* into its definition, even while it does not ignore the power of the germ, nor the prophylaxis nor the therapeutics based on it.

In any case, the germ cannot originate processes inside the body; and the whole definition and description of any disease must be made in terms of the body, and not of the germ. Even were the germ the sole cause, its power to cause must nevertheless be due to the body, and all the features in the progress of the disease must likewise be due to the body. It is time to wipe the mist of the traditional ideas of disease out of our eyes, and to study them *physiologically*.

This being the case, it follows that any irritant capable of affecting the same mechanism and the same process can produce the same result—not the germ alone, but any agent—which accounts for the many cases

*The opening paragraphs of Dr. Osler's comment on this subject (edition of 1906) are very fair and dispassionate, and should be read in this connection.

where the severest manifestations occur without the germ being discovered at all.

A study of the anatomical and physiological picture of this disease is therefore exceedingly important from the osteopathic point of view. Osteopathy must inherit the world; whatever its decriers may think, those who know it cannot but know this one certain thing. The prophetic finger that points to that destiny is nothing more nor less than the great simple truth, which, whatever its name or whoever its sponsors, must now grow until it possesses the world.

Realizing that the time must come when the responsibility now on other shoulders will descend upon it, these and all similar points should become of vastest importance. The enthusiasm of our past and present success should beget a race of observers and compilers of these observations on all such points, whose united efforts "Now at the beginning of things" would put the thousands who are to follow many, many years ahead. Not only the tradition of observation and study would descend to them, but the beneficial effects also of our observations as a basis for theirs.

The virulent, the non-virulent, and the pseudo-diphtheria bacilli all arising from the same original source (Robert McPreble, M. D.) suggest a very obvious explanation, based on well known laws of evolution.

The first bacillus to lodge, if not immediately killed, is capable of multiplying within the minute to many thousand bacilli. Of these some will be weaker, some stronger; the weaker will perish in the antiseptic saliva, the others will survive and propagate, repeating the same process, until there is produced a bacillus strong enough to resist and feed on the tissue of the body. The multiplication is so rapid in the case of the germs, and the differentiation under the influence of the salts in the saliva is so marked, that varieties may easily be produced in a short while, as for instance, the virulent, the non-virulent, and the pseudo-diphtheretic germ.*

Meanwhile, a similar process is going on in the body,† in developing its resistance to germs (discussed under malaria and biology). The human body has for many centuries been meeting and defeating these organisms, and its defences may be regarded as well nigh perfect when in normal condition, at least to any normally severe attack of the germs. Only when exceptionally severe or only when the body is weak or more likely *both together*, is the danger great. The osteopathic tendency is to develop this practically new field of the weakness of the body itself as the cause of the disease.

Accordingly, we should endeavor to construct an anatomical and physiological picture of the disease, and endeavor to explain every peculiarity and feature on that basis, even at the risk of going too far. The germ theory has been carried vastly too far, but who shall say this was not justified? In the great ignorance concerning disease, any theory that was known to be true in some cases was necessarily tried in all cases where there was any possibility of its being true. The reaction has begun already, but must be much encouraged. Meanwhile, we are justified in carrying our anatomical and physiological picture, with much greater justice, to the same extreme, if indeed it proves to be extreme.

In diphtheria, metabolic error, metabolic weakness or strain of the metabolic functions, appear to be the precedent condition, and a definite center of metabolic activity seems to be affected.

A metabolic or trophic disturbance is per-

*This suggestion is not original with me.

†This is the reason why all the fluids on the surface of the body—saliva, tears, sweat, etc., are all antiseptic.

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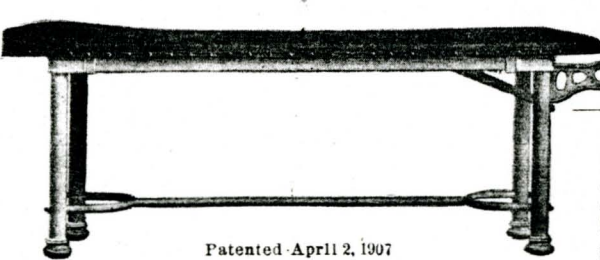
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fectly in line with the etiological principle as described in Chapter III. In that description of the response to irritation and injury, the description was confined to the effect of the nerve action, and did not include the effect on the nerve. Of course every transmission of nerve messages of any kind, even in health, is a trophic act, an act of metabolism on the part of the nerve. The nerve is an organ, capable of abuse as in any other organ, and when the nerve irritation becomes too severe, it suffers a trophic disturbance within itself.

In those centers in the medulla whose functions have to do with nutrition, with trophicity, this function becomes expressed in the affections of them, as a physiological effect.

The profound shock which produces instant death is a trophic disturbance. The poisoning effect of fatigue or trophic exhaustion is worth noting in this connection.* The nerves can produce a poison a thousand times more deadly. This condition of trophic disturbance in the nerve is of course more severe than any stage of inflammation in which there is merely the effect of the nerve.

A trophic disturbance in any part of the nerve is essentially self propagating—that is

*C. Ward Crampton, M. D., American Physical Education Review.

the function of the nerve. It is worth suggesting that possibly an extreme degree of this same influence may be the basis of propagation from one body to another, and thus bring even the contagious nature of disease under the law of physiological properties.¶ Very nearly all the trophic action in the body is zymotic.¶ Even the fibrin ferment which causes the coagulation of fibrin in inflammation is an enzyme. All of these substances are about as potent when transferred to another body as they were in the original body. Other enzymes from nerve influence are well known, as for instance that due to anger in the bite of most animals which renders them poisonous.¶ These properties of the body should be studied as to their power to cause transference of the disease.

The remaining points in this table of distinction of croup from diphtheria are already sufficiently discussed. Septicaemia in the

[Continued on page 12.]

¶The pus from a tuberculous abscess, in which no germs can be discovered by any process known to science, can yet produce the disease.

¶Jacques Loeb, Dynamics of Organic Life.

¶Dr. Still says that the contagion of smallpox is one that reaches and affects the nerve terminals, and through them ascends and spreads to the whole organism.

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Fairness! Freedom! Fearlessness!

EDITORIAL

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

WATCH FOR TONSILITIS CASES.

The editor of "The O. P." requests that every osteopath watch out for the next case of tonsilitis that comes into his office and send a report on these points to Dr. E. E. Tucker, 140 Summit ave., Jersey City, New Jersey: What lesions were present? Could you obtain a history of abuse of the vocal cords, such as singing, shouting, crying (in children) or loud talking. In due time this data, having been collaborated, will be presented in these columns as net conclusions.

**HOMEOPATHS WANT US TO KNOW
DRUGS.**

President Edmondson, of the Pennsylvania Homeopathic Medical Society, went on record very strongly at the homeopathic state meeting at Harrisburg, Pa., September 22d, by declaring that homeopathy should not, and must not, be absorbed by allopathy, and must not join in supporting the "regulars'" program for legislation in Pennsylvania unless the "regulars" formally recognize homeopathy. Dr. Maddux, chairman of the committee on legislation, declared in his report that recognition must not be given the osteopaths unless and until they pass an examination in materia medica, major surgery and all other branches of medicine. We osteopaths ought to begin to agitate laws to compel "regulars" and homeopaths to become proficient in osteopathic diagnosis and technic before they are allowed to dispense drugs—which demand would be a good deal more to the point and in the interests of the people.

**DR. COLLINS REACHES INJUNCTION
STAGE.**

Dr. Ira W. Collins, who is fighting in the El Paso, Texas, District Courts to prevent the State Board from putting him out of practice because he has not complied with the state law and obtained a state license, continues to try to make it appear in the El Paso newspapers that it is a case of "persecuting osteopathy." "Thirty states recognize osteopathic diplomas, why not Texas?" asked Dr. Collins in screaming headlines extending across four columns of advertising. "Is the present law the result of a combination of

doctors of medicine to crush osteopathy?" This sort of catechising the state of Texas is indeed humorous since the osteopathic profession of that state framed its own law and now administers the affairs of osteopathy in the state of Texas through the newly constituted State Board of Medical Examiners upon which it is ably represented. Dr. Collins cannot throw dust in the eyes of anybody by his campaign and sooner or later, injunction or no injunction, he will have to climb down off his little perch and obtain a license from the state of Texas or move over the Mexican boundary. Dr. Collins has filed a petition for injunction, which he printed in full in a big advertisement in the September 18th issue of the *El Paso Herald*. The developments will be awaited by the profession with interest.

THE REGULARS IN POLITICS.

The proposal not long ago of Dr. C. A. L. Reed, at the banquet of the American Medical Editors' Association, that the American Medical Association should enter politics actively for the purpose of getting M. D.'s elected to legislatures and congress so that they can dominate the country in the interests of their own school of practice, is naturally receiving a good deal of criticism among the wiser members of the "regular" school itself. *Medical Brief* for August contained a very strong denunciation of this policy and program, pointing out that just as soon as the M. D. tried to elbow his way into politics, not because he is a man and a citizen, but because he is a doctor, he must at once call down the discredit of society upon his whole profession and be chastised at the polls, just as any other seeker after class favors is sure to be when the people find him out. This is good sense and those who oppose the aggrandizement of the "regulars" and their monopoly of health matters, wish nothing better than to have the misguided politicians in the "regular" profession commit their national organization to such a political program. Dr. Reed, the advocate of this conversion of the men of science into politicians, boldly announced his own candidacy for the United States Senate from Ohio. *Medical Brief* calls upon the profession in Ohio to snow under this self-styled Moses of the "regulars," and appeals to thinking men in the profession everywhere to keep the skirts of medicine as clean as possible from political defilement. Good sense: The "regulars" have far too much power as it is. Agitation will be sure to take some of that power away from them.

**Send Vaccination Re-
ports to Dr. Willard**

DR. ASA WILLARD, of Missoula, Mont., has volunteered to become osteopathic statistician on the subject of vaccination. Such an undertaking to be of any value requires a great amount of careful and accurate work. This Dr. Willard is willing to do, but he asks the very necessary co-operation of the profession in the matter of reporting such cases of dire results following vaccination as come under their notice and which can be properly authenticated and sworn to. The doctor not only agrees to do the work of compilation but will also furnish regular blanks for reports.

The osteopaths of Montana are on record as opposed to compulsory vaccination and there is a tendency to agitate the subject strongly in many sections of the country, and it may develop into a prominent public question in the near future. There is certainly need of more authentic information and it will be to the credit of osteopathy to have the matter well in hand and data supporting their position collected and properly arranged.

We bespeak for Dr. Willard the assistance of the profession in his efforts to compile new and reliable vaccination statistics.

**Should Osteopaths
Learn How to Stop All
Leaks of Nerve Energy?**

By C. W. Young, St. Paul, Minnesota.

SOME time ago Dr. Riley D. Moore in an article entitled "Don't Forget that Disease Has More Than One Cause," published in *The Osteopathic Physician*, clearly explained why widely different schools of healing can obtain cures of all kinds of diseases.

The gist of his idea was that the body is able to adjust itself to various abnormal conditions by the use of a surplus of nerve energy, that is a part of Nature's endowment, but when this surplus of energy is exhausted by too many leaks, we have disease. Now if a healer or physician removes any one of many abnormal conditions, he may stop one leak of nerve energy, and enable the patient to accumulate sufficient nerve energy to overcome his disease.

For example, a man may obtain a cure of stomach trouble by employing an osteopath to stop a leak of nerve energy caused by a spinal lesion, or the same man might obtain a cure of the same trouble by employing a Christian scientist to stop a leak caused by worry, or he might get the same result by going to anybody else who succeeds sometimes in effecting cures by any old system he may profess to practice.

If what Dr. Moore has written is true, what is the sense of us osteopaths getting up on our high horses and claiming to be the only people on earth that know how to cure disease?

If cures depend on stopping leaks of nerve energy, is it not plain as the nose on a man's face, that if an osteopath fails to effect a cure in a given case, he fails to stop sufficient leaks? Some cases will require a stoppage of more than one leak.

So is it not about time we quit indorsing that quintessence of tommyrot voiced by Dr. Ashmore at the Norfolk convention to the effect that osteopathy in its virgin purity (meaning manipulation alone) can cure everything in any way curable, if rightly applied?

When I remarked at the Milwaukee convention that my experience in taking charge of human life taught me to stop leaks in various ways according to the cause of the disease and not always by manipulation alone, the *Kirksville Journal* told me that my remarks were ridiculous and assinine, in view of the wonderful results secured in Kirksville and elsewhere by pure osteopathy: so I went to the Kirksville School, where there were five professors to teach pure osteopathy. Four of the professors were sick, at least a part of the time. From my standpoint, one of these four needed a stoppage of many leaks in many ways, for all his nerve energy was fast ebbing away. I could scare up no argument with the fifth professor, for he agreed with me. This professor cheerfully stated that when he got into practice he used any old thing that would effect a cure. May be I am bug-house, but they have got to put up a better showing than they made in Missouri before I'll believe it.

Some say it is too big a job for us to try to be skilled carpenters, masons, plumbers, painters, painters and furnace men, all at once and yet we contract to take the whole job of repairing the temples of the soul and we'll get mad as hops if our employer lets anybody else butt in. Sometimes an owner says his temple leaks and water gets into his cellar. The trouble may be in the roof or in the plumbing or in the mason work in the cellar or any other part of the temple, or there may be leaks from several sources.

Now we can't stop all leaks in all temples right, unless we understand carpenter work,

mason work, plumbing, etc. It won't do, to merely fit ourselves to adjust parts. We must learn how to detect rubbish and clean it out and supply new material, where the old is irreparably defective. If the furnace leaks smoke, it won't do in all cases to consider the question of obstruction in the pipes. We must consider the way the furnace is fed and a lot of other things.

Some say: "Oh, well, then, let us be specialists. We'll have to get too big a hump on ourselves if we try to learn all that can be done to stop leaks of nerve energy."

Let me tell you, my dear fellow osteopath, you are up against this thing yourself personally and your family, as well as your patients. The majority of us are constantly menaced with some disease caused by leaks of nerve energy and neither we ourselves nor our fellow practitioners know how to stop all these leaks.

Scores of osteopaths have died prematurely already and many hundreds of osteopaths and their husbands or wives or little children have passed untimely to the great beyond.

We may never be able to learn to stop all leaks, but we are up against it, and it behooves us to learn as much as we can and quit being so foolish as to think we know it all.

Dr. Bunting is sounding the alarm. Osteopathy is at the crossroads. We cannot stop the error merely by arousing more enthusiasm. We must abandon our folly. We must quit trying to make ourselves believe that *disease can be considered from only one standpoint.*

We must deliver better goods.

Results tell.

Merit wins.

That Hypo of Strychnine Was Not Needed

By Dr. Frederick Wagner Treshman of New York City.

I HAVE read with much interest the article from the pen of Dr. Wright in the August edition of *The Osteopathic Physician*, and the comment on same by Dr. Arthur Taylor in the September issue, and I would like to add my note to the discussion.

I agree with both most sincerely on the question relating to professional subserviency to any of our brethren of the drug theory of combatting disease, and believe that if we are not accorded the respect and consideration which they would extend to members of their individual cults we should refuse the part of an "adjunct."

Dr. Taylor says:

"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.'

Ever try the unmixed osteopathy in acute work?—say diphtheria, erysipelas, acute inflammatory rheumatism, etc.? I have tried it, and while I confess I seldom found a "bone to set" in those cases, I have had good results, though I wish to state I do not and don't care to do a large practice in acute work, but I think most osteopaths will agree with me, that their experience is and has been, almost in all cases, splendid results. The trouble, to a degree, with many of us is that we dwell too much on what appears to many of us as our limitation. How about "the other fellow?" He comes to the bedside, diagnoses (or tries to diagnose) the case, and then does he immediately apply a specific? He will generally instill an intelligent nurse, instruct her re-

garding the hygiene of the patient and sick room, and then work on the basis of elimination through the excretory organs and under certain stress of circumstances use stimulation, trusting to the recuperative forces of the body for the mending or healing process.

Surely, we need not fear comparison or give internal medication in acute cases; for if the theory of equalization of the vital forces through osteopathic correction and stimulation count at all, it should prove itself under such circumstances.

Dr. Taylor further writes:

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 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. * * *

I have been placed in exactly that position twenty-eight or thirty times in the last four years in cases of arteriosclerosis and in other dangerous conditions—many times no perceptible pulse—and was not on the case usually until five to ten minutes after collapse commenced, and have been able to keep the patient alive until Nature sent forth a stronger and more permanent heart stimulus. In such cases I have used hot applications and sometimes very small doses of good whisky when patients were able to swallow. I do not at all agree with Dr. Taylor on the question of hypodermic injections under such circumstances, and believe that had the doctor "gripped his teeth, sworn by osteopathy" and continued to work on his patient, the patient's grave would still be minus its floral decorations, the patient would have had greater confidence in pure osteopathy and the doctor in himself.

I do not wish by my comment to appear to belittle Dr. Taylor's ability, as he could undoubtedly accomplish what I have known to be done in many instances. It seems to me that if we, as a profession, consider the advisability of adopting and encouraging stimulation by internal medicants we will soon be like the religious darkey who began to "broaden" in his views, until, as his wife aptly commented, "he done got so broad-minded he hain't got no 'legion leff.'"

Better All the Time.

Enclosed find draft for the amount covering October issue of *Osteopathic Health*. Seems to me each number improves.—Dr. James L. Holloway, Dallas, Texas.

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Pennsylvania Osteopaths Have Big Meeting in Connection with "Founder's Week" Celebration.

PENNSYLVANIA'S Osteopathic Association and the Philadelphia Osteopathic Society seized upon the occasion of "Founders' Week," held at Philadelphia October 5th to October 10th, to celebrate the 225th anniversary of the founding of the city, to bring osteopathy strongly to public attention by arranging a joint convention and obtaining for it recognition from the authorities as a part of the celebration proceedings, for it was accorded a place on the official program.

A great deal of effective preliminary work was done by the officers of the organization to insure good attendance and to make an appropriate and interesting program. Fifty-four osteopaths of Philadelphia formed a committee on arrangements and a special "Founders' Week" program and announcement was printed for distribution.

As a result of all this good work a large audience of physicians and laymen were present at the Walnut street theater October 6th to listen to the papers and proceedings. Dr. O. J. Snyder, president of state association, delivered an address on "The Obligations of the State in Matters of Health." He emphasized the necessity for more stringent legislation for protection against the spread of infectious diseases; the regulation of coloring matter in foods and regulation of persons permitted to practice osteopathy. He said there were several hundred men and women in the state who, in the absence of a deterrant law, were claiming to practice osteopathy without having attended any college or school and without the necessary qualifications—to the danger of the public and the discredit of true osteopathy.

Dr. Charles J. Muttart, dean of the Phila-

The New Directory

of the A. O. A. this year is an imaginary quantity. But the correction sheets Nos. 2 and 3 combined bring the old one down to date. This is ready and will be sent for 15c.

The Journal of Osteopathy

publishes the news of the profession—over forty pages of spicy news in the October number, mailed Oct. 13.

THE JOURNAL OF OSTEOPATHY also publishes articles of current interest.

For November will be "Bacteriology and the Osteopath"—R. E. Hamilton, Professor Pathology and Bacteriology, A. S. O. "The Relation of the Physician and the Trained Nurse"—Miss Cust, Head Nurse A. S. O. Hospital.

Other articles by Drs. G. A. Still, William Smith, F. P. Pratt, Franklin Fiske and others, and all the news.

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delphia College of Osteopathy, in a paper on "Osteopathic Education in Philadelphia," said that the institutions for the purpose taught anatomy through their whole course, which they expect to lengthen from three to four years. He claimed that even now they devote nearly one thousand hours more of actual teaching time than the medical schools advocate, and during the ten years it has been practiced in Pennsylvania it has made marvelous strides.

Papers were also read by Drs. David S. Brown Pennock, Earle Scanland Willard, W. B. Keene, J. Ivan Dufer and Jose C. Howell, of Philadelphia; E. M. Downing of York; Virgil A. Hook of Wilkes-Barre, and William Rohacek, of Greensburg. In the afternoon a clinic was held at the Philadelphia college in which cases of various diseases were shown, but particular attention was paid to paralysis and spinal curvature.

Dr. Hewes Heads Louisiana State Board

At the request of Governor Sanders, Acting Governor Lambremont, of Louisiana, October 9th appointed the State Board of Osteopathic Examiners provided for by the Claiborne bill which was enacted at the last session of the legislature. The members of the new board are: Drs. William A. McKeegan, Cecil G. Hewes and Eugene Gaupp, of New Orleans; Carlyle W. Hamilton, of Lake Charles, and Paul Geddes, of Shreveport.

October 10th the board met at noon and were sworn in and presented with their commissions. An adjournment was taken until three o'clock, when they went into executive session and organized. Officers elected were: President, Dr. C. G. Hewes, New Orleans; Secretary, Dr. Paul Geddes, Shreveport; Treasurer, Dr. W. A. McKeegan, New Orleans.

Dr. Eugene Gaupp, although not a member of the State Osteopathic Association, was strongly backed politically, and it was freely predicted outside of osteopathic ranks that he would be president of the board.

The election of Dr. Hewes was hailed with satisfaction. He is not only a good association man and a skillful practitioner, but is a constant worker for the advancement of osteopathy. He put in much time and strenuous effort at the recent session of the state legislature to secure the creation of the board and well deserves the honor that has been bestowed upon him.

Immediately after organization the board commenced receiving affidavits and registrations, as, on account of the delay in appointing the members of the board, the time for registering without examination—ninety days from promulgation of the act—had nearly expired. October 13th was the last day on which such registrations could be made. Hereafter applicants must stand examination and show that they have taken a three-year course.

In D. O. Land

Dr. Bigsby Resigns.

Dr. Myron H. Bigsby, formerly professor of osteopathic diagnosis and technic at the Philadelphia College and Infirmary of Osteopathy, has resigned from that institution. Dr. Bigsby was a member of the college faculty for three years. He will devote his time more fully to his private practice.

Any D. O. Expert Witnesses in Iowa?

Dr. A. W. Peterson, of Hawarden, Ia., is interested to know of any instance where an osteopath has been called as an expert witness in any injury case in the state of Iowa. He would also like information on any similar instances in other states. Will some of the brothers or sisters who have served in this capacity send in their experience.

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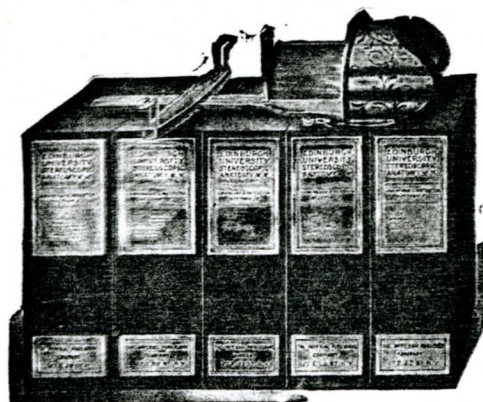
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Vacation Delayed by Work.

I must say "O. H." is splendidly written. I have not been able to enjoy a vacation this summer on account of increasing practice.—Dr. Kenneth V. Price, Monrovia, Cal.

Death Visits Des Moines Osteopathic Fraternity.

The Polk County Osteopathic Association held a meeting at Des Moines, Ia., September 20th. Resolutions of respect were adopted in memory of Dr. Fannie M. Wilcox, the first member of the profession in Des Moines to answer death's call.

Logic.

Shepherd (concluding tale of bereavement)—Sae a gied her some o' that wee bottle that ye left yest-er-en, an' she just slippit awa' at fower o'clock the morn. Doctor—Dear, dear! I'm very sorry to hear that. Shepherd (thoughtfully)—Eh, mon, doctor, isna it a maircy a didna' tak' any o' the wee bottle mase!—Punch.

Promotion Committee Appointed.

Dr. H. F. Miles, of Sacramento, president of the California Osteopathic Association, has appointed as a Committee of the Promotion of Osteopathy, Drs. Lester R. Daniels, Sacramento; Harry W. Forbes, Los Angeles; W. W. Vanderburgh, San Francisco; William Horace Ivie, Berkeley; John O. Hunt, Los Angeles, and Louise C. Heilbron, San Diego.

Consultation.

A doctor spending a rare and somewhat dull night at his own fireside received the following message from three fellow practitioners: "Please step over to the club and join us at a rubber of whist." "Jane, dear," he said to his wife, "I am called away again. It appears to be a difficult case—there are three other doctors on the spot already."

D. O. Loses Home by Fire.

The home of Dr. F. S. Davenport, of Brookville, Pa., was burned early on the morning of October 8th, with all its contents. It is thought the fire came from the heater in the basement. The fire was well under way before it was discovered. The doctor and his family escaped with difficulty, not having time even to secure their clothing.—Brookville Jeffersonian Democrat.

Killed in a Runaway.

We are advised by Dr. Robert W. Rogers, Keystone building, Clearfield, Pa., of the death of Dr. Elizabeth Ogden in a runaway accident just outside Clearfield October 4th. Dr. Ogden practiced as an osteopath, but we are unable to find record of her school or year of graduation in the year books, so we do not know whether she was one of the "lost" osteopaths or newly graduated.

Hudson River O. A. Enthusiastic.

The Hudson River North Osteopathic Association of New York State has most enthusiastically entered upon the fifth year of activity. Since its organization the society has held monthly meetings, which are always instructive and well attended. A program of professional interest is prepared for each meeting, followed by general discussion and a social time.—Alice A. Brown, D. O., Sec'y.

Denver Osteopaths Hold Regular Meeting.

The Denver Osteopathic Association held its regular meeting Saturday evening, October 3d, at the Brown Palace Hotel. Dr. H. J. Sanford presented a paper on "Typhoid Fever," which was followed by a free discussion led by Drs. Bertha Hilton and John T. Bass. Resolutions of respect were adopted in memory of the late Dr. L. S. Brown, one of the pioneer osteopaths of the state.—Fannie Belle Laybourn, D. O., sec'y.

Progressive Thought League Addressed by Osteopath.

At a meeting of the International Progressive Thought League, held September 22d, in Buffalo, N. Y., Dr. Ambrose B. Floyd, of that city, delivered an address on "The Conditions We Often Find and How Osteopathy Cures Them." The address was followed by a general discussion. A year ago Dr. Floyd spoke to the league and the subject was "Practical Osteopathy."

Third Illinois District Holds Bi-Monthly Session.

The regular bi-monthly meeting of the third district of the Illinois Osteopathic Association was held at Galesburg, September 30th, in the office of Dr. R. S. Halladay. Dr. W. J. Giltner, of Monmouth, contributed a paper on Bronchitis and Asthma; Dr. J. E. Olson, of Bushnell, one on Spinal Curvatures; Dr. Effie Messick, of Monmouth, one on Acute Gastritis, which in her absence, was read to the meeting and brought out considerable discussion on methods of relieving acute inflammation of the stomach, and Dr. Minnie Baymiller of Abingdon, one on The Menopause. After a general discussion of

the various papers, Dr. Ernest R. Procter, of 57 Washington street, Chicago, delivered an interesting lecture, which was followed by a clinic.

Students Threaten Osteopath's Sign.

Dr. W. A. Rush, newly located at Iowa City, Ia., has appealed to university officials there for protection from the medical students. The doctor's office is next door to the anatomy building and his sign annoyed the students and they threatened to tear it down. We suggest that the doctor mail a copy of "Most Diseases Are of Spinal Origin" to every student in the medical department of the university. That would probably change their attitude toward Osteopathy somewhat.

Osteopathy Flourishes in Kansas.

Osteopathy in Independence is at a premium now. Eleven patients within a radius of from five to 160 miles, boarding in this city, are taking osteopathic treatment. I have sent two young people to Kirksville this week to take the three-year course. Three other young men will go before the thirty-day limit has expired. This week up to the present (Sept. 26, 8 a. m.) I have given 86 treatments. Last week 105. Eighty is the average.—Dr. R. W. Bell, Independence, Kans.

Osteopath as Coach of Breakfast Food Team.

Dr. Hugh Conklin, who has charge of the osteopathic ward at the Macfadden Sanatorium, is devoting a portion of his time to coaching the football team of that institution. He forces the "shaggy-haired" artists to take long walks every morning and do various stunts of training in preparation for their hard schedule this fall. Dr. Conklin used to be a great football player on the University of Michigan football team, and it is said he understands the game thoroughly.—Battle Creek (Mich.) Journal.

Indiana O. S. Meets October 28.

The regular annual meeting of the Indiana Osteopathic Society will be held in Indianapolis, Wednesday, October 28, 1908. Much business of importance is to be considered, such as election of officers, adopting revised constitution, completing work on year book, etc. The program committee has promised us something very interesting. We trust that every true, wide-awake osteopath in the state will be there. We need you, and you need the inspiration you are sure to get.—K. J. Vyverberg, D. O., sec'y.

D. O. President of U. of C. Alumni Club.

Dr. Samuel Denham Barnes, of Seattle, Wash., is a graduate of the University of Chicago and at the recent All-Alumni reception held in that city he figured prominently in the proceedings as president of the U. of C. Club of Seattle. There are sixty University of Chicago men on record in Seattle, among them well known lawyers, doctors and professors. It speaks well for the position osteopathy has attained on the coast when one of the profession is honored with the presidency of such an association.

Dr. Forbes Will Make Lecture Tour.

Through the efforts of Dr. F. N. Oium, of Oshkosh, Wis., the following osteopathic societies will hold consecutive meetings and have Dr. Harry W. Forbes, of Los Angeles, lecture before them: The Greater New York Osteopathic Society; The Ohio Osteopathic Society; The Southwestern Michigan Osteopathic Association; The Chicago Osteopathic Association, and The Wisconsin Association. It is expected that the dates will be filled during the last week in December and the first week in January.

Philadelphia Osteopaths Elect Officers.

The annual meeting of the Philadelphia Osteopathic Society was held October 6th at the rooms of the society, 1414 Arch street. A paper was read by Dr. Charles W. McCurdy, the retiring president, on "The Physician of Tomorrow." Following this the annual election was held, resulting as follows: Dr. Walter L. Beitel, president; Dr. Irving Whalley, vice-president; Dr. Abbie L. Pennock, secretary; Dr. Frederick W. Woodhull, treasurer, and Drs. George T. Hayman, Cecelia T. Curran and Thomas W. Ellis, executive committee.

How Do D. O.'s Stand With the Railroads?

Do you know of any instances in which an osteopathic physician is holding a professional position for any railroad, either as railroad physician or expert in testimony for trial for damages? I am interested in knowing to what extent our profession is making itself felt in railroad circles. I've treated a number of railroad employes and officials, but do not know of any railroad as a company recognizing osteopathy or patronizing it. Any available information will be of special interest to me.—I am fraternally, S. B. Miller, D. O., Cedar Rapids, Ia.

Still College Installs New Apparatus.

Still College of Osteopathy has been adding many new pieces of apparatus to its equipment during the year, and has just installed one of

the most complete micro-projection apparatuses. This machine is used for the classes in all departments and is readily adjusted for the projection of ordinary pictures and the instantaneous adjustment of microscopic slides. This machine will give the students of the college the very best facilities for instruction in the various branches and marks a step in the advancement of the college facilities.—Des Moines (Ia.) Register.

O. P.'s Gather at Joplin, Mo.

The S. W. Missouri & S. E. Kansas Osteopathic Association met with Dr. Boswell, Joplin, Mo., September 26th, Dr. Truman Wolfe presiding and Dr. Mel S. Slaughter acting secretary. The next meeting will be at Lamar, October 31st. The program included Dr. Truman Wolfe, of Carthage, on "Stomach Troubles"; a paper by Dr. Mel S. Slaughter, of Webb City, on "Sigmoiditis, Acute and Chronic," both followed by discussions, and a general discussion on literature and education. Everybody enjoyed themselves.—Mel S. Slaughter, D. O., acting sec'y.

South Dakota Association Will Meet at Sioux Falls.

The South Dakota State Osteopathic Association will meet in convention, October 22d, at Sioux Falls. Papers prepared for the program are: "Cholera Morbus," Dr. Hannah M. Betts, Madison; "The Pulse of the Hour," Dr. Mary Noyes Farr, Pierre; "The D. O.'s Business—Fees, Collections and Advertising," Dr. C. E. Schoolcraft, Watertown; "Vital Energy—Defined, Source and Mode of Transference," Dr. Chas. Bradbury, Brookings; "The A. O. A. P. G. School," Dr. G. P. Jones, Watertown; and "Legislation and Law Enforcement," Dr. G. C. Redfield, Parker.

Dr. Tucker Brings Back Trophies.

Dr. E. E. Tucker, of Jersey City, N. J., is back in harness after a well earned vacation in Florida. As trophies of the chase and evidence of his adventures he shows: "Exhibit A"—One huge rattlesnake skin (minus head and a foot or so of neck); "Exhibit B"—One fine alligator skin, caught with a "flounder gig." These exhibits are sufficient to convince even the most skeptical of Dr. Tucker's prowess in the chase. So the doctor is able to qualify in more ways than one as a clear-cut, original osteopathic thinker and writer. His article in this issue on "Diphtheria" is one of the best of his series on the "Anatomical and Physiological Pictures of Disease."

Chicago Osteopaths Discuss Appendicitis.

The Chicago Osteopathic Association held a very successful meeting at 57 Washington street, Thursday, October 1st. Dr. David Littlejohn gave a lecture on "Appendicitis," which was followed by a general discussion of the subject, which was participated in by a number of those present. The matter of legislative work for the new osteopathic state law came before the meeting, but as the hour was late, it was decided not to attempt to discuss the subject at that time. A motion was carried to have the proposed state law, as drawn up by the legislative committee, printed in sufficient quantity to supply a copy to every osteopath in the state.

Call to Minnesota's Eighth Meeting.

Secretary F. E. Jorris, of Minneapolis, has issued the following call to the state convention to be held October 24th, at St. Paul: Fellow Osteopaths: In a few days you will receive the program of the eighth meeting of the M. S. O. A. It will be held in St. Paul, on Saturday, the 24th day of this month, thus affording you ample time after receiving this notice to arrange your practice so as to be able to attend the greatest meeting that Minnesota osteopaths have ever held. A special feature will be the report of the A. O. A. convention which was held during the "Old Doctor's" birthday week in Kirksville. And further, a discussion in regard to the great event which our state will celebrate at the meeting of the American Osteopathic Association in Minneapolis next year. Every D. O. in this state owes it to himself, to his patients, to his fellow practitioners and to his science to be present in St. Paul on October 24, 1908. Fraternally.—F. E. Jorris, D. O., Sec'y.

Name of Osteopathy Besmirched by Philadelphia Fakir.

One C. F. Conrad was held under bail in the Philadelphia police court September 16th, charged with procuring of young women for alleged immoral purposes, through the operation of a fake medical school. He claimed to be a registered doctor of osteopathy and a masseur and thus brought some very unwelcome and unfair notoriety to the name of osteopathy. It developed that Conrad had never attended a recognized college of osteopathy. Dr. Charles J. Muttart, dean of the Philadelphia College of Osteopathy, and Dr. O. J. Snyder, president of the Pennsylvania Osteopathic Association, both came forth in vigorous statements in the newspapers informing the public of the true situation. Nevertheless these affairs hurt and re-

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tard progress. They show conclusively the necessity for good state osteopathy laws that will not permit the use of the name osteopath except after passing examinations of recognized colleges and duly authorized state boards.

St. Louis Women O. P.'s Hold Meeting.

The women osteopaths of St. Louis had a very enjoyable evening Friday, September 25th. Dr. Geo. A. Still was the guest of honor and was entertained at a dinner at the Southern hotel. After refreshments the party adjourned to the new offices of Dr. Arlowyne Orr, where Dr. Still examined some cases and then lectured concerning them. All felt that the evening was profitably spent. Those present were: Drs. Annie Adam, Bertha A. Buddecke, Nannie J. Chappell, Elizabeth M. Ingraham, M. Louise Lewis, Eleanor Moore, Mary S. McK'y, Florence Nottstine, Minnie Schaub, Genoa D. Stephens, Jennie M. Wycoff, Arlowyne Orr, Mayme Williams, Nettie Hoffman, Helen Pheda Kinsell.

Oklahoma Composite Board Organized.

The Oklahoma State Board of Medical Examiners met in Shawnee on October 6th and organized with the following officers: President, Dr. W. T. Tilly, of Muskogee; vice-president, Dr. H. C. Montague, of Muskogee; secretary, Dr. Frank P. Davis, of Enid, and treasurer, Dr. D. W. Miller, of Blackwell. The next meeting will be held in Muskogee, Tuesday, November 10th. The members of the board are: Allopaths—Dr. W. T. Tilly, Muskogee; Dr. A. M. Chambers, Poteau; Dr. A. M. Butts, Holdenville; Dr. A. E. Davenport, Oklahoma City. Homeopaths—Dr. J. Hensley, Oklahoma City; Dr. D. W. Miller, Blackwell. Eclectic—Dr. Frank P. Davis, Enid. Osteopaths—Dr. H. C. Montague, Muskogee; Dr. J. A. Price, Guthrie, alternate. Physio-Meds—Not filled; Dr. I. O. Briggs, alternate.

Fake Methods Shock Denver D. O.'s.

Dear Dr. Bunting:—I enclose a clipping as a sample of the kind of advertising two of our eminent D. O.'s have started out with here in Denver. As every one knows who has any professional standing or cares to have any, such methods cheapen the science, tear down a man's professional fiber and relegate him to the rank of a fakir so far as his professional standing is concerned, although he may be a graduate of some legitimate school. We are glad to have good osteopaths locate in Denver, but we always deplore all methods of this kind by men who should be a credit and an honor to the profession. I hope these doctors will soon see their folly and get on some kind of an ethical basis if they are going to stay in Denver.

Following is the text of their display advertisement as it appeared in the Denver Post, October 4th:

Dr. A. F. Blanchard and Dr. D. B. Miller, Osteopathic Specialists. Free Treatments.

Dr. Blanchard makes a specialty of appendicitis, chronic diseases and deformities. He is a graduate of the American School of Osteopathy and late of the treating staff, with years of experience. Dr. Miller has had fifteen and a half years' of actual experience in treating people in office. He makes a specialty of diseases of women, and stomach and liver and bowel complaints. Office opens October 5, 1908, at 8 a. m., for FREE examination and treatment. We will continue free for one week to show and explain what our work consists of. This is something that your City of Denver has never had before—Osteopathic Specialists. All you who are afflicted come while you can get the work WITHOUT CHARGE. Offices, El Paso Bldg., 630 16th street, corner California, rooms 10, 11 and 12.

Fraternally, Chas. C. Reid, D. O., Denver, Colo., Oct. 8th.

Diphtheria

[Continued from page 7.]

latter arises from the poisoning, albuminuria from the septicaemia. Death from syncope is due to the great trophic disturbance. Paralysis is an almost absolute proof that the nerves were themselves involved in the morbid changes, which is the most important of the points contended for here.

The upshot of this reasoning is not to show that croup and diphtheria are one and the same—but to show that diphtheria comes under the same law of the anatomical and physiological picture as does croup and all other diseases—croup being taken as the type of them all. Coming within the perview of the uniform etiological principle, it comes under the perview of the osteopathic treatment based thereon.

The question as to whether osteopathic treatment can reach a trophic disturbance is quickly answered, both theoretically and practically.

Theoretically, the stimulation of a nerve is

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fundamentally a trophic effect; and the osteopathic stimulation is probably the most potent normalizer of disturbances of this kind that exists.²

Practically, the excellent record made by the two osteopathic pioneers above quoted and by the profession as a whole is a very sufficient answer.

²Dr. Ivan Dufur, in A. O. A. Journal for April, 1908.

Dr. Furry Adds His Experience.

Dr. E. E. Tucker, Jersey City, N. J.—Dear Doctor: I wish to add my experience along the line of your article in the September "O. P." on "Abuse of the Vocal Organs as a Cause of Tonsillitis." I have often noticed in my own case that excessive use of the voice produced a mild "sore-throat," but this was particularly impressed on my mind on my trip to the Kirksville convention. Traveling in a special car with the Colorado osteopaths, we were, on Sunday morning, practicing songs for the convention, and I sang until my throat was very tired. Within a half hour it began to get sore and by night I had a well established case of tonsillitis for which I was treated. Let me hear your experience with diphtheria. Yours fraternally, F. I. FURRY, Cheyenne, Wyoming.

Cluett Heads Osteopaths of Northern Iowa.

District Number Five of the Iowa Osteopathic Association held its annual convention at Sioux City, October 7th and 8th. The proceedings on Wednesday, the 7th, consisted of an address of welcome by Dr. Marcus E. Brown, of Sioux City, and a response by Dr. B. S. Hoard, of Cherokee, following which a theatre party was tendered the visiting members by the Sioux City osteopaths. Next morning the convention was called to order early and the members enjoyed a full and interesting program. Papers read were: "Affections of the Large Joints," Dr. U. S. Parrish, Storm Lake, with discussion by Dr. Chas. Ray, LeMars; "Cervical Lesions," by Dr. Ida Peterson, Hawarden, with discussion by Dr. A. W. Leard, Spencer; "Acute Diseases," by Dr. A. E. Hook, of Cherokee; "Spinal Meningitis," by Dr. Lena Eneboe, of Canton, S. D., with discussion by Dr. M. A. Hoard, of Cherokee; "Natural Dietetics," by Dr. Ella Gilmour, of Sioux City; "Pneumonia," by Dr. A. W. Peterson, Hawarden, with discussion by Dr. George F. Ingledue, Sioux City. Case reports and clinics were held by Drs. F. G. Cluett and M. E. Brown, of Sioux City. Resolutions were adopted indorsing the proposed state osteopathic law and pledging support to the legislative committee. Officers elected were: Dr. F. G. Cluett, of Sioux City, president; Dr. Ida Peterson, of Hawarden, vice-president; Dr. Ella Gilmour, of Sioux City, secretary and treasurer. Dr. U. S. Parrish, of Storm Lake, was chosen as state trustee, and Dr. Bruce E. Fisher, of Ida Grove, Dr. George Ingledue, of Sioux City, and Dr. Charles Ray, of LeMars, were named as directors.

South Dakota Osteopaths Meet October 22d. The annual meeting of the South Dakota State Osteopathic Association will be held at Sioux Falls, October 22d.

Medical Legislation.

There's a doctor in the saddle in our legislative hall, And he's fixing up the bills, to hit both great and small; He says it's to protect, but listen now to me, The only things protected are the doctor and his fee.

No more may sweet old grandma give the baby catnip tea It's forbidden by the doctors, and against the law, you see; Call a doctor says the statute, for he alone can know

If you need a course of physic, or a rag around your toe.

No more may kindly mothers, who have raised their children all, Respond to call of neighbor, when the baby gets a fall; For the fine will be so heavy and the jail you're bound to see, If the help you give a neighbor makes the doctor lose a fee.

Now the doctor has his uses, but I surely fail to see Why a law should make him master of either you or me. What he knows is very useful, and his study is profound But most of his mistakes are hidden under ground.
Harry Southern,
Morgan City, La.

Make-You-Tall Fake Trying to Work Osteopaths

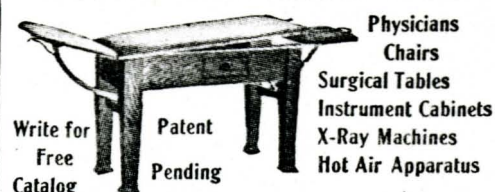
Rochester, N. Y., Oct. 12, 1908.

Dear Doctor Bunting: I am just in receipt of an inquiry for information regarding "The Osteopathic Appliance Co.," of 27 Park avenue, Rochester, New York. It seems that the profession over the country has been largely circularized by this concern recently, but they did not do me the honor to send some of it to me.

A circular letter inclosed solicits the patronage by the osteopathic profession of what they call "Osteopathic Appliance," though they give no description of the apparatus. They also inclose a price list of osteological preparations.

Having never heard of this institution I made inquiries. On their letter head I noticed that they stated that they had long distance connection on the telephone, so I made inquiries of the telephone company and was not surprised when I was informed that that was the same 'phone as "The Cartilage Co.," the institution which extensively advertised in the magazines to make you grow tall, and illustrating their advertisement with the picture of a short man dancing with a tall woman. That was as far as it was necessary for me to make inquiries to warrant me in un-

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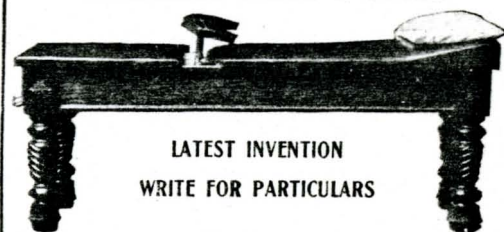


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qualifiedly condemning the whole thing to the osteopathic profession.

This Osteopathic Appliance Company is another illegitimate offspring of a group of men who have for years been trading upon the cupidity of the public. They first taught hypnotism by mail, then jiu-jitsu (spelling not guaranteed), then they ran what they called the Institute of Physicians and Surgeons until the government shut them out of the mails, then the Cartilage Company which would make you tall, and now the Osteopathic Appliance Company.

It is safe to say that no credence may be given to any statement emanating from this parentage. I have never heard of an osteopath even being in their institution, and am satisfied that the only thing osteopathic about it is its name. No osteopath in Rochester who is reputable has ever had any connection with them and I know of no disreputable ones who have.

When this group first began to advertise their Cartilage apparatus I received many inquiries regarding it to which I replied individually. So long as they did not try to attach themselves to Osteopathy I did not feel warranted in openly denouncing them in the osteopathic press, but now that they do presume to make themselves a parasite on osteopathy I seek the most drastic means in my employ to exterminate them, at least in so far as using the word osteopathy is concerned; they cannot be exterminated otherwise as they have respect for neither the law, honesty or decency.

The circular which they inclose, or rather the printed price list of osteological specimens is designed primarily, I believe to mislead, for I do not believe they are in a position to fill any such orders themselves. There is a reliable and trustworthy institution here preparing and dealing in such specimens known

as "Ward's Natural Science Establishment" and this price list looks suspiciously like a duplication of Ward's price list. I would suggest that if the profession desire goods of that kind that they go to first hands.

I trust, Doctor, that you will give this such publicity as you can in order that the profession may know that, first, the Osteopathic Appliance Co., of Rochester, is not looked upon in Rochester as a trustworthy concern and, second: That the osteopathic profession of Rochester have nothing whatever to do with it and never heard of it until now. We are jealous of our good name here and do not wish it dragged in the mire by an unscrupulous lot of fakirs.

Hoping that this will afford sufficient information to warrant the profession steering clear of this so-called "osteopathic" concern, I beg to remain, very truly yours,

RALPH H. WILLIAMS, D. O.

Field Notes from Science Circles of Osteopathy.

FOUR circles are now in active work; two in South Dakota, one in Iowa and one in Minnesota. Each circle is composed of seven members, and the work is conducted on the "chain letter" plan; each letter being limited to two pages, letter size, and the letters make the circuit every thirty days. The subjects are limited to three fields, as follows: 1st. Reporting the most interesting clinic case for the previous month; 2d. Discussing the science subject under consideration, which for the past month has been "Source of Energy and the Mode of Its Transference Into Vitality"; 3d. Review of the leading articles in the literature of the profession for previous month.

The plan has been in operation for three years and is slowly working out the original idea, of primary, grand and supreme circles. As soon as seven states are organized a supreme circle will be organized composed of the grand circle leaders of each state.

The questions discussed and new theories originating in these circles from the experience of the members will furnish good working material for consideration by the P. G. School of original research work. Without such material gathered from actual field or clinic experience we fail to see just wherein the profession will receive any great benefit. We must first become interested in furnishing material in the form of experience, questions and theories as well as cash if we expect to get anything out of it. The plan of science circles is not in opposition but co-operative with all organizations for the promotion of the science of osteopathy and the mutual benefit of its members. We will quote what some of the members say of the advantages of the circles:

Dr. A. T.: "Well, these letters are certainly interesting to me and I only wish they came oftener. I thank the doctors for their opinions in the case of pneumonia reported in my last letter. While we do things and feel we did right, it is a great satisfaction to have the opinion of others agreeing with us, gives us confidence and satisfaction. Science circles is doing just that very thing for us, along with many other good things."

Dr. J. S.: "I find many good points in these letters. I see by 'The O. P.' that the next A. O. A. meeting is to be held at Minneapolis and it is up to every D. O. in this state to get to work and let the people know what is back of us. Only a short time ago a patient told me that he had heard there were only thirteen D. O.'s in the United States, and another said he didn't know before that there was such a doctor as an osteopath. I think holding the A. O. A. here will open the eyes of the people and cause them to take notice."

Dr. H. R.: "Received letters yesterday and they are a great treat to me to read and study the experience of others, from which we derive knowledge, which is power. Science is organized knowledge, which is power. In exchanging experiences we gain knowledge by comparing and we should not make the same mistake twice; we become wise and cautious. We must take people as they are and not as we think they ought to be. Not knowing anything about osteopathy, how can we expect them to come to us and say, 'Yes, I think osteopathy will cure me.' or, 'I have full confidence in the osteopathic treatment.' They must be first taught both by precept and by demonstration, that osteopathy cures. Chiropractic treatment seems to be too severe. A chiro. in Minneapolis was sued for \$14,000 for breaking a vertebrae disk by his 'chiropractic thrust' while treating a patient."

Dr. C. says: "I had a death Aug. 12. The report was made in regular form to our health officer Aug. 13 and a few minutes before the funeral the health officer and coroner entered the house of sorrow and proceeded to carve up the body in a post-mortem, simply because the

family had employed an osteopath. The post-mortem was done in a most offensive manner, accompanied with remarks insulting to the family. Result: Next Wednesday the pot-pouched sneerers will have an opportunity to ventilate their congested brain in a \$10,000 damage suit brought by the parents of the deceased."

In the discussion of the "energy" question the following points were brought out: Energy and matter are two separate entities, acting and reacting on each other in assimilation and dissimilation. Energy is stored in every process of assimilation and again set free in every act of functioning and dissimilation. Every organ tissue and cells functions by contraction, thus setting free energy rather than material substance of the structure. Oxidation is a breaking down of waste material, setting free energy in the form of heat and preparing the waste for elimination. A few claim that energy and matter are two different forms of the same thing. Others claim that energy and matter separate in digestion and respiration as well as in the katabolic process and that while the nutritious material enters the blood the energy set free is taken by the afferent nerves to the nerve centers and issued from there to every cell to perform function and again unite with matter in constructive work.

While these notes are very brief and intended to give the reader some idea of the work being done by these circles, any enthusiastic D. O. who can see more in osteopathy than the almighty dollar and wishes to work shoulder to shoulder with his fellow D. O.'s in mutual helpfulness in a free exchange of experience and ideas and wishes to organize a circle will obtain full particulars by writing S. W. Heath, Organizer, Sioux Falls, S. D.

Following the Doctor's Instructions.

Doctor (upon finding his patient weaker than before)—What does this mean? Haven't you been following my instructions?

Patient (feebly)—Yes, doctor.

Doctor—Been eating animal food right along, have you?

Patient (grimly trying to smile)—Well, doctor, I tried to, but somehow it did not seem to agree with me very well. I managed to worry down the hay and the clover tops all right; but the thistles kind of stuck in my throat and I had to give it up.—Judge.

Likes the P. G. Work.

I took the Summer Post Graduate course at the A. S. O. and found that it fitted in just right, this course was the boiled down essence of the regular year's post graduate work, being in school ten hours a day (sixty hours a week) crowded us pretty hard, but I feel that all those taking the course get just about what they wanted, certainly in large part what we needed.—Reuben T. Clark, D. O., Natchez, Miss.

Of Course.

"What do you think of these nitrates?" inquired the first physician.

"I think we ought to raise 'em," answered the second physician. "It's worth something to get out of a comfortable bed."—Washington Herald.

Asked Daily, But Seldom Answered

HOW often you have wanted something that will make it clear that osteopathy does just as much as, and even more, for acute cases, like pneumonia and typhoid fever, than any other system! Here is the document in the November issue of *Osteopathic Health*. Not an elaborate or long story, Doctor, but a simple statement of the plain fact that osteopathic acute cases get the best of such attentions as other schools give their patients—nursing, dietetics, hygiene and so forth—and in addition one thing more, osteopathic therapeutics.

This article ought to go into the hands of every present and former patient for—try as hard as you did, probably, to get the right comprehension of osteopathy lodged in the minds of all your patients—it is quite sure that a lot of them don't grasp this truth yet.

The net result of this November issue will be the realization by every reader that osteopathy is a good treatment for all diseases.

Both acute and chronic cases are considered. Sore throat, voice disturbance, etc., get good presentation.

Overcoming paralysis is a story every tense-nerved business man should read.

Spinal curvature and Potts' disease are considered.

"Comforting Truth About Disease Germs" will attract attention and convince.

It is told how osteopaths cure stomach ills. You need this excellent magazine at work for you. It is now ready for shipment or mailing.

Better send in your contract for 100 a month and begin with this number. It's \$3.00 per month on that plan, postage, expressage, or freight extra.

Osteopathic Health is an investment—a dividend-paying investment and a source of income, not an expense.

Will you increase your income by adopting it as your monthly light-bearer to the people? HENRY STANHOPE BUNTING, A. B., D. O., M. D., Editor.

171 Washington Street, Chicago.

A Bargain Fever.

Patient—Doctor, what do you call this fever of mine?

Doctor (looking at clinical thermometer)—Well, I'd call it a bargain—103 reduced to 98.

Nov. Issue of "Osteopathic Health" Contains

OSTEOPATHIC RELIEF QUICK IN ACUTE CASES

No Other Treatment So Prompt ☒ Typhoid and Pneumonia Aborted ☒ A Case in Point ☒ Mental Depression Plus Drugging Prolongs Typhoid

SLEEP

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Are Your Spinal Foundations Plumb? ☒ Overuse and Abuse of the Voice

OVERCOMING PARALYSIS

Heart Must be Kept Quiet

WHAT IS THE OSTEOPATHIC THEORY?

SPINAL CURVATURE AND POTT'S DISEASE

OSTEOPATHY IN THE MAGAZINES

HOW OSTEOPATHS CURE STOMACH ILLS

Intelligent Linemen Fix the Wires ☒ Is it Nature or the Doctor that Cures?

COMFORTING TRUTH ABOUT DISEASE GERMS

Practice Building Jottings.

I am naturally satisfied with the "O. H." method of promotion, since last month's distribution has already brought me three new patients.—*Dr. M. H. Bradley, Painesville, Ohio.*

* * * * *

Osteopathic Health gets patients, all right.—*Dr. J. G. Dawson, Jackson, Tennessee.*

* * * * *

As for my opinion of "O. H." I think it superb as a patient-getter and as an educator of the people.—*Dr. Geo. Tull, Indianapolis, Indiana.*

* * * * *

In short, "O. H." is the only field literature I ever used that I thought I got any reasonable returns from.—*Dr. I. F. Mahaffay, McAlester, Oklahoma.*

* * * * *

Your hobby seems to be to get out the best osteopathic literature possible and I think you have succeeded in doing so.—*Dr. E. B. Nef-feler, Everett, Washington.*

* * * * *

Sure! I am interested in "O. H." The last number is a peach.—*Dr. C. J. Blackman, Hartford City, Indiana.*

* * * * *

Your issue of Woman's Number this month is a daisy—strong, logical and to the point—cuts deeper than any surgeon's knife. I want 100 copies of it.—*Dr. R. W. Bell, Independence, Kansas.*

* * * * *

Your October "O. H." was for my purposes the best you have ever turned out and I must compliment you on it.—*Dr. Kathryn Van Velzer, Chicago, Illinois.*

* * * * *

"O. H." to me is very convincing and more pleasing than any other field literature.—*Dr. W. A. Gavlord, Kenton, Ohio.*

* * * * *

I think "O. H." the best practice-builder in the field.—*Mrs. Furman J. Smith, D. O., Chicago.*

* * * * *

Your October number is certainly a fine one.—*Dr. J. O. Smith, Waseca, Minnesota.*

* * * * *

I like "O. H." very much; it is a very strong field journal.—*Dr. Emma Wells, Wheeling, West Virginia.*

THE MODERN MILKMAID.

"Where are you going, my pretty maid?"
"I'm going a-milking, sir," she said.
"May I go with you, my pretty maid?"
"Get a doctor's certificate first," she said.
"Can't bring bacteria with you on any terms; Cows are so apt, sir at picking up germs. Take a carbolic plunge and peroxide spray, Don sterilized rubber clothes—then, sir, you may."

If you can prove that your germs are all dead, Go with me milking, sir," she said.
"Might I assist you, my pretty maid?"
"Get a lactologist's license," she said.
"Then I will let you help clean up my stable; Polish the floors, just as bright as you're able; Bed them well down with sterilized straw. Germs have such fondness for milk in the raw! Then treat the cows to a lively shampoo, A bath in hot water, and carbolic, too. Polish their teeth with a sterilized brush. Spray out their throats, and do all with a rush. Ten billion more germs 'll be born ere you're through."

Get sterilized milk pails and stools for two, Put a state seal on the sterilized door. Spray the whole place with carbolic once more. Then we'll be sure the germs are all dead. Yes, you may go with me, sir," she said.
—Garret Smith, in New York Tribune.

Hippopotamus, Not Hippocrates, the First Surgeon!

A writer in the British Medical Journal thinks that an interesting essay might be written on the addition to medical remedies made by animals. It is said that it is to dogs we owe the knowledge of the fever abating properties of bark, while to the hippopotamus is attributed the use of bleeding. The story as told in Philemon Holland's translation of Pliny is as follows: "The river-Horse bath taught physicians one device in that part of their profession called Surgery; for he finding himself ouer-grosse and fat by reason of his high feed-

ing so continually, gets forth of the water to the shore, hauing spied aforewhere the reeds and rushes haue bin newly cut; and where he seeth the sharpest cane and best pointed, hee sets his body hard on to it, to prick a certaine veine in one of his legs, and thus by letting himselfe blood maketh evacuation; whereby his body, otherwise inclining to diseases and maladies, is well eased of the superfluous humor; and hauing thus done, hee stoppeth the orifice againe with mud, and so stancheth the blood, and healeth the wound."—Chicago Trib-

PERSONALS.

Dr. R. H. Beeman, of New York and Jersey City, left New York on October 12th with a party of friends for a two weeks' moose hunt in northern Maine. Such a vigorous vacation should put the doctor in good form for the hard work of his winter practice.

Dr. Clythie J. Ramsey, who for years has had a successful practice in Portland, Ore., while visiting Spokane recently became so well pleased with the city that she made arrangements with Dr. E. C. Morris to become associated for practice in Spokane.

Dr. G. H. Heckman, of Olean, N. Y., is now spending two days a week at Franklinville, N. Y.

Dr. P. R. Kamp, of Altoona, Pa., has found it necessary to increase his visits to Lock Haven to two days a week instead of one, as formerly.

Dr. Theodore Paul, of Tarkio, Mo., is taking a post-graduate course at Kirksville. His brother Willis has also entered the school with a view to becoming a practitioner.

Dr. Emma C. Crossland, of Grinnell, Ia., who has been doing post-graduate work at Kirksville during the summer, has returned to Grinnell and resumed her practice.

Dr. Janet M. Kerr, recently of Los Angeles, has been visiting in Grinnell, where she formerly had a successful practice. Dr. Kerr at first intended to renew practice there, but has concluded to give up the plan and will locate elsewhere.

Dr. Edward M. Cameron, formerly with Dr. C. H. Whitcomb, of Brooklyn, N. Y., is now located for practice in Richmond, Mo.

Dr. Ernest A. Plant, of Escondido, Cal., has opened up a branch office in Oceanside, Cal., where he goes certain days of the week. These are both two beautiful little towns and he is to be congratulated on being so favorably located.

Dr. D. G. Sniff, formerly of Escondido, Cal., who has been traveling the past few months, is now at the L. A. C. O. for a year's post-graduate work.

Dr. Ella X. Quinn, of Baltimore, Md., has opened her winter season of practice at St. Augustine, Fla.

Dr. G. B. Lord, who has been practicing during the summer at Marshall, Ill., has returned to the American School at Kirksville to complete his senior year. While in Marshall he was very well received by the people in that community.

Dr. W. H. Johnston, of Fort Wayne, Ind., has been away from his practice for a few weeks, partly on account of the death of his father, who was over 80 years of age. The doctor attended the Kirksville convention, but was called away by the sickness of his father.

Dr. Leslie M. Beaven, who graduated as an M. D. from the University of Indiana School of Medicine, last May and who has since been practicing in Lebanon and Indianapolis, has decided to give up his Indianapolis office and devote himself entirely to the practice of osteopathy in Lebanon.

Dr. J. W. Banning, who has offices both in New York City and Paterson, N. J., has removed his residence to 99 W. Ridgewood avenue, Ridgewood, N. J., which is near Paterson.

Dr. Oscar Hub, formerly of Watertown, Wis., has purchased the practice of Dr. Hattie Johnson at Sauk Center, Minn.

Dr. J. R. Moseley, who has been spending the summer with his people at Calhoun, Ky., has gone to St. Augustine, where he is permanently located for practice.

Dr. S. G. Mosher, of Allerton, Iowa, is taking a post-graduate course at Los Angeles, and Dr. E. Paul Erwin, formerly of Indianola, Ia., is taking charge of his excellent practice.

Dr. J. F. Morrison, of Breckenridge, Mo., is doing post-graduate work at Kirksville, and is therefore at present only practicing one day a week.

Dr. E. Tiberghin, formerly of Agra, Kans.,

has recently completed a post-graduate course and will locate in Osborn, Kans.

Dr. William Smith lectured October 10th at Hastings, Mich., before a good audience. Some of the out-of-town doctors present were: Drs. Charles H. Jennings and H. Hollingsworth, of Grand Rapids; Dr. Alice Beebe, of Battle Creek, and Dr. Emma Rector, of Benton Harbor.

Dr. George P. Pierson, formerly of Sabetha, Kans., has located at Emporia. He has selected Emporia because of its school advantages.

Dr. J. G. Bertrand, formerly of St. Paul, Minn., has located in Fairmount, and will assist Dr. Hugo A. Rhefeld in taking care of a rapidly increasing practice.

LOCATIONS.

Dr. J. Ralph Smith, at Bangor, Me.

Dr. James F. Blanchard, A-08, at Mullen, Nebr.

Dr. Carrie A. Bennett, at 409 Merrick Bldg., Joliet, Ill.

Dr. Fred N. Steen, at Dominion Hotel, Victoria, B. C.

Dr. Arthur B. Connor, 08, at 206 Secker block, Wheaton, Ill.

Dr. Alfred J. Tarr, at 111 N. Frederick street, Oelwein, Iowa.

Dr. J. R. Johnson, at 314 Syndicate Bldg., Waterloo, Iowa.

Dr. W. Clare Brown, A-08, at 6-7 Edith building, Waterville, Me.

Dr. Nora R. Brown, A-08, at 6-7 Edith building, Waterville, Me.

Dr. Nellie M. Fisher, at 239 Wauwatosa avenue, Wauwatosa, Wis.

Dr. Percy G. Long, in the Johnson Bldg., Fourth street, Los Angeles, Cal. He succeeds Drs. Wyckoff.

Dr. William L. Laslett, Me. '08, at 216 Washington avenue, Chelsea, Mass., and 497 Warren street, Roxbury, Mass.

REMOVALS.

Dr. J. A. Carver, from Mineral Wells to Plano, Tex.

Dr. A. A. Kaiser, from Little Rock to Lonoke, Ark.

Dr. Earl Scamman, from 755 to 100 Boylston street, Boston.

Dr. E. Paul Erwin, from Indianola, Ia., to Allerton, Ia.

Dr. J. A. Barnett, from Martinville, Ind., to Attica, Ind.

Dr. G. A. Kerr, from Des Moines, Ia., to Metropolis, Ill.

Dr. Lillian Friend, from Elvaston, Ill., to Wray, Colo.

Dr. Edna Blake, from Condon, Ore., to Pullman, Wash.

Dr. B. M. Spencer, from Chippewa Falls, Wis., to Marion, Ill.

Dr. C. I. Stephenson, from Seward, Nebr., to Alamosa, Colo.

Dr. Clara Martin, from Philadelphia, Pa., to Denton, Kans.

Dr. E. S. House, from Hutchinson, Kas., to Manhattan, Kas.

Dr. P. J. Cannon, from Ellsberry, Mo., to Washington, Mo.

Dr. B. M. O'Donnell, from Britton, S. D., to Sioux City, Iowa.

Dr. Oscar Hub, from Watertown, Wis., to Sauk Centre, Minn.

Dr. R. M. Echols, to 314 Masonic Temple, Winston Salem, N. C.

Dr. L. D. Gass, from 508 Main street to 628 Main street, Joplin, Mo.

Dr. E. M. Sasvil, from Florence, Ala., to 414 Bell building, Montgomery, Ala.

Dr. James D. Cady, from 89 Main street to 26 Court street, Cortland, N. Y.

Dr. A. D. Finch, from Stratton, Nebr., to 1502 Farnam street, Omaha, Nebr.

Dr. S. G. Mosher, from Allerton, Iowa, to 1239 Catalina street, Los Angeles, Cal.

Dr. A. C. Graves, from 207-8 Mohawk Bldg., to 403-4 Macleay Bldg., Portland, Ore.

Dr. W. Clare Brown, from Prairieville, Mich., to 6-7 Edith building, Waterville, Me.

Dr. H. C. Phelps, from Mariposa building to 126 University avenue, Palo Alto, Calif.

Dr. Benjamin F. Still, from 43 Hersh building to 417 N. Broad street, Elizabeth, N. J.

Dr. John Alexander Dawson, from 23 Wellington street, to 97 Mountfort street, Boston.

Drs. Moffett & Moffett, from New Ridge Bldg., to 504 Commerce Bldg., Kansas City, Mo.

Dr. E. W. Christensen, from 335 N. Soto street, Los Angeles, Cal., to Quincy, Cal.

Dr. Cora G. Ives, from Orloff, Via Chico, Cal., to 1045 W. 7th street, Los Angeles, Cal.

Drs. J. Birdsall and Louise A. Banker, from 115 West Seventy-first street to the Hargrave

Hotel, 104-112 West Seventy-second street, New York City.

Dr. Gordon G. Ives, from Ogden, Utah, to 1045 W. Seventh street, Los Angeles, Cal.

Dr. Alice Houghton, from 37 E. North Temple to 35 Mercantile block, Salt Lake City, Utah.

Dr. Walter W. Steele, from 356-58-60 Ellicott square, to 560 Delaware avenue, Buffalo, N. Y.

Dr. Warren A. Sherwood, from 511 Woolworth Bldg., to 11 South Duke street, Lancaster, Pa.

Dr. Wm. T. Traugher, from 1312 W. Ninth street, to 857 E. Adams street, Los Angeles, Cal.

Dr. H. C. Atwood, from Huntington Beach, Cal., to third floor Loring block, Riverside, Cal.

Dr. John T. Elder, from Graham, Tex., to First National Bank building, San Angelo, Tex.

Dr. E. A. and Myrtle Carlson, from Madison, Ind., to 132 W. Nineteenth street, Indianapolis, Ind.

Dr. J. W. Martin, from 169 Col. Heights, Brooklyn, N. Y., to Metropolitan Bldg., Orange, N. J.

Dr. Carrie E. Moores, from 1365 Chappell street, to 1219 East McMillan street, Cincinnati, Ohio.

Dr. E. C. Ray, from 612-13 Willcox building to 1107 and 1104 Stahlman building, Nashville, Tenn.

Dr. A. M. Brewer, from Sixth and Madison streets, to Hotel Savoy, Second avenue, Seattle, Wash.

Drs. Francis A. and Edith C. Cave, from 208 Huntington avenue, to 22 Cypress place, Brookline, Mass.

Dr. Chas. O. Hook, from Rockford, Ill., to 418 Fort Worth National Bank building, Fort Worth, Texas.

Dr. Robert W. Rogers, from the Commonwealth building, Denver, Colo., to 8-9 Keystone building, Clearfield, Pa.

Dr. Ernest A. Plant, from 619 Fay building, Los Angeles, Cal., to the First National Bank building, Escondido, Cal.

Dr. Paul R. Davis, from 50-51 Mutual Life Bldg., to Rooms 4-5-6 Cor. Hogan and Monroe streets, Jacksonville, Fla.

Dr. S. C. Edmiston, from 321 Mason Bldg., to 516 Wright & Callender Bldg., Cor. Fourth and Hill streets, Los Angeles, Cal.

Dr. F. T. Harrison, of Galena, Ill., recently successfully passed the State Board of Examination. He is enjoying a good practice.

Dr. H. W. Tindall, from 1147 Logan avenue, San Diego, Cal., to Rooms 8-11, Smith block, W. Washington street, Hartford City, Ind.

Drs. Frederick H. and Caroline B. Martin, from 321-29 Mason building, Los Angeles, Cal., to 230 North Garey avenue, Pomona, Calif.

Dr. W. W. Micks, of Middletown, N. Y., has purchased a Mitchell automobile, four cylinder, 20-horsepower, for use in his professional work.

Dr. B. A. Bullock, from the Hastings National Bank building to the Stebbins block, a new reinforced concrete building, where he has a suite of four rooms, Hastings, Mich.

Dr. Ernest A. Plant, of Escondido and Ocean-side, Cal., writes that he is situated in a most charming and healthful country and would be pleased to hear from any D. O.'s who have patients they would like to send to a favorable climate for a change.

Dr. W. L. Burnard, of York, Neb., has just returned from a trip to England and reports that in his opinion the prospects over there are very bright for good practitioners. The Doctor is now back to his practice in Nebraska and is getting ready for a busy fall and winter.

MARRIED.

Dr. William Arthur Smith, of Boston, and Miss Margaret Henderson White, August 22d.

Dr. Charles Walter Bruninghaus and Miss Annie Lucy Snyder, at Worcester, Mass., September 22d.

Dr. Flora N. Barker, of Alhambra, Cal., and Mr. James Crichton, at the home of the bride's father, July 31st.

Dr. Clinton Roath and Miss Estella Mossholder, both of Los Angeles, Cal., at the home of the bride's parents, June 24th.

Dr. Harriet M. Woodbury, formerly of Los Angeles, Cal., to Rev. Joseph A. Kohl, at Bismarck, N. D. They will reside at Driscoll, N. D.

Dr. Edward H. Barker and Dr. Abbie Holland, September 21st. They will have offices at 35 Russell Park, Quincy, Mass., and 755 Boylston street, Boston.

BORN.

To Dr. and Mrs. Daniel Dusenberry Towner, of Brooklyn, N. Y., August 31st, a son, Daniel DeLand, and a daughter Dorothy Dusenberry.

PARTNERSHIP FORMED.

Drs. W. Clare and Nora R. Brown, A-08 graduates, at 6-7 Edith building, Waterville, Me.

Drs. L. N. Pennock, of San Angelo, Texas, and John T. Elder, of Graham, Tex., at the

Los Angeles College of Osteopathy

318-20 Clay Sts., Los Angeles, Cal.

Harry W. Forbes, D. O., President
Charles H. Spencer, D. O., Vice-President.
A. B. Shaw, B. S., D. O., Secretary and Treasurer
R. W. Bowling, M. D., D. O., Dean.
Mrs. Jennie C. Spencer, Dean of Women's Dept.

Faculty of nineteen earnest professors. Including those of great and successful experience in Osteopathic college work.

Who have given instruction to a large proportion of all the regular graduate osteopathic physicians in the world; who make a business of it, not a side line or diversion.

Who love their work, and get the enjoyment of it as they go along.

Who, therefore, selected the ideal homeland, ideal for the study and treatment of disease conditions, and for the pleasure of living meanwhile—

Where the mountains meet the sea, and the southern sun kisses the valleys into blushes of flowers and fruit.

New five-story, brick, fireproof college building, in the business center of Los Angeles equipped in every detail of laboratories, recitation rooms and treating rooms. for the most advanced osteopathic education.

Here our 250 osteopathic college students of 1908 have best instruction, the maximum of clinic experience and the minimum expense.

Here 35 per cent of our students earn all, or a portion of, their expenses without interference with studies.

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Dr. Harry W. Forbes Dr. Charles H. Spencer
Dr. Jennie C. Spencer Dr. Thomas J. Ruddy
Dr. H. Earl Reed Dr. Eldora A. Rife
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The usual business office hours, though emergency and obstetrical telephone calls at any hour of the day or night will receive prompt attention.

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Dr. R. C. SHAW, House Physician.

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A. B. SHAW, President
City Office: 318 Clay St., Los Angeles.
B. S. WEYMOUTH, Sec., LaManda Park, Cal.

First National Bank building, San Angelo, Tex. Drs. Wm. F. Harlan and G. Morrison Whibley, at the Union National Bank building, Grand Forks, N. D.

Drs. Frank Heyer and Katherine Duff, at 42 North Brady street, Dubois, Pa.

DISSOLUTION OF PARTNERSHIP.

Drs. J. H. Hook and Harry W. Houf, of Montrose, Colo., the former remaining at Montrose. We do not know the present location of Dr. Houf.

DIED.

Dr. L. S. Brown, of Denver, Colo., on Sept. 11th, after an illness of several months' duration.

The ten months' old infant of Dr. and Mrs. J. E. Baker, of Brazil, Ind., the latter part of August.

The aged father to Dr. W. H. Johnston, of Fort Wayne, Ind., the latter part of August.

Mrs. T. J. Vastine, mother of Dr. Harry M. Vastine, of Harrisburg, Pa., and Dr. Herbert J. Vastine, of Reading, Pa., at her home at Sunbury, on October 10th, at 4 p. m.

Mr. Edward P. Atherton, husband of Dr. A. Maude Atherton, of Pittsburg, Pa., on July 2d. His death was due to injuries sustained in an accident on the Pittsburg street railway, June 25th.

WANT ADS.

FOR SALE—ON ACCOUNT OF PARTNERSHIP, will sell practice paying \$4,500 to \$4,800 cash per year in town of 90,000 people in Texas. Address 404, care O. P.

WANTED—POSITION AS ASSISTANT BY A gentleman. Graduate of A. S. O. Two years' experience. Big salary not the object. Address O. M. B., Osteopathic Physician.

FOR SALE—\$200 BUYS ENTIRE OFFICE equipment and practice. Good Pennsylvania town. P. G. course excuse for selling. Address D. S., care O. P.

A WOMAN OSTEOPATH, THREE-YEAR graduate of The A. S. O., desires position as assistant. For further particulars address "Assistant," care of Osteopathic Physician.

PRACTICE FOR SALE—LOCATED IN A NEW England manufacturing city of about 70,000 inhabitants, and a thickly settled portion of this state; only D. O. in city; practice averaged \$2,000 for the past five years; falling health; price \$1,000, including lease, office furnishings and good will. Office rent only \$18 per month in the best office building in city. This opportunity will bear the closest investigation. Address New England, care O. P.

FOR SALE—PRACTICE IN SOUTHERN ILLINOIS. A snap if taken by December 1. Average cash \$300. Last two months, \$350 per month. Will sell for price of furniture. Reason given purchaser. Address XYZ, care O. P.

WILL PAY FIRST-CLASS OSTEOPATH (man) with Texas license from \$150 to \$200 a month. Send photo if possible with stamps for its return, state qualifications, what school, how long in practice and age. If you drink do not apply. Dr. R. H. Williams, 617 New Ridge Bldg., Kansas City, Mo.

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