

# **The Osteopathic Physician**

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# THE OSTEOPATHIC PHYSICIAN

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## Osteopathy and Hereditary Lesions

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

THE Century Dictionary defines heredity as follows: "The influence of parents upon offspring; transmission of qualities or characteristics, mental or physical from parents to offspring."

The hereditary lesion or predisposition is one of the most common that we have to meet. I think this hereditary factor is as common as the much vaunted bony lesion. I have searched diligently all of the available osteopathic literature for something on heredity but with no practical success. The same is true very largely of the other schools of medicine.

We are well aware of the existence of such lesions, but what have we been doing to relieve them? We have become so one-sided on structural lesions, as to disregard wholly the psychological lesion, in so far as to apply the treatment logically indicated. We are too prone to follow precedent and be too much of a phonograph or parrot to do any honest thinking for ourselves. We take these cases and give them, perhaps, mechanical manipulations indiscriminately over the spine and body. Most, if not all of us, are fully aware of the biological axiom that structure effects physiology and psychology and vice versa.

Conservatism and ignorance have been responsible for heredity being kept in the background and the reason for this conservatism is very obvious, when considered from the standpoint of therapeutics.

The influence of heredity is being recognized more now than ever before, but such work is being done outside of the recognized schools of medicine. They allow themselves to be ruled by the conservatives. Such organizations as National Purity Association of Chicago and such works as "Modern Researches" are doing a great work toward giving offspring a better inheritance. A proper understanding and application of the Law of Heredity constitutes, in my opinion, the real salvation of the race.

It seems very evident that if osteopathy is to fulfill its mission in the therapeutical world as a scientific school of medicine, its scope must be broadened to include the three fundamentals of the make-up of the human organism: i. e. structure, physiology, and psychology. In order that it may do this, the definition must be extended accordingly. Therefore, in order that the osteopathic school of medicine may not be confined within such narrow limits as the older schools of medicine, and the generally accepted view of osteopathy, I would define osteopathy as a system of medicine or school of healing which recognizes structure, physiology and psychology as a correlated whole (body) as the medium or vehicle for life's manifestation, and a deviation of the normal environment of the cell as being the occasion for abnormal manifestation, which is disease. Treatment, then, would be adjustment of the environment whether in the structure, physiology, or psychology, or extraneous to the body.

I mean to include in the environment heredity. Heredity is transmitted environment through evolution—either remote or near.

Osteopathy naturally falls into this biological conception. To accept the biological view of osteopathy is to lift it out of the empirical structural rut that it has been in so long. This biological conception of osteopathy is sufficient to meet all the requirements that

may be made upon it for aeons to come, provided, however, it is developed along its psychological and physiological lines as well as the structural. It seems from present indications that the research camp is making a hobby out of the structural factor to the practical exclusion of the psychological and physiological factors.

I am going to take it for granted that the osteopathic profession as a whole accepts the law of heredity as viewed and accepted by the best modern biologists. I have found it so



Miss Felicie Lyne, of Kansas City, Called "The New Melba" by Mme. Marchesi, of Paris.

from the large number that have been interviewed on the subject. But I cannot accept their therapeutical views. In some cases they may have a good theoretical idea how to handle a hereditary lesion but no practical idea of applying it or if they have, they are afraid to apply it. The great majority, however, will use indiscriminate mechanical manipulations.

The reason for this obvious weakness is our narrow structural conception of osteopathy. Osteopathy has been defined and practiced in terms of gross structure. But practicing osteopathy under the terms of our biological definition enables us to treat hereditary lesions (psychical lesions) as scientifically as gross structural lesions.

The sum total of our characteristics are inherited, except those that are acquired and these, good, bad or indifferent, persisted in, will eventually become instinctive. All instincts have been acquired due to environment, except perhaps, the primordial instincts; self preservation, locomotion, nutrition, and reproduction. These, however, are modified by environment and become inherited character-

istics. Heredity and acquired predisposition are modifications of the primordial instincts occasioned by the environment either in the phylogenetic or ontogenetic series from the amoeba up to man now.

If it is true that structure affects physiology and vice versa; then is it not equally true that structure affects psychology and vice versa? Paulsen in his introduction to Philosophy says: "When a definite physical process occurs, a psychical process simultaneously takes place, which may be characterized as a concomitant phenomenon or as a physical equivalent of the psychical occurrence. The physical equivalent of psychic life is the sum of the physiological vital processes; a psychical element corresponds to every physical one. What occurs in the corporal world as movement appears in the world of consciousness as sensation or idea."

If the hereditary predisposition is transmitted through the mental organism, then we have *a priori* proof that osteopathy under the terms of our definition and the way we practice it, can handle these hereditary lesions with as much scientific precision as adjusting a luxated innominate under the old conception.

The evidence is accumulating rapidly that man is superior to his environment, both hereditary and acquired. Modern scientists are emphasizing this great fact more and more as the walls of conventional conservatism are broken down.

It is certainly amusing to note the structural credulity of the average osteopath in making his debut to a new patient. In his eagerness to find the hypothetical lesion in the back, he apparently loses sight of the fact that the patient may have a family history and that his trouble may be hereditary. If such is the case, all the mechanical manipulations or physic in the world will not adjust the lesions. I would not for the world treat lightly mechanical manipulations, where indicated, but they have their distinctive limitations, when Osteopathy is regarded as a name for a scientific school or system of medicine, just the same as Allopathy or Homeopathy are each names for schools of medicine. But each one of them is narrowly interpreted, as we well know. Osteopathy being the offspring of the older schools naturally inherits a good many of their narrow charac-

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teristics but at the same time osteopathy has acquired so many larger characteristics that it has loomed upon the therapeutical horizon as some spectral denizen or entity from another sphere. But in its fight against conservatism we should not forget that osteopathy, too, is becoming bigotedly conservative and losing sight, in so far as its practical application is concerned, of one of its fundamentals, psychology, which if rightly applied would enable the osteopath to combat successively a most formidable enemy, heredity.

Osteopathy rightly applied is to restore normal environment whether the abnormal environment is produced by the structure, physiology, or psychology. Each of them should have the freest consideration in its particular field. Treat the case according to the indications, and the indications should be biologically interpreted, the patient will have the best possible treatment, unhampered by conventional conservatism and prejudices.

The treatment of these hereditary lesions in so far as the psychology is involved, is simply to create a mental environment to the extent that the life principle or healing power within the organism will adjust itself to the normal environment thus formed. Of course the tendency under these psychological conditions is toward the normal just the same as under the adjustment of structure. We are dealing with the same fundamental principle in each case. This biological application of osteopathy also furnishes a biological explanation or interpretation of Christian science, the Emanuel movement, etc. The patient fills his mind so full of their particular brand of literature or personal method of treating that the environment is completely changed and "the internal relations" are simply adjusting to the external relations. The mental or psychical environment furnishes just as strong occasion and brings out just as vigorous reaction as any other form of environment. Personally I believe this is the most patent environment that we have to contend with.

### "Something Doing" in Legislature in Minnesota.

Osteopathic Physician: This clipping from our local papers is self-explanatory.

Another state board will be created, if a bill by Mr. Denzer of Le Sueur is passed. He wants a board of naturopathic examiners. It consists of five members and will examine and license those who practice medical electricity, chiropractic and several other things with funny names. Why not have a board to examine and license to live those fellows who refuse to get sick? We have too many examining boards now.—Northfield (Minn.) Independent.

Our other local paper had in a like article which was more lengthy and stronger in condemnation of the proposed new board. The "Chiros" have tried before to get a bill to license themselves in Minnesota but failed, so all these different cults bring in a bill unitedly under a new cloak and think that they can push it through under a new name. If the bill is passed all fake D. O.'s and every other method heard of can simply get in and be protected, providing they can pass. What, in Heaven's name! would those five members examine in, unless it is a "Chiro" bill pure and simple under another name? There is time enough for all the Minnesota D. O.'s to get to work with the legislators from their vicinity and show them the true state of affairs. This bill is known as "H. F. 244—Denzer—Creating a board of naturopathic examiners." I understand from our two members of the legislature that this bill will meet great opposition. I am also informed that M. D.'s are going to try to cut out the D. O. board and have a composite board of examiners. "Something doing" in the legislature in Minnesota this year.—Arthur Taylor, D. O., Northfield, Minn.

## Victory in Pennsylvania—Gov. Stuart Signs Independent Board Bill.

O STEOPATHS of the Keystone State have at last secured legal recognition. A telegram from Dr. Snyder advises that the governor signed the Independent Board bill March 19th, and the measure granting osteopaths the rights they have fought so hard for is now a law. Hurrah! Good for Pennsy!

### How the Fight Was Won.

The legislative situation in Pennsylvania is quite a unique one. As usual, the scalp hunting allopaths presented their already famous "Uniform One Board Bill," headed by a definition of the practice of medicine, taken from a decision by Judge Green of the State of New York. I quote it so that you may see they have missed nothing in the earth, air, or sky. "Nor they that dwell therein." It reads—"A person practices medicine within the meaning of this act who holds himself or herself out as being able to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity or physical condition and who shall either offer or undertake whether with or without drugs, medicines or instrument and whether with or without fee therefor by any means or method to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity or diseased physical or mental condition." How is that for comprehensiveness? The board was to consist of nine members. The State Superintendent of Public instruction and eight members from the State medical societies, not specifying what societies, nor how many of each.

Our bill, an Independent Board Bill, consisting of five members, was presented in the House, January 26th, by Hon. John Connell of Philadelphia. After a careful poll, we were assured by our able attorney, Hon. E. E. Beidleman, that the bill would pass the House, which it did February 9th by a vote of 133 to 39. Up to this time little had been said or done on the medical bill, and as our slogan is "An Independent Board Bill or Bust," we paid no attention to the other fellow. Everything moved along placidly, and our bill was presented in the Senate by Senator Kline of Pittsburg. To this time it seemed like a three-cornered fight, with us on the outside. The homeopaths and eclectics contended that they had the allopathic "One Board Bill" beaten a mile. But we shall see. Our bill was presented in the Senate February 24th and passed first reading February 25th and second reading March 1st. We expected final passage Tuesday, March 2nd, but it was suddenly ordered to await a big public hearing for the "Medical" bill, asked for by its sponsors, the allopaths. No opponents were heard, this being deferred until later. They swooped down upon our unsuspecting little village in such force and numbers (300 coming in on one special train from Philadelphia) that the Senate chamber could scarce hold them. Their eloquence and persuasion soon captured the homoes and eclectics, who were invited to confer as to the personnel of the board, immediately after the hearing adjourned. One prominent homeopath said to me that the allopaths were offering them anything, even to equal representation on the board, in order to kill osteopathy. However, as we were not to be heard against the bill for two weeks we simply attended the meeting in order to hear them extol the virtues of this monstrous, heterogenous, polysect, oneboardbilliensis. The eagerness with which the homeopaths fell over each other in their efforts to flock with the other fellow clearly shows that it is quite possible for them to be converted from an ally to an alien, if the op-

portunity to get under cover be offered by the allopaths. At the post-hearing conference, to which we were not invited, it was agreed by the three schools (the homeopaths insisting that it should be equal) to make the personnel of the board—three allopaths, three homeopaths and two eclectics. All seemed fixed by this new alliance to destroy everything before it. This one board bill had been amended to simply register osteopaths who had been in practice in the State two years, with no privileges beyond what we now enjoy by reason of court decision. After the passage of this one board bill, all osteopaths coming into the State would have been compelled to undergo an examination before this board on all subjects, including "Materia Medica." You well know what this means. But as is often said—"There is nothing so uncertain as a dead sure thing," and as the Dutchman put it—"In der excitement of der moment dey forgot to rememper."

After a little cooling off the allopaths, in a day or two began to apply, or have applied for them, a little primary arithmetic, and it was figured out that should the homeopaths and eclectics be so disposed, they could pool and outvote the allopaths. Beaten at their own game and themselves in a position where they wanted to put the other fellow, they are now asking to annul this agreement, and at this writing the latest news is that the bill has been recommitted, and will come out as originally written, not specifying who shall be on the board. I go into this detail to show the profession what they may expect elsewhere, for I am confident this is a great national movement to *destroy*, if they can.

After the allopaths and homeopaths began to find out they were not so close together, we took advantage of their dissatisfaction with each other and quietly called up our bill and passed it in the Senate 34 to 4. There were two minor amendments made there and it had to go to the House for concurrence, which was done by the extraordinary vote of 145 to 3.

I have always contended for independent regulation, for I believe it to be for the best interests of the public and the science of osteopathy to have the free and undisputed right to govern its own affairs and thus develop to its highest state of efficiency, and which could not be accomplished under the suzerainty of the older established systems of healing. Our bill is now in the hands of the governor, and while he vetoed our bill two years ago on the ground that it was coupled with medical legislation, we believe that this bill will meet his objections and confidently hope for, and expect, executive approval.—Harry M. Vastine, D. O., Harrisburg, Pa.

### Pennsylvania "One Board Measure" a Warning.

Our bill is again before the Governor; passed the Senate Tuesday 31 to 4 and on Wednesday the House concurred on the amendments 145 to 3.

It looks as though the A. M. A. bill were dead as the medics are fighting among themselves.

The newspapers have criticised the one-board bill severely. This criticism has caused the "What People Say" column to be worked overtime.

I am enclosing clippings containing some of these letters with the editorial comment on one of them.

If the Governor signs our bill and the one-board one fails, it will be quite a jolt to the A. M. A.

It seems strange to me that our people still refuse to see the danger before us. We realize that we must make the same fight in 1911 against this same one-board measure.

If our people don't soon get awake, they will have a few more of our independent boards stolen from them. Fraternally—Frank R. Heine, D. O.

## What Our Legislation Should Do For Us

By O. W. La Plount, D. O., Potarge, Wis.

WE are forbidden the practice of minor and major surgery and the use of antiseptics or anesthetics in Wisconsin. What is the explanation of this? A glance at the catalogs of our schools will show there is and has been full instructions in both experimental and operative surgery, the subject being handled in a more thorough manner than now taught in many regular medical schools. Why then should new bills projected forbid to Osteopathic graduates, the practice for which they are qualified?

If our older graduates are not qualified, withhold from them permission of practicing surgery until they take the required examination. Then should occasion for surgery arise, let us not be compelled to run to some one who has "M. D." tacked on his name and stand aside confessing that we are incompetent to meet all emergencies and that we are only partially prepared in the healing art.

If we are to be physicians, let us be physicians and not mere fair weather assistants and substitutes to the so-called regular practitioners. Let us get where we should be—at the top of everything in medicine or the healing art.

Personally I handle a general practice, but am greatly handicapped and humiliated when I have surgery to do or an anesthetic to administer and am compelled to run to some "M. D." and tell him that the law will not permit me to hold the ether cone.

What we want is the upbuilding of osteopathy. When we come together in conventions then is the time to act. Not simply by paying our fees, saying yes to every officer elected and going home with a few lectures which we could all read in any journal, but by doing more; Let each member of an association take a good sized club, and arrange a "Fighting Committee" who will be ready at the first opportunity to go into and before legislative bodies or other tribunals and forever lay low medical tyranny and bigotry.

We can not hope to be called other than "rubbers" until we place ourselves before the public on equal terms, at least with the American Medical Association.

Another important duty which each of us owe to ourselves, is to "turn down" every insurance company that will not accept us as medical examiners. Let us have, at the first opportunity, Independent Osteopathic Boards of Examiners, granting us the privileges of other physicians, providing we pass state examinations in all studies except "materia medica," and permitting us to use antiseptics and anesthetics where it is necessary.

If any person practicing any system for money or otherwise was compelled by law to take an examination, it would do away with the chiro-fake, the "plaster-on-the-back-doctor" and other incompetents, and each school would win out on its merits alone.

## Psychotherapy and Osteopathy

S. W. Heath, D. O., Sioux Falls, S. D.

IN the January *O. P.* appeared an article on the above subject by Dr. W. L. Grubb, of Pittsburg, Pa., to which we would like to say a loud "Amen." We need more articles along the line of advanced thinking. Every thinking laymen is investigating and asking questions about psychological phenomena and to answer him by saying it is all a fad or a fake is not satisfactory and the physician who knows nothing and is not willing to learn anything about psychology will soon be counted a back number. More attention is being given this subject and greater advance-

ment is being made than in almost any other branch of science.

All religious phenomena can be explained by the laws of psychology and yet the clergy refuse to inform themselves on the laws underlying their profession for fear they will have to eliminate the superstitions of the "Dark Ages," which they have used so long in misleading the people. The thinking laymen are turning to the physician with questions that have not been answered by the clergy and it is the duty of every osteopath to inform himself on the subject of modern psychology if he expects to be a physician abreast with the times.

The Science Circles of Osteopathy have been considering and discussing this subject during the past year and the general opinion expressed by a number is that there are very often mental lesions needing adjustment as well as the physical lesions found. Very often mental lesions are found to be the primary cause of the physical lesion. Functional troubles are very often found to be caused by mental lesion and cannot be overcome until the mental lesion has been corrected.

Before mental lesions can be corrected the patient must be prepared by suitable questions and suggestions leading up to a proper diagnosis before suggestive treatment is applied. Failures in psychological treatment is due to a lack of proper diagnosis and attempting to apply the treatment before the patient has been prepared. It is said in the life of George Washington that he was turned down in several marriage proposals by proposing before he had prepared the mind of the girl to accept. He was finally accepted by a widow to whom he proposed the first time he met her, she happening to be in the proper state of mind. In church revivals the evangelist works his congregation into a state of mind suitable to receiving his appeal or suggestion and that is why revivals are held.

No profession has a better opportunity for applying the psychological laws in the correcting of mental lesions, when indicated, than the osteopath if he understands these laws and how to apply them.

We agree with Dr. Grubb that a chair should be established in every osteopathic college for teaching the subject and those in the field should take up the study and discuss its principles and applications through the journals and organizations of the profession.

## Why Not Admit the Facts When We Meet Them

By L. V. Andrews, D. O., Lake City, Iowa

OSTEOPATHY has been laughed at and ridiculed, ever since its birth, not by the medical profession alone, but by many of our best citizens all over the land. We have thought the medical profession rude and unkind, and have even accused the M. D.'s of going out of their way to do us an injury. True, our profession has had a hard fight wherever introduced, and it is equally true that the M. D.'s have been responsible in many instances, for a great many of the D. O.'s troubles. But the M. D. is not to be blamed in all cases: we bring a great many of our troubles upon ourselves.

One of the fundamental principles of osteopathy is—no effect without first having a cause. We osteopaths are proud to say that we always look for a cause to remove, and the symptoms or effect will disappear.

But this principle applies with equal force to other things than the cure of disease: and I believe it is very applicable in the case of our troubles with the medical profession. The cause in a great many cases is the *tendency*, in a great many D. O.'s to *denounce* and *antagonize everything that has ever been done or practiced by the medical profession*. Oste-

opathy is yet in its infancy and has an endless amount of research work that should be done before we can honestly and fearlessly come before the world and say, *such-and-such is not so-and-so*, we've proven it by physiological demonstrations. If we wish to be considered scientific we must accept certain demonstrated facts as truths, at least until such a time as we have *proven* them otherwise, by physiological demonstrations; not a few, but thousands.

Many articles have been written and published, antagonizing the M. D.'s and denouncing established facts, without a shadow of ground for decrying the same.

Such articles fall into the hands of M. D.'s who know by the article that the author is not informed, and naturally they brand the whole profession as of the same stripe as the author. We can not expect a person to respect us if he knows we are talking about something we know nothing about, and it is only natural for him to think we are equally ignorant of other subjects. Some such articles have been read by M. D.'s to legislative committees of our various state legislatures when the osteopaths were asking for a law, with the well known result—failure. All this because of undemonstrated claims.

We find articles of this nature in a great many of our journals: the last to come to my notice was on "Antitoxin in Diphtheria," in the September *O. P.* by Dr. Corbin, of Chickasha, Okla.

Permit me to say that I am not an advocate of the use of antitoxin in diphtheria, nor will I decry its use, at least until we have proven its worthlessness by physiological demonstrations.

Dr. Corbin says, "Serum treatment is a live issue and we should meet and face the question by discussion."

Some questions are discussable, but when we come up to the stone wall of demonstrated facts, discussion counts for nought: and that is right where we are with the question of antitoxin.

Dr. Corbin says that antitoxin is not antidotal, but is toxin.

If this be true, that toxin and antitoxin are identical, how will we account for the following facts? Facts, I repeat, because they have been demonstrated in physiological and bacteriological laboratories hundreds of times and can be demonstrated in most any bacteriological laboratory at any time.

1. One hundred fatal doses of toxin mixed with 1 unit of antitoxin will not effect a 250 gm. guinea pig, while one dose of toxin alone will kill the pig.

2. Simultaneous injection of antitoxin and several times the fatal dose of diphtheria toxin leaves the animal unharmed; while later, when the immunity has passed off, a small dose of toxin, or culture without the antitoxin, will kill the same animal.

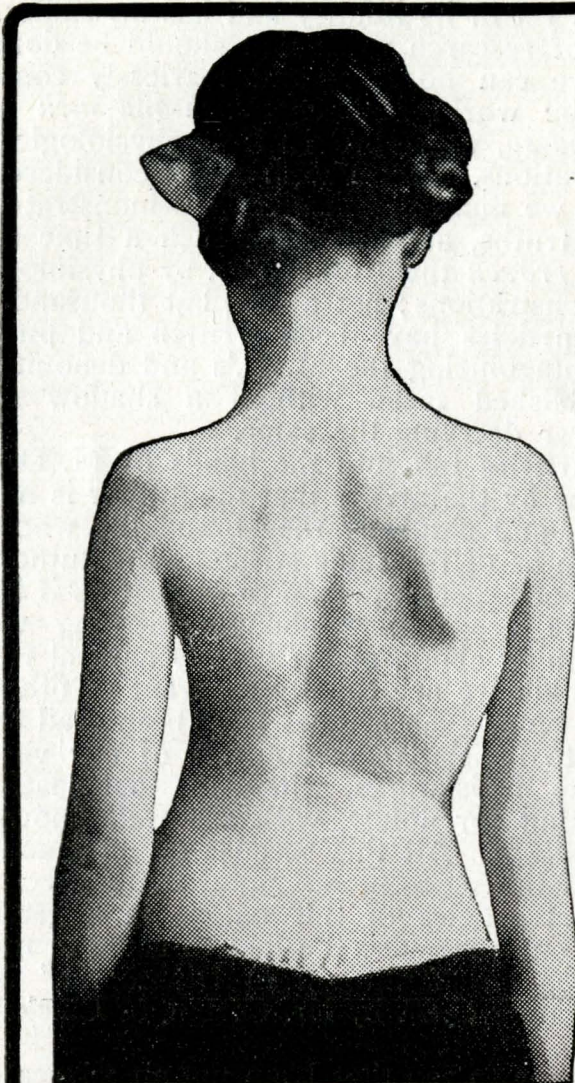
3. When antitoxin and toxin are mixed they can be separated by certain filtration and chemical processes if done at once, but if any length of time has elapsed, they can not be separated, and the mixture has a neutral effect upon a susceptible animal.

4. When diphtheria antitoxin is mixed with diphtheria toxin, the mixture is neutral, but if diphtheria antitoxin is mixed with tetanus toxin it has no effect upon it.

Again, Dr. Corbin says, "The oftener the micro-organisms are reproduced the less virulent they become, and in this way is account made for the first cases of an epidemic being the most fatal." Now is *that* the reason, or is it because the first cases do not call a physician to administer antitoxin as early in the case, as do cases later in the epidemic? I am inclined to believe the latter.

Again he says the system becomes immune to infection, but he does not believe that antidotal properties (antitoxin) are developed in the blood: says that the disease is not cured until enough toxin has developed in the blood to cause the destruction of the germs.

Thus the patient is passive and takes no part



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in ridding himself of disease. If this is true, it is certainly a wise provision of the Creator, that the disease germs should cause their own destruction, but what a blunder he made when no power was given the patient to combat the disease! Doesn't it seem more reasonable that the patient takes a hand in overcoming the disease by the development of antidotal properties in the blood

Everyone that has used antitoxin will say, and we that haven't used it, have observed, that the best results are obtained in cases where it is used early. Now if antitoxin is not antidotal, and the disease is cured only by the accumulation of enough toxin in the blood to kill the germs, how will we account for the favorable termination of those cases where antitoxin was used early? Would not the toxicity of the blood have to be just as high to kill the germs on the first day of the disease, as it would to kill them on the fifth or sixth days? And would it not of necessity have to be higher in order to kill them on the first day, because "The oftener the micro-organisms are reproduced the less virulent they become?"

If this article is the means of setting a few thinking the author will feel that his energies have been well spent. But let's be more charitable and do not belittle other practices without first having some demonstrations to back up our assertions and by thus doing we will in time gain the confidence of our friends, the enemy, the medical profession.

#### A Definition of Osteopathy.

Dr. W. J. Seaman, of Huntington, W. Va., sends us the following definition of osteopathy:

Osteopathy is that department of knowledge and practice which is concerned with the prevention, alleviation and cure of disease in human beings. (1) By means of the mechanical structural adjustment of the human machine in its affected parts, and their restoration to normal condition, relation and action. This field includes obstetrics and surgery; (2) also in a more restricted sense it supplants the province of the physician in restoring and preserving the health of human beings by the administration of known remedial substances; and (3) by supplying to the body the deficient biochemical tissue cell-salts, by the regulation

of diet, habits, personal and public hygiene, sanitary science and conditions of life environment.

"As Josh Billings would say, the above definition of osteopathy is the only correct one written within the last four thousand years," adds Dr. Seaman with characteristic humor.

Who else has a new inspiration?

### Let Common Sense Rule in This Matter of Lesions

By Dr. Walter L. Beitel, Philadelphia

THE apparently continuous controversy over the question of "lesions" which has appeared from time to time in the columns of *The O. P.* has very greatly interested me. The same subject is generally talked threadbare on the floor of nearly every county, state and national convention and yet, after all is said and done, it is generally left an open question for every one to decide for himself. It serves, however, to demonstrate that "many men have many minds" and tho' all those minds run apparently in the same channel, yet in the interchange of ideas we find each mind stamped with its own peculiar idiosyncrasy and striking individuality. The great variety of opinions advanced is interesting because it shows such earnest effort on the part of each investigator—each striving for the same common good—having the same goal in view, with ideas practically the same, yet thru some unfortunate error of speech, or thru lack of power to make one's self clear—the writer, or speaker, is often misunderstood and the controversy is on.

Personally I am a "lesion osteopath"—that is, I believe that every effect has a cause, and I thoroughly believe that every osteopath is a lesion osteopath. Where the difference of opinion lies is in the interpretation of the word "lesion." What constitutes a lesion? and must it always be a bony lesion? I think here is where opinions divide—where ideas clash—and where common sense should rule. There is a great difference between a weak, sagging spine and a subluxated atlas, and the sledge hammer treatments of the blacksmith osteopaths who treat all cases

alike cannot be too heartily condemned.

I think no greater harm can be done the cause of osteopathy than some of the statements I heard on the floor of the A. O. A. convention, when several men from the platform, stated that they generally set every lesion that came before them at the very first treatment. Granted, in some cases this may be done, but surely not in every case, because all lesions are not so specific.

One great thing I discovered in my practice is this—*The normal spine of science and the normal spine of your patient are apt to be two radically different things*, and it was for me to decide just how much was normal and how much was abnormal. I then adopted this procedure. I first made a thorough examination of the entire human system—skeletal, muscular, ligamentous, circulatory and nervous. Then I strove to decide, or rather, to ascertain how far the actual condition departed from the normal. This, of course, necessitates an idea of normality in structure (anatomy) and in function (physiology). Then, *balance normality with individuality*, for no two cases are alike, and what may be normal to one might be abnormal to another and vice versa. Where a specific lesion was noticed I endeavored to correct that lesion—but often—very often I found no specific bony lesions—and it was in this class of cases that I adopted the method of procedure just mentioned to secure my diagnosis.

Anatomy, physiology and the principles of osteopathy, are the three great studies to my mind that every osteopath should everlastingly keep plugging away at, and use in his diagnosis. Once the diagnosis is made and verified, the case simply resolves itself into a question of proper treatment, and with a good system of mechanics, a supply of common sense and good old mother Nature to help, cure should speedily follow.

Secure free motion in every joint, keep the tissues relaxed, the circulation free, and the nerves unobstructed and disease—like the Arab of the night time—will silently steal away.

#### 1909 at Minneapolis or St. Paul, Which?

In an issue of the *Osteopathic Physician* shortly after the annual meeting of the American Osteopathic Association held at Kirksville, we noticed the announcement that the next meeting of the association would be held at Minneapolis. Practitioners of St. Paul have since laid low, thinking time would right matters, but find the general impression has gone abroad that the meeting really will be held at that point. We are quite anxious to learn ourselves if this be right.

At the annual meeting, the Minnesota practitioners met, voting to extend an invitation to the association to hold the meeting of 1909 in the "Twin Cities." While the cities are practically one, having grown together so that a stranger can not tell when leaving one and entering the other, it was thought wise to make the meeting at one of the cities, rather than try to divide the days between both, or try to meet at the "Midway" district on account of the lack of accommodations at the latter point, and the decision was to be made, or left to the trustee or trustees sent to look over the situation. We understand a member of the trustees always visits points before deciding officially even if one city be selected. This being the case, St. Paul practitioners have felt very secure, well knowing there could be but one selection after investigation, and that St. Paul.

In St. Paul, we think we have more natural and better facilities for handling any convention than those which Minneapolis may offer. In fact, St. Paul is one of the greatest convention cities of America. Yours very respectfully,

F. D. PARKER, D. O.

**Dr. Sutherland, of  
Mankato, Minn., In-  
vents "Osteopathic  
Hammock."**

DR. WILLIAM G. SUTHERLAND, of Mankato, Minn., is the latest inventive genius to appear in the Osteopathic ranks. He has devised an "osteopathic hammock" by means of which a patient can be doubled up in all sorts of shapes and positions with the greatest amount of ease. Exaggeration of difficult lesions can be obtained by a simple adjustment of a strap or straps. Dr. Sutherland does not regard it as an adjunct as he says "it hews to the lesion line," but he contends it saves the D. O. a whole lot of unnecessary physical strain. He sends two illustrations, which are shown herewith from which all having a "working knowledge of mechanics" in osseous lesion reduction may draw conclusions. With it that desired exaggeration is easily obtained and "flexion, traction and rotation of the exaggerated lesion maintained until not only disengagement of the articular points is assured but what is just as necessary, held until the maximum point in the retraction is negotiated."

The hammock corresponds to the length and breadth of an operating table and is suspended by a series of swings. Being detachable from the swings, it is laid across the table, patient then taking any of the desired positions thereon,—prone, supine or on side. The hammock is then buckled to the swings and patient raised from the table. This affords complete relaxation to the patient and the body is freely moved in any direction,—flexed, extended, circumducted or rotated. Exaggeration of any spinal or costal lesion possible through the simple adjustment of a strap or straps. Besides this mainten-

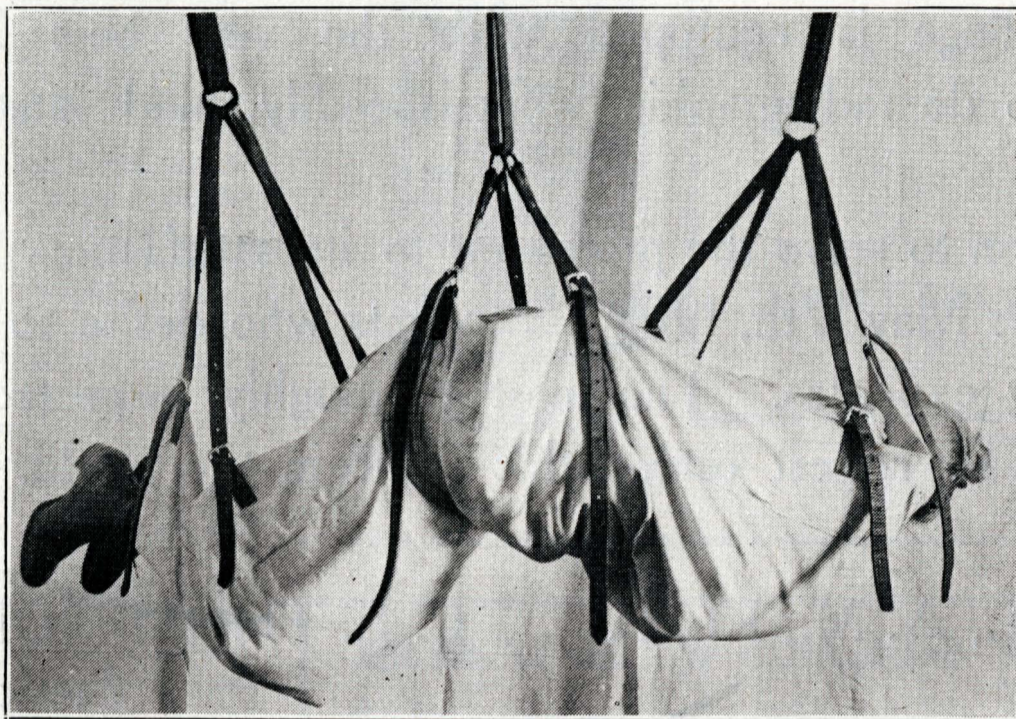
ence of exaggeration to the lesion the relaxation to the patient is also a special feature.

**Fewer Doctors**

Why are there fewer doctors being graduated from our medical schools? Is the profession less attractive? Is it less remunerative? Is the state of the public health so much better than it was a generation ago that medical skill is in less demand?

There will doubtless be varied explanations of the situation, but the fact remains that the medical schools of the country granted 1,674 less diplomas this year than in 1907, and 2,602 less than in June, 1906, the number of graduates being 25,204 that year.

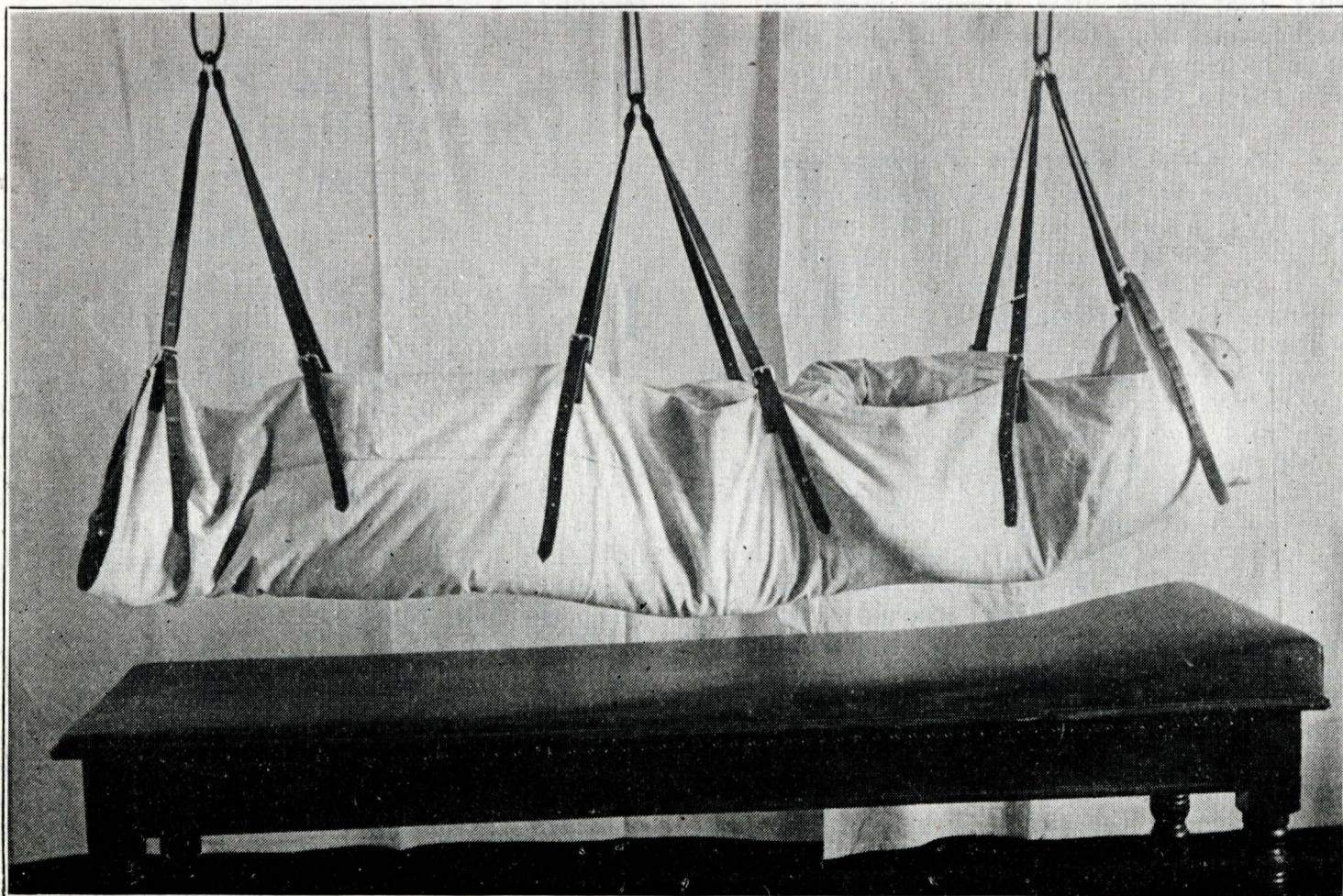
Eminent medical journals take the position that the chief cause of the decrease is that the



"Osteopathic Hammock" Raised From Table, Circumduction, Patient Reclining on Face.

standard of qualification is constantly being raised. It is a fact that many of the best schools are requiring that applicants for a degree shall be college graduates. This is in line with the action of many law schools and shows that the steady aim of all phases of American education is toward a higher degree of culture.

With this tendency there can be no quarrel. The country is demanding better lawyers, better teachers and better mechanics and it is not strange that it should demand better doctors.—*The Des Moines Capital.*



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**Women D. O.'s Made Research Fund  
Grow.**

The Woman's Osteopathic Association, of Kansas City, has shown a splendid spirit in their support of the A. I. Still Research Fund. The association collectively has subscribed \$250, and two of its members, Dr. Mary E. Harwood and Dr. Sophia E. Hemstreet, have each given \$250 individually. This makes a total of \$750, which is certainly a strong showing from a woman's society of seventeen members. The officers and members are: Dr. Alma C. Kinney, president; Dr. T. E. Purdom, first vice-president; Dr. Mary E. Harwood, second vice-president; Dr. Mary E. Smith, secretary; Dr. Willannie Breden, treasurer. Doctors J. F. Anderson, Nellie M. Cramer, Harriet Crawford, Helen B. Chandler, M. E. Loper, Katherine Loeffler, Meda Oliver, Annie I. Peters, L. E. Spies, Bertha F. Whiteside, Emma S. Coofer, Sophia E. Hemstreet.

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WILLIAM E. D. RUMMEL, A. M., LL. B.  
Sec.-Manager

C. E. THOMPSON, A. M., D.O.  
President

### *That Recent Discussion Will Aid the A. O. A. Materially.*

THE American Osteopathic Association cannot but benefit greatly by the publicity recently given the organization in two issues of this paper and while some of our earnest and discreet workers in the ranks of the A. O. A. were somewhat alarmed by what this paper said two issues back and feared that the organization was going to be damaged somewhat by such a statement, we believe that the most timorous advocate of the A. O. A. by this time will be convinced that publicity of this sort *always helps a good proposition* and that the A. O. A. is immeasurably the gainer by what *The O. P.* has contributed to osteopathic information and opinion in the past sixty days.

To state the matter in all frankness, discussions of this sort take on the aspect of excellent press work and highly successful advertising benefits if the truth is made to prevail in the end, and *if the truth shows the right merit in the proposition*. I think any casual reader of the last *O. P.* and the excellent papers presented therein in defense of the A. O. A. will agree that most every claim made by the association was literally true. Also it will be apparent, although many people feel more or less of a spirit to criticise the A. O. A. in a broad and general way, that when they sit down to do the task in a concrete way they find they have little to base their criticisms on except vague generalities and impressions which are often faulty.

That a considerable number of osteopathic practitioners feel a spirit of criticism for the A. O. A. must not be forgotten. The editor of *The O. P.* has been reminded of this by the receipt of a number of letters from osteopaths, whose opinions and impressions are

worth full consideration. Yet the plain fact is, after all, that there is nothing concrete that any of these people say in criticism of the association, and most of the criticisms upon due examination are found to hark back to things that were once so, but that now are not. Most criticisms are aimed at situations that existed two and even four years ago.

Consequently, bringing this situation pointedly to the attention of many osteopaths outside the ranks of the A. O. A. as the editor has done in this instance, will prove a matter of real good to the association, and we trust that some new memberships will be forthcoming on the basis of the showing made by the A. O. A. when its methods have been put to challenge.

#### *A Good Idea in Promotion*

*By Clinton D. Berry, D. O., Rochester, N. Y.*

I HAVE a little plan that I believe will be good for the osteopathic profession and if you see fit, wish you would give it attention—say an article in "*The O. P.*" Here is the idea:

Very often the D. O. will have a patient say: "What could an Osteopath do," for such and such a case? Now, if the D. O. would secure the name and address of the party who is thus afflicted, even though he lives in a distant state, and send the same to the nearest Osteopath to said party, giving the disease, this D. O. could then send out "O. H." or some other journal and very likely secure a patient. Now this would not end here for this patient would in turn tell others, etc., like an endless chain. We all know that one satisfied patient will in time send many more.

We also know that we must get *good literature* before the public, for there are but few *sick* people who will not take time to read good osteopathic ideas. I have had so many say: "Doctor, I have read those

little 'Osteopath Health' books and then sent them on to Mrs. So and So, for there was an article in one of them on rheumatism, etc., and she's got it terribly."

There is one point further though and it is an important one, i. e., the D. O. to whom such an address is sent should never be too busy to acknowledge receipt of the favor. I have found, though, many Osteopaths who would not or at least did not even thank me for what I considered a favor and it is rather discouraging to be treated in this manner.

Will you canvass these ideas with the profession?

### *More Help to Fight the Medical Boycott of Office Buildings.*

I N regard to the "Medical Boycott" on office buildings I am willing to chip in five dollars toward a test case.

I believe it would be money well spent; that it would open the eyes of many people, in regard to the treatment shown us by the M. D.s.

People's sympathies, as a rule, are with the down trodden, or "The Under Dog" in the fight, and anything we can do to get people to talking Osteopathy, will be money well spent. Keep the ball rolling!

I wish you would give us in a future issue a little ancient history of medical schools, in 19th century. Length of term, number of terms, etc. I got the impression when a boy that doctors obtained their education by working with and for an older doctor. I know some of them did, for I remember a father and son coming to our home and we children were told the son was learning to be a doctor.—*Chas. R. Palmer, D. O.*

**Desirable Demise.**

By J. J. Pearce, D. O., El Paso, Texas.

IS THE decrease in osteopathic ranks a detriment or a benefit? A deal has been said recently of a so-called "race-suicide," and the general opinion seems to take a pessimistic view of it. Twelve years' observation in active school and field work has convinced me that for the future good of the osteopathic school, a considerable weeding-out is necessary.

Any intelligent observer, particularly in the teaching ranks, must have seen the inevitable failure, as able diagnosticians and practitioners, of many of those admitted into and graduated from our colleges; men and women whose lives have passed the mid-stream, giving up some occupation in which the best years have been passed and their brain cells taught to follow—and launching upon a sea of thought for which their whole beings are totally unprepared.

With many of these the commercial phase is uppermost, and how can we expect dignified, ethical, scientific progress from them?

Most of the ridiculous blunders and absurd claims and nauseating public display, comes from this class of graduate.

Osteopathy is held up to ridicule by many in the writer's own field by the actions of just such a graduate. Can we afford it?

They are in and from all our schools, and their professional demise is much to be desired by thoughtful and loyal lovers of the science, not lamented.

Another class is to be found in a large number of young men and women totally unfitted by nature for serious professional conduct, who have been talked into matriculation by glowing pictures of financial gain and social up-lift; absolutely disregarding the fact that financial affluence and social advancement can only be acquired by personal worth and untiring effort. The degree of D. O. can never place an individual above his natural ability, and one harboring such thought, is sure to drag the degree to his own level. Wealth and social aspirations, possess but a remote corner in the thinking apparatus of a progressive scientist. If they do come, it is because of things done. An able lifelong osteopath is not made such by the degree conferred.

In the earlier history of the osteopathic school, it may have been deemed necessary to adhere less rigidly to the entrance and graduation requirements, in order that the idea be more rapidly spread. Less time was required in preparation; the end aimed at was easier of accomplishment, and the natural result was an influx of poorly equipped material. Should we expect anything but a gradual dropping away of these? Isn't it time?

The thinkers and builders among the early graduates are the fit, and they are surviving. They constitute the bulwarks of the profession, and they grow stronger each year. It is vital to the integrity of the osteopathic school that the unfit drop out; that the stalwarts unite upon a solid scientific basis, and that our colleges be supported by endowment.

We have an institution known as the "Associated Colleges." Let this association prove its existence by killing the spirit of knifeing constantly going on between the various schools and their respective graduates. What must the thinking lay man think of the scientific foundation of our schools, when such advertisements as the following appears in the daily papers?:

"Half-hour treatments are nothing but massage. The lightning thrust, covering from one to three minutes is the kind of osteopathy taught at ..... school. Doctors So-and-So are the only graduates of this school in the city."

The author of that advertisement is unable to obtain a license from the state board, after many attempts. Yet for several years he has been permitted to display the name of our

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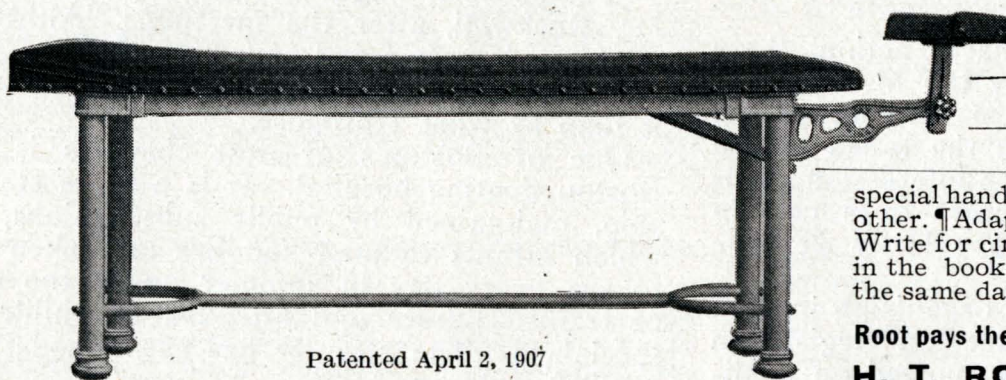
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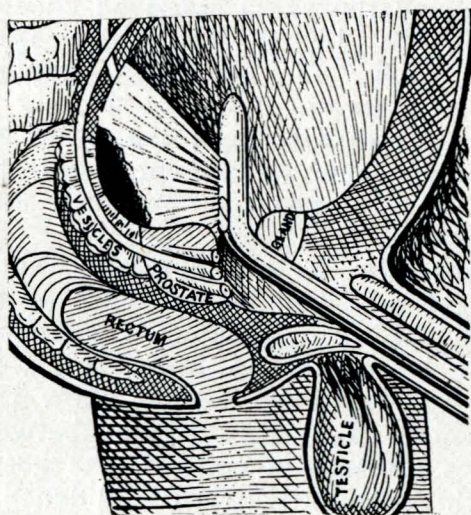
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Such things are to be feared rather than a falling away in numbers, and when such graduates do drop out the profession should view it with a fervent Amen!

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The Organ of News and Opinion for the  
Profession.

Published on the 15th of every month by The OSTEOPATHIC  
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Fairness! Freedom! Fearlessness!

### EDITORIAL

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

#### MEDICAL HIERARCHY ATTEMPS EX- TURPATION OF OSTEOPATHY.

The number of medical bills dangerous to osteopathy that have been sprung lately emphasize emphatically the necessity of standing legislative committees. In several instances the first intimation our practitioners had of a proposed measure was when it was introduced in the legislature.

These unexpected assaults necessitated defensive action in a hurry, permitting no delay for the consideration and thought desirable to insure proceeding along wisest lines for the safeguarding of the position of osteopathy before the law and securing fullest freedom for growth.

In addition to inciting hasty action, these "surprise parties" sprung by the M. D.'s prevent, to a great extent, the rallying of the supporters of osteopathy in the ranks of the laity, with the result that the impression made on members of the legislature does not do justice to the strength and popularity we have won in every section.

No time should be lost in organizing in each state a standing committee on legislation whose duty shall be to keep posted on medical legislative movements, and their bearing on osteopathy. Only in this way can we be prepared to wage successful fights against pernicious proposed laws.

In New Hampshire, Colorado and British Columbia bills have been introduced practically exterminating the practice of osteopathy. In Pennsylvania and New Jersey the M. D.'s have drastic measures before the legislatures and are making a stubborn fight against osteopathic recognition. In these states our forces are well organized and a hot campaign is being vigorously pushed with more than fair prospects for ultimate success.

The lesson to be learned from this new and widespread attack of the medical hierarchy is that we must be constantly "on guard" and watch every movement closely, no matter how unrelated or innocent it may seem. Get busy on the standing legislative committee question at once.

#### EDUCATE YOUR LEGISLATORS.

State associations should see to it that every member of their legislature is furnished regularly with copies of some good osteopathic educator such as "Osteopathic Health." This work should be done not only when the legislature is in session but month in and month out through the year. Take care, too, that proper changes of address are made from the

state capital to the home town. The cost of such a campaign is infinitesimal compared to the good it accomplishes. From time to time as interesting items bearing on osteopathy appear in well known publications, clippings and references should be mailed to the legislators. Don't rest content to simply inform them that there is such a thing as osteopathy; make them realize that it is "doing things" in the therapeutic world; that its advocates are a very live, intelligent, progressive lot of people; that they are growing rapidly in numbers and influence.

This kind of a campaign will secure better consideration for our proposed laws for two pertinent reasons, viz: it will awaken a real personal interest in osteopathy and induce a respect for the political influence and strength of the friends of science.

The mailing list could be extended to include judges of the various courts and prosecuting attorneys with considerable advantage. Don't wait until legal existence is threatened before concerning yourself as to whether or not the lawmakers of your state know anything about osteopathy. Don't crowd all your arguments and persuasion into a few brief months; be consistent and persistent; keep in constant touch with the legislators and keep them posted. In this way we can strengthen the hands of the friendly members and make our enemies afraid.

#### The Osteopaths Should Challenge M. D.'S to a Competitive Test.

DR. J. ARNOLD Rockwell, of the Boston Homeopathic Society, in an annual address before this society, January 7th, practically challenged the allopaths to a contest in the care of infant charity patients to decide the supremacy of the two medical systems.

"I suppose it might be called a duel," said Dr. Rockwell, after the meeting. "Although all I ask is a fair and square test of the two systems, and I see no better way of getting it than by what I propose."

One of Boston's greatest charities is the Boston floating hospital. It is a large steamship, maintained by public subscriptions, on which infants of poor families are taken out to sea every day in summer under the care of trained nurses and attended by children's specialists. The steamer has accommodations for 950 children.

Dr. Rockwell proposes that eighteen infants of the same sex age, and physical conditions as near as possible suffering from the same disease at or near the same stage be chosen; these eighteen to be divided into three groups of six each. Dr. Rockwell proposes that six be given no treatment at all, six be given allopathic treatment, and the other six be given homeopathic treatment, and the treatment for each group be continued until recovery or death.

To physicians who well understand that a rule cannot be established by one case or six cases or even 66, Dr. Rockwell's challenge sounds a little bit foolish, although all well-informed and unprejudiced people know that the bigger number of infants divided between the two classes on such a contest, the greater would be the preponderance of evidence in favor of homeopathic medicine, and that because it is the weaker of the two forms of dopes, and the weaker you can get drug medicine the better. If it can be diluted to the point where it has become innocuous then presumably the ideal of harmlessness will have been achieved.

There is one "mean" advantage that Dr. Rockwell is proposing to take over his competitors, the allopathic practitioners, and that is in selecting infants as the battlefield, because it is well known that the regulars can-

not treat infants at all. It is axiomatic in the regular medical school that medicine is not to be given to babies under one year of age for the two reasons that it is dangerous and that their bodies do not react to medicines. When medicines are given to infants it is either with the consent to do their delicate organisms damage in order to relieve pain, or it is a case of placebo to really help the mother and not the baby. It is well known that homeopathic medicine is so innocuous, no matter what their alleged potency or impotency actually is, that babies can take quarts of it and be just as well of as if they had taken a drink of pure water. Consequently, the homeopaths would be all to the good in a contest for public favor upon sick babies, for sick babies, let alone, show a remarkable tendency to recover.

A far better test of professional merit would be for the osteopaths to challenge both allopaths and homeopaths to a duel for the care of 100 adults each, prostrated with la grippe, pneumonia, appendicitis, or typhoid fever. Probably this selection of acute cases would be sufficient to establish the comparative merit of osteopathy with all drugging systems, weak or strong. While even this test could not establish the rule, we venture to predict that the difference in mortality between the homeopathic patients and the allopathic patients would show that the homeopaths lost less than half as many patients as the regulars—in other words, the "regulars" kill twice as many of their patients by their treatment—and that the osteopaths lost much less than a half or a third as many of their patients as the homeopaths—in other words, recording the homeopaths as doing nothing to enable the patient to recover in that nature was able to make the recovery without any undue handicap of dangerous drugs, the osteopaths on the contrary would show that they actually help his patients get well.

In all seriousness. *The Osteopathic Physician* believes that the time has come when the American Osteopathic Association can well afford to issue such a challenge to the American Medical Association and the national Homeopathic society for a contest along these lines. The editor feels every assurance that the reputation of osteopathy would be made once and for good, if such a contest were arranged. The only trouble is that the M. D.'s also know it, and would not consent to such a competitive contest of our relative systems of practice. But our profession would profit very greatly by issuing the formal challenge and letting the burden of refusal fall upon the school afraid to make the test.

If neither the "regulars" nor the homeopaths would join the osteopaths in making such a fair and square trial of skill in these diseases, then the osteopaths should designate a time and place and an institution and a competent osteopathic staff of practitioners who themselves would conduct, for the benefit of mankind, such a series of demonstrations. It is time the world was knowing the facts as to which school cures and which school kills the greatest percentage of its patients.

#### Bright Prospects for Illinois Law.

AS WE go to press the Illinois Independent Board Bill is still in committee, but prospects good for a favorable report and quick passage.

The M. D.'s have developed an organized opposition, but our workers have already lined up so many friends for the measure that no serious trouble is feared.

Our "boys" are working harmoniously and have displayed untiring energy in keeping up a consistent lobby ever since the bill was introduced. Here's hoping for victory as a fitting reward.

## An Osteopathic Operatic Star—Daughter of D. O. Proclaimed the "New Melba."

OSTEOPATHS will be interested to know that Miss Felicie Lyne, a star pupil of Mme. Marchesi, the famous operatic vocal instructor, who has scored a notable artistic triumph in Paris and who has recently been given such generous press notices in leading New York, Chicago and St. Louis papers, is the daughter of Dr. S. T. Lyne, of Kansas City, and distinctly an "osteopathic" girl, as not only her father, but also her aunt and uncle, Drs. H. C. P. and F. E. Moore, of La Grande, Ore., and her grandmother, Dr. F. E. Purdom, of Kansas City, are practicing osteopaths and her other aunt, Mrs. Zudie P. Purdom, is a student at the A. S. O.

Miss Lyne was born in Saline county, Missouri, in 1887. She was educated in the public schools at Kansas City, graduating from high school in 1904 when 17 years of age, and later taking a post graduate course in languages which subsequently proved a great assistance in her vocal studies.

While in high school she devoted her spare time to instrumental music, but never sang with the vocal class and it was not until the summer of 1906 that she realized that she had a voice of more power and sweetness than the girls she knew—some of whom were good singers. A Mrs. Rieger having just returned from a course of instruction under Mme. Marchesi, Miss Lyne went to her to have her voice tested. Mrs. Rieger was impressed with her power of colorature and the quality of the lyric soprano tones. Upon her advice Mrs. and Miss Lyne went to Paris and sought an interview with Mme. Marchesi. After hearing one or two selections Mme. Marchesi herself became enthusiastic. "Yes," she said, "I will teach you. And you—you will be famous. Your voice is that of Melba." That was in August, 1907. From that time on Paris has shown hospitality and homage to the Kansas City girl. She delighted them at her first appearance and has steadily progressed from one success to another.

Last February she had within her grasp a prize coveted by vocalists everywhere—an opportunity to sing at the Covent Garden Opera, London. Harry Higgins, the director, was in Paris looking for a prima donna. He heard Miss Lyne sing and offered her a contract at a generous salary. Though very tempting the offer was declined on the advice of Mme. Marchesi as she considered the term too long and therefore unfavorable to Miss Lyne's future development.

Speaking of her work and success, Miss Lyne modestly says she owes it all to Mme. Marchesi and her mother.

"Mother just made me sing and study. She has been with me all the time and there hasn't been a minute that she hasn't been watching this voice of mine. When I would become tired or discouraged, mother was always there to cheer me up. She has taught me many things that a vocal teacher could never do, the things that come through love and happiness."

Miss Lyne is an "osteopathic" girl the profession may well be proud of. May she attain the full measure of success she deserves and may she rival in renown and attainments the wonderful Melba, whose glorious voice has given exquisite pleasure to so many thousands.

### Dr. Noordhoff Opens Branch Office.

I shall succeed Dr. K. W. Shipman at Neenah and shall continue the office there as a branch office, my office hours at Neenah being from 1 to 5 p. m. on Tuesdays, Thursdays and Saturdays; and evenings by appointment only. Dr. Shipman will hereafter be associated with Dr. W. B. Davis at Milwaukee.—L. H. Noordhoff, D. O., Oshkosh, Wis.

## Dr. Beckham Desires to Conform with Professional Ethics.

I WAS naturally hurt, grievously hurt by the rough manner in which you called me to time in a late issue of *The Osteopathic Physician*, and the hurt was not lessened by receiving no reply to my first letter which was written early after seeing the article. I wish again to state that whatever error is attributable to me is error without intent on my part and I am profoundly desirous of living at amity with my fellow practitioners and in accord with their ethics in my conduct with the profession and the public. The whole incident is distressing to me and one which I would never deliberately have provoked. I wish to express to the profession my regret that it occurred and my satisfaction that I have been set right.

Trusting that you may see your way to publish the above in the next issue of *The Osteopathic Physician*, I am very truly yours,  
—James J. Beckham, D. O., St. Louis, Mo., March 3rd.

## In D. O. Land

We Will Compile the List.

We have many inquiries regarding the exact status of osteopaths with the various insurance companies. We have discussed the subject before, but our information concerning companies that accept osteopaths as examiners is very incomplete. If you will send in the names of companies you know do or do not accept the services of our practitioners we will record the facts and preserve for reference at any time.

### Canadian D. O.'s Want Independent Board.

We are at present engaged in a legislative fight and I have received a number of letters from various D. O.s who have had experience in legislative work, and am just wondering if you can suggest any methods that will be of value to us here. We are asking for an independent board, and I find we have a greater number of friends than we anticipated. We hope to introduce the bill within four weeks' time.—Fraternally, F. P. Millard, D. O., Toronto, Canada, March 11th.

### Dr. George Still Gives Lecture Course in St. Louis.

St. Louis osteopaths have made arrangements with Dr. George Still for a course of twenty lectures on minor surgery. The lectures are given on Saturday nights and will cover the subjects of bandaging, casts, splints, etc., in detail; practical treatment of all the fractures and dislocations; burns, wounds, antiseptics, anesthetics, and surgical diagnosis.

The course practically affords opportunity for regular post graduate work and should prove extremely interesting and valuable to the doctors participating.

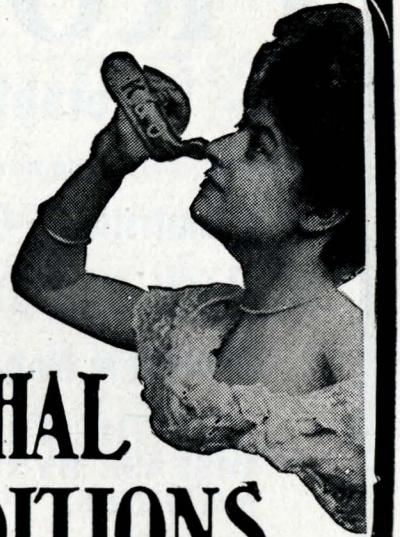
### A Valiant Assistant in Legislative Fights.

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

### Los Angeles College Breaks Ground For New Building.

We are just breaking ground for an additional four story and basement college building of the same general plan as our present one and to be connected with it to accommodate the growth of the college. It will be primarily devoted to surgical, gynecological, obstetrical and general clinical hospital service. We are installing a modern automatic, electric elevator and every modern convenience and device. Dr. Frank P. Young, formerly of Des Moines, who has just been added to our surgical didac-

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tic staff will introduce an additional feature in the way of laboratory surgery requiring every P. G. and third year student to perform all the classic surgical operations upon the cadaver. Under the new California law anatomical material is distributed among the colleges in proportion to the number of students so that we receive more than the other five medical, dental and osteopathic colleges added together, an abundance for all purposes. Our students had fifty-eight post mortems during the past term. Dr. Forbes and I are just leaving for Sacramento again, looking after legislative matters.—A. B. Shaw, D. O.

### Names of Insurance Companies Wanted.

I wish the names of all insurance companies that accept D. O. examinations. I was an examiner for the Homesteaders of Iowa, and was also turned down. I was taught to try again if I did not succeed the first time. So I am going to try again to persuade the "Homesteaders" that D. O.s have the right to make insurance examinations for Iowa companies. Any information you can give me will be a help. I would like the name of the insurance company; state in which the charter is; length of time osteopathic examinations have been accepted; whether "old line" or "fraternal" organization.—John H. Lee, D. O., Billings, Mont.

### Hot Fight in New Jersey.

Osteopaths in New Jersey are putting up a splendid fight for an independent board, and seem to have the opposition so badly scared that they are willing to concede representation on a composite board, which at first they opposed. Our slogan is no compromise, and the fight will be continued for the independent board. Among outside osteopaths who have done good work for the bill are Dr. C. E. Achorn, of Boston, and Dr. R. H. Williams, of Rochester.

### Osteopathic Bill in Illinois.

The legislative committee of the Illinois Osteopathic Association has had introduced a bill creating a board of osteopathic examiners. The board is self-sustaining. Osteopaths are required to be graduates of osteopathic colleges, recognized by the American Osteopathic Association, giving a course of three of nine months each, in three different years. The Illinois Osteopathic Association is solidly behind this measure.

### Colorado Confident.

The legislative situation is brightening up in this great mountain state of Colorado. The senate took up our single board bill yesterday, section by section, and passed it on second reading without effective opposition. A doctor-senator tried hard to amend it so as to kill it, but our friends in the senate gave him the laugh and voted them down as fast as he presented them. So our fight is won as far as the senate is concerned. They did cut out our

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## Dr. Smith's Lectures

**Dr. B. F. Still writes as follows four days after a lecture delivered at Elizabeth, N. J.**

"\*\*\* If it impressed this man who is a scholar and man of affairs it should impress all who were present, and as a substantial echo of the entertainment I have already enrolled five new patients and hear of several more who are expecting to come. A medical trained nurse who was present at the meeting told me to-day that she had induced two prospective patients to come for examination this week, and she herself is considering entering the A. S. O. next September."

For Press and other opinions address

**DR. WILLIAM SMITH  
KIRKSVILLE, MO.**

examination in surgery, but gave us the use of antiseptics and antidotes. We are off for a great struggle in the "house," which we consider the real battleground of our bill, as the "house" is not so favorable, or at least we think so. The senators did themselves proud and proved to us that they were men of their word, honestly desiring to give the new science a fair chance to develop its principles and practice. We have one of the ablest attorneys in the state, Mr. John A. Rush, in charge of our fight, backed by a self-sacrificing legislative committee and supported by the entire profession of the state in a way that never before was thought could be done by the most optimistic of our ranks. The fairness of our bill has appealed even to our enemies, and the right of it has been a tower of strength to help us so far. We realize that the osteopathic eyes of the country are upon us and that much is expected. We expect to prove worthy of the trust and not close the doors of this state to the D. O.s that may follow us. A delegation of twenty-five D. O.s, headed by our attorney, called on the Governor, and while he is non-committal, yet he heard us and went over the Dr. Jones case, which is in the supreme court, and we feel that if we can get a law up to him which is fair and right he will sign the bill. Fraternally—George W. Perrin D. O., Sect'y.

### Good Locations Open in South Dakota.

There are several good locations around here where a good osteopath is wanted. Should you know of anyone wishing to locate in Minnesota or South Dakota, I should be glad to furnish them with information regarding these locations.—J. W. Pay, D. O., Milbank, S. Dak.

### Who Wants Location in Wisconsin?

There is a good opening for a D. O. at Wau-paca. Osteopathy is especially well received in adjacent towns, which could be worked as branch offices. Population is between 3,000 and 4,000 and location is in Central Wisconsin. I shall be glad to communicate with anyone who means business. I will refer them to the right party.—L. H. Noordhoff, D. O., Oshkosh, Wis.

### Lively Discussion at Osteopathic Lecture.

An interesting and educational lecture on osteopathy was delivered by Dr. Arthur P. Firth of Newark, N. J., before the Harlem Liberal Alliance of New York on February 26th. The doctor's exposition was regarded as clear and simple by the majority of those present. Among the minority was Dr. Fischberg, an allopath, who, when the meeting was thrown open for discussion, rose to respond to the arguments of Dr. Firth. From that minute the meeting was a lively one. The criticisms of Dr. Fischberg consisted largely of base insinuation, vituperation and categorical denial; this, however, only served to prove that an American audience will not stand for calumny or unfair dealing. Many sincere questions were asked and numerous speakers in defense rose to answer the attack upon the science. The entire meeting demonstrated the value of this kind of work as a means of making the osteopathic position clear, and the profession would do well to consider following a similar plan whenever good speaking can be obtained.—E. E. Tucker, D. O.

### Dr. McConnell Lectures in Philadelphia.

The February meeting of the Philadelphia Osteopathic Society was held on the 18th of the month in the Odd Fellows' Temple, Dr. Walter L. Beitel presiding. Dr. Carl P. McConnell, of Chicago, was introduced as the guest of honor and speaker of the evening. He gave a lecture and clinic on "Treatment of Abdomen and Pelvis." His talk was most thorough and practical and numerous points were brought out which were new to many of us. Dr. McConnell was warmly welcomed in Philadelphia, especially as this was his first visit.—Abbie Jane Pennock, D. O., Sect'y.

The regular monthly meeting of the Philadelphia Osteopathic Society was held in Grand Fraternity Hall March 2d. Dr. Chas. J. Muttart, dean of Philadelphia College of Osteopathy, the speaker of the evening, took for his subject "Neurasthenia From an Osteopathic Standpoint." He mentioned various conditions as causative factors, and gave the osteopathic lesions and treatment indicated for the relief of such cases. Dr. George T. Hayman furnished a patient, who was examined by Dr. Muttart.—A. M. Flack, D. O., Acting Sect'y.

### Reciprocity in New Mexico.

We passed a reciprocity amendment to our osteopathic law March 5th. New Mexico has now joined the procession of states who are progressive and we have one of the best laws of any state or territory in the Union.—C. L. Parsons, D. O.

### Annual Election in Louisiana.

The Louisiana Osteopathic Association held its third annual convention at New Orleans, February 20th. Officers elected were: President, Dr. R. W. Conner, New Orleans; vice-president, Dr. Wendall Hyde, Crowley; secretary-treasurer, Dr. C. G. Hewes, New Orleans.

# The Philadelphia College and Infirmary of Osteopathy

THE prospective student of Osteopathy wants to look about him carefully before choosing his school.

Philadelphia is the center of American medicine. The first American medical school was established there. It is the work-shop where Leidy, Gross, Agnew, Pepper, Piersol, Spiller, Ossler and a hundred more set the standard for American practice and American teaching.

This is the environment of the Philadelphia College and Infirmary of Osteopathy, established in 1899 and since enlarged four times to accommodate the increased attendance.

The Philadelphia College draws clinical material from a population of fifteen hundred thousand.

It has acquired the unrivalled dissecting facilities of the Philadelphia College of Anatomy.

It has access to all the famous clinics of Philadelphia, and to the unique collections of the Wistar Institute of Anatomy and the Academy of Natural Sciences.

And its Faculty enlists the teaching services of some of the foremost practicing Osteopaths in the country.

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Next class matriculates September 14, 1909.

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Dr. E. G. Carson, of Baton Rouge, contributed a paper on the "Plural Sac" and Dr. Henry Tete, of New Orleans, talked on "Malaria." Dr. Delia K. Stephens, of Baton Rouge, who joined the organization at this meeting, is the first woman member of the association.

#### Dr. Bolles Lectures before Denver Women's Club.

At a meeting of the Women's Club of Denver, held February 13th, Dr. Nettie Hubbard, Bolles delivered a lecture, "A Modern Hygeia," illustrated with charts and models. The Denver Post reported the meeting as of "exceptional interest."

#### Oppose Compulsory Vaccination Bills.

The Anti-Compulsory Vaccination Society of Chicago held a meeting at Steinway Hall, February 23rd, to protest against the passage of the compulsory vaccination bills introduced in the legislature by Mr. Gorman, of Peoria. Dr. Walter E. Elfrink, suite 162, 161 State street, is secretary of the society.

#### Dr. Earle S. Willard Examines Igorrotes.

Dr. Earle S. Willard, of the Philadelphia College of Osteopathy, delivered a lecture February 18th, at the Igorrote Village, Philadelphia, on "The Formation and Shape of the Human Spine." In addition to the regular visitors a number of students and doctors were present. Dr. Willard said the spines of the Igorrotes were more abnormal than any he has ever examined.

#### Third District, Illinois, Meeting.

The seventh bi-monthly meeting of the third district Illinois Osteopathic Association was held at the residence of Dr. Frank Chapman, of Galesburg, on February 3rd. Officers elected were: President, Dr. Fred B. DeGroot, Rock Island; vice-president, Dr. Ada Hinckley Chapman, Galesburg; secretary-treasurer, Dr. J. E. Olson, Bushnell. The program included "The Needs of the Profession," by Dr. H. P. Ellis, Canton; "Enuresis," Dr. Etta O. Chambers, Geneseo; "Diabetes Mellitus," Dr. B. J. Albright, Kewanee; "Influenza," Dr. Fred B. De Groot, Rock Island; "Our Ethical Standing and How to Improve It," Dr. Lola B. Hays, Moline. A general discussion followed each number of the program. The attendance was good. The next meeting to be held at Galesburg, early in April. —J. E. Olson, D. O., Secretary.

#### D. O.'s Get Recognition in Washington State.

The composite medical board bill passed the Washington house of representatives February 18th, by a vote of 79 to 9. The measure provides for a mixed board consisting of five allopaths, two osteopaths, one homeopath, and one eclectic. It is expected the bill will pass the senate without serious opposition.—W. T. Thomas, D. O., Tacoma, Wash.

#### D. O.'s Discuss "Mind Cure."

Dr. C. E. Willis, of Pittsburg, Kan., was host to the members of the Southeast Kansas and Southwest Missouri Osteopathic Association Saturday evening, January 30, 1909. Dr. Josephine A. Trabul occupied the chair and Dr. Slaughter acted as secretary. The Y. M. C. A. building at Joplin will be the meeting place February 27th. Round table subjects, "Diet," and "Mind Cure," called forth good discussion. The program consisted of an outline on Diphtheria by Dr. L. D. Gass, followed by a discussion of antitoxin.—M. S. Slaughter, D. O., Acting Secretary.

#### Osteopaths and the Insurance Companies.

How many "old line" and "fraternal" insurance companies have, or permit, osteopathic examiners? We should like to compile statistics on this subject. Send in the names of insurance companies that you know accept osteopaths as examiners.

#### Central New York Meeting.

The annual meeting of the Central New York Osteopathic Society was held at the office of Dr. R. M. Farley, at Syracuse, February 11th. The officers elected for the year are: Dr. Cora B. Weed, Syracuse, president; Dr. James T. Drake, Auburn, vice-president; Dr. C. W. Tiffany, Syracuse, secretary and treasurer. The directors are Dr. A. G. French, Syracuse; Dr. G. W. Mitchell, of Rome, and Dr. James D. Cady, of Cortland. The meeting was well attended and an interesting program was enjoyed.

#### Nebraska's New Osteopathic Board.

Senator Ransom's bill for the establishment of a state board of osteopathy provides that a state board shall have charge of government of the osteopaths and for the regulation of the practice. The governor of the state is authorized to cause the examination of all who care to practice the science and to authorize the granting of the license to each person. Five examiners will be appointed by the governor from the list of names to be submitted by the Nebraska Osteopathic association within thirty days after the passage of the act. Each examiner shall be appointed for a term of five years. The governor and the examiners shall constitute the state board.—Lincoln (Nebr.) Star.

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### Arkansas Osteopaths Meet.

The Arkansas State Board of Osteopathic Examiners met February 2d, in the offices of Dr. C. A. Dodson in the Reigler building. Dr. C. S. Dodson of Little Rock, Dr. Josephine Bradley of Eureka Springs and Dr. J. B. Cooker of Greenville, Miss., presented themselves for examination. The members of the board are: Dr. J. C. Young, Jonesboro, president; Dr. A. A. Kaiser, Lonoke, secretary; Dr. A. W. Berrow, Hot Springs; Dr. L. G. Higginbotham, Pine Bluff, and C. L. Fagan, Stuttgart. In the afternoon there was a meeting of the Arkansas Osteopathic Association. Addresses were given by Dr. A. A. Kiser of Lonoke, who spoke on "Tuberculosis;" Dr. A. W. Berrow of Hot Springs and Mr. Fagan of Stuttgart. The object of the meeting was to discuss legislation that would be favorable to the practice of osteopathy in the state. After the meeting a reception was tendered the osteopaths on Pulaski Heights.—Little Rock (Ark.) Democrat.

### Wants D. O.'s Admitted to Iowa County Hospitals.

After the slaughter of his amendment to the county hospital bill providing for a fixed scale of maximum charge by surgeons, representative Charles W. Miller saved the day by inducing the public health committee to insert the words "or healing" in the section which reads "Hospital trustees shall not discriminate against any school of medicine (or healing) recognized by law." The M. D.'s are lobbying against the amendment but Mr. Miller will carry the fight to the floor of the house and the issue of whether osteopaths should be allowed to practice in county hospitals will be squarely raised.—Des Moines (Ia.) Leader.

### Oregon Bill Killed in Committee.

My synopsis of the proposed new law for Oregon, sent you a few days ago, is rendered valueless by the killing of the bill in committee yesterday. The M. D.'s could not agree on the form of bill. Probably a little agitation for an independent board in this state would again bring harmony into their ranks. Nothing like opposition and persecution to promote unanimity.—Otis F. Akin, D. O., Portland, Ore.

### M. D.'s Spring Surprise in British Columbia.

This certainly has been a strenuous week for osteopaths in British Columbia. I am sending you a copy of the medical bill as introduced and as it appeared amended. We are indebted to some influential patients of mine for their hearty support and personal efforts in behalf of osteopathy. Without which it would have been conclusive that all osteopaths would have been barred from practicing in British Columbia (providing the bill went through).

These patients took the matter up as their own personal business and used their influence which must have been unlimited, with both the medical council and the legislatures. The result was the acceptance of the amendment they asked me to draw up, and which Dr. King, M. D., introduced. We wanted a little more freedom but the medical men objected and threatened to withdraw the whole bill if too much was demanded, so we thought it best to let well enough alone.

The whole thing came up so quickly that we osteopaths had no time to get together to frame up a campaign. Saturday (February 13th), at 4 p. m. they came to my office to ask me to draw up an amendment to the original bill and Sunday at 11 a. m. it was in the attorney general's hands, one hour before he left for Victoria.—L. A. Myers, D. O., Vancouver, B. C.

The amendments particularly affecting osteopaths were:

To amend section 28 by adding sub-section (d), as follows:

"(d) Nothing in this Act shall prevent or prohibit any duly qualified osteopath from practicing his profession for reward or gain within the Province of British Columbia from and after the passing of this Act:

Provided that all practitioners of osteopathy within the meaning of this Act shall be duly qualified osteopaths of a recognized school or college of osteopathy; and for the purpose of this Act, a recognized school or college of osteopathy shall be deemed to be an institution recognized by the American Osteopathic Association.

Provided, further, that before any such osteopath shall be lawfully entitled to practice osteopathy within British Columbia, such osteopath shall take and successfully pass an examination satisfactory to the Council in the following subjects: Anatomy, physiology, chemistry, toxicology, pathology, bacteriology, histology, neurology, physical diagnosis, obstetrics, gynecology, minor surgery, hygiene, medical jurisprudence, principles and practice of osteopathy.

The Council for the purpose of such examination of applicants for registration as osteopaths under this Act, shall appoint an osteopath, who shall prescribe the examination for such applicants in relation to the principles and practice of osteopathy:

Any duly qualified osteopath who shall successfully pass such examination of the Council of the College: Provided that such osteopath shall be restricted wholly to practice of osteo-

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

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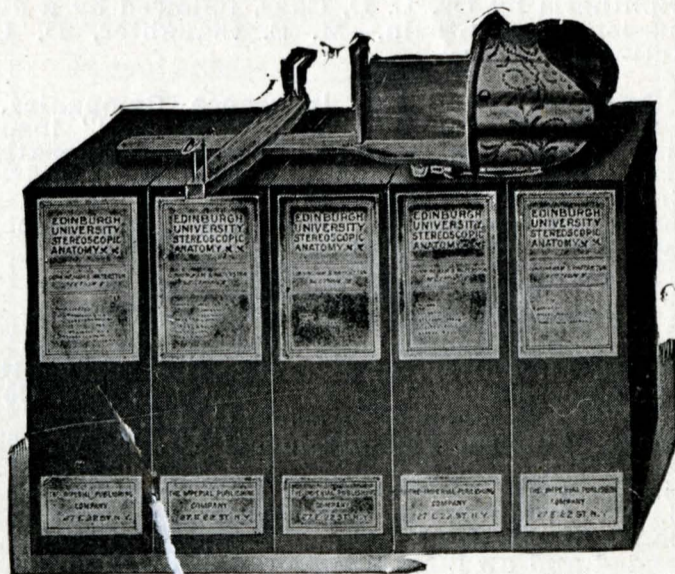
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pathy shall be entitled to be registered under this Act as a member of the College.

**Osteopaths Win Skirmish in Colorado.**

Dr. Geo. W. Perrin, of Denver, sends in this clipping on the progress of the Colorado legislature fight:

The medical bill introduced by Senator Twining, which aimed to put the osteopathic practitioners in Colorado out of business, had a hard time in the senate and landed on the shoals in committee of the whole, minus the enacting clause.

It was later revived by the senate in general session, when Senator Twining, pledged the body that he would withdraw from the bill the features objected to by the osteopaths. With this understanding, it will be again considered in committee of the whole.

As soon as the bill was read Senator Button moved to strike out the enacting clause. Twining protested against the action, and argued that his bill was intended to benefit the people of Colorado to a greater extent than any other measure pending before the legislature. Senators Burger and Bardwell became deeply interested in the provisions of the bill cutting out the osteopaths, and Twining was soon in deep water trying to convince the body that this was not the real purpose of the bill.

A vote on the motion to strike out the enacting clause carried, 17 to 12. The bill was drawn by the Denver Medical Society, and gives the state board of medical examiners unlimited powers in issuing or revoking licenses to practice medicine in the state, and in the institution of proceedings to force compliance with the measure. John A. Rush, attorney for the osteopaths, conducted the fight against the bill.

**A Chance to Reach Big Fraternal Organizations.**

The Brotherhood of American Yeomen will hold their quadrennial conclave in Minneapolis in June. It is important that the profession interview the delegates in regard to favoring osteopathic examiners. The "Yeomen" is a very large and popular fraternal insurance company having a membership of over one hundred thousand.—W. H. Arnold, D. O., Vancouver, Wash.

**Meeting of Nebraska Osteopaths.**

Nebraska osteopaths met Wednesday evening, February 24th, at Hastings. After a banquet Dr. J. T. Young, of Superior, called the meeting to order and the following program was given: "Valvular Heart Lesions," Dr. Struble; "Headaches," with special clinic and "Brachial Neuritis," Dr. J. T. Young.

The legislative situation in Nebraska, with a report from Dr. Young, was discussed. Dr. Chas. N. George, who has been traveling extensively through the West, gave some good accounts of the legislative situation in various states.

A vote of thanks was given to the executive committee of the state association for their work during this session of legislature. The next meeting will be at Fremont.—Lulu L. Cramb, D. O., Secty., Pro. Tem.

**A Pleasant Occasion at Los Angeles.**

February 2d Drs. Clement A. and Lillian M. Whiting, of Los Angeles and Pasadena, gave a reception to the graduating class of the Pacific College of Osteopathy. The class seized the opportunity to present to Dr. Whiting a token of their admiration and respect. The present took the form of three handsome leather chairs and Dr. Carle H. Phinney, professor of anatomy, at the college, made the presentation speech. He said, in part:

"I can conceive of no greater usefulness than the surrender of love of home and comfort, the giving up of personal preferment and of the best years of a life and of the greater part of a natural store of energy—the giving of life, itself, in the devotion of a principle. The pages of history are made interesting with the lives of those whose devotion to the cause they espoused has made the past live. The history of osteopathy has yet to be written; when it is written as it should be, the name of one we know and delight to honor shall be written large on its pages—that of C. A. Whiting. In the ten years of his connection with the P. C. O. we have seen it grow steadily and surely to its present status among osteopathic colleges.

Dr. C. A. Whiting has a helpmeet. A true one, indeed, without whose help much of his work would now be wanting. There are none of us who do not marvel at her tireless, earnest, honest efforts. We have seen her make a name for herself in the development of her chosen specialty. The honor we owe her is second in no particular to that we pay her mate. To me and to others they have given the love and companionship of a brother and sister. We would see them a little more selfish, a little more guarded in their expenditure of nerve force; a little more conservative of their vitality, that they may inspire us in years to come.

Several literary and musical numbers added to the enjoyment of the evening.  
Eva T. Berasenius.

**Colorado Bill Is Up to the "House."**

Having successfully passed the Senate, the

**MAN, WOMAN—KNOW THYSELF!**

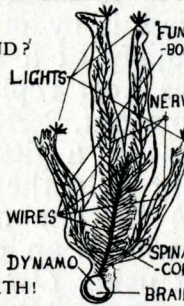
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FROM WHENCE COMETH MIND?  
WHAT IS MIND TO BODY?  
WHAT IS BODY TO MIND?  
WHAT IS NERVE FORCE?  
YOUR VITAL BANK ACCOUNT  
HAVE YOU OVERDRAWN IT?  
HOW CAN YOU REPLETE IT?  
HOW CAN YOU MAINTAIN IT?  
WHAT DEPENDS UPON IT?  
TO KNOW THYSELF SPELLS WEALTH!



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MAN IS DISEASED IN LIKE MANNER. PRESSURE ON A NERVE (THE ULNAR NERVE OR "FUNNY BONE") FOR EXAMPLE WILL DISEASE THE LITTLE FINGER AND RING FINGER. HANDICAP THE "HUMAN DYNAMO" (THE BRAIN) BY UNCONTROLLED THOUGHT, AND THE ENTIRE BODY WILL BE DISEASED. MIND IS THE ENGINEER.

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**DAIN L. TASKER, D. O.**  
526-9 Auditorium Bldg., Los Angeles, Cal.

Colorado bill for an independent board is now under consideration in the House of Representatives. Our practitioners are maintaining an active lobby. A circular letter setting forth the persecutions of the medical board and the decisions of various state judges that prosecutions instituted by the board were unwarranted has been sent to each representative. The letter is signed by Dr. George W. Perrin, secretary, and presents the claims of the osteopaths in a forceful way that should prove helpful in winning support for the measure.

**Composite Bill Passed in Washington State.**

Our composite bill passed both the house and senate March 8th—five allopaths, one homeopath, one eclectic and two osteopaths. The Governor said he would sign it.—W. T. Thomas, D. O., Sect'y Legislative Committee, Tacoma, Wash.

**Dr. Barnett Fails to Get Mandamus.**

Dr. J. A. Barnett, of Attica, Ind., has lost his case in the Supreme Court to compel the Indiana State Board of Medicine Registration and Examination to grant an examination to a graduate from a two-year course in osteopathy. The court gave no decision on the merit of the case, but held that mandamus was not the proper remedy, as Dr. Barnett should have taken the case to the Circuit or Supreme Court of his county.

**A Victory Gained in Iowa.**

Osteopaths were victorious March 9th before the public health committee of the Lower House of the Iowa Legislature. After Dr. Still of Des Moines and Dr. Thompson of the faculty of the S. S. Still College of Osteopathy had defended their school of healing and answered criticism directed against them by Dr. E. E. Munger of Spencer, the committee went into executive session and by a vote of seven to five decided that osteopaths should be admitted to practice in the proposed county hospitals.—Clinton (Ia.) Advertiser.

**Self-styled "Osteopath" Arrested.**

One "Dr." A. B. Smith, of Altoona, Pa., who calls himself an osteopath, although without a diploma from any recognized school, has been arrested for practicing medicine without being registered. The warrant was sworn out before Justice of the Peace James Kelly, of Huntington, where Smith has a branch office. Dr. P. R. Kamp, of Lock Haven, informs us that he was formerly located at Watkins, N. Y., but jumped into Pennsylvania as soon as the New York law went into effect.

**Arkansas is Calling for D. O.'s.**

Quite a number of osteopaths have located in Arkansas during the past year, but there are many good towns of 2,000 to 5,000 inhabitants which are still without osteopathic practitioners. The members of the state board are all active osteopaths and will aid in every manner possible in the matter of choosing locations. The examination fee is \$10. The branches examined in are anatomy, physiology, principles, practice, diagnosis, chemistry, urinalysis and toxicology, the last three combined in one. Only a practical and elemental test is given. The secretary, Dr. A. A. Kaiser, Lonoke, Ark., solicits correspondence with those who are considering a change or new graduates who are seeking locations.

**Northeastern Missouri D. O.'s Enjoy Fine Program.**

An excellent meeting was enjoyed by the Northeastern division of Missouri Osteopathic Association at Kirksville, January 1st and 2d. There was a good attendance and much enthusiasm prevailed. A strong program was presented, which included: "Physical Diagnosis, Clinic and Osteopathic Treatment of Heart Diseases," by Drs. L. von H. Gerdine and R. E. Hamilton; "Osteopathic Mechanics," by Dr. F. P. Pratt; Osteopathic Clinic, Goitre, by Dr. Earl Laughlin; "Osteopathic Treatment of Innominate Lesions," by Dr. F. G. Crowley; "Laboratory Technique of Value to the Osteopathic Physician," by Dr. R. E. Hamilton and Mr. Haight; "Osteopathic Treatment of Fractures and Dislocations with Illustration of the Commonest Fractures," by Dr. George Still; Hospital and Surgical Clinics, Hysterectomy for Insanity, Varicose Saphenous Veins, Ovarian Tumor, Laceration of Perineum and Cervix, Hallux Valgus, Circumcision and Adenoids, Fibroid of the Uterus, Hhpospasia, Talipes Calcaneus, Appendicitis, Tonsillitis, Fistula and Hemorrhoids, Carcinoma of the Uterus, by Hospital Staff; "Osteopathic Clinics and Orthopaedics," by Dr. Geo. M. Laughlin; "Urinalysis of Interest to Osteopaths," lecture by Dr. R. E. Hamilton; "Report of Three Interesting Osteopathic Obstetric Clinics," by Dr. Wm. H. McCoach. The heavy array of surgical demonstrations rendered possible by the proximity of the hospital and the presence of Dr. George Still, made the convention of unusual value and interest.

## Why Osteopathy Is the Best Treatment for Bright's Disease and Digestive Disturbances.

Made Plain in April "Osteopathic Health."

YOU never had a better chance to begin valuable promotion work for yourself, fellow osteopaths, than to start right off with this April issue, containing an invaluable and convincing talk on the proper care of acute Bright's disease. It is an osteopathic article from the ground up and is so simple that he who runs may read. If you begin it you will read it through without losing your interest in a single line or paragraph. So will every other person in your field. And think how many men in your field, because of natural weakness in that direction, or perhaps because of acquired weakness through alcoholism and like causes, live in dread that one day their kidneys may play out.

You will reach all of these people and their wives and grown-up children by this story. And since acute Bright's disease is always running into chronic forms, you will have a good chance to get a larger practice in these steady cases that seriously need osteopathic attention.

And again when a man applies for life insurance, the two vital spots which the examiner pays attention to are the heart and kidneys. Both of these organs are discussed very intelligently and conservatively in this issue of *Osteopathic Health*. After reading these articles the moral must be printed strongly to every mind that osteopathy is worth all that it costs and many times more to the person afflicted with heart or kidney disease.

There is likewise a good discussion of digestive disturbances. Since these constitute the bulk of average practice you will see that this issue is very applicable to every physician's practice and needs.

Read that article entitled "Try osteopathy first, not last." I am sure you would be glad to have a lot of people in your field get that idea pretty well before them. The economy of osteopathy is also presented in a convincing manner.

This is a splendid time to begin your annual contract for *Osteopathic Health*. Will you send in your order for 100 copies this month and continue receiving this splendid magazine for one year on the basis of 100 copies monthly?

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## Our Pocket Edition Justly Popular

WE are more than gratified with the reception which the change of form of *Osteopathic Health* from the old size to the present pocket edition size has met with in all quarters. Our friends are very enthusiastic in their praises of it and there can be no question but that it has made a distinct hit. There is a reason for this, and that is that people are much more pleased to carry away printed matter which they can conveniently put in a coat pocket or average sized hand bag without the necessity of folding it or making a bulky roll of it. Patients like it better, and there can be no doubt that this fact tends to secure a much wider dissemination of our literature because it is easier both to hang onto and carry away. The practitioner who does not put excellent and up-to-date field literature in his treatment rooms in bundles of a dozen copies at a time, for the purpose of letting his patients carry it away at will for the benefit of themselves and

friends is overlooking an invaluable opportunity for economical promotion. There is nothing like educating your patients to carry away literature from the office and keep carrying it away all the time. One of the best ways to do this is to suggest it without saying anything about it by putting in the treatment rooms a supply of a dozen or so copies which are always kept replenished as fast as new editions come out.

"Infinite riches in a little room" is the poetic compliment paid the new form of *Osteopathic Health* by one of our New York women D. O.'s who is an enthusiastic user.

If you are not using *Osteopathic Health* at present on contract, doctor, will you consider doing so in the interest of your practice and the needs of the public for more and still more information regarding osteopathy.

### Personals.

Dr. J. A. Barnett, from Attica, Ind., to Rogers, Benton Co., Ark.

Dr. Dayton B. Holcomb, from 501 to 513-514 Steinway Hall building, Chicago, Ill.

Dr. William C. Wilson, of Wentzville, Mo., has recently opened a branch office at St. Charles, Mo.

Dr. Clement Woolson is located in the N. Y. Life building, St. Paul, Minn., in partnership with F. A. Parker.

Dr. T. Simpson McCall, of Elgin, Ill., was in Chicago February 27th and was a caller at the office of "The O. P."

In view of the adverse decision of the Supreme Court in his mandamus suit, Dr. J. A. Barnett, of Attica, Ind., will remove to Rogers, Ark.

Dr. Joseph Henry Sullivan, of Chicago, was one of a party that went to Old Point Comfort to help welcome home the big fleet from its trip around the world.

Dr. Oliver Waller of Eugene, and Dr. Eva M. Carlow, of Medford, the only osteopathic applicants before the Oregon State Board in January, passed with highly creditable grades.

Dr. P. R. Kamp has bought the practice of Dr. L. Guy Baugher at Lock Haven, Pa., and is located at 121 East Water St., Dr. Baugher's former office. Dr. Baugher has moved to Wilkes-Barre, Pa.

Dr. Edward Albright has taken the offices of Dr. G. Winifred Patten, at 1269 Broadway, New York, where he is Mondays, Wednesdays and Fridays, while the rest of his time he is at 379 West End Ave.

Mr. McCully, representative of "Osteopathic Health," was in Washington, D. C., recently. He spent a pleasant half hour with Dr. Carl M. Kettler and said "Howdy" to as many of the profession as possible.

Dr. C. N. Walker, of the A. S. O. "Skidoo Class," has hung out his shingle at Athens, Ga. He had already established a connection at Walton, Ga., but decided that the larger place presented greater opportunity.

Dr. E. E. Tucker, of Jersey City, N. J., has opened offices in the Astor Court building, 18 West Thirty-fourth St., New York, and will spend part of his time there. On the days Dr. Tucker does not use the offices they will

be occupied by Drs. Thos. H. and Alice M. Spence.

Dr. O. C. Mutschler, of Somerset, Pa., has decided to sell his practice at that place. Dr. Mutschler has been successful in building up some good connections, but has finally decided that he is not strong enough to successfully take care of a large practice and so will, in the future, take only a limited number of patients, and devote part of his time to some light business vocation.

Dr. William Efford, who recently went to Live Oak, Fla., has located in Havana, Cuba, and will endeavor to educate the Cubans along osteopathic lines. He is having some Spanish literature printed. Dr. Efford will also make a specialty of taking care of tourist patients and would be glad to have referred to him any visitors to Havana who may desire treatment. He will, of course, reciprocate whenever possible. His address is Zulueta 36D. Phone 3225.

February 15th the daughter of Drs. Heisley, of Walla Walla, Wash., died from diphtheria. They had in consultation three D. O.'s and two surgeons, but without avail. Dr. Heisley was away when the little girl took sick, his wife looking after the practice. On his return, in addition to the care of his own daughter, he was called to an urgent case of throat trouble that had taken down Dr. J. F. Coon's daughter, Ruth. In this case he assisted in performing tracheotomy. The strain proved too much for Mrs. Heisley and she was taken ill. Shortly after the little girl died. Her name was Beryle Etta Heisley, and her age one year, seven months. This is the second case in four and a half years that Drs. Heisley have lost.

### REMOVALS.

Dr. R. M. Barker, from Cabool to Galt, Mo.  
Dr. W. F. Murray, from Sandwich to Earlville, Ill.

Dr. L. R. Chapman, from Quenomo to Fredonia, Kan.

Dr. W. V. Smith, from Lamoni, Ia., to Harper, Kan.

Dr. J. K. Kidwell, from Columbus to Jackson, Miss.

Dr. T. H. Woodson, from Carmen, to Cherokee, Okla.

Dr. W. E. Swan, from Clarksville to Jonson City, Tenn.

Dr. Anna I. Thompson, from Creighton to Winneton, Nebr.

Dr. J. R. Jackson, from Waterloo, Ia., to Brookings, S. Dak.

Dr. T. Wismer, from Webster to Morgan block, Lead, S. Dak.

Dr. E. L. Bowman, from Joplin, Mo., to R. 3, Box 30, Kirksville, Mo.

Dr. Anna A. Anderson, from Kansas City, Mo., to Herrington, Kan.

Dr. G. M. Goddell, from Hampton to 21½ E. 4th St., Waterloo, Ia.

Dr. T. H. O'Neill, from 25 W. 42d St. to 507 5th Ave., New York City.

Dr. J. O. Lowry and Mrs. Lowry, from Ennis, Tex., to Cecilia, Ky.

Dr. J. R. Shackelford, from 1003 to 604 Century building, St. Louis, Mo.

Dr. Susan M. Smith, from Almena, Kan., to Circleville, Jackson Co., Kan.

Dr. George D. Kirkpatrick, from Bond build-

### Contents of April Osteopathic Health.

The Cure of Acute Bright's Disease.....	1
Death inevitable if kidneys suspend <input type="checkbox"/> Why meat and drugs are dangerous <input type="checkbox"/> Once a poison always so <input type="checkbox"/> Starvation and poisoning the danger points <input type="checkbox"/> Osteopaths can allay kidney inflammation <input type="checkbox"/> Injuries to structure <input type="checkbox"/> Irritated nerves disturb kidneys <input type="checkbox"/> Correcting Structure restores function <input type="checkbox"/> M. D.'s offer one benefit; D. O.'s offer two <input type="checkbox"/> Drugs not needed for other organs <input type="checkbox"/> How colds may affect the kidneys <input type="checkbox"/> Prevents kidney complications in fevers <input type="checkbox"/> Begin treatment early.	
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Try Osteopathy First—Not Last .....	13
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ing to 111 Stoneleigh Court, Connecticut Ave. and L St., Washington, D. C.

Dr. L. G. Baugher, from Lock Haven, Pa., to Box 96, Wilkes-Barre, Pa.

Dr. H. S. Asmussen, from Logan, to 243 W. 1st St., Salt Lake City, Utah.

Dr. Dorothy S. Birley, from 222 to 65 N. Raymond Ave., Pasadena, Cal.

Dr. Earl D. Jones, from "The Carlyle" to Kane building, Pocatello, Idaho.

Dr. Mabel E. Andrews, from Los Angeles, Cal., to 1607 1st Ave., Perry Ia.

Dr. H. W. Maltby, from 613 Congress St. to 673 W. Madison St., Chicago, Ill.

Drs. Chas. A. and Clara H. Kaiser, from Little Falls, N. Y., to Herkimer, N. Y.

Dr. Mary E. Alspach, from Denver, Colo., to 410 Commerce Building, Topeka, Kans.

Drs. P. R. & E. E. Cain, from 302½ Broadway, to 110 S. 5th St., Hannibal, Mo.

Dr. W. L. Klugherz, from Jenkintown, Pa., to 168 Southampton St., Buffalo, N. Y.

Dr. Hugh Thomas Ashlock, from 13 to 16, to 45-46-47-48 Owsley Block, Butte, Mont.

Dr. D. Orval Thompson, from Palmyra, to room 7, Schmidt building, Beardstown, Ill.

Dr. Frank Holmes, from Grangeville, Idaho, to 416 Mohawk building, Spokane, Wash.

Dr. Earl M. Olds, from 601 Wilner building to 306 Minahan building, Green Bay, Wis.

Dr. M. J. Carson, from 105 N. Main St., to The Phillips building, Rocky Mount, N. C.

Dr. Ella H. Birchfield, from Topeka, Kan., to 2688 N. Workman St., Los Angeles, Cal.

Dr. M. E. Cayless, from Clearfield, Pa., to 122 Commonwealth building, Denver, Colo.

Dr. Florence Stafford, from 625 Clyde St., Pittsburg, Pa., to 329 Bank St., Sewickley, Pa.

Dr. H. A. Thornbury, from 108 Meigs building to 42 Sanford building, Bridgeport, Conn.

Dr. Mary E. Pratt, from 402 National Bank building to 967-9 Spitzer building, Toledo, Ohio.

Dr. Catherine Compton, from Corn Belt Bank building, Bloomington, Ill., to Box 85, Beeville, Tex.

Dr. Helena S. Halvorsen, from 730 Carlisle Ave., to 8-9 Golden Gate building, Spokane, Wash.

Dr. Ward Loofbourow, from 735 Beaver St., Sewickley, Pa., to 69 Chattenden Ave., Columbus, O.

Dr. Nellie Welch Nelson, from 2268 Knapp St., St. Paul, to 64 Syndicate block, Minneapolis, Minn.

Dr. C. F. Winbigler, from The Alabama, 11th and North Sts., to 1644 Park Road, Washington, D. C.

Dr. Asa P. Bliss, from 605 Chamber of Commerce, to 427-428-429 Grosse building, Los Angeles, Calif.

Dr. Frances Saunders, from Winchester, Tenn., to 410 Davis Exchange Bank building, Albany, Ga.

Drs. Lathrop & Lathrop, from South Haven to Battle Creek, Mich., care of Bernard MacFadden Sanatorium.

Dr. A. M. Smith, from Caldwell, Idaho, to Eugene, Ore., after April 1st, in partnership with Olive C. Waller.

Dr. Anna Stanley, from 329 E. Douglas St. to 425-427 Barnes block, S. E. corner Douglas and Lawrence Aves., Wichita, Kan.

Dr. Joseph F. Byrne, from Ottumwa, Ia., to suite 101-2 Osborne building, Cleveland, Ohio, in association with Dr. Jennie B. Neal.

Drs. Mary H. Walters and Frances A. Howe are now in Santa Barbara, Calif. They are so well pleased with the city that they contemplate locating there for practice.

#### LOCATIONS.

Dr. J. O. Bruce, at McCook, Neb.

Dr. Olive C. Waller, at Eugene, Ore.

Dr. J. H. Robuck, at Trinidad, Colo.

Dr. Lorena Kagay, at Richwood, O.

Dr. Elva Lyman, at Iowa Falls, Ia.

Dr. C. N. Spohr, at Missoula, Mont.

Dr. J. W. Kinzie, at Ashland, Kan.

Dr. Mary Lyle Sims, at Columbia, S. C.

Dr. Irma I. Moon, at Pacific Grove, Cal.

Dr. Ralph W. E. Newton, Clay Center, Kan.

Dr. C. N. Walker, A. S. O., '09, at Athens, Ga.

Dr. R. F. Tysworth, at "The Virginia," Knoxville, Tenn.

Dr. A. E. Ellis, at the Freeman building, Riverside, Cal.

Dr. G. McE. Phillips, in the Peck building, Atlanta, Ga.

Dr. Frank T. Martin, at 992 Page St., San Francisco, Cal.

Dr. Jerome Knowles, at 3006 West Ave., Newport News, Va.

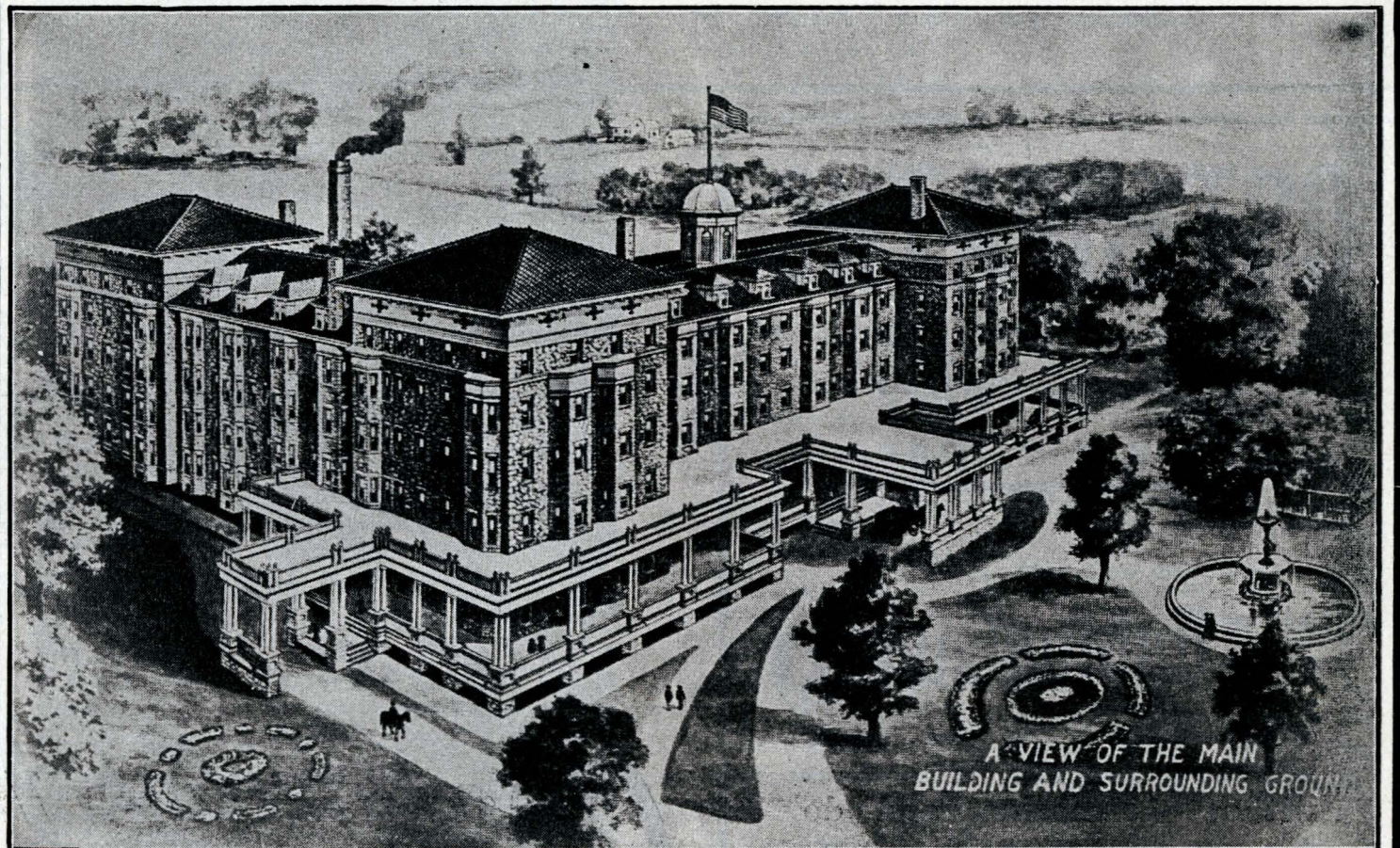
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Any special line of treatment that has been commenced can be intelligently followed out. In spite of good intentions the temptations of the average home are usually too strong for the patient, and special dietetic instruction are disregarded or forgotten. The Bernarr MacFadden Sanatorium on the contrary offers every inducement and opportunity to consistently follow a prescribed course of diet and action.

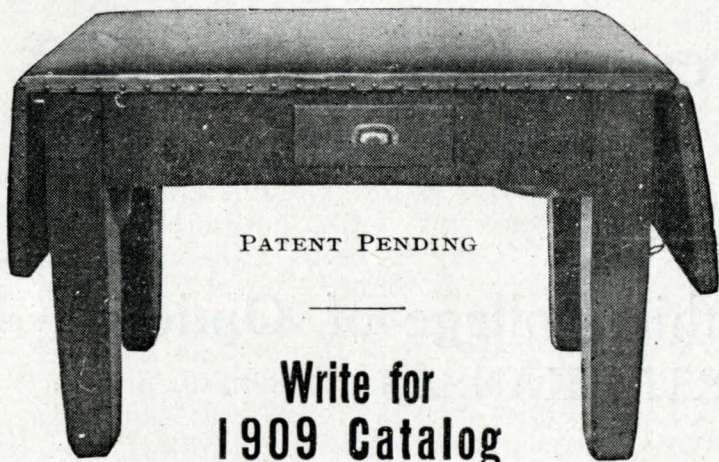
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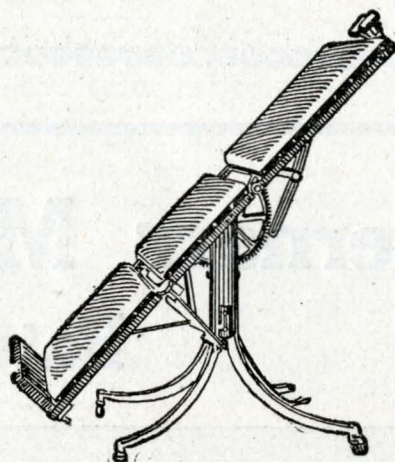
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To Dr. and Mrs. George W. Reed, Worcester, Mass., February 18, a daughter, Ruth Elizabeth.

To Dr. and Mrs. W. F. Traugher, Los Angeles, Cal., February 10th, a daughter, Margaret Ruth.

To Dr. and Mrs. William S. Nicholl, Philadelphia, Pa., February 8th, a daughter, Margaret Sarah.

Died.

Mrs. Jane Hulett, mother of Dr. Chas. E. Hulett, of Topeka, Kan., at her home in Bloomfield, Ia., January 14, 1909, at the age of 76.

At Walla Walla, Wash., February 15th, Beryle Etta, the daughter of Drs. Heisley. The little girl was aged 19 months. Death was due to diphtheria.

At the home of his daughter, Mrs. Millay, near Greencastle, Mo., February 26th, E. A. Matthews. Funeral services were held at the home of M. L. Beeman. He was the grandfather of Drs. E. E. and R. H. Beeman, of New York City.

WANT ADS.

TO LET—Use of office three days per week. Dr. E. H. Merkley, 36 W. 35th St., New York.

WANTED—POSITION AS ASSISTANT BY lady D. O.; four years' experience. Will buy practice if on easy terms. Address D. K., care of The O. P.

FOR SALE—GROWING PRACTICE, ESTABLISHED two years, in town of 8,000 in Northern Calif. \$250 cash, including office furniture. Address 420, care The O. P.

WANTED—A POSITION AS ASSISTANT OR to take charge of practice from about June 15th to Sept. 1st, by man and wife with seven years' experience; Illinois license. Chicago preferred. Address 421, care The O. P.

WANT TO DISPOSE OF A GOOD CASH-PAYING practice in Eastern Indiana city of 6,000, with nearby towns aggregating 10,000. Practice would support two practitioners. Compelled to rest a year because of overwork. Address 422, care The O. P.

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WANT TO BUY A PRACTICE IN CITY OF 10,000 population or less. Illinois preferred. Address 424, care The O. P.

WANTED—POSITION, JUNE 1ST TO SEPT., as an assistant to an osteopath; in or near Chicago preferred. Rosette Shortridge, 416 S. 5th St., Kirksville, Mo.

FOR SALE—OFFICE AND PRACTICE IN Southern California. Will sell for cost of fixtures. Reason, sickness. Address 426, care The O. P.

AN AMERICAN CHRISTIAN COUPLE, GOOD appearance, age 30, want positions as assistants or take charge of office for summer. Seniors of one of the best Eastern colleges, with best references. Are prepared to go anywhere. Address 425, care The O. P.

FOR SALE—A \$6,000 PRACTICE. BEST CITY in Colorado; 8 years; health demands rest. Do not write me unless you have cash and mean business. Address "A," care The O. P.

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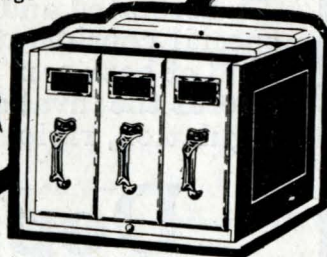
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well, at the Finlen Hotel parlors, Butte Mont., on January 28th.

Dr. Julius A. Quintal and Miss Jessie Cramer Wilson, February 11th, at Kirksville, Mo. At home after March 15th, 508 E. McPherson St.

Dr. Leona Harper, of Minneapolis, Minn., and Dr. Clement Woolson, of St. Paul, Minn., at the home of the bride's parents, January 26th. At home 1878 Marshall Ave., St. Paul.

Dr. Earl D. Jones, of Pocatello, Idaho, and Miss Marie A. Hesbacher, of Keokuk, Ia., at Salt Lake City, Utah, February 13th. At home in Pocatello, Idaho, "The Carlyle," where Dr. Jones is located.

Born.

To Dr. W. J. Jeter, of Los Angeles, Cal., a daughter.

To Dr. and Mrs. J. L. Shorey, Marquette, Mich., November 20, 1908, a son.

To Dr. and Mrs. W. J. Adams, Oxnard, Cal., February 11th, a daughter, Leota Ruth.

18 W. 34th St., New York. Dr. Tucker also retains his office in Jersey City, N. J.

Dr. Mans W. Stearns, at 708 Albany St., Schenectady, N. Y.

Dr. A. Maude Atherton, at 446-448-450 Slater building, Worcester, Mass.

Dr. Roland C. Coryell, at Clearfield, Pa., in charge of the practice of R. W. Rogers.

MARRIED.

Dr. Nellie M. Shelle and Dr. A. E. Berry, February 16th, at Tampa, Fla.

City, February 5th, at Kansas City, Mo. At home after March 1st, Osceola, Ia.

Dr. U. O. Deputy and Miss Jessie Huckleby, at the bride's home in Rich Hill, Mo.

Dr. Earl Ingfield Agnew, of Osceola, Ia., and Miss Myrtle Barton Hosier, of Kansas

Dr. Allie E. Bell and Mr. William I. Stock-