

The Osteopathic Physician

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The Osteopathic Physician

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Uric Acid and Its Relations to Osteopathy

J. Oliver Sartwell, D. O., Salem, Mass.

URIC acid is formed in the human body in the proportion of one to every thirty-five parts of urea elaborated and is considered a by-product of the latter. Its most marked physical characteristic is its insolubility in water, whereas urea is very soluble. This fact is readily noted by observing the free uric acid which sometimes occurs in urine, it looking like fine grains of cayenne pepper. The blood, as a rule, is slightly alkaline and is capable of holding in solution a moderate quantity, alkalies evidently being the best solvents.

Another characteristic is its affinity for itself, that is, its attraction for itself whether in an alkaline or acid medium. It occurs in the blood as a gluey or colloid substance and around joints in a modified form known as the bi-urate of sodium.

Uric acid in abnormal quantities indicates a disturbance of metabolism. It is an end product of an imperfectly digested molecule of proteid food. Probably it results from a deficient oxidation. At any rate proteids from an animal source such as meats, fish, fowl, eggs, etc., are said to contain six to eight grains of xanthin per pound. This is very closely allied with (if not identical to) uric acid. Xanthin is also found in many vegetable foods, such as peanuts, lentils, peas, asparagus and mushrooms to the extent of twelve to sixteen grains per pound. Tea, coffee, cocoa and chocolates contain alkaloids of this group as well.

The presence in the system of uric acid may be determined by several methods.

1. The capillary reflex, a slow reflex being an almost positive diagnosis.
2. By the use of the sphygmomanometer a high blood pressure frequently indicating a capillary obstruction of the colloid form.
3. By rigidity and impairment of the functions of the joints with subsequent enlargement of the articulation. All three of these indications may be present or only one of them.
4. By urinalysis.

A certain amount, ten grains I believe, is normally formed each day, while there is about 350 grains of urea excreted.

Uric acid seems to have a tendency to set up a mild, subacute inflammation in the fibrous or connective tissues in any part of the body, when in excess. This is particularly true, when from various causes, the blood temporarily loses its alkalinity. The acid is then precipitated upon basement membranes and ligamentous structures, especially around joints. The final effects of this process is to cause a hypertrophy of mucous membranes and a ligamentous thickening, shortening and contraction of the tissues around the articulation. When this occurs we have a typical osteopathic legamentous lesion, and the result is a rigid or stiff spine. Consequently the intervertebral disks become compressed, the intervertebral foramina decreases in size, motion is impaired, the nutrition to the centers in the brain and cord is deficient and symptoms of a disturbed innervation results. Consequently a new chain of symptoms begin to manifest themselves. Now all this can be the result

of the ingestion of an excessive amount of proteids, even though primarily there was no malalignment of the vertebrae. If, however, an osseous spinal lesion is present, additional symptoms develop, such as tenderness around the joints and heat. The latter is undoubtedly the result of an inflammation of the arterioles and a consequent plugging up of



Dr. Louisa Burns, of Los Angeles, Calif.

the capillaries by the uric in a colloid form.

It is a generally conceded fact that the presence of a lesion is not, of itself, always sufficient to produce a disease. It may be and usually is the predisposing factor. The exciting cause, however, is most frequently found to be the abuse of a bodily function. The alimentary canal is probably the most commonly abused portion of the human mechanism. Such traits as over-eating, imperfect mastication, incompatible foods and excessive water drinking (particularly at meals) all tend to render the digestion imperfect and, as a result, disease ensues if the vitality has been previously weakened by the effects of ligamentous or osseous spinal lesions.

Another type of a lesion exists, however, which, while not so important as the two mentioned is equally affected by the lithaemic diathesis. This is the muscular contracture so frequently found in the vicinity of the spine. Observe that the same process occurs here as happens in the ligaments, that is a shortening and thickening of the belly of the muscle. This necessitates an undue approximation of

the osseous structures which afford attachment to the tendons. Undoubtedly, in many cases the sole cause of this condition is the irritating effect of uric acid in the interstitial tissues of the muscles and it is quite probable that a mild myositis is the result.

Of course, exposure affects these tissues as well as over exertion, but the effects would be only temporary were it not for the uric acid present.

In many cases where osseous spinal lesions have been corrected, it is found that they readily return after a short period. This is the direct result of an excessively heavy proteid diet. That a low proteid diet is better than one rich in this class of food, is well borne out by the classical experiments of Professors Fisher and Chittenden of Yale, as well as by Horace Fletcher's experience. The result of these researches seem to show that an extremely low albuminous diet will never be characterized by ligamentous and articular disturbances. It is very evident that, as soon as uric acid accumulates to excess, it immediately is attracted by any deposits in the articulations of the spine or other joints. The consequences are that former seats of articular inflammation are again stirred up into subacute activities. One of the clinical diagnostic signs of a lesion is the presence of a cutaneous area with an increased temperature caused, undoubtedly, by a local precipitation of the acid, when the blood has been in a lessened degree of alkalinity. This may be brought by deficient exercise and lack of fresh air.

From a medical standpoint the case, aside from dieting, is helpless, the treatment varying from precipitants to solvents and solvents to precipitants. Lithia, bicarbonate of sodium and the salicylates of sodium are freely used.

I emphasize these points because of the tendency among some osteopaths to ignore diet, exercise and fresh air. It is true that many D. O.'s have cured cases by the application of specific treatment to a solitary lesion, but how about the many cases which do not respond to our most frantic attempts to adjust? Is it not possible that the mode of living and environment might not be partially responsible?

Take for example neuralgia of the face. Many cases are cured by the correction of a lesion in the cervical area, but oftentimes the most important lesion is in the interscapular region. Elimination of proteids would certainly keep uric acid from gathering in the sheaths. The administration of foods containing iron, of course, is very beneficial.

My argument is, therefore, for a more thorough general spinal treatment, and the use of advanced methods of clinical diagnosis.

The logical thing to do then, in the treatment of all disorders of metabolism is to eliminate all flesh foods and their products, as well as the nitrogenous vegetables mentioned. Nuts also should be avoided.

2d. To correct all lesions, seeking particularly to loosen up the spine and thereby stimulate the activity of the spinal centers.

3d. It is the writer's experience that lesions between the third and eighth dorsal are very common in the uric acid diathesis.

4th. The elimination of all drinks except distilled water, huge quantities of which should be used. This is said to have a

marked eliminating effect by holding the acid in solution.

5th. Eliminating by numerous short fasts is one of the best methods.

6th. Turkish baths are very valuable in promoting elimination.

Doc Pessimist in Retrospective Mood Becomes Reminiscent

EVER since my last piece in THE OSTEOPATHIC PHYSICIAN I have been feeling pretty pert and my game leg is O. K. again, so that with the early spring flowers and green trees I feel quite different from my name. Somehow I can't help but wonder if my disposition has not been influenced somewhat by that rather peculiar family inheritance.

Since I joined the A. O. A. I have been reading quite a whole lot more than I ever did before. Mebby one gets in a habit of reading and I am inclined to think it is a good one to cultivate, provided you read the right things. It seems to me that for a religiously inclined feller to read agnostical and skeptical books instead of his Bible would be inconsistent, not to say dangerous, for it might plant some small seed of unbelief leading to his ultimate undoing, and land him in the firey pit.

A French boy would not get his lesson in patriotism by reading a German history of the war 70-72 and the downfall of the last empire. Of course, all M. D. doctors are so strong-minded that they could read all the osteopath books printed, that is, if any of 'em would look at one, and not be contaminated by our foolish claims in the least, but the reason for that is that by their training, according to their age, of from six months to four years they are taught to hate all things which do not originate with them or has been stolen from the other feller long enough to acquire title.

That is why they have built up a powerful machine which hopes to dominate the therapeutic world and does so now, b'gar.

Now how about us D. O. fellers? We find their libraries full of medical books and not much encouragement shown for writing osteopath books, while their tables have M. D. magazines and few, if any, osteopath literature beyond *Osteopathic Health* and them D. O. boys read those books and magazines and shape their treatment unconsciously to conform to the teachings in 'em. Now the question is, are us fellers so well grounded in osteopathy that we can handle seditious matter with impunity (I seen that sentence in a history book and it sounds bully) for if we are anchored in our faith with the security our M. D. brother is in his, why alright, because then only once in a while will a D. O. slip off his 10-fingered perch into the awful abyss of scrambled therapeutics and professional oblivion for I am in favor of sending 'em there, too, and will never refer a patient to a mixer.

My woman D. O. friend up to 'Frisco tells me a lot of 'em have gone wrong and when I asked her why, she said, there were several reasons like, for instance, too broad a law, for a lot of D. O.'s had to have a "Thou shalt not" by the legislature to keep 'em from pills; also likewise some of 'em thought their social standing was helped by carrying a little black bag; but the main reason lay with the schools in not turning out a lot of partisan warriors ready to fight and die for the cause. "Why," said she, "most of 'em nowadays come out with no very definite idea whether it was a medical college or an osteopathic one that graduated 'em, and most of those who do realize the latter believe from the teachings of their M. D. professors that their next step toward perfection is via a medical college."

As she came from a different school than I

and had been in practice longer I asked, "Was it different when you was a student?"

"Was it?" she exclaimed. "Was it different? Well I should say so. Why we were simply saturated with osteopathy. We ate it, drank it, breathed it and by night dreamed it and when we went out into the world we believed in its infallibility. Of course, we did not live up to our ideal, for that is always an impossibility, but there is nothing surer than this: that fine enthusiasm never was lost and helped us over many rough places. We attempted many apparent impossibilities and often accomplished them to our own renown and to the glory of osteopathy. That was the type of the pioneer who went forth to fight for the principle given them by the Old Doctor. You can just bet"—and here she got some excited and talked like a man—"that if the osteopathic world had been peopled in those stirring times by a lot of namby pamby, weak-kneed, uncertain, *medico-near-osteopaths* the jig would have been up long ago. They fight to the death for a principle they neither understand, respect or believe—nix?"

Going home on the train that night I got to thinking it over. When I was in college we had a M. D. professor who was like the leopard on the changing spots question and he was always putting formulas on the board to "help out osteopathy" but I am so slow about such drug matters and always get mixed up on drahms, ounces, etc., that I never dared try any of 'em so I had to get along without that "help."

Once we had a visit from quite a prominent osteopath who talked to our class and when he saw them pill formulas he said, "Probably it is all right for you to know about those things but I warn you if you make use of that knowledge it will likely land you in jail, and he fervently concluded, "I hope it does." It does seem absurd to teach 'em a lot of stuff the law forbids 'em to use.

So this is how I have doped it out. When I get into a tight place I only know one thing, Osteopathy, and I get busy and use it for all I am worth. If I knew the rest of the fifty-seven varieties of healing I should begin and use each until I had tried 'em all out, or the patient died, and should not exhaust the possibilities of any one. Thinking it over, I am surprised at the results I have had in a long line of tough cases and you understand I aint very many in this here osteopathy business.

Dog gone it all, anyhow! This *medico-near-osteopath* situation gets onto my nerves and makes me sign.—*A. Pessimist, D. O.*

P. S.—Mr. Editor, you said in my last piece printed in your paper that I forgot to sign my name—now you see it.

Concerning Research Institute Literature

THE preliminary literature for the campaign on the endowment of the A. T. Still Research Institute probably will have gone out to the profession by the time this reaches its readers. The intention and the effort has been to reach every member, but with no recent authentic directory this is not entirely possible. The literature has been sent to about five thousand addresses, usually counting firms of two or more practitioners as one address.

This notice is to those who have been missed. If you have not received your sample, or if you know of any one who has not, if you will drop me a card, I will see that the omission is supplied.

Let me urge upon all the members of the profession to help in reaching every member.—*C. M. Turner Hulett, Chairman, D. O.*

1911 A. O. A. Convention Program

Monday, July 24.

State Meetings.
Evening—Reception.

Tuesday, July 25.

9:30—Invocation. Address of Welcome. Response. President's address, Arthur G. Hildreth.
10:30—The Significance and Importance of the Osteopathic Lesion (25 minutes), James L. Holway.

11:30—Sidney A. Ellis.

11:30—Photographical Osteopathic Lesions (Stereopticon and Special Skeleton) (30 minutes), Charles E. Fleck.

12:15—The Hypothetical Lesion (15 minutes), Henry S. Bunting.

Clinics.

Demonstrations on actual cases emphasizing (a) diagnosis and therapy. (b) Sane and safe treatment, Frank C. Farmer, Chairman.

2:30—Technique of Cervical Region, Charles E. Still.

3:00—Technique of Dorsal Region, C. W. Johnson.

3:30—Technique of Curvatures, J. W. Hofsess.

4:00—Technique of Pelvis (Innominate, Sacrum and Coccyx), Ella D. Still.

4:30—Osteopathic Treatment of Organic Kidney Lesions, Frank H. Smith.

Evening—Reunions, etc.

Wednesday, July 26.

9:00—Osteopathy in the Field of Preventive Medicine (25 minutes), D. W. Granberry.

Section—Gynecology and Obstetrics, Olive Clarke, Chairman.

9:30—Diagnosis of Pathological Pregnancy (25 minutes), Lillian M. Whiting.

10:00—Dysmenorrhoea (25 minutes), Louise P. Crow.

10:30—Barbara MacKinnon.

11:00—Short talks on some common structural abnormalities of the Uterus, C. A. Whiting.

11:30—Discussion.

12:00—Educational Report.

Clinics.

2:30—Technique of Dorsal Region, George J. Helmer.

3:00—Osteopathic Indications of the Anatomy of the Vertebral Column, Frank P. Pratt.

3:30—Technique of Cervical Region, Harry W. Forbes.

4:00—Etiology and Pathology of Certain Affections of the Spinal Artulations, Ralph K. Smith.

4:30—Osteopathic Treatment in Disorders of Children (20 minutes), Roberta W. Ford.

Evening—Report of A. T. Still Research Institute (research results of the past year), E. R. Booth, Chairman.

Thursday, July 27.

9:00—Report of A. T. Still Research Institute.

10:00—Pathology and Treatment of Pulmonary Tuberculosis (20 minutes), W. B. Meacham.

10:30—Business Election—Publication Committee Report.

Clinics.

2:00—Technique of Hip-joint (Tubercular and Dislocations), George M. Laughlin.

2:30—Technique of Pelvis (Innominate, Sacrum and Coccyx), Clara Wernicke.

3:00—Technique of Ribs and Flat Foot, Homer E. Bailey.

3:30—Technique of Curvatures, and Clinic Talk, Herbert E. Bernard.

4:00—Osteopathic Hygiene (25 minutes), L. Ludlow Haight.

4:30—Treatment of Typhoid Fever (20 minutes), Arthur M. Flack.

Evening—7:00-8:00—Legislative Committee Report.

Eye and Ear Section, Chas. C. Reid, Chairman.

8:00 p. m.—Glaucoma, Percy H. Woodall.

8:30—Clinics, Optic Neuritis, Chas. J. Muttart.

Friday, July 28.

9:30—Obstetrics (resume of experience) (25 minutes), M. E. Clark.

10:00—Neuritis (20 minutes), Mrs. Furman J. Smith.

10:30—Treatment of Infantile Paralysis (20 minutes), Grace C. Stratton.

11:00—Business.

2:00—Osteopathic Applied Anatomy (25 minutes), R. W. Bowling.

2:30—Demonstration of Osteopathic Lesions on Articulated Spinal Column (20 minutes), H. H. Fryette.

3:00—Treatment of Pneumonia (20 minutes), J. A. Overton.

Clinics (Actual Demonstrations.)

3:30—Osteopathic Treatment of Organic Heart Lesions, W. B. Keene.

4:00—Technique of Lumbar Region and Anterior Abdomen, Joseph H. Sullivan.

4:30—Presentation of Cured Cases, F. A. Turfler.

Evening—Dinner—Alfred Wheelock Young, Chairman.

What the Medical Man Has to Offer the Public

R. G. Ashcroft, D. O., Kingston, Canada.

WOODS HUTCHINSON, A. M., M. D., in an article entitled "The Passing of Pills and Powders," in *Hampton's Magazine* for November, makes many statements and admissions that show the poverty of resources of the medical men. This, I take it, is an authoritative statement of the present condition of "materia medica" and it makes mighty good reading for osteopaths.

After showing how the majority of the remedies in use today have sprung from "a seething welter of ignorance and superstition," Dr. Hutchinson emphasizes the fact that "No drug—save quinine and mercury in special cases—will cure a disease: only rest, food, sunshine, and fresh air can work that miracle." He also states that any drug or remedy persisted in long enough will "cure" 85 per cent of all diseases, as that per cent get well of their own accord no matter what may be done or not done for them, and that "our proper function is to intelligently assist Nature in her efforts, instead of thwarting her at every turn and suppressing every symptom as quickly as we can find a club to beat it down with." The stomach tube has replaced emetics, dieting has superseded cathartics, cold air and exercise are the only real "tonics."

Having thus disposed of the old "materia medica," Dr. Hutchinson then tells us that the attention of the medical profession today is directed toward antiseptics, antitoxins, vaccines, glandular extracts and "hormones."

I believe it has long been an osteopathic fundamental that "the body manufactures its own chemicals and compounds necessary for perfect function," and apparently the medicos have now awakened to that fact, as Dr. Hutchinson announces that "In our search through the body for anti-bodies and anti-toxins, we discovered that our blood and all our vital fluids were full not merely of liquid food and waste substances, but of natural tonics and sedatives, of stimulants and restorers of the body balance generally. In fact, we are walking pharmacies as well as machines and thought factories."

Regarding internal antiseptics, Dr. Hutchinson says "at present their utility is sadly limited by the fact that the human body, being simply a colony of animal germs, they are almost as deadly to our own cells as to the invading bacteria." The only ones he mentions are quinine in malaria and mercury in syphilis, and he claims they kill the germs in the blood stream *without injuring the body!*

As to antitoxins, he admits they have only the diphtheritic of proven value, but Flexner's antitoxins for spotted fever and infantile paralysis show promise. Similar procedure, however, will not work in typhoid or pneumonia, and is positively harmful in tuberculosis, and "in other diseases, the crux of the problem is that we have no known animal which will 'take' the infection and hence form antidotes against it."

As to the process of "curing in advance" he refers to the vaccine virus, and the injection of "very small doses of virulent germs, or larger doses of weakened germs" to create immunity to typhoid, pus infections and "common colds" by giving the unlucky victims a mild attack of a disease they otherwise might never have had.

Of glandular extracts, he says nearly a dozen are in common use, but mentions only four:—Thyroid extract for cretinism and myxedema, suprarenal extract for arterio-sclerosis, pancreatic extract for diabetes and ovarian extract for ovarian troubles. I believe the thyroid extract is the only one of proven value. "Hormones" are substances thrown into the blood stream by the different organs to stimulate the activity of coöperating glands and organs, and Dr. Hutchinson tells us that some of these "messengers" have been already identified and extracted so that "we can now use them to stimulate the activities of certain glands and organs at will." He seems to overlook the fact that this method does not provide for excess secretion and would merely encourage a lazy gland or organ to stop work entirely.

To sum up, the medical profession has only two specifics, one antitoxin, one virus and one glandular extract that they are sure of. No wonder the people are turning to the "drugless healers" for relief.

Gives Credit to Osteopathy in Case of Infantile Paralysis

FOLLOWING up the article by Dr. Ernest R. Proctor in the January issue of THE OSTEOPATHIC PHYSICIAN this letter quoted from the *Des Moines* (Ia.) *Register and Leader* is of interest:

"To the Editor: In *The Register and Leader* of January 9, there was an article about my son, Stephen Gaffney, who has infantile paralysis. Since then I have been swamped with letters from people asking what had been done for him that he has made such a splendid recovery so far.

Since this one article appeared about him, I am asking the privilege of using the columns of *The Register and Leader* to let those who may be interested know what was done. The boy was sick ten days before paralysis set in. On October 15, 1910, the paralysis was complete in both legs. He got so much worse after the paralysis set in that we called an osteopath on October 19. He was quite low at this time and little hope was held out for his recovery, and on the night of October 20 came near dying, but began rallying on the 21st, and in a few days he began moving his legs, though for a few weeks it was feared the muscles on the front of the left thigh would be permanently paralyzed. He began using these in November, and is now able to get up from his chair and goes about on crutches, and can walk a little without the aid of them. He is still taking osteopathic treatments, as our medical doctor said he could do nothing, and the September bulletin of the state board of health said the same thing, though it did advise strict isolation of the patient, but this isolation doesn't help the patient. I don't know why the state board bulletin does not advise the use of osteopathy in these cases, as I've heard of many favorable results from its use after other doctors had failed.—J. J. Gaffney, Wightman, Iowa.

Goitre

C. F. Christensen, D. O., White, S. D.

DEFINITION. Goitre, thraecocele and bronchocele are some of the several names applied to a condition in which the thyroid is enlarged and it is called so whatever the cause and symptoms are.

CLASSIFICATION. Ross and Carless and Stengel classifications are probably as good as any. Archibald Church in "Modern Clinical Sciences" uses the same classification. It is as follows: (1) The parenchymatous or simple; (2) the fibro-adenomatous; (3) the cystic, and (4) the exophthalmic. None of the mentioned authors tries to explain why the different kind in each individual case, but they all give as a symptomatic trial of any typical case of goitre, maybe specifying the exophthalmic variety. (In reference to the definition, it is taken from "Gould Dictionary.") The tachycardia, enlargement of the thyroid and the exophthalmos. They do not necessarily all occur in a single case, but they are mentioned in their order of frequency.

ETIOLOGY. Sex. There is a large difference in the percentages given by the different authors. One author gives that in a series of 200, 161 were females. Another gives six to one of respectively females and males. Age. The condition is by far the commonest during the reproductive period and during that period most occur in the years from 15 until 30, in fact it is quite rare before puberty and after the menopause. Locality. All authors agree that locality is of great importance. It is especially common in certain parts of England, Switzerland, parts of Italy, and also in parts of Michigan. But as a whole, in the United States it is very common. Certain explanations have been given why the locations seem to influence the disease, but all later authors admit that none of them are satisfactory. Heredity plays a big role; a neuropathic parentage is found in most cases.

Several more or less one-sided theories have been promulgated since the disease was classified (in the years 1846 and 1848 by Graves and Basedow independently of each other), and the German clinical-medical sciences give them very admirably. Some of them are (1) the hematogenous, (2) neurogenous, (3) thyrogenous.

The hematogenous theory is the earliest and emanates from Basedow himself.

This theory corresponds to the humoral-pathological view of that period, and assuming that the disease was due to a faulty, anemic and chlorotic admixture of the blood.

Among the arguments in its favor was the overwhelming frequency of the disease among females, its usual appearance during youth, its very frequent association with menstrual disorders, particularly with amenorrhoea. The favorable influence of pregnancy in isolated cases and later reports of its frequent coincidence with enteroptosis.

Other observations, such as the hereditary tendency of the disease, its often acute development after trauma, severe somatic and physical shock, and the like, might with equal justice point to a neurotic origin of the affection. Still others, such as its combination with severe intestinal affections, which has recently been much emphasized, with jaundice, etc., might indicate an auto-intoxication from the intestinal tract, changing the secretory activity of the thyroid, which shall later be considered. At all events, the arguments which favor the hematogenous theory are opposed by many others, and that an anemic and chlorotic, altered blood mixture is the etiologic cause is at least exceedingly doubtful; aside from the fact that the disease may occur in men, that it is met with in children, in women during the climacterium, that pregnancy, as a rule, has an unfavorable rather than a benign effect upon the disease. This hypothesis does not even explain the three chief symptoms, since exophthalmos does not occur in ordinary chlorosis and goitre is rarely present, and when it is it differs decidedly from the goitre of Graves' disease, and tachy-

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the sympathetic bridge, others the vagus bridge, and still others the bridges including the medulla, to be broad and firm enough to support weighty and cumbersome theoretic loads. As a matter of fact, in a retrospective survey, after this lapse of time, we can scarcely express the feeling that the greatly lauded advance of experimental physiology at that period occasionally exerted a most unfavorable influence, pathologic facts frequently being distorted into one-sided and erroneous conclusions which brought many disagreeable disappointments to their enthusiastic adherents and sympathizers, which physiology was not to blame for! Thus was evolved, not a single neurogenous theory of Graves' disease, but, on the contrary, a consecutive series of theories which disproved one another, and which we may designate as the sympathetic, the vagus, spinal bulber and cerebral theories, last of all the constitutional, neuropathic or neurosis theory, most of which terminate in insolvable contradictions, though a few words shall be said of few of them.

Everything seemed for a time to favor the bulbar theory, especially of the areas of the fourth ventricle and restiform bodies, injury to which caused an increase in the pulse rate—by the way, from the exclusion of the regulative pneumogastric center, as well as moderate and often unilateral exophthalmos and in isolated cases hyperemia of the thyroid. A few positive autopsy findings, to which numerous negative ones were opposed, as was the case with preceding sympathetic and pneumogastric hypothesis, appeared to confirm the bulbar theory.

The thyrogenous theory. Places the real origin of the disease in the thyroid itself and it was supposed tachycardia and exophthalmos was only pressure symptoms and caused by the enlarged gland pressing on the sympathetic and the pneumogastric. In also the functional result or difference between Graves' disease and myxedema. In one case, myxedema, there is aplasia and atrophy of the thyroid gland; in the other, enlargement and hyperplasia; in the one case there is slowing of the pulse, narrowing of the palpebral fissure, an impairment of the physical functions, an increase in weight, coldness and thickening of the skin; on the other hand, there is tachycardia, exophthalmos, physical excitement, general emaciation, loss of structure and increase of the cutaneous temperature. Such a diagrammatic comparison is always somewhat artificial.

Today the question is not at all settled, but all authors agree that certain things cause or induce it.

Clarck, in his applied anatomy, says that lesions in the lower cervical and upper ribs may be the cause of some cases, but with McConnell and Teal says that there are others that may be more important causes, and points to, especially, the influence of locality.

A number of apparently occasional causes are puberty, climacteric, pregnancy, mental shocks, as fright, and sometimes acute diseases.

Symptomatology. Tachycardia, goitre, exophthalmos and, some give a fourth, the pronounced muscular tremor, as being some of the more important symptoms. They are not constant. Exophthalmos is most often absent.

Other symptoms, for differential diagnosis, are: Graefe's, which is failure of the upper lid to follow the eye-ball in glancing downward; Sullwag's symptom, or apparent widening of the palpebral aperture; others are symptoms of rapid metabolism, the sweating, the gastric crisis and often a watery diarrhea, a sensation of heat, abnormal figmentation of the skin, especially around the joints, amenorrhea and dysmenorrhea, and in some cases a swelling on outer side of the legs, which does not fit.

The nervous system is often greatly affected, ranging from a condition of great excitement to a condition hard to distinguish from hysteria. The patient is apathetic; if it is a girl she will avoid the company of her former chums; she

cardia is neither markedly developed nor persistent. The other symptoms of Basedow's disease show no intimate relation to the ordinary symptoms of chlorosis and chlorotic anemia. Moreover, Graves' disease attacks those who are neither anemic nor chlorotic, and examinations of the blood carefully and frequently made according to modern and exact methods, the estimation of haemoglobin, the counting of the blood corpuscles, etc., have given varying and contradictory results. Hence, according to the earlier views, an anemic and chlorotic state of the blood cannot be regarded as the true cause, the specific pathogenic agent; there must still be an unknown quantity. On the other hand, it shows that the hematogenous theory can not be completely set aside, but that it must be regarded as a factor

in the newer conception of a thyrogenous-auto-intoxication and must be included within this.

The neurogenous theory is also attributed to the earlier authors, particularly to Dr. Bretz, of Driburg, Germany, who called attention to the similarity of these nervous disturbances to hysteria. But instead of following further this true and fruitful conception, which only a few attempted, authors lost themselves in by-ways, such as the one-sided and exaggerated pursuit of animal experiments, which then and long afterward afforded abundant opportunities for application to human pathology. Although Benedict, more than thirty years ago, declared very ingeniously that nothing was so dangerous as finding a narrow physiologic bridge just wide enough to stand upon, yet for a long time many authors considered

feels tired after a slight effort, and if not taken care of melancholia may develop.

The blood vascular system. The pulse is rapid, 120 up to 200; it is soft in general and in the thyroid gland there is a quite noticeable pulsation. The heart is often dilated and hypertrophied, later degenerations occur in heart and blood vessels; especially atheromatous changes.

Treatment, under three headings: Medicinal, surgical, osteopathic and general.

Medicinally has been used iron, arsenic, mineral waters, as well as quinine, ergotin, strychnia, etc., and naturally the heart tonics have been employed, such as digitalis and strophanthus. Lately the medical profession depend more on sodium phosphate and sodium salicylates. Late and reliable medical books state that general measures are of far more value. They probably now really depend more on tending to diet and using adjuncts, as electricity and hydrotherapy.

Now, in reading the supposed best medical books, some will claim that cases of goitre certainly should be treated by internal medication. Others say that surgery is the thing to turn to.

The surgical treatment of goitre, it is admitted, is only in its experimental stage today. The statistics have a story to tell in regard to surgical treatment, taken from good, reliable medical books, too. This is what Archibald Church says in "Modern Clinical Sciences." After an experience of over forty years, and in which I have seen more than 600 cases, and now I see from thirty to forty cases a year, I maintain that in the overwhelming majority of cases operative treatment may be disposed with, that without it and by a well chosen and individualized mode of treatment, we may secure at least a favorable result, and that its employment should be accordingly limited to the few rare cases in which there are extremely severe local symptoms. If we review the surgical cases of the last decade, we find but a few isolated ones which will withstand criticism, in which actual cure or even marked improvement continued after years of observation, and such improvement frequently related only to the subjective condition, while the predominant objective symptoms, such as tachycardia, exophthalmos, Graefe's sign, etc., were influenced slightly or not at all. We also meet cases which showed no improvement; with those in which the preferred partial thyroidectomy had to be repeated on account of subsequent growth, and was then usually without result, so that the question has arisen whether in such cases it is better to extirpate the entire gland and to compensate for this defect by the life long administration of thyroid gland, finally we meet with cases by no means rare, in which a fatal result immediately followed the operation, "the cause often stated to be obscure. Of the three methods of operation, thyroidectomy and ligation of the arteries of the thyroid gland still show an immediate mortality of 15 to 20%. In the practice of eminent surgeons I have observed a few such sudden deaths in youthful persons in whom the affection was by no means severe or hopeless and I must admit that these cases made a very deep impression upon my mind.

Osteopathic treatment. I should defer from saying or making the statement that osteopathy is the specific for goitre, but in the cases I have had personally and in others I have had a chance to observe there has been, in most of the cases a cure which has lasted up to date and in others there has been marked improvement. The general measures include attention to diet (the attendant disorder of the digestive organs and the diabetes has been referred to), hydrotherapy and of great importance are environmental and social conditions.

References: Applied Anatomy, Clark, McConnell & Teal, Tasker, Ross & Carles, Church & Peterson, Oster, Musser, Archibald Church and Butler.

Read before the osteopathic convention at Huron, S. Dak., September 12th, 1910.

The Trend Towards Osteopathy

(Extract from an editorial in the Cincinnati Enquirer, January 15th, 1911.)

"THE whole tendency of medical thought and experience now is in the direction of abandoning the extensive use of drugs. Just as the teaching of a more liberal religion has softened, if not destroyed, the old orthodox dogmas of original sin, foreordination and eternal hell, the growth of homeopathy has immensely modified the old orthodox allopathic system of bleeding and drastic administration of drugs. Both these influences have been sturdily resisted by the stand-patters in religion and medicine, but both have largely succeeded. *Insurgency is the order of the day everywhere.* Another more recent influence which has helped to reduce drug-giving has been the coming of osteopathy, which has found its way to reluctant recognition.

"It has unquestionably demonstrated that many ills for which drugs were being given grew out of osseous (bony) displacements or maladjustments, and needed only skillful manipulation."

"Now it is perceived that Nature intended that everyone should be healthy, and that the only causes of disease are either a mechanical injury or poison or impurities taken into the system or waste remaining there and clogging it. Disease, according to the latest school of thought, is simply the effort of Nature to remove poison and obstructions and should not be suppressed or aborted, but Nature should be aided to sustain the system until the work is completed. A recent medical writer asks, advocating this view, "should then, this remedial effort be repressed by bleeding, or suppressed with drugs, intensified with stimulants or tonics, subdued with narcotics, aggravated with alternatives, complicated and misdirected, changed, subverted and perverted with drugs and poisons generally?"

The celebrated Majendie gives some interesting facts from his experience at the Hotel Dieu: "Some three or four thousand patients passed through my hands every year. I divided these patients into classes. With one I followed the dispensary and gave the usual medicines without knowing why or wherefore. To others I gave bread pills and colored water, without, of course, letting them know anything about it. And, occasionally, I would create a third division to whom I gave nothing whatever. These last would fret a good deal; they felt they were neglected and they would irritate themselves until they got really sick. But Nature always came to the rescue and all the third class got well. There was but little mortality amongst those who received the bread pills or colored water. But the mortality was greatest amongst those who were drugged according to the dispensary."

A Recognition We Deserve

SEVERAL times within the past year the *Journal* has called attention to a distinct recognition for the osteopathic profession which we could secure if the practitioners realized its importance and set about to secure it. The recognition of osteopathy by the commercial world interested in its practitioners is one that would give us a much greater standing, besides it is easily within our reach. There are two ways to secure it. First, to patronize the concerns which advertise to the profession and, second, to decline to deal with those who do not. In taking this position the *Journal* is not selfish. It is not asking the profession to help fill its advertising columns, though, perhaps, it has the right to do so, but if the other osteopathic publications are recognized, it is the recognition we are seeking to bring about.

In many instances there is a real meaning back of the refusal to advertise in osteopathic publications. The allopathic school has given some of the publishers and, perhaps, dealers and manufacturers of physician's supplies to understand that they are not to recognize the osteopaths.

Glyco Thymoline



CATARRHAL CONDITIONS

**NASAL, THROAT
INTESTINAL
STOMACH, RECTAL
& UTERO-VAGINAL**

**KRESS & OWEN COMPANY,
210 Fulton St., New York**

The Pacific College of Osteopathy

(INCORPORATED)

LOS ANGELES, CALIFORNIA

Member of Associated Colleges of Osteopathy.
Established 1896.

THREE YEARS' COURSE of STUDY

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

Thirty Instructors and Lecturers.

Well Equipped Chemical, Physiological, Histological, Bacteriological and Anatomical Laboratories.

Clinical Advantages Unsurpassed.

Work throughout based upon Laboratory Methods.

Faculty composed of Specialists in their several lines who have had Wide Experience in Teaching.

Excellent Opportunities are offered for Post Graduate Work.

For Catalogue or Further Information Address

C. A. Whiting, Sc. D., D. O.

Chairman of the Faculty

Daly St. and Mission Road, LOS ANGELES, CAL.

One if not two of the largest medical publishers in New York are actually afraid to show any spirit of catering to the osteopathic trade. These houses have an immense book trade with the osteopaths of the country and their traveling salesmen make you feel how much your trade is valued and the house thinks what easy marks

these osteopaths are. Two of these houses whose advertisements you have never seen in osteopathic publications have turned us down time and again when we have tried to show them that the patronage they have received from the osteopathic profession justifies them in advertising to it. But they think what is the use when they seldom fail to get an order when their representatives call. Besides there was no risk of encountering the displeasure of the regulars by this course.

The *Journal* has learned from apparently reliable sources that many of the publishers do not dare to publish a homeopathic text book because the allopathic school has notified them that if they do so, they need not expect any more trade from their school. This, if true, is simply a scheme to prevent works on any other practice from gaining publicity. One of these publishers who sells thousands of dollars worth of books each year to the osteopathic profession refused to allow its printer to publish our *Journal*. Is it not time we got this recognition or refuse to deal with these which ignore us as a profession?

Now the means for bringing this about: When the representative calls simply ask him if his firm advertises to the osteopathic profession. Don't accept any excuse or explanation, for these houses have had it all put up to them. Just decline to buy and give as the reason that his house does not recognize our existence as a profession. Stand on that. When the houses write you and send you catalogues and literature, write them the same. If this is followed for a few weeks, these houses will come to their senses and choose between the two dilemmas, that of losing our trade or offending some of the medical high-brows.

We do not advise a reader who wants a book or any appliance or merchandise to do without it permanently, but secure it from a house who will advertise or from the local dealer, and be sure to give the salesman and the house to understand that we have quit dealing with those who will not deal with us. Will the profession do this? It will give the profession a great amount of standing and prestige.

Now the advertisers in this *Journal* deserve your patronage. We try to select them carefully and want only reliable firms. Write to them, make inquiries, etc., and purchase from them where practical. In this way we can keep the recognition we have received and break down the opposition to us.—*The Journal of A. O. A.*

Osteopaths Around the World in 1920

SOME years ago the writer sent forth the idea of a trip around the world, as an educational advertising venture of the osteopathic profession. Meeting with much encouragement for this suggestion, I followed it up with more ideas, better rounded out, a number of which follow:

That each osteopath set aside no less than \$5.00 per month for self, and a like amount for each member of his family who may accompany him.

That there be a permanent "board of travel" appointed, made up of one member from each school, one from each fraternity or club, and one member from each interstate or larger association, all to have a recognized standing in the profession.

That there be an annual voluntary dues of ten cents be paid in to the treasurer, to meet the stamp and circular expense necessary to shaping up this trip.

Suggestions are called for and welcomed, so that they can be considered and incorporated in the arrangement.

Send all communications to Reuben T. Clark, D. O., Frank Building, Natchez, Miss.

A Talisman.

"You are charged with carrying a razor," said the magistrate; "what have you to say?"
 "But hit's a safety razer," pleaded Rastus.
 "What difference does that make?" the court asked.
 "Well, yo' hono', a safety razer am carried only for de moral effect."—*Everybody's Magazine.*

Osteopaths! Attention!!

Let Nature Aid You in Your Work

The water from the MIN-ALA Mineral Wells in Texas is charged with natural curative properties direct from mother earth.

Nothing else in this world will supplement and aid your efforts as this active, natural solvent and eliminant.

MIN-ALA MINERAL WATER—Condensed 40 to 1

It is no drug or medicine but a natural aperient and diuretic mineral water as prepared in Nature's laboratory. The best treatment for Auto-Intoxication, Intestinal Atony, Lithema, etc. We also produce the natural salts obtained from the water by evaporation, in tablet form.

Here is What One Osteopathic Doctor Writes

Dallas, Texas, March 7, 1911.

STANDARD MINERAL WATER CO., Mineral Wells, Texas

Gentlemen: Having used your mineral water personally and in my practice I can conscientiously say that it is all you claim for it, in fact, I hardly see how I have gotten along without it.

As a natural eliminant and aid to nature, it has no equal.

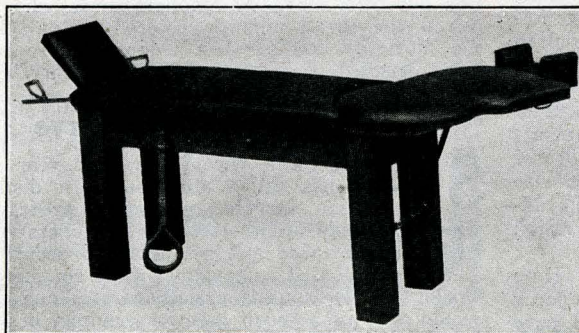
*Yours very truly,
 SAMUEL SCOTHORN, D. O.*

For Further Particulars Write **STANDARD MINERAL WATER COMPANY** 52 Broad St. New York

"Albright's Revolving Leaf Treating Table"

NOW BEING MADE

ROLLER BEARING



Throughout Its Construction
 Made in selected white oak and covered with high-grade pantasote, with first-class cabinet construction; several finishes.

PRICE, \$50.00

With head rest and special oxidized copper Gyn. stirrups

PRICE, \$56.50

Also made in birch and genuine mahogany
EASTERN AGRNCY: Dr. R. W. BAILEY
 Rothschild Building, PHILADELPHIA, PA.
WESTERN AGENCY: Dr. L. J. WHITE
 Story Building, LOS ANGELES, CALIF.

Soon Ready Beautiful new illustrated Catalog showing new technique Write for it
Albright's Revolving Leaf Treating Table Company
 DANVILLE, ILLINOIS

Seventeen tables have been purchased by the Infirmary Department of the Los Angeles College of Osteopathy and members of the faculty.

"The trouble with you," said the doctor, after he had removed his thermometer from beneath her tongue, "is that you have subnormal temperature."
 "I don't consider that a serious symptom," she coldly replied. "I am from Boston."

Jody Stout, George Blaue, and Jake Van de Vorst, accompanied by Dr. Shockey, departed for Aberdeen Thursday morning at which place they will undergo an operation for appendicitis. It is hoped by all that the boys will soon return in perfect health.

**Thinks Dr. Craig Belittles
Osteopathy by His Attitude**

“SOME Fundamentals of Dietetics,” by Dr. A. Still Craig, in the February issue of THE OSTEOPATHIC PHYSICIAN, is the best article I have ever read from his pen. Nevertheless he makes a statement that all true osteopaths must resent, to-wit, “Here disease disappears even without the correction of lesions, and freshness and thought take their place.” This is just a knock at true osteopathic theory, but really I believe Mr. Watts removed a lesion when he took the necessary step to do away with the cause of sickness among the children. Why is it necessary to knock at a theory, as Dr. Craig does, when he owes all—his very existence—to this same science? I would also like to call attention to the fact that these theories, as referred to by Dr. Craig, can be found in Dr. Still’s new work “Osteopathy Research and Practice,” commencing on page 191, where he discusses digestion. Dr. Still here advocates a theory, the same as he has for the past fourteen years, which is in harmony with the reference to Carl Snyder as quoted by Dr. Craig in his article in THE OSTEOPATHIC PHYSICIAN. Again, on page 413, paragraph 714, treating on Diet in Diabetes Mellitis, Dr. A. T. Still advocates sugar or sweets. Now, in discussing this subject, why not give Dr. Still credit for these theories instead of quoting a German authority? Why not make use of osteopathic references instead of what some medical Dr. So-and-So has to say. In a word, why not get the right conception of what a lesion really is before referring to it in such a way? Foul air is a lesion as it favors the production of disease. Anything that disturbs the balance of the mechanism, either conditions too wet, too cold, too dry, all act as lesions. Why not place the crown where it belongs? It appears to me that Dr. Craig

constantly slurs and discredits the theories which have made possible the profession to which he claims to belong.

Notice State Societies

WILL those states not yet having appointed or elected a delegate to the National Legislative Council kindly attend to this matter at the earliest possible moment and send name of appointee to me?

Each state is entitled to a delegate at this council and should by all means be represented as there is much of import to come before this body at the Chicago meeting.

Wherever possible these delegates had best be members of state legislative committees; but if none of these are going some one else should be selected, as each state should be represented; also each province in Dominion of Canada.

State president should attend to this.—*Asa Willard, D. O., Chairman Legislative committee, Missoula, Mont.*

**One Kind of Osteopath That
“Makes Good”**

SITUATED in a small town down the state is an osteopath for whom I have the most profound respect and admiration. He is the type of man whose experience is so diversified, upon whom such varying calls for assistance are made, that his life leads in an ever widening channel.

To me the friendship of such a man is at once a pleasure and an honor.

Having reason to make a hasty visit to this friend, I had the gratification of making a few calls with him and observing him in his “workshop.”

The hour was late (11 P. M.) and the calls were necessarily hurried but the following con-

ditions were encountered. Mitral regurgitations super-imposed upon myocarditis and arterio-sclerosis,—advanced cystocele with cystitis,—tuberculosis of the tibia and peri-ostitis of the femur,—delayed resolution following pneumonia,—and acute congestion of the kidneys following chicken-pox.

All of the patients were in a serious state—two dangerously so—and familiarity with his practise leads me to believe these are but cases of a day’s round with him.

To me the night’s jaunt was an inspiration. Here is a man in his native bailiwick practising osteopathy—not mail-course osteopathy, nor broader osteopathy, nor mug-wump medico-osteopathy—but just the plain every day variety taught by the founder. Too busy to galavant about the state proselyting for some illegitimate method owned by neither parent. Here is a man face to face with problems as serious as confront any man of whatsoever school and he is handling them with the skill of a master. Confident in his diagnosis, cognizant of pathology, intelligent in his instructions as to hygiene, skillful in treatment, he is not ranting about the urgency of polluting his profession with medical moon-shine.

Our friend is a physician in every sense of the word. His patients treat him as such, his clients hold him in love and deference such as should obtain between patient and physician.

He has built himself a standing in the community that patients are not ashamed to let it be known with whom they are treating. Oh! that this leaven could pervade the loaf.

His preparation for the work was the course given at the A. S. O. His graduation occurred before the medical smut had become rampant with the profession. His post-graduate course has been a close and studious application of osteopathic principles.

The result? A most skillful, intelligent and refined osteopath.—*Frank C. Farmer, D. O.*

The Sewing Machine and Osteopathy

THE ordinary family sewing machine affords us a most simple and practical everyday demonstration of the truth of osteopathy. It has been proven that the twisted position assumed at the sewing machine and the consequent throwing out of alignment of the spine, is the direct cause of nervous disorders in many women. This exactly bears out the osteopathic contention, and there can be

no reasonable doubt of the truth of the assertion. If you have not yet made this matter a subject for investigation it is your duty, as a physician, to inform yourself. Thousands of women can never enjoy permanent good health as long as they continue to use the old style side needle sewing machine. Fortunately a remedy for the evil has been provided. The **NEW STANDARD CENTRAL NEEDLE SEWING MACHINE** is so constructed as to permit a natural, easy, upright position. Any woman can operate it without injurious after effects. The sewing machine is a modern family necessity. Show your interest in the welfare of your women friends and patients by pointing out the dangers of the old side needle style and recommending the common sense central needle machine.



THE CENTRAL NEEDLE SPINE



THE SIDE NEEDLE SPINE

The Standard Sewing Machine Company
6462 Cedar Avenue :: :: :: Cleveland, Ohio

The Osteopathic Physician

The Organ of News and Opinion for the Profession

Published on the 15th of Every Month by

The Osteopathic Publishing Co.

191 MARKET STREET

Chicago, Ill.

Henry Stanhope Bunting, A. B., M. D., D. O.,
*Editor and Manager*Ralph Arnold, *Assistant Manager*

Subscription Price \$1.00 a Year.

Advertising Rates on Application.

*Entered as second-class matter April 7th, 1903, at the Post-office at Chicago, Illinois, under Act of March 3d, 1879.***Editorial****Fairness, Freedom, Fearlessness.**
"Few to the line. let chips fall where they will"

Vol. XIX. APRIL, 1911. No. 4.

NATIONAL LEGISLATIVE COUNCIL.

One of the very important meetings in connection with the A. O. A. convention at Chicago next July will be the National Legislative Council. Dr. Asa Willard, of Missoula, Montana, is very anxious that a delegation be present from each state, and also from each province in the Dominion of Canada. The appointment or election of this delegate should be attended to at once, so that there may be no doubt about the delegate appointed being able to be present. The hardest legislative fights of osteopathy are perhaps still in the future. Heretofore the various states have worked, to a great extent, independently, but by means of the National Legislative Council each state may have the benefit of the experience of other states.

FOR A NEW DIRECTORY

For several months past the American Osteopathic Association has been endeavoring to secure a complete and revised list of the names and addresses of osteopaths actively practicing in the United States and Canada, as well as foreign countries, with a view to publishing a carefully revised and complete directory of the profession. We understand that those having the work in charge are very much discouraged at the lack of co-operation that is displayed by individual members of the profession and by the colleges. This is too bad and is certainly very strange. A complete and accurate directory is a great convenience and also of importance to the best interest of the profession. By this directory the growth of osteopathy as an institution will be judged by the outsiders. Commercial houses, for instance, rate the value of the profession, to a great extent, by the number of those engaged in it. Then again, in legislative matters, the directory will be used as an argument either for or against us, the number of osteopaths in a state being taken as a criterion as to whether or not we are entitled to recognition as an individual school of practice. The directory also will be utilized by friends of the science and by patients of various osteopaths to recommend a competent osteopath to friends in some distant state or city. If there is nothing in existence that shows where a man or a woman is located

in practice, it is impossible for anyone at a distance to recommend patients to him, or her. It would be a burning shame to have issued a directory at this time with a list of possibly three thousand names, when we are entitled to something like five thousand. Every osteopath should make this a personal matter, to not only send in his own correct name and address, but to see that every osteopath in his town or vicinity has done the same thing. By all means, let us see to it that the directory of 1911 is a credit to the profession.

COMMERCIAL RECOGNITION

In another part of this issue we reprint an editorial from the *Journal of the American Osteopathic Association* on the subject of advertising in the periodicals of the profession. This is an important subject, not, primarily, because of the revenue that might be derived by the publication, but because it reveals how deep and far reaching and sinister is the influence of the allopathic doctors. They have the force and prestige in numbers if nothing else, and they are determined to use their power to crush out all opposition and all competition. The only way to defeat them is to be militant. We must fight and keep fighting if we want recognition, moreover we must keep fighting if we want to maintain our right even to exist. If each individual osteopath in the country will do his part, as suggested by the editor of the *Journal of the American Osteopathic Association*, a great deal can be accomplished to remove the ban from osteopathic publications, and once publishers of medical works and the manufacturers of physicians' furniture and appliances come to recognize the importance of our professional publication and the value of the trade of the profession, they will become more free and liberal in recognizing us in various ways. Osteopaths have won their battles in the past by standing together, and by enthusiastic co-operation. Let us show that the fraternal spirit still flourishes and that we stand as a unit for the advancement of the cause of osteopathy by taking an united and vigorous stand on this issue.

INGENIOUS DEFENSE OF PATENT MEDICINES.

According to C. F. Shoemaker, president of the Philadelphia Drug Exchange, it doesn't make much difference what a manufacturer of patent medicine puts into his mixture, as it is suggestion that effects the cure, if any cure, so called, is effected at all. Mr. Shoemaker was defending the manufacturers of patent medicines before the Pennsylvania House Committee on Municipal Affairs, as a bill is pending to compel medicine makers to print the ingredients of the remedies upon the labels of the bottles or packages, as well as upon the outside wrappers. According to Mr. Shoemaker's contention, the wonderful claims made in the advertisements of patent medicines are a potent factor in their effectiveness. A man who imagines he is sick reads the advertisement and immediately becomes convinced that the remedy can cure his ailment. He buys the medicine and takes it, and suggestion does the rest. There is no doubt a great deal of truth in what Mr. Shoemaker says, but we believe this is the first time a representative of the patent medicine manufacturers has come out and openly claimed that this justifies them in selling various concoctions as "cure-alls" at a profit of 500 or 1,000 per cent.

STATE CONVENTIONS IN CHICAGO.

Another state convention has come in line for meeting in Chicago during the National Convention in July. South Dakota is the latest association to signify its intention of holding a meeting in Chicago. A letter has been received from Dr. H. F. Ludwig, secretary, stating that the association has decided to hold a meeting in Chicago

in July, and asking for information concerning the proper parties to get in touch with to make arrangements. We congratulate the osteopaths of South Dakota on this decision, and shall hope to welcome a large crowd from that section. There is time yet for other states to take hold of this idea, and it is one well worth acting on at once. In many cases the holding of the annual meeting in Chicago would save expenses, that is to any individual who expected to attend both the state convention and the national convention. Instead of having to take a day off or two days off and spend railroad fare traveling to some point designated for the state convention, and also taking a week off for the National convention, the two meetings could be attended at practically the same expense of money and the same expenditure of time. Chicago is prepared to take care of all the state conventions that care to come within her gates.

ANOTHER STATE GETS IN LINE

The Missouri State Osteopathic Association will hold a meeting in Chicago July 24th at the Hotel La Salle. It looks as if Chicago is going to have to entertain a whole lot of state conventions, but she is ready for the job, and all comers are welcome. We hope by the time our next issue is out to be able to report several other states have joined the state conventions in Chicago. Dr. J. W. Hofsess, of Kansas City, says that a crackerjack program is being prepared for the Missourians without infringement in any way on the National program. He says further that a big bunch of Missouri osteopaths are making arrangements to come up to Chicago to make things warm. Considering the cool summer lake breezes, for which Chicago is famous, Dr. Hofsess seems to think that this warming up by the Missourians will be a very welcome feature. He says, "Wait, we'll show you!" Well Chicago has plenty of the "show me" spirit and "Barkus is willing."

THE 1912 CONVENTION CITY.

Some of our Eastern practitioners think it is about time the A. O. A. National Convention was held in the East. The Far West, the Middle West and the South have all been honored, and the suggestion is made that for 1912 the Convention be held at Atlantic City. There is no doubt but what it is about time that we made a demonstration in the East by means of a good convention, but Detroit is already out hard after the meeting for 1912. Detroit is regarded as a semi-Eastern city, and if we take Detroit next year and complete the circuit in 1913 by going down to Atlantic City, or some other Far Eastern city, it would seem as if every section of the country would be getting its share of attention.

M. V. O. A. Will Meet in Chicago in July

To the Profession: By vote of the majority of the trustees of The Mississippi Valley Osteopathic Association, the annual convention which is always held at Kirksville, Mo., in the honor of our beloved Dr. Andrew Taylor Still has been postponed this year on account of the American Osteopathic Association convention being held in Chicago during the month of July, where every osteopath, it is hoped, will have the opportunity of meeting "Pap." Let me urge every member of the profession in the Mississippi valley especially to begin now to prepare to attend the convention of our national organization. We are assured that this will be the greatest meeting in the history of osteopathy. We believe it. A short meeting of the M. V. O. A. will be held at Chicago, the date to be announced later, for the election of officers and the transaction of business.—E. M. Browne, D. O., *President M. V. O. A.*

Dr. Louisa Burns, Pioneer Research Worker, Contributes Valuable Addition to Osteopathic Scientific Literature

ONE of the most fruitful searchers within our osteopathic research movement is Dr. Louisa Burns, M. S., D. S. O., professor of physiology at the Pacific College of Osteopathy, Los Angeles. At the well known building of this college standing at the corner of Daily street and Mission road, Dr. Burns has been working quietly and systematically for years, never experiencing any diminution in her enthusiasm and encountering no obstacle sufficient to weaken her purpose of delving after vital truths which the laboratory could yield in support of osteopathic science. We have not a worker in our ranks who has been more persistently in pursuit of the basic facts which go to support osteopathic principles. Fragile little woman though she apparently is, it is certain that the most stalwart physique in the osteopathic profession could not render any more persistent service to the cause or show any better endurance under the ordeal of ceaseless work.

It is a pleasure to "The O. P." to record the name of Dr. Louisa Burns high in the annals of osteopathic pioneers, and in the very front rank of those who are doing most to advance osteopathic therapeutics.

As is perhaps known to all the profession, Dr. Burns has been working along individual lines on the Pacific Coast simultaneously with the work being done by Dr. Carl P. McConnell and Dr. Frank C. Farmer in Chicago. Her investigation has all been of the laboratory sort, and it has begun with the foundations of anatomical and physiological science. Her interesting paper before the Minneapolis convention on "The Results of Experimental Work Upon the Circulation Under Osteopathic Treatment" was one of the distinct treats of the convention. Dr. Burns has also been a frequent contributor to the scientific literature of the profession.

Dr. Burns' book on "The Basic Principles of Osteopathy" is one of our most notable productions as a profession. I dare say that no other book we have produced would be accepted by scientific men as of equal dignity and value with this book—and I say this without disparaging any of the other excellent books that our osteopathic writers have produced. The main fact in connection with Dr. Burns' "Basic Principles," however, is that this book presents nothing that is not absolutely demonstrated and against which there can be neither cavil nor dispute. She only presents so much of osteopathic subject as laboratory work has and will demonstrate; therefore investigators not already interested in osteopathy would perhaps accord it the first place among the books we have turned out, while it does not, correspondingly, seem as interesting perhaps to osteopaths as others of our books because it does not present so much of the subject of osteopathy as other books.

It was early a part of Dr. Burns' plan, however, to produce three of these books, and she is now engaged on volume two and volume three, both of which, we understand, are very soon to be put to press. Volume two deals with the nerve centers, and the book has been written with the needs of the osteopath in practice always in mind. This book is intended to be of value in the diagnosis of disease, and the determination of the therapeutic method as well as to prove that osteopathy is a science. This book also will have that within its pages which will appeal to the impartial scientific investigator, and it continues the work of volume one, building brick upon brick of undisputed scientific facts.

Volume three will be called "The Physiology of Consciousness," it endeavors to correlate mental phenomena and their control with

osteopathic therapeutics. From what we have heard of this book, we are prepared to predict that it will represent a distinct step forward in the comprehension of the subject of mental therapy. It likewise is based only upon laboratory tests.

This work of Dr. Burns has been aided, as probably you know, through interests accruing from the A. T. Still Research Institute fund. Dr. Burns' work represents one line of activity which this fund has already been able to encourage and stimulate. Every cent available from this fund is being used for



New Portraits of Prominent Osteopaths.

Dr. T. C. Morris, of Spokane, Wash., has always been a consistent association man. He joined the A. O. A. in 1900, the first year he was out in practice, and in 1901 helped to organize the Alabama State Association. Later he joined the Tennessee Association, and is now first vice-president of the Washington State Association, president of the Eastern Washington Association and a Regent of the A. O. A. Dr. Morris went to Kirksville in 1897 intending to study dentistry, but being successfully treated at the A. S. O. for lameness caused by an accident, he decided osteopathy was the thing for him. He has "made good," having worked up a good practice in several locations. He now occupies fine offices in the Paulsen building, one of Spokane's show office buildings. Dr. Morris established a great reputation as an ancient mariner on the "rock bound coast of Barbary" at the Frisco meeting. Dr. Morris married Miss Elizabeth Harvey, a graduate of the Pacific College and a post-graduate of the A. S. O., but she has not practiced for a number of years.

this kind of purpose and more is needed to complete the work already begun. The sale of Dr. Burns' three books is now being conducted by the A. O. A. with a view of raising money for prosecuting further research work. The A. O. A. officers have sent out literature to the profession, stating these facts in detail and calling for subscriptions. It is the duty of every live osteopath in the field, both to himself and to his profession, to possess these

three volumes, which will be sent to him, carriage charges prepaid, for \$9.00. The money should be sent to Dr. H. M. Still, treasurer, at Kirksville, Mo., who when notified that a sufficient number of subscriptions have been received to justify putting the second and third volumes to press, will order the printing done. It is a pleasure to give this testimonial to the intrinsic merit of Dr. Burns' work and to boost the cause of osteopathy by urging osteopaths to support this movement. To obtain these books will be to help yourself, Dr. Burns and the profession all at one time.

Dr. Burns was graduated from the Pacific College of Osteopathy in 1903, and has been teaching in the department of physiology ever since. She received the degree of D. Sc. O. from the Pacific College in 1905.

Speaking of her books recently, Dr. Burns said:

"The series of books I am writing is called 'Studies in the Osteopathic Science.' The first volume, 'Basic Principles,' appeared in 1907. The second volume, 'The Nerve Centers' and the third volume 'The Physiology of Consciousness' are about to be published. The spirit of the Pacific College has always been characterized by such broad and earnest desire for research, and the other members of the faculty are so helpful and the students so much interested, that it is no particular credit to anyone to do good work there, in fact, it is easier to do well than not, in such an atmosphere. Whatever good there is in these books, it is due to the fact that the surroundings and the personnel of the faculty and the requirements for engaging in research work are so favorable. For the last year certain grants of money for the Research Institute have made possible a number of experiments which will be published at a later time."

All success to Dr. Louisa Burns in her splendid effort! The osteopathic profession is proud of her, and we hope that she will go right along in the pursuit of result for years to come. We hope that this wish is not bespeaking a future for her of which she herself would not approve, for from our knowledge of the doctor we believe that nothing could be sweeter to her than the privilege to continue her studies and achievements for the advancement of osteopathy and true science for decades to come.

Flashes From the Funny Fellow

Coming Across.

"Do these Englishmen understand American slang?"
"Some of them do. Why?"
"My daughter is to be married in London and the Duke has cabled me to come across. Does he mean me or my wad?"

Not What He Meant.

Mrs. Jones—What did the parson say when you sent him the brandied peaches?
Mrs. Giles—He said he didn't care so much for the peaches as he did for the spirit in which they were sent.

The Test Infallible.

"God doesn't love us any more," sobbed Mary to her mother one day.
"Why, dear, God loves everybody. What do you mean?"
"Oh, no, He doesn't love me, I'm sure, for I tried Him with a daisy."—*Metropolitan Magazine.*

Be Generous.

Rev. Frost says that we should be generous and feel toward our friends as we did before we knew them so well.—*Niles (Mich.) Star.*

There's a Reason.

"Here you are sporting around in an automobile and yet you cannot pay the little bill you owe me."
"My dear friend, if you were supporting an automobile you would know why."—*Houston Post.*

Association and Society Convention and Meeting Dates

IN this column will be listed the advance dates of meetings of our various associations, societies, and state boards. If you are an officer of any osteopathic organization, please send in the advance dates of your regular or special meetings. With the proper co-operation this department will prove a valuable reference, and will enable osteopaths who are visiting or traveling to arrange to be present at meetings they would otherwise miss.

San Antonio, Texas, April, annual meeting of the Texas Osteopathic Association.

Northfield, Minn., May 2nd, regular meeting of the Southern Minnesota Osteopathic Association.

Northfield, Minn., May 2d, regular meeting of the Southern Minnesota Osteopathic Association.

Emporia, Kansas, May 19th and 20th, annual meeting Kansas Osteopathic Association.

Worcester, Mass., May 19th-20th, annual convention of the New England Osteopathic Association.

Los Angeles, Calif., June 1st, 2nd and 3rd, annual meeting of the California Osteopathic Association.

Columbia, South Carolina, June 11th, regular annual meeting of South Carolina Osteopathic Association.

Denver, Colorado, July 21st and 22d, semi-annual Convention, Colorado State Osteopathic Association.

Chicago, July 25 to 28th, National Convention American Osteopathic Association; Hotel La Salle headquarters.

Clarinda, Iowa, October 13th, regular meeting of District 8, Iowa Osteopathic Association.

She Had Him.

A young man, who had not been married long, remarked at the dinner table the other day:

"My dear, I wish you could make bread such as mother used to make."

The bride smiled and answered in a voice that did not tremble:

"Well, dear, I wish you could make the dough that father used to make."—*Red Hen.*

Opportunities for Osteopaths

IN this column we want to list towns that present opportunities for good osteopathic practice. If you know of any town, or towns, in your state that needs an osteopath or that can support more practitioners, tell us about it. State briefly something of the circumstances and conditions such as size, character and attitude of the people.

There are good openings for practice in Wisconsin in the towns of Grand Rapids, Stevens Point, Marshfield and Waupaca.—*Dr. L. H. Noordhoff, Oshkosh, Wis.*

We are informed that there is a good opening for a competent osteopath in one of the interior towns of British Columbia. A man is preferred to a woman. Further information can be secured by addressing Mrs. J. C. Gonnip, care Dr. R. S. Shepherd, 409-10 Eitel building, Seattle, Wash.

There are favorable openings for osteopaths in South Dakota in the towns of Webster, Andover, Waubay, Faulkton, Gettysburg, Flandreau, Dell Rapids, Hot Springs, Arlington, Springfield and Tyndall. Further information concerning these locations can be had from Dr. Mary Noyes Farr, Pierre, S. D.

Dr. Helen Morgan Baldwin, of Pittsburgh, Pa., knows of a splendid opening for a lady osteopath. The practice in the location would be heavy and it would be necessary for the person taking hold of it to be physically strong and of good size. The practice would be among well to do, intelligent people, and the practitioner would have to possess some culture as well as her practical understanding of osteopathy, so as to be able to make good. The practice affords a really exceptional opportunity for the right person as she would have splendid introduction and would be practically assured of a very remunerative practice right from the start. Complete information concerning this opening can be obtained from Dr. Helen Morgan Baldwin, 405 Liberty National Bank building, Pittsburgh, Pa.

There are some good openings for live osteopaths in North Carolina, notably in the cities of Washington, Elizabeth City, Reidsville, Gastonia, Statesville, Concord, and Wadesboro. Temporary licenses and further information can be secured from Dr. E. J. Carson, Fayetteville, N. C.

There is a good opening for a competent osteopath, a lady preferred, at Princeton, Mo. Dr. Helen A. Dandy has been in this location for six and a half years, but has just removed to Brush, Colo., taking over the practice of Drs. W. F. and Mary T. Maddux. She made the change on account of the health of her mother. There are a number of patients at Princeton who were taking treatment from Dr. Dandy who still need attention, and she will be very glad to give a list to any osteopath assuming the practice. Full information concerning the town can be obtained from Mr. E. B. Bailey, the proprietor of the rooms used by Dr. Dandy as offices. She says they are splendid rooms and several parties in the town have asked for them, but Mr. Bailey is anxious to have an osteopath in the town and will hold the rooms for a short time.

Directory of Officers of National, State and Local Osteopathic Associations and Societies

WE want to make this directory a permanent feature and we shall appreciate the assistance of the various officers and of all our readers in keeping it accurate and up-to-date.

American Osteopathic Association: President, Dr. A. G. Hildreth, St. Louis; vice-president, Dr. Otis F. Akin, Portland, Oregon; secretary, Dr. Harry L. Chiles, Orange, N. J.; assistant secretary, Dr. George T. Monroe, Silver Springs, N. Y.; treasurer, Dr. M. H. Hulett, Columbus, Ohio.

Arkansas Osteopathic Association: President, Dr. A. W. Berrow, Hot Springs; first vice-president, Dr. L. Cummins, Hot Springs; second vice-president, Dr. Charles E. Ross, Fort Smith; secretary-treasurer, Dr. Lillian L. Mohler, Pine Bluff.

Bexar County, Texas, Osteopathic Association— President, Dr. A. G. Church; vice president, Dr. Pary E. Peck; secretary-treasurer, Dr. J. R. Cunningham, all of San Antonio.

Boston Osteopathic Society: President, Dr. Alfred W. Rogers, 12 Hemenway avenue; vice-president, Dr. Mary A. Small, Garrison Hall; secretary-treasurer, Dr. Arthur M. Lane, 420 Boylston street.

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California State Osteopathic Association: President, Dr. D. C. Farnum, San Francisco; vice-president, Dr. Louise C. Heilbron, San Diego; second vice-president, Dr. Lillian M. Whiting, South Pasadena; treasurer, Dr. Lester R. Daniels, Sacramento; secretary, Dr. Effie E. York, San Francisco.

Central Kentucky Osteopathic Association: President, Dr. Martha, Petrie Paris; vice-president, Dr. Lulu Markham, Lexington; secretary, Dr. O. C. Robertson, Cynthiana; treasurer, Dr. J. S. Oldham, Carlisle.

Colorado Osteopathic Association: President, Dr. John T. Bass, Denver; vice-president, Dr. J. H. Hardy, Lamar; second vice-president, Dr. Riley D. Moore, Grand Junction; secretary, Dr. C. C. Reid, Denver; treasurer, Dr. Jeanette H. Bolles, Denver.

Denver Osteopathic Association: President, Dr. F. A. Luedicke, first vice-president, Dr. M. J. Sanford; second vice-president, Dr. R. B. Powell, secretary, Dr. Mabel C. Payne; treasurer, Dr. Cora Richards; all of Denver.

Eastern Washington Osteopathic Association: President, Dr. T. C. Morris, Spokane; vice-president, Dr. H. F. Morse, Wenatchee; secretary-treasurer, Dr. H. E. Caster, Spokane.

El Paso County Osteopathic Association: President, Dr. J. J. Pearce; secretary, Dr. H. F. Wright; treasurer, Dr. Flora Satterlee, all of El Paso, Texas.

Florida Osteopathic Association: President, Dr. J. R. Moseley, St. Augustine; vice-president, Dr. Ida Ellis Bush, Jacksonville; secretary-treasurer, Dr. E. Adelyn Ellis, St. Petersburg.

Hudson River North Osteopathic Association: President, Dr. H. L. Owen, Mechanicsville; secretary and treasurer, Dr. Emma Wing Thompson, Schenectady.

Illinois Third District Osteopathic Association: President, Dr. J. S. Barker, LaHarps; vice-president, Dr. Cora Hemstreet, Galesburg; secretary-treasurer, Dr. E. J. Moiser, Kewanee.

Illinois Fourth District Osteopathic Association: President, Dr. Edgar Q. Thawley, Peoria; secretary and treasurer, Dr. H. D. Stewart, Fairbury.

Indiana Osteopathic Association: President, Dr. M. E. Clark, Indianapolis; vice-president, Dr. E. M. Geyer, Goshen; secretary, Dr. W. S. Thommason, Terre Haute; assistant secretary, Dr. Z. A. Nevius, Brazil; treasurer, Dr. Lydia Copper, Warsaw.

Iowa Fifth District Osteopathic Association: President, Dr. Ella Ray Gilmour, Sioux City; vice-president, Dr. Marcus E. Browne, Sioux City; secretary and treasurer, Dr. Charles E. Ray, Le Mars.

Iowa Osteopathic Association: President, Dr. U. S. Parish, Storm Lake; vice-president, Dr. Della B. Caldwell, Des Moines; second vice-president, Dr. Emily M. Fike, Des Moines; treasurer, Dr. L. O. Thompson, Red Oak; secretary, Dr. T. B. Larrabee, Anita.

Iowa Second District Osteopathic Association: President, Dr. W. M. Furnish, Tipton; vice-president, Dr. Sarah S. Brown, Davenport; secretary, Dr. Elmer Stewart, Clinton; treasurer, Dr. C. A. Hitchcock, Vinton.

King County, Washington, Osteopathic Association: President, Dr. C. N. Maxey; vice-president, Dr. Arthur B. Cunningham; secretary, Dr. Celia B. Newman; treasurer, Dr. Nelle Evans; corresponding secretary, Dr. Roberta Wimer Ford, all of Seattle.

Los Angeles County Osteopathic Society: President, Dr. L. Ludlow Haight; vice president, Dr. Grace W. Schilling; secretary, Dr. C. H. Phinney; treasurer, Dr. J. O. Hunt.

Louisiana Osteopathic Association: President, Dr. Paul W. Geddes, Shreveport; vice-president, Dr. H. Wesley Mackie, New Orleans; secretary-treasurer, Dr. Henry Tete, New Orleans.

Louisville Osteopathic Association: President, Dr. C. J. Johnson; vice-president, Dr. H. H. Carter; secretary and treasurer, Dr. Evelyn R. Bush; all of Louisville.

Maryland Osteopathic Association: President, Dr. Aloha M. Kirkpatrick; vice-president, Dr. Grace McMains; secretary and treasurer, Dr. H. A. McMains; all of Baltimore.

Maine Osteopathic Association: President, Dr. W. Clare Brown, Waterville; vice-president, Dr. Genoa A. Sanborn, Skowhegan; secretary, Dr. Mayme K. Tuttle, Portland; treasurer, Dr. Geo. M. Whibley, Portland.

Miami Valley, Ohio, Osteopathic Society: President, Dr. Chas. F. Kenney, Middletown; vice-president, Dr. Mary A. Connor, Cincinnati; secretary-treasurer, Dr. Clara Wernicky, Cincinnati.

Michigan Southwest Osteopathic Association: President, Dr. R. B. Peebles, Kalamazoo; vice-president, Dr. Bruce L. Hayden, of Battle Creek; secretary and treasurer, Dr. Francis Platt, Kalamazoo.

Montana Osteopathic Association: President, Dr. C. E. Dove, Glendive; vice-president, Dr. John J. Rieger, Billings; secretary, Dr. J. Louis Smith, Missoula; treasurer, Dr. Daisy Rieger, Billings.

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Michigan State Osteopathic Association: President, Dr. T. L. Herroder, Detroit; vice-president, Dr. J. E. Downing, Bay City; secretary, Dr. Rebecca Mayer, Detroit; treasurer, Dr. R. R. Northway, Mt. Pleasant.

Missouri Osteopathic Association: President, Dr. J. W. Hoffess, Kansas; first vice-president, Dr. Anna Holme Hurst, St. Joseph; second vice-president, Dr. W. F. Englehart, St. Louis; treasurer, Dr. J. M. Smith, Carrollton; secretary, Dr. Matilda C. Loper, 207 Deardorff building, Kansas City.

Nebraska Osteopathic Association: President, Dr. A. T. Hunt, Omaha; vice-president, Dr. W. L. Burnard, York; secretary, Dr. C. B. Atzen, Omaha; treasurer, Dr. Lulu L. Cramb, Fairbury.

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Northeastern Pennsylvania Osteopathic Association: President, Dr. W. J. Perkins, Carbondale; vice-president, Dr. Edna MacCollum, Dorancton; secretary-treasurer, Dr. A. May Benedict, Scranton.

Northwestern Missouri Osteopathic Association: President, Dr. Geo. J. Conley, Kansas City; vice-president, Dr. B. J. Mavity, Nevada; secretary, Dr. Bertha Whiteside, Kansas City.

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Philadelphia County Osteopathic Association: President, Dr. Arthur M. Flack; vice-president, Dr. W. S. Nicholl; secretary, Dr. Cecelia G. Curran; all of Philadelphia.

Polk County, Iowa, Osteopathic Association: President, Dr. Arthur E. Dewey; vice-president, Dr. Jennie Still; secretary-treasurer, Dr. Della B. Caldwell, all of Des Moines.

Rhode Island State Osteopathic Association: President, Dr. A. W. Rhodes, Providence; vice-president, Dr. H. M. Hutchins, Providence; secretary-treasurer, Dr. F. W. Wetmore, Pawtucket.

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Wisconsin State Osteopathic Association: President, Dr. E. J. Bretzman, Fond du Lac; vice-president, Dr. E. C. Murphy, Eau Claire; secretary, Dr. L. H. Noordhoff, Oshkosh; treasurer, Dr. Harriet A. Whitehead, Wausau.

Catering to the Public.

"See here," said the theatrical manager, "you'll have to cut out these old jokes."
"But what am I to use in their place?" queried the comedian.

"Substitute some older ones," replied the t. m. "The public likes a change once in a while."

The appendix, says Dr. Goldspohn, should be removed at the first opportunity. Why not make it a social affair? As old George Hamlin suggests, why not appendix coming-out parties?

A man writes to a Gotham paper to say that he tried a hop pillow for sleeplessness and got good results. Some insomniacs prefer to take their hops internally.—*Chicago Tribune.*



Memories of Yosemite

By Florence Alice Corey, D. O.

The Osteos from San Francisco,
Went off for a short tour, Oh!
They finally decided that Yosemite
Would be well for brides, and brides-to-be.

To keep from getting rusty,
They traveled roads mighty dusty;
All escaped the stage of musty,
But very soon were crusty.

These travelers were welcomed at Camp Curry,
And despite the Chiles-Fleck hurry
The grandsieurs they enjoyed
And had a good time, unalloyed.

First a tramp to Vernal Falls,
Fleck led them one and all,
The guide lost the trail
And climbing cliffs made them wail.

But Fleck was on the hike
And stivered on with might;
All the party he had shaken,
Except the one who eats the bacon.

At last the Falls he reached,
To which, as usual, he preached;
Of the virtues of Osteo;
In stopping many a thro.

Glacier Point was on the trail,
Which they climbed without a fail.
Each rode a prancing mule
And all felt like the first of school.

Molly Ivy rode ahead,
The doctor to surely shed.
"Not so, not so," said Horace O.
"Molly, my Molly, go slow."

But Molly must be secure,
So to the tail of her mule demure
Horace tied his bridle rein,
Then his heart ceased to pain.

Straight as sticks rode the Smiths,
Some one questioned, "Are they myths?"
But who in the world wouldn't be sweet
When out, and only married a week.

Our dignity was not lacking,
With Walters as backing;
On the mule and in the saddle,
Nothing, nothing could her addle.

Ray and Ray were growing weary,
But with Titus to make cheery,

All serenely jogged along
On time, like the breakfast gong!
From Glacier Point to Wanona was twenty-six miles
And this wonderful party started out all smiles,
But soon the bones of their faces were all long,
And they could not hum or dream a single song.

Arriving at Wanona,
Each wished he was Jonah
Already swallowed by the whale.
Going down without a wail.

Dr. Smith came to life
The most active in the strife,
Only the cheerness of his wife
Restrained his swallowing a knife.

Agaw, Ivy, Smith or Titus
Which is which, Lord, right us,
But the dirty dirt came off
And the dust ended in a good laugh.

In the Mariposa our ire ceased,
And every care was soon released
In the spell of inspiration
We even loved every relation.

Yes, the memories of Yosemite
Will forever with us be;
May the same plucky eleven
Find no worse a trip to Heaven.

The Mysteries of Nativity.

Past twelve o'clock: the door bell rings;
The Doctor's ushered in.
Hanging across his arm he brings
His saddle bags stuffed full of things:
And now the nods and whisperings
And mysteries begin.

Old Granny Milton shuffles 'round.
With knowing, anxious looks.
Her slipped feet make scarce a sound:
She's wrinkled, fat, with gray hairs crowned;
With knowledge, too, that's more profound.
Than any learnt from books.

The mother soon to be, by spell
Of mystery is bound:
That language lies that feigns to tell
Her thoughts that come and go, and dwell;
The joys of earth, the pains of hell
In combat most profound.

'Tis over now; a faint "Thank God!"
Escapes her quivering lips
Two little tender feet, unshod,
Begin a journey all untrod;
But Mother-love will be the rod
To aid him when he slips.

J. G. B.



Dr. Redfield Reappointed.

Dr. G. C. Redfield, of Rapid City, S. D., has been reappointed by Governor Vessey as a member of the State Board of Osteopathic Examiners of South Dakota.

Southern Kansas Meeting.

The semi-annual meeting of the Southern Kansas Osteopathic Association was held at Wichita, March 28th. Dr. George Still of the A. S. O. was the chief speaker. An informal luncheon was made a part of the program of the day.

Massachusetts Association Meeting.

The March meeting of the A. T. Still Osteopathic Association of Massachusetts was held in Boston, March 25th. Dr. Geo. W. Goode presented three cases, two of which were hip joints and the other hypertrophico biceps of the leg.

Western New York Osteopathic Association.

At a meeting held at the Hotel Statler, Buffalo, N. Y., March 25th, a permanent organization of the Western New York Osteopathic Association was effected. Dr. F. C. Lincoln, of Buffalo, was elected president. The first annual meeting of the association will be next October.

Another State Meeting for Chicago.

The South Dakota Osteopathic Association has decided to hold its next annual meeting at Chicago during the A. O. A. National Convention week in July. We shall at once get in touch with the proper parties to make arrangements.—*H. F. Ludwig, D. O., Secretary.*

Littlejohn College Fraternity Smoker.

The Pi Alpha Beta Fraternity of the Littlejohn College, Chicago, gave a smoker and fellowship love feast at the college building March 24th. A number of visitors were invited, it being the desire of the fraternity to get in closer fellowship with other osteopathic colleges.

Seventh District, Iowa, Meeting.

The regular meeting of the Seventh District Iowa Association was held March 18th at Perry. A good program was carried out. Officers elected were: President, Dr. S. S. Still, Des Moines; vice-president, Dr. T. P. Weir, Winterset; secretary, Dr. Emily M. Fike, Des Moines. The next meeting will be held in Des Moines in October.

Says Goiter is the Cause of Insanity.

In a paper on "Goiter Among the Insane" read before the Chicago Medical Society, Dr. Alexander Werelius claimed that goiter is a prominent factor of insanity, and also stated that the disease is common among the school children of Chicago. Dr. Werelius secured his data from the examination of 4,184 cases of insanity at Dunning and Kankakee, Ill.

Hot Debate on Osteopathic Bill.

In the Colorado House of Representatives, on March 15th, the motion of Representative Alfred Durfee that the medicam bill be substituted for the osteopathic bill, which had just come up for consideration, precipitated a hot debate, several representatives taking part. Practically an entire afternoon was devoted to the debate. The outcome of the fate of the bill is still in doubt.

Third District, Illinois, Meeting.

The regular bi-monthly meeting of the Third District Illinois Osteopathic Association was held March 8th at Galesburg. The program included the following papers: "Palpitation, Percussion, Auscultation," by Dr. Olson; "Conditions of Articulation," by Dr. Walker; "Significance of Articular Symptoms," Dr. Thiele; "Relation of the Healing Profession to the Public," by Dr. Chambers.

Mental Healers Score Drug Doctors.

A meeting was held in St. Louis March 20th, by a number of men and women interested in suggestive therapeutics protesting against the attitude of the drug doctors of the state toward them. The claim was made that a systematic attempt was being made to drive all practitioners of drugless systems out of the state. Daniel Johnson, principal of the St. Louis Institution of Suggestion, presided at the meeting.

North Carolina Examination.

The North Carolina Examining Board will hold its next examination in Greensboro on July 13th and 14th. All who desire to take this examination must file application to the secretary before July 1st. There are a good many towns in this state of from five to ten thousand inhabitants where osteopaths can find good openings, and the Board will issue temporary licenses to any who wish to come to the state prior to examination.—*E. J. Carson, D. O., Fayetteville, N. C., secretary.*

Medical Inspection of Public Schools.

Several bills are up in Wisconsin relating to medical inspection for public and parochial schools. March 17th a joint hearing was held by the House Public Health Committee and the Senate Committee on Education. Dr. H. J. Elton, of Milwaukee, was one of those who spoke against the bill. The osteopaths of the state are not opposed to medical inspection of school children, but the proposed laws place the matter entirely in the hands of the drug doctors.

South Dakota State Board Meeting.

The State Board of Osteopathic Examiners of South Dakota will hold its next examination at Pierre, June 28th and 29th, 1911. Among the towns listed with the board as favorable locations for osteopathic physicians are the following: Webster, Andover, Waubay, Faulkton, Gettysburg, Flandreau, Dell Rapids, Hot Springs, Arlington, Springfield, Tyndall and vicinity. All questions cheerfully answered and application blanks sent upon request.—*Mary Noyes Farr, D. O., Pierre, S. D., Sect'y-Treas. State Board.*

A Sad Fatality.

Dr. D. E. Morris, of Aurora, Mo., and four children were burned to death in a fire that destroyed his home early in the morning on March 27th. Mrs. Morris and one child escaped. A mattress was taken from a bed and thrown from a window and Dr. Morris and his wife and one child jumped to the ground. Dr. Morris started back to get the other children, who were asleep upstairs, and that was the last seen of him. Mrs. Morris is reported in a critical condition and may not recover from the shock and exposure.

Illinois Bill Defeated.

The effort to secure osteopathic recognition in Illinois at the present session has failed. It was originally planned to ask for an independent board, but the political sentiment seems so strong against authorizing boards of any kind that the Legislative Committee decided to introduce a bill to amend the medical act so as to give osteopaths recognition. The bill was referred to the Judiciary Committee and reported out with recommendation that it be not passed. A bill has been introduced by the M. D.s to change law relating to vital statistics which, if passed, will likely prove a serious hindrance to our practitioners. Dr. Emery Ennis, president of the Illinois Osteopathic Association, is calling for active work against it.

Kansas Meeting.

The tenth annual meeting of the Kansas Osteopathic Association will take place at Emporia, May 19th and 20th.

We will have a complete report of the legislative work as well as a good program. The committee have secured Dr. A. G. Hildreth to give us a talk and have other good numbers on the program.

We expect a good attendance and hope for the largest meeting we have ever had, and the best. We pool the railroad fare.—G. B. Wolf, D. O., Secretary.

Fight For Hospital Recognition.

Osteopathic practitioners of Pasadena, Cal., have started a vigorous fight to compel the directors of the Pasadena Hospital to admit osteopaths to the hospital for the treatment of patients. There can be no doubt but what, legally and morally, they have this right, but the directors of the hospital have denied them admission in a purely arbitrary manner. The osteopathic practitioners have published a statement in the local papers, and will keep up a campaign for public support until they get enough influence to make the directors yield them their rights.

Chiropractic in Michigan.

The Chiropractics of Michigan are trying to get put through the legislature a bill that will give them almost complete legal recognition, and at the same time only require a very limited course of study. The bill had reached the third reading before the allopaths or osteopaths of the state gave it much attention, but they finally woke up and succeeded in getting the committees on public health of the House and Senate to grant a public hearing. There does not seem much likelihood that the bill will pass with its present limited educational requirements.

New Jersey Bill May Yet Pass.

According to a press dispatch dated Trenton, the bill to establish an osteopathic examining board introduced by Representative Brown came up for action and was defeated by one vote. There were eighteen against the bill and thirty for it, which was one short of the required number to pass the bill. Encouraged by the strength shown in the House, Mr. Geran, of Monmouth, next day moved for a reconsideration of the bill. Then, on motion of Mr. Donnelly, from Hudson, the measure was placed on the table, and may now be taken up at any time.

Says Medical Education Should be Free.

In a recent address of welcome to visiting members of the Association of American Medical Colleges, in Chicago, Dr. Alexander Hugh Ferguson, president of the Chicago Medical Society, advocated free medical education as a remedy for the present overcrowded condition of the profession. After calling attention to the great excess of drug doctors in the United States, Dr. Ferguson said: "To be concise, we do not need more doctors in America, but we do desire a better brand of doctors. It is my deliberate opinion that this evil, which is due to the large number of irresponsible medical colleges, would be remedied by free medical education."

Boston March Meeting.

The March meeting of the Boston Osteopathic Society was devoted to demonstration of technique. The program was as follows: "Adjustment of Eleventh and Twelfth Ribs," Dr. W. J. Jones, Marlboro; "Cervical Vertebrae and Lumbar Lesions," Dr. Geo. E. Smith, Boston; "Lower Lumbar and Sacral Lesions," Dr. Kendal L. Achorn, Boston; "Diagnosis and Adjustment of Atlas," Dr. A. M. Lane, Boston; "Anterior Dorsal and Posterior Lumbar Curves," Dr. Carl L. Watson, Boston; "Semi-lunar Cartilages of the Knee," Dr. Geo. W. Goode, Boston. Dr. Kendal L. Achorn exhibited a number of radiographs on arthritis.

Dr. F. E. Moore Speaks in Massachusetts.

The A. T. Still Osteopathic Association, of Massachusetts, held a special meeting in Boston, April 6th. Dr. Frederic E. Moore, of Portland, Ore., was the speaker of the evening and he discussed the advantages of a separate osteopathic board in each state, and said emphatically that he was against the composite boards, being a member of one in Oregon. He related several of his experiences as a member of the Oregon board, and then gave some hot shot from Kirksville. Following his discourse Dr. Moore demonstrated some fine points in technique of the A. T. Still kind. Dr. Moore was loudly applauded for his efforts, and after the meeting was tendered a banquet at the Hotel Lenox.

Southwest Michigan Meeting.

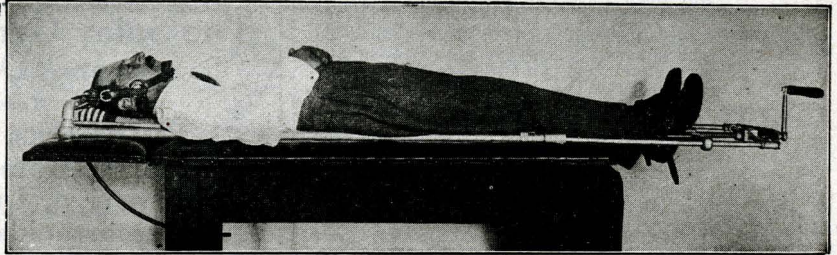
The Southwest Michigan Osteopathic Association held their regular meeting at the office of Dr. Betsy Hicks, Battle Creek, March 11th. The general subject for discussion was "Constipation," and the meeting was one of the most successful the association has thus far enjoyed. The program was as follows: "Constipation, Its Causes and Symptoms," by Dr. Cluff, Albion; "Hygiene of Bowels," by Dr. Blair, Battle Creek; "Osteopathic Treatment of Constipation," by Dr. Glezen, Kalamazoo; "Psychotherapy, Its Uses in the Treatment," Dr. Snow, Kalamazoo; "Dietetic Treatment," Dr. Conklin, Battle Creek; "Hydrotherapy in the Treatment," Dr. Hicks, Battle Creek.—Frances Platt, D. O., secretary.

Osteopaths Accepted by This Company.

We have information that the States Accident Insurance Company, of Chicago, will write an accident policy for osteopathic physicians at \$12.00 per year, the

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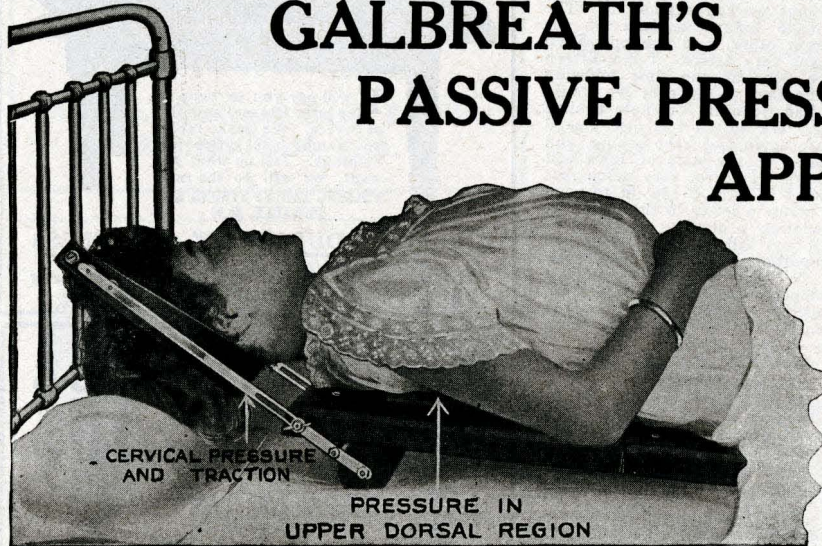
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same rate as charged for bankers, and that they also accept reports from osteopathic physicians on accident and sick claims the same as physicians from other schools. It is claimed that this company has a very liberal policy for the price charged. This company is one of the smaller assessment accident companies, organized under the assessment laws of the state of Illinois, and, according to the authorized statement of the company, for the year ending December 31, 1910, the total admitted assets were \$20,426.32, and liabilities \$9,813.00. The company claims to have already paid 437 claims without a single law suit. It seems a very satisfactory small company.

St. Louis Osteopathic Society Meeting.

The St. Louis Osteopathic Society had an unusually interesting meeting the evening of February 16th. The members met early in the evening at dinner—a table having been reserved at a leading cafe—and thoroughly enjoyed a social hour, after which they repaired to the office of Dr. Elizabeth Ingraham, where the regular meeting was held. The program was an "after dinner feast." Among the good things was a talk on "Obstetrics," by Dr. Bertha Buddecke; a paper on "Stomach Trouble," by Dr. Elizabeth Ingraham; Dr. Arlowyne Orr had a paper on "Constipation"; Dr. Minnie Schaub, "Diseases of the Eye"; and Dr. Nannie Chappell, "Chorea." At a previous meeting officers were elected for the year: Dr. Bertha Buddecke, president; Dr. Eleanor Moore, vice-president; Dr. Nannie Chappell, secretary-treasurer. A general talk on "Professional Courtesy" followed.—Nannie J. Chappell, D. O., Secretary.

Georgia Independent Medical Society.

From a press dispatch, dated Atlanta, we learn of plans being made for a new organization in Georgia, to be known as the Georgia Medical Society, and which will

include prominent physicians from all over the state and, as we understand it, of the various medical schools of practice. Dr. George Brown, chairman of the Committee of Organization, is quoted as saying:

"The society will have no walking delegates who are unable to make a living at home, no paid hirelings of the American Medical Association to come down from Yankee Land to tell the Georgia physicians what they must do and what they must not do. For my part, I desire no office in the new association. I have refused to swallow the so-called ethics of the present association, and my object in connecting myself with this movement is simply to see if there are not physicians in Georgia who believe that right will prevail, and that there are as honorable gentlemen outside of the medical trust as there are in it."

Min-Ala Mineral Water is an Aid to Osteopaths.

Min-Ala Mineral Water is a natural aperient and diuretic mineral water as prepared in Nature's laboratory. Osteopaths will find this natural solvent and eliminant a great supplement and aid in their work.

It is so rapidly gaining recognition as a most excellent treatment for Auto-Intoxication, Intestinal Atony and Lithemia.

Let it be clearly understood that this is a natural mineral water—not one of the built-up kind prepared from cheap salts of magnesium and sodium.

Osteopathic physicians from all parts of the country are telling of the excellent results obtained by using Min-Ala water in connection with the regular osteopathic treatment in cases of Bright's disease, diabetes, rheumatism, etc.

The Standard Mineral Water Co., 52 Broad street, New York City, will furnish any information required concerning Min-Ala Mineral Water. This concern also produces the natural salts obtained from the water by evaporation into tablet form.

Northern Colorado Meeting.

The semi-annual meeting of the Northern Colorado Osteopathic Association was held at Fort Collins on April 8th. The program proved very interesting and the discussions helpful and profitable to all present. The courtesy of the Fort Collins osteopaths and their friends in the automobile ride was greatly appreciated, and the news that the House had passed the Kerwin bill, providing for an osteopathic board, on third reading by a vote of 41 to 14 was a further cause of rejoicing. The speakers at the banquet included President Chas. A. Lory, of the Colorado Agricultural College; President G. W. Perrin, of the Colorado Osteopathic Association; and Dr. F. O. Furry, of Cheyenne, Wyoming. The next meeting will be held at Boulder. The program in part was: "Fever and Treatment," Dr. Mary Keeler; Clinic, Drs. Ludwick and Perrin; "Brief Treatise on the Prevention and Control of Tuberculosis," Dr. Charlotte M. Burton; "Asthma," Dr. Martha A. Morrison; "Neurasthenia," Dr. Albert Hunting; "Importance of the State Association," Dr. George W. Perrin; "Sciatica," Dr. Mabel C. Payne; Clinic, Dr. Amelia Sparling.—*Martha A. Morrison, D. O., Secretary.*

The Iowa Situation.

"We introduced our bill the second week of the session, but the opposition was so great that we did not get any action until the last three weeks. We got through the Senate nicely in spite of the opposition of the medics, but nevertheless we will not get any legislation this year. Many things worked against us. The senatorial deadlock has made many members of the legislature bitter toward each other, and the opposition of the medical profession was very active. I saw fifteen to twenty of them on the floor at one time lobbying against our bill, but just the same I am sure we would have come through alright had we been fortunate enough to secure an earlier hearing. We do not feel discouraged but will go to the legislature again and keep asking, and the members of the profession in the state of Iowa will stand pat for a separate board. I regret very much that the members of the profession in Illinois saw fit to compromise in the least, and I wrote a letter to the president of the Illinois State Association protesting against any compromise. I see the bill was killed in the committee and that therefore no recognition will be secured, even of the compromised sort. We could have compromised in Iowa and secured a composite board, but a separate board or nothing is the position we take."—*U. M. Hibbs, D. O., Grinnell, Iowa.*

Utah Meeting.

The annual meeting of the Utah Osteopathic Association was held April 4th, at Salt Lake City, when the members sat down at a banquet at the Louvre. The Legislative Committee reported successful work done in the recent session of the State Legislature. The Board of Medical Examiners presented a bill, which, if carried, would have effectually kept out any more osteopaths from this state and might in time have disposed of most of those already licensed. The idea, apparently, was to get the bill through without attracting the attention of the friends of the D. O.'s. However, the matter was discovered in time, and when presented to the committee by a lawyer friend it became very evident that there was no chance to get the bill through as presented. The M. D.'s, in fact, disclaimed any intention of shutting us out. The bill that finally passed raises the requirements for examination a little, increases the fee for examination, and changes some other point of minor interest to us. The association put itself on record as unalterably opposed to any national legislation, such as the Owen or Mann bill.

Dr. Grace Stratton was selected as delegate to the National Legislative Council. Officers elected were: President, Dr. Mary Gamble; vice-president, Dr. Austin Kerr; treasurer, Dr. M. McDowell; secretary, Dr. Alice Houghton; all of Salt Lake City.—*Alice Houghton, D. O., secretary.*

Program for New England Meeting.

The program for the sixth annual meeting of the New England Osteopathic Association will be held at Worcester, Mass., has been partially arranged and is as follows: "Intestinal Disorders," Dr. Geo. W. Riley, of New York City; "Osteopathic Principles," by Dr. E. M. Downing, of York, Pa.; "Fourth Dimension," by Dr. E. E. Tucker, New York City; "Emergencies," by Dr. Joseph Ferguson, New York City; "Physiological Exercise," by Dr. Geo. W. Reid, Worcester, Mass.; "The Place of the Bony Lesion in Osteopathic Therapeutics," by Dr. Martin W. Peck, Lynn, Mass.; "Herpes Zoster," by Dr. J. H. Corbin, Westfield, N. J.; "Diseases of the Spinal Cord," by Dr. A. H. Gleason, Worcester, Mass.; "Orthopedic Surgery and Osteopathy, Their Important Relations and Their Vital Divergences," by Dr. R. K. Smith, of Boston, Mass.; "Publicity," by Dr. John K. Howard, Boston, Mass.; "Correction of Lateral Curvature," by Dr. Wm. H. Jones, Marlboro, Mass.; "Hernia," by Dr. E. F. M. Wendelstadt, New York City; "Osteopathic Treatment of the Liver," by Dr. Helen G. Sheehan, Boston, Mass.; "Our Problems Outside the Operating Room," by Dr. H. L. Chiles, Orange, N. J.; Dr. Wilfred E. Harris, of Boston, will also give a talk, and Dr. Geo. W. McPherson will discuss his method of simplifying treatment. Behind closed doors Dr. Chas. C. Teal will read a paper, "Conservation—Patient and Operator." With this splendid array of papers on the program, the meeting should prove of very great interest and value and any practitioner who takes the time to attend the convention will get more than his money's worth.

Washington Osteopathic Association Meeting.

The eleventh annual meeting of the Washington Osteopathic Association at Wenatchee was well attended by

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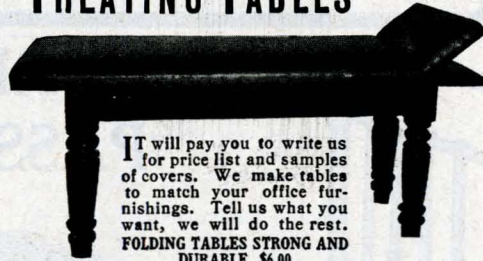
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Kansas City, Mo.

doctors from every part of the state. A decidedly profitable program was enthusiastically received. With characteristic western hospitality, the Commercial Club entertained the convention, donating the use of their club room, and taking their guests in automobiles through their beautiful valley, made famous the world over by their big red apples.

The Mayor welcomed the doctors, Vice-President Dr.

F. C. Morris responding. Dr. Guthridge's subject, "Infantile Paralysis," was ably handled, and was well discussed by Dr. Abegglen, who presented two cases—one that had almost recovered under osteopathic care.

Dr. Otis Akin's talks and demonstrations on hip joint abnormalities and incipient Potts' disease were indeed splendid.

Dr. F. C. Jones' presentation of "Typhoid Fever" was timely and particularly strong, he having treated 1,139 cases in nine years, with but one fatality.

Dr. A. B. Cunningham, on "Liver Disturbances," brought out some splendid points, followed by Dr. Ida Weaver in discussion.

Local newspapers gave them favorable space and mention. Officers elected were: President, Dr. T. C. Morris, Spokane; first vice-president, Dr. Walter Jay Ford, Seattle; second vice-president, Dr. H. F. Morris, Wenatchee; secretary, Dr. W. T. Thomas, Tacoma; treasurer, Dr. Ida M. Weaver, Seattle; trustees, Dr. W. H. Arnold, Vancouver; Dr. Frank Holmes, Spokane.—*Roberta Wimer-Ford, D. O., Secretary.*

Federal Casualty Company Again.

The January "O. P." called attention to the Federal Casualty Company of Detroit, Mich., saying that they discriminated against osteopaths and that you would like to hear from others who had had experience with them. I took out a policy with this company last December and this month received \$36.66 from them in full settlement of my claim for illness indemnity. My preliminary report of illness was made out by Dr. J. M. Pugh, of Everett, and my final report by Drs. Ford & Ford, of Seattle—all osteopaths.

In thanking them for the prompt settlement of my claim, I mentioned your January article and told them I would relate my experience to you. I have the following reply: "Regarding the letter which was published in THE OSTEOPATHIC PHYSICIAN, an injustice was done this company by the publication of that letter, and the physician who was responsible agreed some time ago to see that the matter was corrected; whether he did so or not we have not been informed. This company has never refused to recognize an osteopathic physician if he was a regular licensed physician, and the misunderstanding in that case was due to the failure of the doctor to furnish us information regarding this fact. As you are of course aware, in every large city there are persons claiming to be osteopaths who are not licensed in any way and have really no right to practice as physicians, and it is for the purpose of guarding against such cases that we usually require some statement as to whether the osteopath is a regular licensed physician."—*H. S. Morse, D. O., Wenatchee, Wash.*

[A correction in regard to the Federal Casualty Company was published on page 14 of the February issue.—Editor.]

Osteopathy Not Accidental.

The quotation from the *Sioux City (S. D.) Journal* in the February "O. P." with the heading "Accidental Osteopathy" is but another example of that kind of boasting which has done us the very greatest possible harm. In a community where all practitioners of the healing art of all schools are ignorant and the laity so isolated from contact with the outside world that they know little or nothing of disease, perhaps such a story as the one told in the article mentioned might pass unchallenged. It is my belief that few if any such communities exist in the United States today. Such stories as these, spread by the agency of the Associated Press bureaus, have often covered us all with the stigma of little learning.

Let us consider the case of Miss Lydia Donovan. She lost her voice while singing a solo in church. It is assumed the loss of voice came upon her suddenly without any premonitory symptoms of organic disease. Then the diagnosis is plainly hysterical mutism. She recovered her voice three months later upon stubbing her toe—a second diagnostic symptom of hysteria. To differentiate it from those organic diseases in which aphasia occurs (motor aphasia, bulbar paralysis, progressive bulbar palsy) we note that the onset in these is more or less insidious, and the pathology prevents more than little, and never complete recovery.

The theory of nerve compression sounds well, we must admit, but to cite it as causal in such cases as the above is absurd. In the first place compression sufficient to shut off completely a function must amount to severe injury, indeed to solution of the continuity of the nerve. The inevitable will then happen—degeneration. We know from the researches made into regeneration of nervous tissue that repair is slow and never spontaneous, and often not complete. (Researches of Marinesco and Ross Harrison.)

The time is now ripe, it seems to me, when we should discountenance these methods of advertising osteopathy. They belong to the charlatan. The man who exploits a false hypothesis so that he may advertise startling cures as the result of osteopathy, accidental or purposeful, not only belittles the rest of us but osteopathy itself, and must acknowledge himself a fakir or an ignoramus. It is my sincere hope that Dr. Brown was misquoted.—*Edythe F. Ashmore, D. O., Los Angeles, Cal.*

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The Treatment and Cure of Diseases of the Stomach and Digestive System

HOW often do you treat cases that involve the digestive system? Nearly every day, don't you? It's a trouble that is universal. Stomach complaints are a common every day grievance. In some form or other you meet disorders of the digestive system all the time. The demand for relief from this class of trouble is incessant, which is all the more emphasized because drug treatment so signally fails to afford permanent cure. On the other hand the osteopathic physician is particularly successful in the treatment of these cases. They afford him great opportunities for gratifying work. You know that! but do the people in your vicinity know it? That is a question of vital importance to your success. I venture to state that the big majority of men and women in your immediate neighborhood do not know what *osteopathy* means, and that they have no idea how effective it is in curing disorders of the digestive system.

If you want to give them information on this subject in plain language, get the May issue of *Osteopathic Health*. Typical cases are related and the osteopathic treatment explained in concise, simple style. It's easy to read and understand. Here are some of the articles:

Why Diseases of the Stomach and Digestive Organs Develop.

Chronic Dyspepsia Due to a Slipped Rib.
Nervous Dyspepsia Resulted from a Vertebra Out of Line.

Constipation Caused by Over-Tense Muscles.
Gastritis Due to Muscular Rigidity in the Back.
Obstruction of the Pylorus Results from a Wrenched Rib.

Constipation with Atony of the Stomach and Bowels.

Gall Stones the Result of Spinal and Rib Lesions.

Indigestion, Constipation and Congested Liver Cured by Mechanical Adjustments.

Causes of Appendicitis are Removed by Osteopathy.

Atrophy of the Liver with Indigestion Cured by Correcting a Lesion.

Now, why hide the light? Why not let the facts about osteopathy be known? The May issue of *Osteopathic Health* will undoubtedly be the means of bringing many sufferers to find relief through osteopathic treatment; will it help any in your community? That depends of course on whether or not you circulate it. We shall be more than pleased to have your order for a supply.

RALPH ARNOLD, assistant manager,
The Osteopathic Publishing Company,
215 South Market Street, Chicago.

Pleasant Comments From Far and Near

"Kindly send me 300 copies of *Osteopathic Health* for March, The Osteopathic Primer. I consider this one of the best numbers you have gotten out."—E. F. Pellette, Liberal, Kansas, Feb. 19th.

"I wish to take this opportunity to congratulate you on the present high quality of *Osteopathic Health*. Every number is a good one, and I think you deserve praise for your work. As soon as I have compiled sufficient names to make up a mailing list of 200, I shall order that many magazines each month. I am fully convinced that the distributions of these magazines do a lot of good, not only to me, but also to the profession as a whole."—Dr. Warren B. Mack, Lynn, Mass., Feby. 18th.

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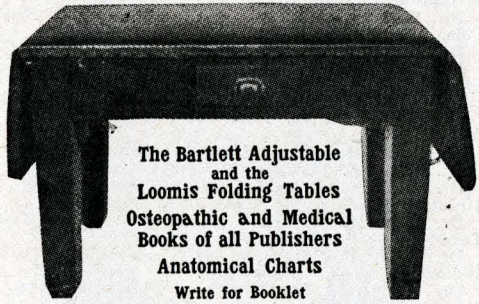
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"In regard to renewal of contract for *Osteopathic Health*, I have been too busy to attend to it. I want the magazines, however, but not one hundred copies a month as heretofore, because if I do not look out they will put me out of business as it is. Send me fifty copies a month for the coming year, just to use on my tables."—Dr. G. E. Arnold, Albion, Mich., Feb. 3rd.

"I have been well pleased with every issue of *Osteopathic Health*. There is nothing better printed, to my mind, to put the people in line with osteopathy. As a patient getter they are next to 'booster' patients."—Dr. H. H. Somers, Cottage Grove, Oregon, Feb. 1st.

"I think *Osteopathic Health* is very good. I have never seen anything in it that I consider unsuitable for general distribution."—Dr. Frances A. Perry, Hudson, N. Y., Feb. 6th.

"Enclosed please find renewal of contract for another year. I am very much pleased with *Osteopathic Health*, its style, appearance, quality of reading matter, subjects, cover, etc. I notice a steady and continual improvement."—Dr. J. Lester Adams, Los Angeles, Cal., Feb. 3rd.

"I think *Osteopathic Health* is the best popular osteopathic magazine I have ever seen. I expect to continue using it in the future as in the past."—Dr. H. B. Clouse, Sterling, Colo., Feb. 9th.

"Since I have entered the field, I want to say to you for the good of others that I think it pays doubly to educate the laity, and there is no better way than by sending out *Osteopathic Health* every month. I have found it best to begin publicity work when first entering a new field. I know the magazines are seemingly expensive, but people who get them regularly look for them and appreciate them."—Dr. Harry C. Osborn, Salisbury, Md., Feb. 14th.

"I think the March number of *Osteopathic Health*, The Osteopathic Primer, is the best ever."—Dr. James Decker, Hutchinson, Kansas, Feb. 13th.

"My practice is increasing steadily, and I give *Osteopathic Health* due credit for the part it has played."—Dr. Geo. C. Pound, Brantford, Ont., Can., April 5th.

You certainly made a home run drive with the bases full with the April issue of *Osteopathic Health*. Please send me one hundred more copies. If this April number does not help the cause, let's quit."—Dr. J. G. Morrison, Terre Haute, Ind., March 30th.

I like the booklets you are giving us. They are short and pointed and clear. Just what our patients can read and understand and will read because told concisely.—Dr. Etta Chambers, Geneseo, Ill., March 31st.

"I hope you will stick to the pocket edition size of *Osteopathic Health*, as I see every now and then someone reading them in the subway or elevated trains, and the larger size does not admit of its being carried in the pocket or handbag so conveniently."—Dr. J. A. Jackson, New York City, March 2nd.



Dr. Polmeteer, formerly of Sigourney, Iowa, has located at Belle Plaine.

Dr. W. S. Maddux, formerly of Brush, Colo., is now located at Pueblo.

Dr. Francis Perry has opened an office at 225 State street, Albany, N. Y.

Dr. G. W. Hay, of Chicago, has taken over the practice of Dr. Saylor at Geneva, Illinois.

Dr. Helen Beatty, of Hoosick Falls, N. Y., has opened a branch office at Greenwich, N. Y.

Dr. Ida M. Wright, of Chicago, has succeeded to the practice of Dr. Grace C. Watts, at Evanston. Her offices will be at 303-305 Century building.

Dr. W. E. Were, of Albany, N. Y., has been in New York City a couple of weeks taking a much needed rest.

Dr. Frank C. Farmer, of Chicago, lectured at Louisville, Ky., March 10th, on the "History, Cause and Rise of Osteopathy."

Dr. J. O. Smith, formerly of Wauseka, Minn., has located at Menominee, Wis. He has secured nice offices and considers the prospects very good.

Dr. E. Randolph Smith, of Garden City, Kans., has changed his office from the New Warden building to rooms over Carter & Fant's grocery store.

Dr. Harriet Owen, of Hoosick Falls, N. Y., has been spending a couple of weeks in New York City and Boston to get away from business and to take a rest.

Dr. Chas. J. Muttart, of Philadelphia, is the recipient of a very nice little appreciation in *The Forecast* for March, under the title "Glimpses of Progressive People."

Dr. Helen F. Perkins, of Brooklyn, N. Y., has opened a branch office at 1 West Sixty-fourth street, New York City. She has prospects of working up a nice practice at the new office.

Dr. H. V. Jameson, of Creston, Iowa, who has been temporarily out of practice on account of sickness, is now back at his office and taking care of his patients in the regular way.

Dr. George E. Perkins, of Boston, and Miss Mabel W. Ranney were married in Cambridge, Mass., April 5th.

Dr. Perkins is a graduate of the Massachusetts College of Osteopathy.

Dr. J. J. Peace, of El Paso, Texas, has removed from 615 N. Oregon street to 412 Roberts-Banner building, where he has nice new offices. He has also purchased a bungalow residence on River street.

Dr. A. G. Willits, of Minneapolis, has secured a long lease on quarters at 17 S. Sixth street, known as the Werner building. He says he has fitted up one of the finest suites of offices in the Twin Cities.

Dr. J. H. Bennett, who is located at Oskaloosa, Iowa, has purchased a residence which is described as one of the finest in the city. Dr. Bennett must have worked up a good practice and we congratulate him.

Dr. Elizabeth Todd, of Topeka, Kans., is preparing an address on "Osteopathy," to be delivered before the Century Club of that city. She expects to distribute some osteopathic literature at the meeting.

Dr. and Mrs. Frank W. Hanna, of Anderson, Ind., have just returned from a trip to the southern states and Mexico. Dr. Hanna called on a number of osteopaths on the trip and reports that he found them all doing well.

Dr. O. E. Millay, of Detroit, was a caller at the offices of THE OSTEOPATHIC PHYSICIAN recently. Dr. Millay was on his way to Kirksville to attend the burial of his little son, Herman, who died the early part of the month.

Dr. E. E. Basye, of Fargo, N. D., has removed to New Orleans, La., and has offices at 1717 St. Charles avenue. He says that after twelve years at Fargo with its seven months winter the change to the sunny south seems pretty good.

Dr. Helen Kinsell has given up her practice in St. Louis and will take up a permanent residence in Oakland, Cal. The St. Louis Osteopathic Society, of which Dr. Kinsell was a member, gave a dinner in her honor a few evenings before her departure.

Dr. Wimer-Ford was hostess to the Seattle Woman's Osteopathic Club at their last meeting. This organization holds its meeting the second Saturday of each month, and is pursuing a definite line of study in the diseases of women and children.

The Osteopathic Physician

Locations and Removals

Dr. T. M. King, of Springfield, Mo., visited Kirksville recently with a surgical case for Dr. George Still. While there he visited old friends and, of course, called on the "Old Doctor." He had a very pleasant time renewing old acquaintances and associations.

Dr. Martha Vernon Benion, of Philadelphia, is now at Hills Rood, Cambridge, England, where she expects to be about three months attending a patient whom she took over there. In the mean time she expects to do a little practice among the friends of her patient.

Dr. James Decker, of Hutchinson, Kansas, has just completed a new residence at the cost of \$5,000. It is a strictly modern building of nine rooms, constructed along bungalow lines. Dr. Decker sends us a photo of the house, and it is certainly a very pretty home.

Dr. W. Orrin Flory, of Minneapolis, Minn., who was burned out of his offices in the Syndicate Block March 5th, has secured new quarters at 425 Medical Block. He writes that he has very satisfactory quarters and now has everything fitted up in good shape for practice.

Dr. Geo. P. Long and Dr. Robert H. Long have formed a partnership and will hereafter conduct joint offices at Brooklyn, Jamaica and Rockville Center, N. Y. Dr. Robert H. Long has removed from his office at 309 Shelton avenue, Jamaica, to the New Franklin apartment, corner of Hardenbrook and Shelton avenues.

Dr. J. S. Crawford is building up a splendid practice at Denton, Texas. Increased business has compelled him to remove his offices from the Hann building to the Donahower block, where he has spacious quarters consisting of five rooms. We like to get this kind of news.

Dr. Martin Somers, who has been traveling on the Pacific Coast with a patient, was a visitor at the office of THE OSTEOPATHIC PHYSICIAN a short time ago. In the near future Dr. Somers will take up his location at South Bound Brook, N. J., where he expects to erect a sanitarium.

Dr. Claude A. Porter, formerly of Trinidad, Washington, has purchased the practice of Dr. L. E. Hewitt, of Union, Oregon, and will take up practice at that location. Dr. L. E. Hewitt will remove to Chicago for post graduate work.

Dr. Chas. A. Rector, of Indianapolis, Ind., has filed suit for \$5,000 against the Indianapolis Traction & Terminal Company, on account of injuries to his arms and shoulders sustained when he was thrown off one of the street cars. Dr. Rector was dragged several feet and was unable to attend to practice for some months.

Dr. Victor Wm. Purdy has located at Stevens Point, Wis. He writes that he is already enjoying a very nice business and intends to stick to the town. After finding a satisfactory location there is only one way to build up a good practice, and that is to stay by the town and "make good." There is no advantage to be gained by constantly changing locations.

Dr. H. Alfred Leonard, formerly of Philadelphia, has removed to 810 Union Trust building, Baltimore, Md. Previous to his removal from Philadelphia a banquet was given in his honor, and resolutions were passed regretting his departure from the city and endorsing him as an osteopath and as a friend. The resolutions were signed by many of the best known osteopaths of Philadelphia.

Dr. T. L. Lorbeer, of Riverside, Cal., and a friend gave themselves a strenuous but very enjoyable outing the early part of the month. They climbed Mt. Wilson early in the morning, had luncheon amid snow and then climbed down the mountain again and took a car for Ocean Park, where they had a swim in the surf, followed by a hearty dinner. They were back in Riverside in good time in the evening.

Dr. A. W. Berrow, of Hot Springs, Ark., contemplates going to London, England, in June. He expects to take a special course on nervous diseases. If any of our readers know of patients who desire to take a trip abroad and would like to have the care of an osteopathic physician, Dr. Berrow would be very glad to arrange to take charge of one or two. If he does not get away in time for the coronation he will plan his trip for July.

On March 13th Dr. J. W. Bennett, of Augusta, Ga., met an untimely death while driving a buggy in response to a call from a patient. While crossing a bridge the horse became startled, and turning sharply to one side threw Dr. Bennett out of the buggy and against an iron girder of the bridge, causing a fracture of the skull from which death resulted soon after. Dr. Bennett is survived by his wife, Dr. Fannie C. Bennett, who was associated in practice with him.

Dr. W. L. Nichols, of Enterprise, Oregon, who suffered an injury some time ago by a fall from a horse, has had bad luck in making a recovery. His fractured leg was not properly set by the two M. D.'s in his home town who attended him, so he finally went to Portland, Oregon, where Dr. Otis Akin performed an open operation to get the bones in perfect position. Dr. Akin used a Lane Plate to hold the bones and secured perfect results and Dr. Nichols is now progressing nicely. Recovery from the operation was ideal, and this is a big credit to the skillful surgery of Dr. Akin.

Dr. H. D. Bowers and wife, Dr. Alice Bowers, will resume their practice in Newberg, Ore., next month. They have been in California better fitting themselves for their duties as physicians. Many letters have been received from their home the last few months urging them to hurry back and again take up the practice of osteopathy there. Their friends who had depended upon them in their six years practice in that field missed them greatly. Drs. Bowers have had a good rest since last July and are now ready to do plenty of hard work. Dr. L. H. Howland, who relieved them last July, has all his time taken up now with his Portland practice.



Dr. Wm. H. Albright, from Chanute, Kansas, to Alberta block, Edmonton, Alberta, Canada.

Dr. W. H. Andrus, from Toronto, Canada, to 904 Main street, Hartford, Conn.

Dr. Lewis W. Allen, from Rutland, Vt., to Westport, N. Y.

Dr. Antonia Apel, from 2004 Fourth street, to 3667 Albatross street, San Diego, Cal.

Dr. A. M. Bruce from Murdo, to Running Water, S. Dak.

Dr. M. G. Bennett, from Bethany, to Superior, Neb.

Dr. B. A. Bullock, from 213 Woodward avenue, to suites 312-14 Healy building, Detroit, Mich.

Dr. Chas. A. Boyd, from 825 S. Hope street, to 830 Garland avenue, Los Angeles, Cal.

Dr. Edna Chesebrough, from Bath, Me., to 171 Westminster street, Providence, R. I.

Dr. George D. Chaffee, from Sturgeon Bay, Wis., to Shelbyville, Ill.

Dr. Phillip P. Cary, from Morrison, N. J., to 208 W. State street, Trenton, N. J.

Dr. Russ Coplantz, from Braun-Kiep building, to 404 Woodruff building, Joliet, Ill.

Dr. Henry S. Cheney, from 414-415 Byrne building, to 728-729 Crosse building, Los Angeles, Cal.

Dr. Helen Agnes Dandy, from Princeton, Mo., to First Natl. Bank building, Brush, Colo.

Dr. C. A. Detmering, from Valley Trust building, to 333 Beam street, Sewickley, Pa.

Dr. S. L. Dille, from Coffeyville, to Lyons, Kansas.

Dr. Alva R. Elder, from Visalia, to Union building, Grass Valley, Cal.

Dr. Geo. Greenwell, from Lodi, to 117 Soquel avenue, Santa Cruz, Cal.

Dr. A. E. Gooden, from St. Cloud, Minn., to Woman's Club building, Riverside, Cal.

Dr. H. R. Gibson, from 303 Loomis street, to 706 S. Lincoln, Chicago, Ill.

Dr. Blanche Getty, from Syracuse, Colo., to Fowler, Colo.

Dr. Mary C. Hardin, from Denver, to Sterling, Colo.

Dr. Robert D. Healey from Salinas, to Pacific Grove, Cal.

Dr. T. E. Hastings, from Grant City, to Monett, Mo.

Dr. W. F. Harlan, from Grand Forks, N. Dak., to Arbuckle, Cal.

Dr. G. W. Hay, from Chicago, to Geneva, Ill.

Dr. Petrus E. Johanson, at Eureka, Utah.

Dr. Frank Austin Kerr, from 27 S. 12th street, to 518 McIntyre building, Salt Lake City, Utah.

Dr. C. C. Kelsey, from Blooming Grove, to Taylor, Texas.

Dr. A. P. Kottler, from 204 Trude building, to 407 Willoughby block, Chicago, Ill.

Dr. H. Alfred Leonard, from Philadelphia, Pa., to 810-811 Union Trust building, Baltimore, Md.

Dr. Olivia A. Lynn, from Stratford, to 1150 Chapel street, New Haven, Conn.

Dr. Helen E. Larmoyeux, at Laredo, Texas.

Dr. W. R. Munger, at Salisbury, N. C.

Dr. Irma I. Moon, from San Jose, to 713 Union Savings Bank building, Oakland, Cal.

Dr. Paul S. Nichols, from 11 N. Franklin street, to 23 1/2 N. Main street, Delaware, Ohio.

Drs. Polometeer & Polometeer, from Siguorney, to Belle Plaine, Iowa.

Dr. Geo. W. Plymell, at 504 Corby building, St. Joseph, Mo.

Dr. V. W. Purdy, from Toronto, Ont., Canada, to Cor. Main street and Strongs avenue, Stevens Point, Wis.

Dr. A. C. Porter, from Trinidad, Wash., to Union, Oregon.

Dr. C. W. Riches, from 500 15th avenue S. E., to 2832 Second avenue S., Minneapolis, Minn.

Dr. James O. Saylor, from West Chicago, to 749 S. Oakley blvd., Chicago, Ill.

Dr. E. Randolph Smith, from New Warden block, to over Carter & Fantis, Garden City, Kan.

Dr. Ralph Sweet, from Providence, R. I., to 306 Broadway, Rockland, Me.

Dr. Anna K. Stryker, from 56 West 33rd street, to 201 West 105th street, New York City.

Dr. R. W. Shultz, from Helena, Mont., to Garner, Iowa.

Dr. J. T. Slaughter, at Toppenish, Wash.

Dr. Emilie V. Sutton, at 1350 Sutter street, San Francisco, Cal.

Dr. Cora Snowden, at Elkan-Gunst building, San Francisco, Cal.

Dr. Rosette Shortridge, at 13 Market street, Stratford, Ont., Can.

Dr. J. O. Smith, from Waseca, Minn., to Heller building, Menominee, Wis.

Dr. Martin Somers, at South Bound Brook, N. J.

Dr. Chas. E. Taylor, from Fair block, to Grand Valley Natl. Bank building, Grand Junction, Colo.

Dr. R. T. Tandy, from Seneca, to Greensburg, Kan.

Dr. Oscar Van Osdol, from Girard, Kansas, to Loveland, Colo.

Dr. A. G. Willits, from 48 Syndicate block, to Warner block, Minneapolis, Minn.

Dr. D. C. Westfall, from Findlay, to 229 N. Sixth street, Coshocton, Ohio.

Dr. Walter E. Whealen, from La Jolla, to Huntington Beach, Cal.

Dr. Ida M. Wright, from Chicago, to 303-5 Century building, Evanston, Ill.

Partnership Formed

Dr. George P. Long and Dr. Robert H. Long, with offices at Brooklyn, Jamaica and Rockville Center, N. Y.

Married

Dr. George E. Perkins, of Boston, and Miss Mabel Ranney, at Cambridge, Mass., April 5th.

Died

Greenwood Ligon, LL. D., at New York City, the early part of April.

Mrs. Hattie Shipman, wife of Dr. K. W. Shipman, at Janesville, Wis., March 27th. Funeral and interment at Manawa, Wis.

Herman Millay, age 3 1/2 years, son of Dr. E. O. Millay, of Detroit, Michigan, of tubercular meningitis. Burial at Kirksville, Mo.

Mr. William E. Plant, father of Dr. Ernest A. Plant, at St. Louis, Mo., March 27th from saprenia, following an operation for gangrenous appendicitis.

Want Ads

WANTED—An M. D., D. O. to work in office until acquainted, then buy equipment, or will make other arrangements to run the business. A fine location for one who speaks German and English. The only D. O. in an Illinois city of 25,000. Address X. Y. Z., care The O. P. Co., 215 S. Market street, Chicago.

WANTED—Lady attendant desires position as companion; speaks French and German. Address 244, care The O. P. Co., 215 S. Market street, Chicago.

FOR SALE—Beautiful and attractive osteopath's home and office. Elegant location in growing city of 20,000 in western New York. Strictly modern, steam heat, both gases, two bath rooms, hot and cold water in bed rooms, large lot, driveway with garage. Established nine-year practice; no other osteopath. Price, \$7,000; terms reasonable. Snap. Address Warner & Warner, Erie Co. Bank, Buffalo, N. Y.

FOR SALE—Four years' established practice (\$4,300 per year), 58 miles west of Chicago, no opposition. Town of 15,000 surrounded by wealthy farmers. Will sell for price of office equipment. Address 241, care The O. P. Co., 191 Market street, Chicago.

WANTED—By young man, senior student, position for three or four summer months as assistant to practitioner, or to take charge of practice, or as a private physician to accompany parties desiring such service. Address 236, care The O. P. Co., 191 Market street, Chicago.

FOR SALE—Must sell my practice within thirty days: Illinois town of 3,000; only D. O. in county; other towns close one could make. Practice will average nearly \$200.00 a month. Will sell for cash only. This is a bargain. Address 245, care The O. P. Co., 215 S. Market street, Chicago.

WANTED—Would like to take charge of a good osteopathic practice during summer. Dr. C. M. Post, 1525 High street, Des Moines, Iowa.

TO RENT—Room with two windows, 9x18, with use of reception room. 1209 Trude building.

FOR SALE—First class Stereographic Anatomy. Make an offer. Address 247, care The O. P. Co., 215 S. Market street, Chicago.

FOR SALE—Office furniture and practice in Michigan town of 7,000. Reasons for selling and full information given purchaser. Good terms for cash. Better opportunity for a lady D. O. Address 246, care The O. P. Co., 215 S. Market street, Chicago.

FOR RENT—Nicely furnished office in Trude building, Chicago. Will split expense even with reliable osteopath and no charge for use of furniture.—Address 248, care The O. P. Co., 215 S. Market street, Chicago.