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A PROFESSOR ON PHARMACY TALKS ON DRUGS.

RILEY D. MOORE, D. O., GRAND JUNCTION, COLO.

It was recently the writer's good fortune to hear a professor of pharmacy in a well known university make a very interesting and able address at a druggists' convention in a western state.

He talked upon the evils of that common practice among medical doctors, the use of proprietary compounds. That this is no rare occurrence is proved by the statements of reputable men who have investigated the records in some of our cities and found that as many as thirty to forty percent of the prescriptions received called for proprietary preparations. The inconsistency of the medical profession is apparent when they demand that the public should give up patent medicines while they themselves are using nostrums of a like nature.

A few of the facts brought to the attention of that convention should be enough to cause the drug-soaked sick of America to arouse themselves from the spell cast over them by those pill-vending tradition worshippers the medicine men.

Does Your Doctor Know What You Take?

The speaker told us that this dangerous custom of prescribing proprietary medicines is due to the "ignorance, laziness and indifference" of physicians and that they have become the "unpaid peddlers for the patent medicine manufacturer;" and the professor is surely in position to know.

Of course your doctor never prescribes these dangerous drugs. Just some "little simple, harmless mixture" as he has often told you. But then, whose doctor does use them?

Who knows what you take when you swallow such stuff? You do not, for is not the prescription scratched in a mongrel Latin which is

unintelligible to any but those initiated into the hidden mysteries of the poison vendor. Surely, the doctor knows.

Does the Druggist Know?

But we are told that he does not. He occasionally knows and often thinks he does, but the manufacturer must keep the composition of his valuable (from a financial viewpoint) remedy a secret or it will be imitated by his competitors. Often the maker describes his product as composed of certain ingredients when analysis proves his claims untrue.

Does the Manufacturer Know the Drug's Effect?

Well then, it now appears that the only one who really knows anything about these proprietary preparations which make up a third of physicians' prescriptions, is the manufacturer. But we are told that as a rule he knows little or nothing about the compounding of drugs or their effects upon the human machine for the much advertised chemical company is found to be some bank clerk, livery stable owner or other equally responsible person who has 'come across' a formula, arranged for its manufacture, engaged some doctor to write up a history of the drug and then proceeds to exploit the medical profession. The fact that the public suffered physically and financially from the extensive use of these nostrums did not seem to bother the professor so much as that the druggists were not getting their just share of the spoils because of it.

"How can the decent, self-respecting physician trust himself to the proprietary shark?" was asked by the professor. He told us that mixtures of drugs worth five cents per pound were sold to the druggist at one dollar per ounce and that some byproduct of the gas-works worth thirty cents per pound was sold at enormous profits as some new preparation with remarkable curative properties.

America Buys the Most Deadly Drugs.

Speaking of the deadly coal tar derivatives, so popular among American physicians, we were told that they are to a large extent the out put of the German manufacturer who prepares them for export trade only, this country consuming about 80% of the total production, England 10%, five per cent is variously distributed and 5% is used in the German hospitals experimenting upon patients too poor to pay for treatment. And let me tell you that all experimenting isn't done in Germany, neither do they confine their experiments to paupers.

Think of the thousands of people who are ruining their stomachs with the various iron preparations when we are told that there is more iron in a few ordinary hen's eggs than in a whole bottle of many so-called iron compounds. Beside the iron in the egg is in a condition which makes its assimilation more probable.

The Secret of the Proprietary Drug.

It seems that proprietary preparations can be introduced to the medical profession with more facility than to the laity. A few dollars spent judiciously, advertising in exclusive medical journals, will reap quicker and far greater harvests than a like amount expended in newspaper advertising to catch the public. The writer believes there are several good reasons for this fact. Perhaps the physician is ever ready to try a new remedy (?) because he has become disgusted with the results of treatment by drugs with which he is familiar. Perhaps he is more willing to try something new on the public than the public is to try it on itself. Regardless of reasons, the fact remains that the wise maker of dope gets the medical profession to introduce it to the people by means of the ethical Latin prescription. Later the laity become familiar with the drug and then the manufacturer uses the endorsements and testimonials of the medical profession to sell his product direct to the people.

A Subject of Careful Thought.

The professor informed us that "the public has had its fill of phantoms and fancies" and that "proprietary drugs and no results" are fast driving the people to the osteopaths and other practitioners of drugless methods. The doctors must "save their bacon" and to do this they must give up proprietary drugs. Of course you can all see that if the M. D. loses his bacon that the druggist's bacon will go down in the same boat.

As I listened to the learned professor I could see the rosy dawn of the day when the main business of the drug store would be the sale of sponges and the dispensing of soda-water and I could hear the distant wail and moan, faint but distinct, of a moribund profession. Am I a dreamer? Read. Think. Watch the signs of the times. The people are awakening.

THE PHYSICIAN AND THE TRAINED NURSE.

MISS HELEN H. CUST, A. S. O. HOSPITAL.

Does the general practitioner in the field realize the comfort to be derived from the assistance rendered by a nurse.

He reads the articles filled with sarcasm, and telling him how she is lacking in loyalty, honor and truth towards both him and his patients. Perhaps he comes in contact with some one who has not been a credit to her profession or he may have compared notes with another, who had experienced trouble—again he may have discussed her with, or listened to criticisms of her from his patients. All these circumstances may have decided him to pray to be delivered from such. He thinks she is not the help he needs, so he meets her with defence strongly marked in manner and approach. In spite of her most conscientious efforts to abort or prevent it, the antagonism starts and grows amazingly, even to the precluding of one or other from the sick room or ward. This is a sad state of affairs; not as it should be. Cannot matters be changed; can they not work shoulder to shoulder for our common purpose—the relief of human suffering? Let us adjust matters from the start; way back: may be not so far back. In the senior year, the student had the privilege of coming into a hospital ward arranged especially for his education; he finds in charge of this ward, a nurse who is in her second year, or last six months, who has been under training in practice and theory by the Faculty and Superintendent of the training school, and with experienced ability. She knows hospital ethics and routine; she has cultivated tact and judgment in handling various classes of people. The student comes with advanced teaching in anatomy and pathology to work with her,—not independently. He shows her the condition and necessity. She assists him to accomplish desired results, perhaps even suggests some measure she has noted to have been successful, directed by some older and experienced practitioner. If a point of difference on the treatment arises, 'tis hers to yield and work in his interests. There is no cause for jealousy or supremacy. They work together in a common interest to discharge a patient cured.

The student wants a practical knowledge that comes through close association with the patients; even the waiting upon them is not beneath his dignity. No, nor the lending of his vitality and strength to the menial work that may be necessary to produce hygienic surroundings. How many little things he learns about the cases that his theory never intimated. He discovers what is to be contended with by those who watch day and night. He notes the various changes and becomes more ready to meet them and hereafter advise those left in charge of his cases. He treats them intelligently because of his experience. Such a student has the respect and confidence of the patients, and the loyal co-operation of the nurse. He goes into the field with the assurance that experience gives him, and which wins him a large and remunerative practice. He finds anxious and ready assistants in the nurses who recognize in him the ethical and professional manners to be cultivated by all who practice. 'Tis observed by the laity and called by many names. We define it as a "Science which treats of human actions from a standpoint of right and wrong" and "It teaches men the practice of the duties of human life and the reason for what they should do, and what they should leave undone." There are two kinds of institutions,—the Ethical and Non-ethical, those governed by a code and those lacking. In the former we find harmony, system and order; in the latter, dissension, chaos and poor results. Let us contend for the better, and may my words on the subject turn to-

wards the matter, the thoughtful attention of others, who will talk more freely and help both nurse and practitioner in their usefulness and popularity.

(In a future number Miss Cust will further describe the relation which should exist between practitioner and nurse, detailing what each should expect of and leave to the other.—Ed.)

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THE LAW OF MOVEMENTS OF THE SPINAL COLUMN.

WILLIAM L. GRUBB, D. O., PITTSBURGH, PENN.

(Read before the Pennsylvania State Association.)

It is nothing new that I am introducing as the subject of this article. Movement, of course, is the *Sine Qua Non* of the mechanical feature in osteopathy, and I fear we are not careful enough about this feature, judging from the experience I have had with the two attempts at discussing this subject in my former articles on "The Law of the Movements of the Spinal Column." The simplicity of it seems to stagger most every one who stops long enough to consider the subject at all. It seems that most of us are looking for something that is more or less spectacular, or has been brought to light through research work, but such is not the case.

I notice that the Old Doctor has emphasized a knowledge of the normal anatomy more than anything else, and we know that this is absolutely true. If we do not know the normal anatomy we cannot possibly judge correctly the abnormal. The same fundamental reasoning will hold equally true of the joints of the body—especially the spinal joints. The normal movements of the spinal column hold the key that will unlock the mystery of adjusting abnormal spinal joints, in a manner perfectly scientific. I want to emphasize a thorough understanding of the normal movements of the spinal column and the anatomy involved in producing same. This knowledge is fundamental and lies at bottom of a scientific technique.

We were taught that exaggeration, rotation, pressure and extension were the fundamental principles underlying a scientific technique. This idea is not fundamentally correct as a basis for the reason that it is based on a wrong application of exaggeration, rotation, pressure and extension. The spinal column has movements peculiar to its different regions, and these movements are characterized by the peculiar construction of the articular facets.

A scientific technique, therefore, must be based upon the principle of the normal movements, and these movements are not the same in the three regions of the back; which is to say, that some feature is more prominent than the others. For instance,—extension is the freer movement in the lumbar area and rotation is the freer movement in the thoracic area, while all the movements are permitted in the cervical area. So you can readily see the fallacy of applying a technique based upon the current conception of exaggeration, rotation, pressure and extension to adjust bony lesions of the spinal column—abnormal movement—when there are marked structural differences in the three regions.

To get this idea as clearly as possible before your minds; suppose e. g., that you draw a line in your mind the length of the spinal column with the normal curves, and let it represent the normal resting spinal column. Now, any degree of deviation from this line by one or more vertebrae maintained in this position would be abnormal movement or a bony lesion. Of course, this would include impacted or rigid spines,

but to restore function in this condition is to restore movement which involves the same principle of technique as noted in the first instance.

In the lumbar region flexion and extension are the freer movements, while rotation and lateral movements are noted but not to the same degree as flexion and extension—and especially extension. Some anatomists claim there is no rotation, but this opinion is not held by the more modern anatomists. Anyone who will examine the mechanical construction of the facets carefully will readily see that there is some rotation. This fact is further proven by the clinical experience of every osteopath who has found lateral conditions in this region of the spinal column. The lumbo-sacral joint being of the same character as the thoracic joints, (do not forget this in reasoning out the movement of this joint) rotation then, is the principle movement of this joint which has a marked bearing on characterizing the movements and especially rotation. We also find more lesions at this joint than are found at any of the other lumbar joints. This joint is more mechanical than any of the other lumbar joints, i. e., the muscles do not act very much, if any at all, upon this joint; but the body above is the principal factor in producing the movement.

The lesions found in the lumbar region are anterior, posterior, lateral and rotated conditions; corresponding to the normal movements found in this region, i. e., extension, flexion, rotation and lateral movement. Rightly to understand and apply "The Law of the Movements of the Spinal Column" we should understand, as a help to completing our diagnosis, the position of the vertebral bodies under the various movements in this region. But before we proceed further, I should like to call attention to the intervertebral disks. I believe all the literature on the subject is to the effect that on side bending the intervertebral disks are compressed. I cannot see how this compressure can take place when we take into consideration the structure of the disks. Gray says "They are composed of concentric layers of fibrous tissue and fibro cartilage," and that near the outer edges of the disks these plates are arranged closer together, which would not allow compression, i. e., in the normal movements, but by constant pressure, of course, we have the condition that is found in lateral curvature, thinning of the disks and bodies on the concave side. The peculiar construction and arrangement of the intervertebral disks, together with the central substance which is highly elastic, facilitates rotation.

Flexion in the lumbar region of the spinal column is limited to twenty to forty degrees; at the maximum degree of flexion the lumbar vertebrae become locked. This locking becomes necessary in order to protect the spinal cord and its immediate structures. After the vertebrae become locked all movement ceases, as a matter of course. Extension is the freer movement in this region and it is through extension that rotation becomes possible; for the reason that extension unlocks the lumbar spine. When the lumbar spine is extended, and bending to the right or left side, it brings the posterior aspect of the superior and inferior facets in contact and the superior facet being directed inward and a little backward—also being a little wider at the top than at the bottom, completes the mechanism that characterizes rotation. Always keep in mind, however, the position of the vertebral bodies in the normal movements. The facets, the movements and the position of the fulcrum furnishes the key to scientific adjustment.

If, e. g., we have a lateral condition in the lumbar region, not due to a luxated innominate, with its convexity to the right, we would find the vertebral bodies rotated to the left and the spinous processes, of course, to the right. The technique to make the adjustment would be as follows: place the thumb of the left hand, as the fulcrum,

at the bottom of the convexity of the lateral condition, or the thenar eminence of the left hand placed against the spinous processes on the right side, or the left hand placed against the posterior aspect of the left ilium to prevent tilting to the right side, then have patient extend lumbar spine, or do it yourself; also watch patient that he does not hold himself too rigidly, if possible. Then place right hand on left shoulder of patient in front and then bend patient to right. Repeating the operation as often as may be deemed necessary.

For the thoracic region we cannot use the same operation altogether; but under the old regime, exaggeration, rotation, pressure and extension, we would use the same modus operandi. Apparently overlooking the fact that the characteristic movement in this region is different from that found in the lumbar region. I wonder if in making a diagnosis of what is commonly called an anterior, posterior, lateral or rotated condition, we ever take into serious consideration the movement or movements that produced the condition? It seems clear to me that in order correctly to diagnose an abnormal condition in the spinal column, so that our adjustment be scientific, we should decide what movement or movements are manifested in producing the condition; then we can with precision apply the technique indicated and do it scientifically.

As we indicated at the beginning of the consideration of the thoracic region, the characteristic movement of the thoracic and lumbar regions is different. And the difference lies principally in the articulating facets and the use of the fulcrum, i. e., looking at it from the standpoint of movement and adjustment. Gray in speaking of the facets quotes Sir George Humphrey: "The movements permitted are mainly due to the shape and position of the articulating processes." The truth of this quotation has never been fully understood and appreciated in my judgment. The superior articulating thoracic facets are directed backward and slightly outward and upward, and the converse is true of the inferior facets. Rotation is the characteristic movement in this region, but extension, flexion and lateral movement are also permitted. Please bear this fact in mind as to the position of the vertebral bodies in the various movements, especially in rotation, this being the freer movement. In the normal subject, note the position of the vertebral bodies on bending to the left side, i. e., the vertebral bodies have rotated to the right side producing a convexity to this side and vice versa. You will note, however, that the movement of the vertebral bodies in the thoracic region is just the reverse to that found in the lumbar region, i. e., the vertebral bodies rotate to the convex side of the curve.

If, e. g., we have a case of lateral curvature, the convexity to the right, what would be the proper technique to be applied to make the adjustment? Note first the kind of movement and how it is produced; as the vertebrae must go back just the way they came to be in this position: i. e., by rotation. I wish to call especial attention to the fact that in these conditions the articulating facets are the last to be affected by the abnormality;—a wise provision of nature's to keep the avenue of movement open to the very last, so as to provide the way for adjustment should the opportunity be afforded.

To apply the technique,—we will stand at the patient's right placing the thumb of left hand at bottom of concavity as the fulcrum, then with right hand placed on top of patient's head, or on left shoulder in front, flexing spine slightly or sufficiently to unlock the vertebrae, then bending the patient to the right. The vertebral bodies will try to change their position from pointing to the right, to pointing to the left. They will always try to do this. because the articulating facets, as noted above, are

not impaired, unless it be in an old case. The reason for placing thumb at concavity is to make the fixed point so the force will be applied to the areawhere it is needed and not scattered over the whole spinal column.

I use the same technique to adjust individual vertebral lesions in this region as I do to adjust curvatures. If, e. g., we desire to adjust a fourth dorsal rotated to the right—place thumb of left hand on left transverse process of fifth dorsal and right hand on top of patient's head, or on left shoulder and proceed as before. The force will be concentrated at the point needed for the reason that the fulcrum will not permit the power to go below the fixed points. This principle applied to test movement in the thoracic joints and for establishing movement cannot be overestimated. I know that some will object to placing the hand on the patient's head on account of the possibility of injuring the cervical area. Should we apply the technique under the old regime the point would be well taken, but under the new regime, we are applying the natural forces and natural physics of the spinal column along the line of most natural resistance, thereby obviating the necessity of using the break neck force under the old technique. However, if it be desired to increase our power to the heroic point the head and neck should not be used.

I have discussed only the lateral or rotated lesions; to adjust anterior and posterior lesions, the same principle is applicable.

Conclusions: A scientific technique must therefore, be based first, upon the normal movements found in the three regions of the spine, i. e., cervical, thoracic and lumbar which, second, are characterized by the mechanical construction and position of the articular facets, and third, the position and use of the fulcrum.

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DO WE INCREASE THE BLOOD SUPPLY?

FRED N. STEEN, D. O., VICTORIA, B. C.

In my article in the July Journal the paragraph under the caption—The Explanation—I think it is made clear that I intended to convey the idea, that it is the increased blood pressure in the capillaries due to relaxation of the arterioles that causes the damage to the tissue and disturbance of function in chronic disease.

In the October Journal appear two thoughtful and interesting criticisms of my paper.

Dr. Burns' point is well taken in regard to blood pressure in the arteries, and I would revise the paragraph to which she alludes to read; "Dilatation of the arterioles (in any limited area) lessens their peripheral resistance and allows the blood to flow more rapidly and in increased quantity and under higher pressure (in the capillaries) of the vascular territory whose vaso-motors are involved." In regard to the manner in which the cord segments receive more blood during visceral activity the writer would suggest the following explanation. During functional activity of any organ its temperature rises, and the thermal impulses which ascend to the cord segments due to the increased temperature lower the tone of the arterioles not only in the organ itself, but also the tone of the arterioles in the corresponding cord segments, thus permitting of an increased circulation in the capillaries of the cord, in the same manner that placing the hand in warm or cold water brings about corresponding changes in the other hand, reflexly through the vaso-motor reflex arc. This would be a difficult matter to prove experimentally in the case of the cord, but it would seem to be a reasonable assumption, from noticing the effect of temperature changes produced reflexly on other tissues. Dr. Glascock's reasoning is sound as applied to

injuries and infections generally, it would not seem to apply to "chronic diseases of non-bacterial origin" to which my argument applied. Venous congestion is not present in the average chronic disease of non-bacterial origin; on the contrary we find arterial hyperemia meaning an increase of properly oxygenated blood—(other parts of the organism being normal)—due to relaxation of the arterioles permitting the blood to flow more rapidly and under higher pressure in the capillaries of the tissue or organ affected by the spinal lesion. Arterial hyperemia except during physiological activity causes increased secretion in all glands and stimulates the growth of interstitial connective tissues, causing hypertrophy in the early stages—atrophy later.

Venous congestion or ischemia causes tissue degeneration, and we get venous congestion only where the veins are obstructed or venules pressed upon. Venous congestion is not primarily due to relaxation of the arterioles of a tissue or organ, a view held by some of our best writers.

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OSTEOPATHIC RACE-SUICIDE.

WILLIAM SMITH.

(General permission is hereby granted for the copying of the following article and Dr. Smith especially requests its reproduction.—Journal of Osteopathy Publishing Co.)

To-day the spirit of prophecy is upon me, the writing is writ so large upon the wall of the future that he who cannot read it is blind, and realizing that the next few years will determine much for the success or failure of osteopathy, it is my wish to point out some truths, truths which I well know will be seized upon by the enemies of osteopathy and used to its disadvantage, but truths which are so palpably truths that only their publication broadcast to the profession, heed given to the warning and a material change in lines of policy can save our Science.

Sixteen years ago this month to a little gathering in the back portion of the office of Dr. Still I prophesied for the future of osteopathy; I saw for it success far in advance of the thoughts of any there assembled, and all laughed at what they considered a chimera. The success which I foresaw came in less than half the time which I predicted, and to-day my prophecy is based upon surer grounds than those which I then had, founded as it is upon observation of facts.

It has taken osteopathy sixteen years to grow from one man to over 5,000, and those figures in less than twelve years, but during the past three or four years our ranks have simply held their own. We cannot stand where we are, we must either progress or retrograde and from knowledge of the past in various systems of healing, in knowledge of what is to-day transpiring in the ranks of osteopathy, both in the matter of schools and practitioners, I have no hesitation in saying that unless a material change of policy be rapidly inaugurated, in fewer years than it has taken it to grow, osteopathy will be a thing of the past. That is my prophecy, let me give now my grounds for such and then attempt to suggest a remedy. Let that remedy be truly osteopathic, if I can give the cause let us, as true osteopaths remove the cause, then recovery will follow.

In the eye of the law if I see a man about to commit suicide and do not use my utmost endeavor to prevent his doing so I am responsible for his death. I see the entire osteopathic profession following just that course, rushing to certain annihilation, it is my desire to point out to the profession, from its highest authorities to its humblest practitioner the folly of their course. To many this may seem presumptuous

and hair-brained talk, but to one who sees things with an unprejudiced eye I would simply say that for years I have striven for the good of osteopathy, for its advancement, and that while things which I now write may hurt, they are TRUTH and that it is only written to further still more the cause to which I sacrificed my professional standing as a physician, believing that I was right. It is hard to enter upon a thing determined to make it a success, to see that thing grow to a certain point, and then through errors on the part of those who entered long after the first hard work had been done, be driven to the wall. That is why I am willing to write this article and face that which I know will follow it, insult and abuse from some of those at whom I am compelled to hit. Let it come.

The suicidal policy of osteopathy to-day we find in every section of its ranks, from the successors of the original American Association for the Advancement of Osteopathy with its policy of keeping the control of all osteopathic work, whether educational or in practice, within the hands of a close corporation, to the fellow who comes out in a flaring advertisement in a daily paper and advertises himself as the only person who knows anything. Let me illustrate the first case. For years the A. O. A. has been attempting to secure funds for a Post Graduate School, has failed to do anything because it was on a wrong line of action. The right line was suggested years ago by a man who had experience in such work. After delay and dispute his policy is accepted, at the convention this year his policy is announced, not by HIM or as HIS but by others who for years opposed it, a magnificent sum is subscribed by the profession—then that man is totally ignored, is given a little “sop to Gerberus” in the way of an appointment which he did not want, will not accept, and—a man who was one of the most valuable men in the profession a self-sacrificing servant of osteopathy, is now hurt, and rightly so; an injury has been inflicted on the profession which it will yet regret.

In schools is the same thing to be seen. The teacher in a school who is satisfied with his work or with the success of his department is a fool, he must be ever striving to improve his department, the school and last, but by no means least, himself as a teacher. The authorities of a school who are satisfied with their school as a teaching institution are at fault, their school will deteriorate. Those who go into the school business to use their prestige as “members of the faculty” to boost their practices, are willing to slave at practice for the privilege of talking one or two hours of a week to get that proud title, and spend their hard earned money to maintain such a “school” with its twenty or thirty students, such get a little less than what they pay for and do a vast amount of harm. We need schools, GOOD SCHOOLS; and the present time we need three good schools in this country, one in the East, one in the West and one right where the American School stands. We need these because we need practitioners; many a man or woman who lives in the far East cannot come to Kirksville, neither will the students near Kirksville go West or East, the same in the matter of the West, are these people to be shut out from the study of osteopathy? I do not for one second claim that the American School is perfect, it is far from it, my own department therein will be better equipped in many ways next year than it is this; but the establishment of a school for which there is no excuse whatever, which exists only to “boost” the practices of a few men, who may give, and probably do give an education along osteopathic lines, but its straining for existence, striving as it does while imperfectly equipped with funds, teachers—everything—to get an existence, and to get that existence, insults osteopathy,—is not such a policy suicidal to the success of the very cause which we are fighting to build. Let us

have schools, let us have, as I previously suggested three good schools, then let those schools act as they ought to do, not fight and quarrel among themselves, let them work under certain ethical rules and work not each for himself but for osteopathy, then we will see our scholastic element succeed. If the Eastern schools will combine, the Western schools do the same and drop the personal element altogether we will see three schools in existence which will be a credit. What the student sees in the school he carries into his practice when a graduate. He has seen two or three schools striving to get him as a student, now when he gets in practice in a town he looks upon every man in the same line of practice as his enemy, he strives to get EVERY patient in that town.

Osteopaths, do you know that three years ago there were as many men in practice in this country as there are now. All the schools together last year graduated fewer than 350 men and women. Last year with deaths, those giving up the practice owing to ill health and those starved back to their old profession by those in practice in the towns to which they had gone to locate amounted to fully as many. Our death-rate was greater than our birth-rate. In other words, in three years our profession is numerically not one whit stronger than it was three years ago. Do you know what that means? Look at homeopathy to-day, after an existence of over a hundred years where does it stand? The Eclectic School of Medicine had much to recommend its practice, where is it to-day? To have success in anything in this world we must have UNION, the practitioner must understand that every cure which a fellow practitioner makes helps HIM, helps OSTEOPATHY. In England we do not speak of the man who is opposing us in practice as an enemy, he is our “neighbor,” we refer to him with all respect no matter whether we think he knows enough to differentiate piles from headache or not. We osteopaths are a small body, let the practitioners understand that what we have to do is to make osteopathy grow, not to pile up enough money ourselves to retire in five years and go into the money-lending business. We who are older in the practice know this, we were the builders in the first place and bore the brunt of a bitter fight, we had to help our fellows; sixteen could do little in the world, the demand was greater than the supply just as it is to-day; we spread the truth, put men out in every section of the land to make osteopathy, the parent school in doing so cut off nine-tenths of its income from outside sources, people who would have come to Kirksville went to the local practitioner. That meant the crippling of the funds of the school, as it largely depended on its Infirmary work. For years in its effort to spread osteopathy, to give the new science life and strength by numbers, their school was operated on a loss, a heavy loss, so that those concerned had in every way to make heavy financial sacrifices. I say these things to emphasize one point. If you, practitioner, are in a town and another osteopath comes there, help him, don't throw cold water on his efforts, don't try to starve him out. Presume that he is an honest man, that he knows his business, that he will accord you equal courtesy. Don't try to take his patients from him, every case which he handles successfully helps osteopathy, and it is as sure as there is a sun above us that two men doing good work in a town will advertise the treatment and mean an increase in practice for the first man there.

To-day the medical, the regular, profession is making a determined effort to incorporate osteopathic practice with medicine. This is so clearly to be seen from papers read before the American Medical Association last year by Dr. Ludlum and a paper published in the New York Medical Journal in February last written by Dr. Taylor that there is no disputing the fact. At first it was the principle of the pro-

fession to ridicule, later on to prosecute, then to damn with faint praise, now it is to absorb. That which they laughed at a dozen years ago, persecuted before then now they realize as something worth having, they want it, and only in one way can that be prevented. Legislation is demanded, and that legislation directed to one point and one point only. Osteopathy is a system of treatment which is recognized as successful, as legitimate, in many States. As an independent system of treatment it deserves independent recognition. The medical man has no more right to say who shall not practice osteopathy, than has the osteopath to say who shall practice medicine. But the osteopath must first realize that he cannot cure everything. No one system can. Provided the osteopath gets the case in its incipient stage he can do as much and far more than a graduate of any other school, but the practitioner will find that just as there were in his physiological studies many modes of nerve-stimulation—chemical, thermal, mechanical and electrical,—so he may meet with a case where the nervous system of his patient has been so trained to depend upon chemical stimuli,—drugs—that his mechanical stimulation does no good. He will meet with cases where mechanical displacement has been so long continued, so continued with associated chronic congestion and formation of adhesions that liberation of the affected area is impossible, that the best for which the patient can hope is some measure of relief by means from within the body via the stomach and nervous system indirectly—medical treatment. Let me be distinctly understood that such cases are the exception, that in the large majority the osteopath can do good, but he will meet with the case where he must say to the M. D. "you had better finish your job." Let the osteopath be cautious in his prognosis, not promise too much, far better have the patient get more than he expected in the way of relief than less.

We must have independent Boards of Control in every State. Why should an osteopath be examined in midwifery after a thorough course and then not have extended to him the rights of a common midwife? I do not know about other schools but I do know that in the American School our students get as thorough a course in Obstetrics as in any medical school, that in Surgery they see as much operative work as skillfully performed as in any medical school, they do not ask for recognition as expert surgeons, but they do ask the right to do the surgery done by the ordinary medical practitioner. And I presume that the other schools do as good work.

To sum up, if osteopathy is to live we must do two or three things. Those who claim to be the *creme de la creme* of the profession, the A. O. A., must realize that osteopathy is bigger than they are. Because a man taught school for a dozen years in some town, then attended an osteopathic school for a couple of years does not make him competent to say what does or does not constitute a proper medical education. Because a man treated the wife of Senator so-and-so does not make him a whit bigger man in an osteopathic manner than Dr. Jones of Jayville who did the same thing for the wife of the village blacksmith. And because a man has been in the inside ring for half a dozen years does not equip him the better to dominate the entire doings of the osteopathic profession. I am not a member of the A. O. A. I will not be a member until its entire policy is changed, had I joined it this year at the time of the convention it would have cost me ten dollars, having once been a member, to do what?—say "Yes" when the names of "proposed" officers was submitted, the "proposed" officers having been elected in the private caucus. Ridiculous. Every school must get down to business, cease its silly squabbling, if it cannot live without scrapping all the time with its fellows, fighting for students like a bunch of rival undertakers chasing after a corpse, let it get down and out. Let its teachers quit

teaching and stick to practice, then they will be successful in practice and help osteopathy. Let practitioners in every town realize that every other practitioner is doing his best for osteopathy, that every cure made, whether Nature has been directed in the right course by him or his neighbor (and remember it is Nature who cures in every case) is helping the very cause for which he is working.

I know full well that much that I have said treads on the corns of many, I care not. I have worked for years for YOUR success. "Osteopathy is right, if the osteopath is right," was said years since by some writer whose name I forget at this moment and osteopathy will live if its practitioner, its schools, and its principal organization do their work. Let the message which I give be taken in the spirit in which I write, the spirit of desire to "hew to the line, let the chips fall where they may." Osteopathy is bigger than you or I, its success means success to you and me, let us, one and all, sink self, forget self-aggrandisement and work for the good of osteopathy,—then success, nay, continuance of life with ultimate success must come to it, otherwise my prophecy will be fulfilled and in less than a dozen years it will be looked upon as one of the dead fads,—and the truth will be that it has gone where so much that is good has gone, where the truths of homeopathy such as they were, the great and strong truths of eclectic medicine have gone, into the insatiable maw of the Regular school, to be assimilated in its practice and the very name of its discoverer to be forgotten.

* * *

QUERIES AND QUESTIONS IN REGARD TO THE APPENDIX.

GEORGE A. STILL, M. S., M. D., D. O.

In the last few weeks the Editor of the Journal and the author of this article have received such a number of queries in regard to the appendix that in order to save time and in order to furnish a short article on a subject of apparent general interest it has been deemed advisable to answer all of these questions through the columns of the Journal.

These questions show that there are many osteopaths who believe that the appendix is never surgical, and others who believe that is very often so, and it merely demonstrates the fact that the old adage is wrong, that says that "there are always two sides to a question." The adage should have read that "there are always three sides to a question, two of which, the extremes, are wrong; and the third which is somewhere between the two is right."

I expect to answer these questions not from any particular standpoint of the Surgeon nor of the Osteopath, nor of any other class of practitioners, but from the standpoint of the Anatomist, the Physiologist and the Pathologist, and I believe that if we look at the subject from this standpoint we will find that either radically extreme view regarding the appendix is necessarily wrong.

Appendix is Not Useless.

In other words, the appendix in the right iliac fossa of the patient of a surgeon is not a totally useless organ, and when it is diseased, it is less common for an abscess to form, even without treatment than for one to form, and if one forms, the indication is not to operate during the formative period, but after it has developed and less

than one per cent of all cases of appendicitis form abscesses and require operation. On the other hand, I do not believe that the appendix in the right iliac fossa of the patient of an osteopath is an important lymphatic structure without which the intestine cannot exist healthily. Nor do I believe that it secretes a chemical essentially different from that of the rest of the tract, nor that when an abscess around it has fully developed, it is better for one to try to absorb the poison than for a simple incision to allow its drainage on the surface.

We read in some pseudo scientific articles, statements that would almost lead us to believe that the appendix is as essential to life as the spleen or even the heart, that it secretes a chemical vastly different from that of the rest of the intestinal tract, and that its fluids are essentially different and more antiseptic than any other of the fluids that are poured into the intestinal stream. The appendix is also given by a great many, even amongst the best of the Histologists, as an important lymph structure, and by some it is called "the tonsil of the intestine," but given more importance.

Lymphatic Structure of the Organ.

The mistaken idea that the appendix is a very important lymphatic structure is due to the fact that most of the appendices pictured in the works in Histology are taken from the structure representing the appendix in the dog, and I have an unaccepted standing offer for an undiseased appendix from a dog, over a month old. Out of several hundred dogs I have never seen an appendix that did not have at least a small ulcer in its wall, and the pictures shown in the histology are pictures of diseased organs and necessarily more infiltrated with lymphatic elements than in the normal human appendix; and I have seen pictures, labeled, "human appendix" in books on histology, which showed the nuclei of the cells plain enough and the character of the cells plain enough that a pathologist could tell that the structure was in reality, pathological, and the fact is that the supposed valuable lymph deposits in the appendix are more often due to catarrh or similar disease than to any special function of the appendix.

Chemically the secretions of the entire intestinal tract are antiseptic, and they are much more so during life and during health, and while in the walls of the intestine that at any other time, and we cannot isolate the chemicals that give this secretion its antiseptic value or at least we have not, and yet we know that germs can exist without damaging the tissues in the canal and on the surface of the healthy intestine which could not exist in other cavities or on other surfaces without doing damage and yet there is no evidence to show that the appendix has any special advantage over the rest of the tract, although there is recent evidence that all the tract is far more antiseptic than was believed until within the last few years.

Intestinal Secretions are Antiseptic.

Chemists and Bacteriologists experimenting with secretions which were obtained through fistulae or otherwise, after they had been thrown out entirely away from the tissues, where they were formed, have taught us in the past that these secretions were VERY SLIGHTLY ANTISEPTIC, and yet from our knowledge of pathology and physiology we knew that there must be, when the tissues were healthy, very strongly antiseptic and in recent years a most interesting series of experiments has been per-

formed which, though not directly applying to the intestinal tract, at the same time show us how the earlier errors were made in regard to all the mucous surfaces. If one will refer to the experiments of Doderlin and a number of other Bacteriologists, Gynecologists, and Obstetricians, he will find definite proof that the secretions of the uterine and vaginal tracts, under normal conditions are strongly antiseptic, and that these secretions are more strongly antiseptic when unaided or rather uninjured by the addition of chemicals, to which the tissues are not accustomed; in other words the tract can take care of and destroy more virulent bacteria without an antiseptic douche than with one and it is to be remembered that these results were obtained by men who originally started out to prove something entirely different. For instance, Doderlin started to prove that the antiseptic properties of the tract were due to saprophytic germs, one of which was given his name, while other investigators started to prove the efficacy of antiseptic douches in the normal tract. Now these experiments do not prove that antiseptics are valueless, but they do prove that in a healthy tissue of this sort, nature secretes a chemical which protects the tissues better than any chemical that we can use in the same place and less extensive experiments have shown that this rule is true for all the mucous membranes which are exposed to constant infection. A resume of these experiments of Doderlin and others is found in Casseus New Gynecology.

To return to the appendix, no doubt it possesses the properties; neither is there any doubt that the rest of the tract possess the same properties. Neither is there any doubt that a healthy nerve and blood supply and a normal anatomy of the part are necessary to the best functioning of any of the tissues and that on the other hand it is possible, for any of the tissues occasionally to become so diseased before a physician sees the case, that the organ is beyond the stage where it can possibly be restored to health. And where this is the case, it is far better to have it removed than to leave it in the body, exposing the near-by tissues and organs and in fact, the whole system, to disease.

Two Common Questions.

Then the questions arise, "Why should the appendix be more often diseased than any other organ?" and "Why should it be, under ordinary circumstances and when only affected to a minor degree, unresponsive to treatment to which other portions of the intestinal tract would respond" and the answers must be a denial of a part and an affirmation of a part of these questions. First the appendix is more susceptible to disease than a similar length of tissue in the small or large intestine, because of the anatomical structure of its canal. First its blind sac with the neck smaller than the rest of the canal and all of it comparatively small, just as the tube is—smaller and more likely to obstruction than the uterus or vagina. It is exposed to obstruction by small particles which could not possibly obstruct a large tube and when obstructed to even a slight extent its contents are put under pressure immediately, and a slight amount of excess mucous or gas formation will distend and inflame it, as it could not do in the rest of the intestine, and yet such an obstruction does not occur with the frequency that the average surgeon claims, and when it does, of course, there is an active treatment that the same surgeon knows nothing of which in most cases will relieve it, before pus formation or perforation occurs, and there is a treatment also unrecognized surgically that will help prevent the possibility of further obstructions when this is relieved and in addition nature usually will draw a

protective wall around the appendix even in the case that would not yield to treatment, providing the patient is kept at rest, which will allow the surgeon to perform a comparatively minor operation, and drain the pus cavity at a time when there is the least danger of infecting unprotected tissues, and it is also true that if an attempt is made to treat the case surgically at the time that this protective wall is being formed that the mortality is about thirty times as great as if one waits until the walling off is complete, and yet one must not for a minute imagine that the wall was made by nature for the purpose of absorbing poisons, but rather for the purpose of preventing absorption, and after it is formed in the cases where it forms, the only rational treatment is to incise through the thinnest point of the abscess, and allow the pus to escape and allow nature to heal the wound from the bottom up, along a surface, which at no point is in contact with any peritoneum or any other easily infected tissue.

References and Proofs.

For proof of the value of waiting to see if pus will form or if it does, until it is walled off thoroughly, and for proof of the lower mortality even if the case is never operated on than if operation is immediate, I refer one to Ochsner and especially to his discussion with Deaver at the New Orleans meeting of the A. M. A.

I would also recommend one to note carefully his hygienic and dietetic treatment of the cases while waiting for the evolution of the case whether it forms abscess or not and the statistics as to the small number which do.

On the other hand, I recommend as a much more valuable treatment the addition of osteopathy and for an able article of recent date, with twenty case reports I wish to refer the reader to the lecture of Dr. Washington Connor of Kansas City which was delivered at the "80th anniversary" meeting of the A. O. A. during the past summer. Personally, even though a surgeon, I do not need any "grain of salt" to swallow Dr. Connor's story that he had twenty successive cases, many of which had been diagnosed surgical, by Kansas City surgeons and none of them needed surgery and all recovered without abscess formation.

Summary.

I will go him one better and say that I expect that very likely in the next hundred cases not more than one if any have to resort to operation or post mortem either.

In addition let me say that up to date, I have operated on exactly one-third as many cases of appendicitis as I have of brain conditions in the A. S. O. Hospital and that this is not due to not having been offered many cases.

True, I have often taken out a malformed or diseased appendix when in the abdomen for some other trouble because once inside I know that with my method of removing the organ, it cannot add any possible danger to the operation, and if diseased at all and the abdomen is open the appendix is better out than in and when out, if the patient has "bowel trouble," osteopathy can cure it as readily as if it were in, and the "bowel trouble" is not due to the lack of a correctly removed appendix.

Briefly there are only two people who need a primary operation on the appendix; the first case is the one who has an abscess. The second, is the one who has a recurrent type that will not quit recurring under treatment. The latter usually has a stricture of the appendix like the condition of the Fallopian tube in pyosalpinx.

MECHANICS OF THE SPINE.

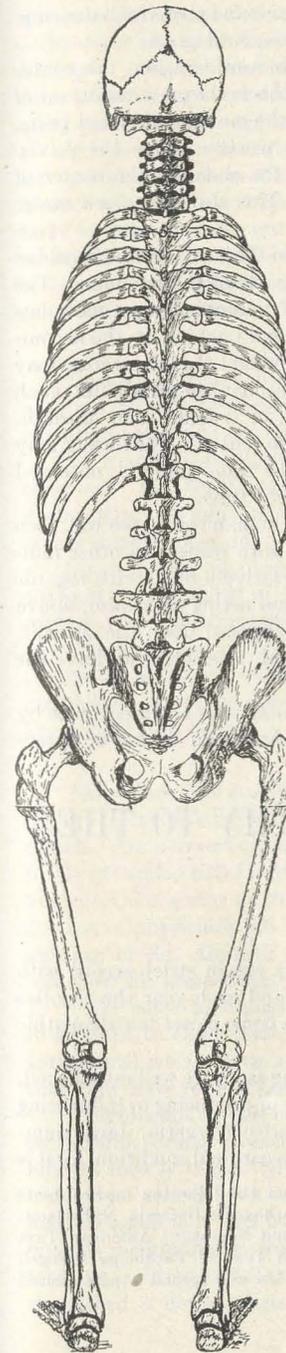
FRANKLIN FISKE, A. B., D. O.

Trained anatomist that it is necessary for the osteopath to be, it is even more necessary, if such be possible, that he should be a thoroughly equipped and practical mechanic. A mechanic in the true sense of the word—one who thoroughly understands all the theories of the structure and working of the machine with which he has to do and can adjust in all respects its parts.

Dr. Still became the expert he is by a course of study so rigorous that few, if any of his disciples would care or even be able to subject themselves to the same. It is related of him, that for years, he patiently studied bones, comparing the one with the other, accustoming his fingers to the sensations given by each prominence and articulation until should you present him with a bone, even though blindfolded he could name not only the bone, but the side of the body to which it belonged. Some knowing Dr. Still's power as a psychic have been disposed to minimize his diagnostic ability in regard to touch, and to credit part of this at least to psychical powers. The writer is inclined to believe though, that his ability is that of a genuine mechanic.

The following instance is related of one of the early graduates, now noted as a practitioner and diagnostician. He asked Dr. C. E. Still if it were possible that such a bungler as he could ever be taught to diagnose conditions of the body. Dr. Still replied "Pa taught me, and if as much of a bungler as I could be taught, I'm sure you can," and he was. Taking into account then, the way that some of the best representatives have been trained, let us look in the subject of mechanics to ascertain if possible some of the basic principles underlying the action of our complex body structure.

It is a principle of mechanics that every machine which has moving parts and stationary parts must be so balanced about a given center that the moving parts may exert a minimum of strain on each other and on the fixed parts, at the same time, allowing the utmost freedom compatible with durability. The first point then to be ascertained in respect to the body machine is to discover its center. If a perpendicular be dropped along the line of the center of gravity, it will cut the vertebrae as follows: "Through the bodies of the second and twelfth dorsal vertebrae and touches the anterior border of the last lumbar vertebra."—(Lovette.) This however,



bears in mind merely the vertical center as regards to anterior and posterior balancing. The lateral center is approximately along the plane of the neural canal.

There is another direction which must be taken into consideration, the center with reference to the horizontal axis and in some respects this is the most important of the three, because this is concerned with the balancing of the moving and fixed parts. With reference to the skeleton, the center of gravity is usually above the pelvis. With reference to the individual in the recent state, or the cadaver, the center of gravity passes about through the second sacral vertebra. This also serves as a center of rotation of the innominate bones.

A center of a machine may not be fixed with relation to the earth, if that machine is movable, but it is fixed with reference the component parts of the machine. The sun is regarded as a center of the solar system, yet itself is moving at an enormous velocity, carrying with it, the component parts of the system. Looking at the accompanying diagram and from what has been said above, it is evident that the sacrum may be taken as the center of the human frame, and from a mechanical standpoint, such is the case. In locating the various part of a machine, or system, their position may be defined with relation to each other or with relation to center. The former may and often does give rise to confusion in nomenclature. The same thing is observed in osteopathic mechanics, to a certain extent, at the present time.

Taking the sacrum as the mechanical center of the human frame, we will then have no lesions of the sacrum, as although it is movable with respect to other individuals, and to fixed points on the earth's surface, it is relatively fixed with regards to the other parts of the body. We have then, the sacrum acting as a base; above we have a pyramidal structure, the spinal column, superimposed upon the summit; at the sides we have the two innominate bones joined; and inferiorly, we have the coccyx appended by the sacro-coccygeal articulation.

(This is the first of a series of articles on osteopathic diagnosis and mechanics by Dr. Fiske, who occupies the chair on this subject at the American School of Osteopathy.)

* * *

THE RELATION OF OSTEOPATHY TO THE GERM THEORY.*

R. E. HAMILTON, D. O.

Agreement of Principles.

Practically all the demonstrated facts of bacteriology are in strict accord with the principles of osteopathy as laid down by its founder and each year the theories regarding the cure of diseases in which bacteria play a part come closer to osteopathic ideas.

In the present theory of bacterial infection the following facts are well established. Of the countless varieties of bacteria only a few are capable of producing or influencing the course of disease. The conditions for infection are virulence of the germ, large numbers, and weakness of the tissue; this latter is in most cases a cardinal condition, for it is

*The authority for the statements of this paper is derived from the following medical texts on bacteriology and pathology: General Bacteriology, Jordan; Pathogenic Bacteria, McFarland; Pathogenic Bacteria and Protozoa, Park; Bacteriology, Lehmann and Neumann; American Text of Pathology, Hektoen and Riesman; General Pathology, Ziegler; A Text of Pathology, Stengel; A Text of Pathologic Anatomy and Histology; Delafield and Prudden and special papers quoted in the text.

now proved that the tissues and fluids of the body are normally resistant to the action of bacteria and that bacteria may scarcely ever find lodgement in healthy tissue. This is in complete accord with the osteopathic idea that injury to an organ may come only through obstruction to blood and nerve supply, (including disturbances in other parts of the body) lack of use, over use, or direct injury from external forces.

It is perhaps true that the virulence of germs may be such that a few of them may set up disturbances in a healthy organism, but these cases as disease producers are undoubtedly rare. Some of the conditions lowering the normal resistance of the body to germ diseases are underfeeding and feeding upon foods lacking in some element necessary to the body; prolonged exposure to cold; intoxications by alcohol or other drugs; traumatic injury; severe hemorrhage; fatigue; depressing hygienic conditions, and disease.

How to Prevent Infectious Diseases?

Reasoning from the above given causes of bacterial diseases the answer to the question, How to prevent them? is simple. First, keep the body in the best possible condition and avoid the chance for contact with disease producing germs.

To maintain the health of the body the well known rules of hygiene must be observed. Eat the things which are known to agree with your digestion; exercise moderately; rest and sleep regularly; avoid excesses and exposure, and have corrected bodily disturbances due to the accidents of life.

Since nearly all disease germs flourish in dead animal and vegetable matter; obviously, cleanliness of person and surroundings is the best means of preventing contact with infectious germs.

The approved methods of removing and destroying infectious material are by the use of soap and water, exposure to heat, exposure to sunlight and the use of chemicals. All of these are effective under the proper conditions, so long as the germs are outside the body.

The Cure of Germ Diseases.

Ever since the discovery of disease producing bacteria physicians have worked eagerly to find some drug which would kill disease germs after they had lodged in the tissues. On account of the numerous reported internal antiseptics, there is a rather firmly grounded belief in the minds of the majority of the laity that drugs are able to kill infectious germs in the body substance. This belief has also been held by part at least of physicians but it is being rapidly abandoned. A few quotations from the writings of Sir. Almroth E. Wright, one of the greatest bacteriologists of to-day, will show the present status of antiseptic dosage.

"For some time past it has been all but universally recognized that it is futile to attempt to check bacterial growth in the interior of the organism by our present antiseptics which have a greater affinity for the constituent elements of the body than they have for any bacteria.—"

"Significant in this connection appears to me the fact that antiseptics are now by general consent abandoned in the treatment of ordinary surgical wounds. Significant also is it that the practice of introducing antiseptics into abscess cavities, which was erstwhile so common, is now less and less frequently resorted to. Significant again is it that the treatment by antiseptics in case of bacterial invasions of mucous membranes is to-day more and more frequently followed up by curetting, scraping, and so-called radical operations. Above all, significant is it that so distinguished a dermatologist, as Sabouraud should sum up the results of antiseptic

treatment of bacterial diseases of the skin as follows: 'Curious indeed is the failure of antiseptics in connection with the treatment of bacterial diseases of the skin. Quite colossal were the expectations which were entertained with regard to what would be effected by these. What antiseptics have accomplished by their agency is in point of fact next to nothing. The results which have been obtained in connection with pulmonary infections by antiseptic inhalations and in connection with bacterial infections of the genito-urinary passages by "urinary" and other antiseptics are, I am persuaded, neither better nor worse than those which have been obtained in connection with diseases of the skin. Now all of this failure of antiseptics are, I am persuaded, only what might have been expected.' "

The Body's Defence.

Having seen that germicidal drugs are worse than useless for curing infectious diseases, let us examine the defense of the body against bacteria and their poisons. Most noticeable of the body's germ destroyers are the white cells of the blood the action of some of which—the phagocytes—is to ingest and destroy the invading organism. There are also some tissue cells which possess this property. But the body has other defence in the activity of substances formed in the blood, the blood furnishing substances detrimental to the growth of bacteria and antidotal to their toxic substances. (See the theories of Metschnikoff, Buchner, Ehrlich and others.) All experiment goes to show that the more nearly normal the body organism is, the more of these "anti" substances can be produced for defense against disease.

Artificial Serums.

It has somewhat recently been discovered that in defense against mild infections, antitoxins were produced in excess in the blood and many experiments have been performed for the purpose of determining if this excessive activity of the blood could not be made use of by producing "animal made" antidotes for bacterial poisons. With a few exceptions, these experiments have been failures. The apparent success of diphtheria antitoxin has encouraged great hopes in this line of work.

Contrary to the general idea the theory of antitoxins is not in conflict with osteopathic theories of disease (which by the way have from the first recognized the importance of antidotes to poisons), the osteopathic idea being as before stated that the body furnished its own cure. If we are able to make one animal manufacture an antidote to bacterial poisons for another one we have simply gained a new antidote to poisons. It is not within the province of this article to discuss serum therapy, but it should be added that the question of antitoxins is much more complicated than the uninitiated would suspect and there are many, and in some cases insurmountable, difficulties in the way of successful antitoxin application.

The Rational Cure.

Taking into consideration the facts as above set forth, the physician is able to assist in the cure of infectious diseases by the following procedures:

1. Placing the patient in the best hygienic surroundings with fresh air, quiet and rest (in acute cases).
2. Since nourishment is a factor in infection he may see that the patient gets the best food possible to his condition.
3. He should find and remove any other cause of weakness—so-called constitutional treatment. It is in this third condition that the osteopath claims the superiority of his methods of handling cases of bacterial diseases, for we can find no physiologic reason for the administration of drugs for the purpose of effecting a cure.

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KIRKSVILLE, MO., NOVEMBER, 1908.

EDITORIALS.

The Journal for Nothing—Look in the advertising and you will see an offer whereby you can get the Journal absolutely for nothing, and at the same time be paying a greatly reduced rate for some of the best magazines current.

Bacteriology and the Osteopath—The bugaboo of many is the germ theory of disease, and one of the most able articles that it has been the pleasure of the Editor to read, is that by the Bacteriologist of the A. S. O., Dr. R. E. Hamilton, which is published in this issue.

Your Co-Operation Requested—It is the aim of the Editor to make the Journal a truly representative magazine and to give each month a large amount of material. But this costs money. The advertisers co-operate with the Editor by paying for space. Will you also co-operate by telling the advertisers that you saw their ad and read it? Turn now to the ad pages and see what may be here of use to yourself.

The Authorship of Editorial Utterances—There have been several inquiries recently in regard to the authorship of the Journal editorials. Unless there are initials signed to them, all editorials appearing in the Journal of Osteopathy since June, 1907, are written by the Editor in Chief. Other members of the Journal of Osteopathy staff write editorials occasionally, and when they do so, their signature is appended.

Osteopathic Race Suicide—Dr. William Smith has an able article in this month's Journal on the above subject, which should sound a note of warning to the profession—a note which is all the more timely now as the composite board is being forced upon us in some states in other states the osteopaths are apathetic, and everywhere there is a tendency towards a false feeling of security. Free discussion of this article is invited.

Minneapolis, 1909—A trip to the Twin Cities and a talk with the leading practitioners of that section gave a most pleasing forecast for a big convention next summer. There exists a complete harmony and a unanimous desire to work for the common good. With the many excellent hotels, accommodations will present no problem. The only drawback will be the difficulty in choosing side trips from among so many offered. Begin to plan NOW.

The Secretions of the Appendix—A statement in the article by Miss Harrington, in the *Cosmopolitan*, running something like this "Osteopaths believe that the function of the appendix is to furnish a lubricant which possesses antiseptic qualities, and also aids in digestion, has called forth a large number of inquiries from both the laity and the field practitioners. Believing it best to answer these through the field practitioner exclusively Dr. G. A. Still, prepared an excellent article occurring herewith. Another good article on appendicitis, is contained in the "Chicago Correspondence."

Policy of The Journal—In the editorial policy of the Journal, the announcement made in the June, '07 number has been kept in mind, and as stated then, "while published at Kirksville, the Journal will favor no individual, school or association; it will fight no man's battles, but in all osteopathic events, will aim to tell the exact truth." We believe this has been consistently followed. There may be some on whose toes we tread, there may be some who disagree with our ideas, but we are governed by the best information that we can secure from our correspondents, who live in all parts of the country, and represent many diverse influences and factions.

A Sinister Danger—But the thing which appeals most as dangerous is the implied request of the bill, that medical colleges teach osteopathy. Osteopathy as a system has become successful by its practitioners refusing to be allied with existing institutions and refusing to admit that osteopathy can be taught by any except a regular school equipped for the subject. This bill is an open statement that it can be taught anywhere and is a virtual invitation to medical schools throughout the country to add a chair on the subject, or at least include it in the curriculum. Taken all in all—with all due respect to the wise framers of the bill—to the Editor it seems a rather poor excuse.

The Journal and the A. O. A.—In the matter of the national association, the Journal of Osteopathy sees no reason why it should not criticise anything which appears to need criticism, and in the future as in the past, will continue to do so. At the same time, the Editor believes that all progressive osteopaths should join this association, attend its conventions, take part in its deliberations, elect its officers, and make it more truly representative of the whole profession than, we are afraid, it has at sundry times been. If its policies do not suit us, let us work to change them. If its officers constitute a self-perpetuating ring, let us turn them out, but let us not stand on the outside, and knock until we can show something much better.

The Journal for Next Year—It is the policy of the Journal of Osteopathy to make a constant improvement in its contents. As against forty-eight pages of old, it is now publishing from sixty-four to eighty-eight, most of which are either news or original articles written especially for the Journal. Its news policy deserves a word of mention. We have representatives in every section of the United States, and our aim is to furnish all the news of the profession at the earliest possible moment consistent with accuracy. We aim to be entirely without prejudice, and to treat all schools alike, endeavoring to secure representatives from the ranks of all. We would call attention especially to the correspondence this month from the various sections of the country.

Osteopathic Laws—The season of legislation is now open. In Pennsylvania an attempt will probably be made to secure an osteopathic bill, with more or less chance of success. New Jersey also hopes to secure some advantage from the coming session of the legislature. Washington State will make a try, but has little hopes. Massachusetts will attempt to compel examination of all osteopathic practitioners. Illinois has up a new bill. This last has several peculiar features, one is the providing for an examination on "osteopathic pathology;" another is the retaining the old Illinois foolishness of prohibiting osteopaths from performing surgical operations. The definition of a medical college in good standing is peculiar in that it states that it must have "four separate years, aggregating thirty weeks of thirty hours each." Does this "each" refer to the weeks, or to the years? It also states that in a college "where osteopathic therapeutics, comparative therapeutics and medicine are added to the curriculum of the medical college, then the term should be extended so as to embrace a period of nine months for the year's work, including thirty hours for each week thereof." Counting that the other meant four years with each year having thirty weeks of thirty hours each, this would be adding an aggregate of six months to the course on account of the college teaching osteopathy. Medical colleges in Illinois are virtually requested to teach osteopathy by allowing their graduates certificates without examination. Osteopaths are still forbidden even to remove a splinter, or lance a carbuncle, as such are technically surgical operations. They are also forbidden to administer anesthetics, as such are undoubtedly drugs. They are encouraged to take another year in some medical college in Illinois, by granting them grades in the subjects on which they have already been examined.

* * *

LEGISLATIVE.

Illinois—In Illinois there is a bill up before the Association, drafted by the Legislative Committee, which will be acted upon by a special meeting, held November 7th. This bill is discussed under the Editorials.

Iowa—Some of the Association desire an active fight be waged this winter, while others are in favor of postponing for two years, unless adverse legislation is attempted. The Legislative Committee also, is somewhat divided on the question.

Louisiana—In Louisiana the Governor named the following members: Drs. W. A. McKeegan, New Orleans, one year; Eugene Gaupp, New Orleans, two years; C. G. Hewes, New Orleans, three years; C. W. Hamilton, Lake Charles, four years; Paul W. Geddes, Shreveport, five years. The Board organized electing Dr. Hewes, president; Dr. Geddes, secretary, and Dr. McKeegan, treasurer. After several conferences with the Governor, it was announced that the twenty-two applicants from the Louisiana osteopaths for licenses would be favorably acted upon. Shortly after the Osteopathic Board organized the State Board of Health, also organized and announced that they would not receive for filing the certificates of any osteopathic physician. It seems that there is an act that requires all physicians to file a certificate with the State Board of Health, but the osteopaths state that they are not worrying about the matter, claiming that the law fully covers this point. In case that it is necessary, the osteopaths will carry the fight to the highest court. Concerning the granting of certificates the Picayune of October 24th, says:

"Governor Sanders attended the meeting of the Osteopathic Board, held in President Hewes' office, for the purpose of giving them legal advice regarding several

of the applications for certificates received from graduates from one of the Schools of Osteopathy, which they were not certain came up to legal requirements. However, the Governor found that the School came within requirements, and the applications, of which there were eight, were passed upon and the licenses to practice will be granted. This now makes a total of twenty-two applications which were received and which passed all requirements, six of them being from out of town osteopaths. One of these was an application from a woman osteopath, Miss Dela Stevens, of Biloxi, Miss. She is the first and only woman osteopath so far to apply to the Board for a license. The other osteopaths from out of town who applied for licenses were: Drs. Murray Graves, of Monroe; McCracken and Geddes, of Shreveport; Wendel Hyde, of Crowley, and Dr. Hamilton, of Lake Charles."

Dr. Graves says: "We are provided for in our law under section 8, which is as follows: "Be it further enacted, etc., that all osteopaths certificated, registered, and practicing under the Provision of this Act shall have authority and be required to certify births and deaths to the constituted health authorities of the state and the municipal subdivisions thereof in the same manner, with the same effect and under the same penalties, as other physicians."

And section 9 states further, viz.: Be it further enacted, etc., That all laws or parts of laws, in conflict or inconsistent with the provisions of this Act, be and the same are hereby repealed. So I don't feel that the Board of Health have any show with their decision.

Concerning the members of the Board appointed, Dr. Graves, president of the State Association said Dr. Hughes deserves all he got and more, for he is certainly a worker. He is a graduate of the now defunct Ward School, last summer attending the A. S. O. P. G. Course. Dr. Geddes is a graduate of the A. S. O., '07. Dr. McKeehan is an A. S. O. graduate, 1898. Dr. Hamilton, also of the A. S. O., '07. Dr. Gaupp is not found in the list of osteopaths in any of the A. O. A. Directories we have seen. The Picayune says: "He received his early education here and finished in Europe and on his return began as a Druggist apprentice. He studied medicine at the Medical and Surgical School of Quebec, Canada, and afterwards took up a preliminary course in Osteopathy under Drs. Braun and Van Snee of this city, during the years of 1889 and 1890. After practicing for a while, he took up a Post Graduate Course at the Metropolitan School of Osteopathy at Chicago in 1885. Since then he has been practicing in this city." The Editor has been unable to locate either Doctors Braun or Van Snee, nor has he been able to verify the status of the College mentioned. One of our correspondents says:

"It is the policy of the Board to establish Reciprocity with other states of equal requirements at once, as we need good men—several good towns are anxious to have practitioners locate.

There is a slight mix-up with the Board of Health; our bill specifically states "That all osteopaths certificated, registered and practicing under the act shall have authority and be required to certify births, deaths to the constituted health authorities of the state and the municipal subdivision thereof in the same manner, with the same effect and under the same penalties as other physicians." I see by the "States" that the Board bases its refusal to receive death certificates of osteopaths on the exception of Dentists and Osteopaths from the provisions of the medical bill passed at a later period than our own bill. I suppose that either the opinion of the Attorney General or the action of a Court will settle this question, as there is no possible doubt of the exact intent of the section of our bill above quoted. Owing to the fact that our bill provides that any graduate of a 'Legally incorporated school' who had prac-

ticed in the state for one year previous to the enactment of the act, was entitled to registration, some few, so-called irregulars are entitled to certificates in this state, but this applies only to those now practicing in the state. The examining policy of the Board will be practical, not academical, and no one with a good foundation need be alarmed as the trick questions will be permitted."

Michigan—Two doctors by the name of Underwood are advertising in Washington, D. C., as having practiced osteopathy in Michigan, for several years. Inquiry of the Michigan officials discloses that they never were registered in that state.

Michigan—State Board Report—Dr. F. H. Williams, secretary of the Osteopathic Board of the State of Michigan, reports the written examination held at Lansing, Sept. 2, 1908. The number of subjects examined in were fifteen, and the percentage required was seventy-five. Four applicants passed the examination. The colleges represented were:

Still College of Osteopathy	(1907) 91%
American School of Osteopathy	(1908) 90.8%
American School of Osteopathy	(1908) 87.8%
S. S. Still College	(1904) 77%

FREDERICK H. WILLIAMS, Sec'y.

New York—October 13th the news was received that the highest courts in New York had decided against the New York City Board of Health. This settles the matter of accepting osteopaths' certificates. In the opinion it is stated:

"Clearly one who practices osteopathy holds himself out and offers to diagnose and treat some of the ailments mentioned in the statute, and he is not required to treat all in order to be a physician within the meaning of the statute. He is required to study substantially the same length of time, and to be examined upon the same subjects as other applicants for a license to practice, except that sanitation, surgery and gynecology are excepted from his examination, and the theory and practice of osteopathy are excepted from the examination of all other applicants. Thus the statute defines and classifies licensed osteopaths as physicians.

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

"While doubtless the department of health can make stringent regulations as to the persons whose certificates of death it will accept for the purpose of a burial permit, it is sufficient to say that, so far as appears, when this proceeding was commenced it had not made any regulation which excluded licensed osteopaths from the rights to give such certificates.

"The statute makes doctors of osteopathy physicians. The Sanitary Code requires every physician in the City of New York to register his name with the department of health. The respondent as a duly licensed doctor of osteopathy was entitled

to registration and was wrongfully refused. The orders of the courts below granting a peremptory writ of mandamus to compel such registration were right and should be affirmed, with costs."

New York—Another applicant has passed the state examination and been notified that his license would be sent. Dr. M. W. Stearns of the last June A. S. O. class passed the examination September 22-25th. This makes two applicants examined and two licenses issued.

New York—Comments on the Bandel Decision—Osteopathy has merit, or it has none. If it is a system that will relieve the afflicted it should be given a fair field. If it is a fake it will be found out and discarded. While it is a modern method of treatment, it is not new and untried.

It is well to reflect that the licensing of physicians has not protected the public from imposition, and that the intention of the license was not to create a medical monopoly.

The fact is that the public and not the "pathy" is entitled to first consideration.—Binghamton, (N. Y.) Press-Leader.

The osteopathy law gives to practitioners of this method of healing certain simple, fundamental rights which must always be recognized under republican government and which have been conferred on osteopaths in states generally.

While it is probable the Medical Trust would like the osteopaths banished, the latter are not numerous and it would seem the trust is over-apprehensive of possible loss of business.—Newburgh, (N. Y.) News.

There can be no exclusive pathology, according to the dictum of the New York court.—Albany, Georgia, Herald.

New York M. D's. Fight Hughes—Some of the New York M. D's. in papers and personally have been opposing the candidacy of Governor Hughes. The Daily Eagle of Brooklyn investigated some of these Societies and found a number of them to be imaginary and none of them important. Dr. Jacobi, the famous surgeon says that no decent physician would vote against Hughes on account of his signing the Osteopathic Bill although he, himself, apparently thinks that the Governor was in error when he did so. Altogether osteopathy has certainly been advertised very thoroughly.

Oklahoma—"The Oklahoma State Board of Medical Examiners met in Shawnee, on Oct. 6 and organized with the following officers: President, W. T. Tilly, of Muskogee; vice-president, H. C. Montague, of Muskogee; secretary, Frank P. Davis, of Enid; treasurer, D. W. Miller, Blackwell.

Oregon Examinations—The next meeting of the State Board of Medical Examiners of Oregon will be held in Portland, the first Tuesday in January, 1909, and continue for three days. Applications accompanied by photo must be made to Dr. R. C. Coffey, secretary, Corbett Bldg., Portland, two weeks in advance.—F. E. MOORE, LaGrande, Oregon, Osteopathic Member of Board.

Pennsylvania—The papers throughout Pennsylvania are widely copying the appeals of President Snyder requesting the passage of laws which will exclude the fakes from that state.

South Dakota—At the meeting of the State Association, October 24th, it was decided vigorously to prosecute all fakirs on osteopathy now practicing in South Dakota.

Washington—Dr. F. J. Feidler writes concerning a bill proposed by the "Drugless Healing Association," this being the latest name adopted by the irregulars of that state. Dr. Feidler summarizes the bill as follows:

No qualifications are required to get a license to practice. It is not necessary to have studied anywhere. The applicant need not know how to read nor write to get a license.

If the applicant has practiced three years he simply files his address with the County Recorder to get his license.

If he has practiced less than three years, or not at all, he must file a statement to that effect, and state where he studied, or if he studied at all, or not, in either case he gets his license.

It is not expected that this bill will pass, but it is apparently presented to be used as a base from which to fight a legitimate bill introduced. There has been a letter sent to all candidates for legislature which indicates that attempts will be made to legalize all pretenders in the state.

* * *

ASSOCIATIONS.

California—Bay—The Bay Osteopathic Association of California met in regular session at the offices of Dr. Near in Berkeley, Saturday, October 3.

Dr. Near presented two interesting clinics which were freely discussed.

Dr. Ivie gave a very interesting talk on hospital work and how to get a patient into and out of the bed, etc.

The meeting was well attended by practitioners from both sides of the Bay and those failing to attend missed not only a good meeting but also some good eating as Mrs. Near served some very nice refreshments.

The next regular meeting will be held the first Saturday in December.—MAY VANDERBURGH, Secretary.

Colorado—Denver City—The Denver Osteopathic Association held its regular meeting Saturday evening, October 3, at the 13 room, Palace Hotel.

Dr. H. J. Sanford presented a paper on "Typhoid Fever." Free discussion followed, let by Drs. Bertha Hilton and J. T. Bass.

The following resolutions were adopted:

Whereas, it having pleased the allwise Heavenly Father to call Dr. L. S. Brown, one of the pioneer osteopaths from our midst, to his last resting place.

Whereas, he was always ready for the advancement of osteopathy, aiding generously whenever the opportunity presented itself.

Therefore, be it resolved, by the Denver Osteopathic Association that we express our regrets at so great a loss among us.

And further be it resolved, that we extend to his wife our deepest sympathy in this time of her bereavement.

Be it further resolved, that these resolutions be spread upon our records and a copy furnished to Mrs. Brown.

Committee: DR. LAURA F. BARTLETT.

DR. J. ALVIN STEWART.

Relief and membership committees were appointed.

It was a lively meeting—one of the kind that it does one good to attend.—FANNIE LAYBOURN, Secretary.

Florida—We will meet in December. Date and place not decided.

Several D. O's. have written me asking for information about the laws, etc. You may state that we are taxed \$10.00 by the State, and the County Commissioners levy a tax usually one half the amount of the State tax; then the city may levy any sum they see fit.

We have many good towns without a D. O. and need several permanent (all the year round) D. O's. Numerous Winter resorts would welcome good physicians and make it quite remunerative besides passing a pleasant winter of sunshine and balmy breezes which is very pleasant in comparison to the cold in the north.

I shall take pleasure in answering any communication that may be addressed me provided postage is enclosed. Very truly yours, J. S. BLAIR.

Illinois—Decatur City—We organized the Decatur Osteopathic Society October 21. Dr. Josephine Hartwig president and Dr. Elijah Collier secretary. Six of the eight D. O's. of the city are the charter members. Meet first Thursday in each month.—Fraternally, ELMER MARTIN, D. O.

Indiana—The eleventh annual meeting of the Indiana Osteopathic Society was held at Hotel Denison, Indianapolis, October 28, 1908. All of the morning session was consumed in adopting the revised constitution included in which was a provision for creating a standing legislative committee of five members. Dr. Hildreth was present and complimented the society on its establishment of a precedent among states, being the first to create its legislative board, thus following along the lines of the A. O. A.

The afternoon session was devoted to election of the new officers for the ensuing year: President, O. E. Smith, Indianapolis; vice-president, Emma B. Nugent, Indianapolis; secretary, Thos. P. Huffman, Lafayette; assistant secretary, Chas. Rector, Indianapolis; treasurer, F. A. Turfler, Rensselaer. Trustees for three years: Bert Coon, South Bend; Ella McNicoll, Indianapolis. Standing committee on Legislation: M. E. Clark, Indianapolis, five years; H. M. Dawson, New Castle, four years; Geo. Tull, Indianapolis, three years; J. B. Kinsinger, Rushville, two years; E. C. Crow, Elkhart, one year.

Following the election of officers the Society was treated to a very able address on Legislation by Dr. A. G. Hildreth, St. Louis. Dr. Hildreth also held a clinic and at eight o'clock in the evening there was a general relation of experiences at Dr. Clark's office.—Yours fraternally, THOS. P. HUFFMAN Sec'y

Iowa, Northern District—The new officers of the Association omitted by error from the October number, are: F. G. Cluett, president; Ida Peterson, vice-president; Ella Gilmour, secretary and treasurer. U. S. Parrish was chosen state trustee and Bruce E. Fisher, George Ingledue and Charles Ray, directors.

Iowa—Eastern Association—The Eastern Iowa Osteopathic Association held a successful and interesting meeting in the parlors of Hotel Montrose there being a large attendance. Dr. Carl P. McConnell of Chicago, gave an exceedingly valuable paper and demonstration on stomach disorders and the other principal paper was by Dr. E. H. Beaven of Cedar Rapids on "Specific treatment in acute diseases."

Michigan—The annual meeting of the Michigan State Osteopathic Association was held in the parlors of Hotel Dresden, Flint, October 17. The interesting features of the program were:

Address by the President, Dr. J. M. Church.

Talk—Dr. Edythe Ashmore.

Lecture—"Osteopathic Diagnosis," Dr. Carl P. McConnell, Chicago.

Clinical demonstration and demonstration of technique, Dr. McConnell.

The officers elected for the coming year: President, B. A. Bullock, Hastings; vice-president, F. J. Harlan, Flint; secretary, Betsey Hicks, Battle Creek; treasurer, Elmer Charles, Pontiac.—Fraternally, BETSEY B. HICKS, Sec'y.

Minnesota—The osteopaths of Minnesota held their annual meeting October 24th in the Senate Chamber of the old capitol St. Paul. The attendance was good. The following papers and lectures were delivered:

The President's address—including a report of the national meeting, E. C. Pickler; Gallstones, G. M. Stern; Wounds and Sprains, C. W. Riches; Gynecology, Leona A. Harper; Technic of Spinal Lesions, Franklin Fiske, of Kirksville, Mo.

The evening session was conducted as an open parliament by Wm. A. McClaran. The officers were all re-elected for another year.

It was decided to hold quarterly meetings hereafter—and to hold the next annual meeting in Duluth.—F. E. JORRIS, Sec'y.

The following telegram was sent:

To DR. A. T. STILL, Kirksville, Mo.

The Minnesota State Osteopathic Association at its annual meeting extends Greetings to our noble founder, Dr. A. T. Still. M. S. O. A.

Per F. E. Jorris, Secretary.

Missouri, Kansas City District—The osteopaths of Northeast Missouri will hold an afternoon and evening session on Nov. 19, 1908, at Kansas City.

A genuine intellectual feast is being provided, the social side will not be neglected.

All D. O's. of Northeast Missouri, Kansas City and adjoining Kansas towns are expected. All of us owe it to the profession to come.

J. W. HOFSESS,
Committee:
J. W. CONNER,
ERMIA COOPER.

Massachusetts—Two "osteopaths" have been found guilty of practicing medicine without a license in Massachusetts. The first W. E. Ellsworth Jewelle appealed and in sustaining the decision of the lower court, the supreme court, said:

"The defendant's request implied that one could not practice medicine within the meaning of the words of Section 8, chapter 76, of the revised laws, without prescribing or dealing out medicine, that is, prescribing or dealing out a substance used as a remedy for disease. It would be too narrow a view of the practice of medicine to say that it could not be engaged in, in any case or class of cases, otherwise than by prescribing or dealing out a substance to be used as a remedy.

"The science of medicine includes a knowledge not only of the functions of the organs of the human body, but also of the diseases to which these organs are subject and of the laws of health and the modes of living which tend to avert or overcome disease, as well as specific methods of treatment that are most effective in promoting cures. It is conceivable that one may practice medicine to some extent in certain cases, without dealing out or prescribing drugs or other substances to be used as medicine. It is conceivable that one may do it in other ways than those practiced as a part of their respective systems, by either 'osteopaths, pharmacists, clairvoyants or persons practicing hypnotism, magnetic healing, mind cure, massage cure science, or the cosmopopathic method of healing.'

"The purpose of the statute seems to be to permit the practice of these several methods of treatment, including everything that strictly belongs to each; but not to permit the unlicensed practice of medicine otherwise. If a practice of medicine otherwise, without dealing out or prescribing drugs or other substances to be used as medicines, is possible, the rulings and refusals to rule were right. We think such a practice of medicine is possible."

On October 31st another so-called practitioner John A. Taff was found guilty on similar grounds. His lawyer has given notice that he will appeal to Supreme Court, but pending the trial, he is in jail, being unable to furnish bond. Our Massachusetts correspondent says:

"The prosecuting parties seem to be after the pretenders, as both these so-called osteopaths are fakirs. None of the eighty odd osteopaths, who are unregistered have been molested as yet. Concerning the decision there seems to be a diversity of opinion. One faction of the osteopaths, holds that the statement "The purpose of the statute, etc.," means that the Supreme Court have recognized osteopathy and that therefore, the unregistered osteopaths are safe. Another faction contend that, inasmuch as the trial judge refused to rule that "such practitioners were within the law so long as they did not prescribe or deal out medicine" and this refusal was upheld by the Supreme Court, therefore the unregistered D. O. is on dangerous ground. It would seem that the further developments, would clear up the situation somewhat. This much is undoubtedly true. The osteopaths at the present time are in a rather peculiar position. They have a representative on the State Board of Registration in Medicine, and yet they are not required to take the examination. Naturally such a condition of affairs cannot long endure. Just what will happen cannot be prognosed. Will keep you posted on events as they shape themselves."

New Jersey—The ninth annual meeting of the New Jersey Osteopathic Society was held at Achtel-Sletter's, Newark, N. J., Oct. 31, 1908.

The meeting was called to order at 2:30 p. m. by president Granberry. After a very satisfactory business meeting, at which our determination to push legislation this year was materially strengthened, the following program was en-oyed:

Thoughts on Psycho-Therapeutics, J. Corwin Howell. Discussion Drs. Tucker, Herring, Buehler, Laura L. Monroe, and Ferguson

Massage—Exposition and Demonstration, F. Myrell Plummer, Orange.

Basic and First Principles, Ernest E. Tucker, Jersey City.

Clinic—Exophthalmic Goitre, F. H. Warren, Newark.

Diet, A. P. Firth, Newark.

Photography in Diagnosis—Illustrated, Chas. E. Fleck, Orange

President's Address, D. Webb Granberry, Orange.

After the program, 7 p. m., a delightful dinner was enjoyed by forty-four of our members and their friends. Dr. Hardy W. Carlisle, toastmaster.

At the business meeting the entire set of officers was unanimously re-elected by one vote. Fraternaly, MILBOURNE MUNROE, Sec'y.

North Carolina—The fifth annual meeting of the North Carolina Osteopathic Society was held at Greensboro, October 24th. There was a good attendance and the program was replete with practical and theoretical points of interest to all. Some of the most note-worthy parts were two clinics presented by Drs. S. W. Tucker and M. J. Carson; one a case of paraplegia, the other a case of epilepsy. Dr. M. J. Carson's paper on obstetrics and report of several cases was interesting and evoked much discussion.

In business session the society made some important changes and additions for the future. The by-laws were amended to increase the annual dues from one to five dollars. For our next meeting the program committee was authorized to invite some prominent member of the profession to address the society. Officers were elected as follows: President, A. A. Basye, Wilson; vice-president, M. J. Carson, Rocky Mount; secretary-treasurer, A. H. Zealy, Goldsboro. Delegate to A. O. A.,

A. H. Zealy. Executive committee, L. A. Rockwell, A. R. Tucker and E. C. Armstrong.—A. H. ZEALY, Sec'y.

New York—The tenth annual meeting of the New York Osteopathic Association was held at the Hotel Ten Eyek, Albany, to-day. It was a rainy dismal day, but the five score D. O's. assembled were full of life and enthusiasm and gave their president a rousing greeting when he called the meeting to order at 10 a. m. Many of the old pioneers of the society were out as well as a good representation of the tyros.

The secretary read the minutes of the last annual meeting as well as the minutes of the semi-annual meeting held in New York last January. President Riley then gave an inspiring address after thanking the society individually and collectively for their support and co-operation. After touching on the necessity of keeping case reports and giving a resume of the mandamus proceedings against the New York Board of Health, Dr. Riley made an earnest appeal for action by the society in regard to the A. T. Still Research Institute.

That this appeal was effective was proved before the end of the session when their members gave over \$6,000 toward the endowment fund of this institute.

Dr. Riley also made special mention of the effective work of Dr. R. H. Williams as a member of the State Medical Examination Board and extended to him the thanks and appreciation of the society.

Routine business took up the rest of the morning session which adjourned for lunch at 1 p. m.

By unanimous vote a telegram of greetings and congratulation was sent to Dr. A. T. Still, the venerable founder of osteopathy.

With a bright smile and his winning manner Dr. Hazzard, after a brief talk by Dr. Booth, took charge of the raising of subscriptions for the Institute. Dr. Geo. Helmer started the ball rolling by giving \$500 and faster than their names could be taken down Drs. Bandel, Williams, Walter Steele Beall and A. Fisher gave like amounts. Drs. Herring, C. Green and Berry gave \$200. Dr. Hjardemall gave \$250 and over a dozen gave \$100 each while several gave fifty each until a total of over \$6,000 was pledged.

A telegram of greetings was sent to the Indiana Osteopathic Society, which was also holding its annual meeting to-day with the statement that \$6,000 had been raised for the Research Institute.

The afternoon session began at 2 p. m. Dr. Riley in turning his office over to the new president, Dr. Smiley of Albany, presented the Society with a gavel which has a most interesting history. It was presented to Dr. A. T. Still by Major Abbott in 1855. Major Abbott was the first man to call Dr. Still's attention to the fact that the body is a machine, and it was with his services that he worked out our present theory. The gavel was presented to Dr. Riley by Dr. Still on request from Dr. Riley for a piece of wood of historical value from which he intended to have a gavel made which he wished to present to the society with his compliments.

A beautiful band clasped the body of the gavel on which was inscribed "Presented by Major Abbott to Dr. Still in 1853. Presented by Dr. Still to Dr. G. W. Riley and by him to the New York Osteopathic Society in 1908.

The educational feast began at 2:15 when Dr. Booth read a most instructive paper on "The Adequacy of Osteopathy." An examination of the paper which will be published in the A. O. A. November Journal will convince the profession that Dr. Booth is the man to read the Research Institute.

An osteopathic consideration of "Serum Therapy" was the title of a scholarly paper by Dr. W. B. Meacham. He handled the subject with his well known skill and convinced his audience that he knew his subject and that serum therapy was not a panacea for all the ills of humanity.

The hour being late Dr. Chas. C. Teall with his usual courtesy suggested that his paper be cancelled and printed in the A. O. A. Journal, but the society insisted on having the paper. "Notes on the Colon" proved to be a good talk on handling cases of constipation and Dr. Teall illustrated his method of handling stubborn cases by using high rectal enemas with the regular osteopathic procedure. The session closed after a short discussion by Dr. H. L. Van Deusen.

Officers: W. M. Smiley, president; R. C. Wallace, vice-president; secretary Burlingham and treasurer Buster were re-elected. Drs. Riley, C. S. Green and F. J. Beall were elected to the Board of Directors.

The time and place of the next meeting semi-annual meeting was left to the discretion of the Board of Directors.

South Dakota—The State Osteopathic Association met in Sioux Falls, October 22, with the usual number of members present, but with a great increase of enthusiasm and practical work accomplished.

In the absence of Dr. J. H. Orr, president, and Dr. J. F. Atkinson, vice-president, both having left the state, Dr. J. P. Eneboe was elected chairman and directed the work in such a business-like manner, that, he was chosen president for the coming year.

Dr. Chas. Bradbury, of Brookings read a paper on the subject of "Energy," which was followed by a general discussion in which the following points were brought out: Energy is in entity apart from matter and its source in the body is from food ingested, air breathed and the katabolic processes taking place within the body. Heat was not considered as a form of energy, but a condition, favorable to the vital processes, and developed from the oxidation of waste or worn out tissue material, and the destruction of toxins in the case of fevers.

Later in the day Dr. Mary Noyes Farr, of Pierre, arrived and read a paper on the "Electro-Vitol Theory" of energy, which was full of valuable suggestions, as well as much advance thought, which ought to be read by the entire profession. It is hoped that a synopsis of the paper may be published in the near future.

Dr. C. E. Schoolcraft, of Watertown, led in a discussion of, "The Business of the Osteopath," in which the following points were favored: The card system of keeping accounts, and the coupon ticket for patients, with a discount of twenty per cent. for advance cash payment was the best method of collecting. All accounts are due as soon as treatments are concluded and should be settled by cash or note bearing eight per cent. interest. Methods of advertising were discussed and the articles appearing in recent magazines as the Ladies' Home Journal and the Cosmopolitan, were highly commended. The literature sent out for the laity to read, should be sealed and a two cent rate paid if we expect to escape the waste basket.

Following the discussion of rates a committee consisting of Dr. A. M. Glasgow, Dr. Lena Eneboe and Dr. C. E. Schoolcraft were appointed to draw up a schedule of rates, to be published in the Hand Book as a guide for all D. O's. in the state.

Dr. G. C. Redfield of Parker, president of the State Board of Examiners, had been delayed by having to perform a surgical operation, but arrived in time to lead in the discussion of Legislation and Law Enforcement. After a general discussion it was decided not to attempt any legislation this year, but direct our forces to the

enforcement of the law, which we already have. Drs. Farr, Redfield and Bradbury were appointed a committee to raise funds and employ one of the best attorneys in the state to take charge and push the prosecution of Chiropractors, Mechano-therapists, Magnetic healers and every other fakir in violation of the osteopathic laws of the state.

The following officers were elected for the coming year: President, J. P. Eneboe; secretary and treasurer, S. W. Heath; vice-president, J. H. Gregg; members of Board of Trustees, C. E. Schoolcraft and Katharine Kelly.

The convention adjourned with an invitation to meet at Watertown next year, which will no doubt be accepted by the Board of Trustees.—S. W. HEATH.

Vermont—The Vermont State Osteopathic Association held its ninth annual meeting at Montpelier, October 21, with a good attendance of members. The programme included seven clinical demonstrations by Drs. Anna L. Kelton, W. W. Brock and S. M. Knauss, of Montpelier, and Dr. L. D. Martin, of Barre. At its close, the following officers were elected: President, Samuel M. Knauss, of Montpelier; vice-president, Herman K. Sherburne, of Rutland; secretary and treasurer, Harry M. Loudon, of Burlington; executive committee, W. W. Brock, of Montpelier; chairman, H. J. Sherburne, of Rutland and Anna L. Kelton of Montpelier. The time and place for holding the next annual meeting was left with the executive committee.

* * *

ITEMS FROM KNICKERBOCKERDOM.

The Greater New York Osteopathic Society held a most successful meeting Saturday evening, October 17th. During the business meeting there was a spirited discussion regarding the ethics of advertising and there promises to be a clean sweep in this direction.

Saturday, October 31st, the New Jersey Osteopathic Society will hold its annual meeting in Newark at 2 p. m. The business meeting and program will be followed by a banquet at 6 p. m. Several prominent osteopaths of the east have been invited. The membership of the Society continues to increase and all hands are working to secure the passage of a bill giving the osteopaths an independent board.

The New York State Osteopathic Society is in correspondence with other eastern societies with a view to co-operate in bringing Dr. Forbes of Los Angeles eastward in January.

The Greater New York Osteopathic Society's members plan to go to Albany via the Hudson River Boat Line as has been the custom for several years.

The annual meeting of the New York Osteopathic Society to be held at Albany, Wednesday, October 28th, promises to be the most interesting meeting ever held and there are indications that there will be a record attendance. The officials are working hard to secure the full operation of the new law and steps are being taken to locate all those now practicing osteopathy who have not been licensed.

The case report committee is also following up the members of the State in its endeavor to secure an ideal case report system.

* * *

PACIFIC COAST NOTES.

The first meeting of the year of the Los Angeles City and County Association was held on Monday evening, October 19th, at the Pacific College of Osteopathy.

The local osteopaths were well represented in this meeting and a number were present from outside cities and towns. After the transaction of routine business the regular program was rendered.

The first item was the report of the National Association at Kirksville, by Dr. C. A. Whiting. One of the points which he especially emphasized was the splendid spirit shown by the American School of Osteopathy in its dignified modesty in refusing to use the convention in any way as a means of advertising itself. He spoke in terms of the highest commendation of the effort made by all of its officers to make the meeting a success. Dr. Whiting was followed by Dr. Barbara McKinnon, who related her experience at the New York Post-Graduate College and at Belleville Hospital during the summer. Dr. McKinnon spent considerable time at both places specializing in gynecology.

Dr. Ernest Plant, who was the treasurer of the Los Angeles City and County Association, tendered his resignation, owing to his removal from the county. His resignation was accepted and Dr. J. C. Goodell of Covina was elected his successor.

Owing to the infection of squirrels in Southern California with bacilli of Bubonic plague, an effort is now being made to exterminate them. Part of this work is being done under osteopathic direction. Dr. Whiting is health officer of South Pasadena, a city which immediately adjoins Los Angeles.

The Biological Section of the Southern California Academy of Sciences is offering an exceptionally fine course of lectures this winter on the subject of bacteriology. These lectures are largely attended by osteopathic physicians. The following program shows the scope of the work:

1. The Place of Bacteria in Nature and Their Classification, October 12th, J. Park Dougall, M. D.
2. How Bacteria Grow, Cultures and Culture Media, November 9th, Ethel L. Leonard, B. S., M. D.
3. The Relation of Bacteria to Disease, December 14th, J. Park Dougall, M. D.
4. Theories of Immunity, January 11th, Ethel L. Leonard, B. S., M. D.
5. Bacterial Sera and Vaccines, February 8th, Carl C. Warden, M. D.
6. The Opsonic Index and Its Relation to Disease, March 8th, George Martyn, M. D.
7. Suppurative Processes, April 12th, C. W. Anderson, M. D.
8. Tuberculosis, May 10th, A. O. Conrad, M. D.

Dr. C. A. Whiting is chairman of this section and Dr. Carle H. Phinny, D. O., is secretary.

The vacancy in surgery in the Pacific College of Osteopathy, caused by the death of Dr. L. G. Van Scoyoc, has been filled by the appointment of Dr. W. W. Sherer. Dr. Sherer is a graduate of the Medical Department of the University of Southern California. He is a young man of pleasing address and there is every reason to believe he will make an eminent success of the important work which he has assumed.

The osteopaths of Southern California are awaiting with deep interest the decision of the voters on November 3rd in regard to Dr. J. S. Allison, who is a candidate for Assemblyman from the 68th District. Just at the present time the indications for Dr. Allison's election are exceedingly good.

In the not remote past the physician who "rode in his own chaise" excited the not unnatural admiration and envy of his neighbors. Dr. J. S. Allison of Monrovia now rides in his own chaise no more, but in his new auto, one of the latest and most approved patterns.

NEWS FROM LOS ANGELES AND VICINITY.

Dr. George H. Neff, SC. O.-'03 is enjoying a growing practice in his new location, Hemet, Calif., near Los Angeles.

We are happy and pleased to chronicle the recent nuptials of several of our L. A. C. O. friends.

Dr. Clinton Roath to Miss Estella Mossholder, June 24th, at the home of the bride in Los Angeles, where Dr. Roath is engaged in the practice at 1103½ Central Ave.

Dr. Flora N. Barker to Mr. James Crichton, of Parry Sound, Ont. Canada, July 31st, '08, at the home of the bride, Alhambra, Calif., where they will make the home temporarily, later removing to their recently purchased orange ranch on Sierra Madre Villa Hill.

Dr. Harriet Woodbury to Rev. Joseph A. Kahl, at Bismarck, N. D., They are living in Discoll, N. D.

Dr. Chester O. Jewell to Miss Grace Gertina de Vries at the bride's home, Hepler, Kansas, Sept. 3rd, 1908. They are nicely domiciled in their new home, Snohomish, Wash., where Dr. Jewell is practicing.

Dr. Eldora A. Rife to Dr. Arthur L. Sherwood, Oct. 12th, '08, in Los Angeles, both L. A. C. O. graduates.

Dr. S. Blanche Reynolds spent the summer with relatives in Port Huron, Mich., where she took charge of her sister, Dr. Kate Miller's practice, while the latter took a much needed vacation. Dr. Reynolds has assumed her duties as professor of Hygiene and Sanitation in L. A. C. O., also staff physician in the Infirmary department.

Dr. Walter V. Goodfellow has removed from Groton, S. D., to Los Angeles, to take post-graduate work in L. A. C. O. He sold his practice to Dr. Thomas B. Burt, formerly of Larimer, Iowa.

Dr. Chas. D. Finley and wife, Dr. Josephine Cook-Finley, of Atlantic, Iowa, spent their two months' vacation in a tour of the western and coast states, visiting through Colorado, Yellowstone Park, Everett, Seattle and Tacoma, Washington, Portland, San Francisco and Yosemite Valley, Los Angeles, Grand Canyon of Arizona, Kansas City. They have resumed their practice with renewed vigor.

Born—To Dr. and Mrs. W. Curtis Brigham, of Los Angeles, Calif., on August 2nd 1908, a daughter, Leada Margaret.

Dr. Julia L. Morton has returned to her practice at Kiowa, Kansas, after a six weeks' vacation, spent with her sister, Dr. Laura B. Betz, of Los Angeles, most of the time being spent at Venice Beach. Dr. Morton's mother and a patient accompanied her.

Dr. Elizabeth McLaughlin, Mason Bldg., Los Angeles, spent a month in the East, attending the A. O. A. convention in Kirksville and visiting home folks in Des Moines, Iowa.

Dr. Ida B. Stockwell, in company with her old friend, Dr. Bertha Sawyer, of Ashland, Ore., spent a month in the east, resting and visiting. Drs. Stockwell and McLaughlin have offices together in the Mason Bldg., Los Angeles.

Dr. Chas. H. Ervin, of Los Angeles, has joined the L. A. C. O. post-graduate class, continuing his practice at his old location.

Dr. Ida E. Barto has opened offices in the Bonnie Brier Hotel, Hollywood, Calif.

Dr. H. Earl Reed has entered into partnership with Dr. Wm. J. Jeter in the Security Bldg., 633-634 5th and Spring Streets, Los Angeles.

Dr. G. Katherine Arnold has returned to California, after a delightful three months' vacation, spent with relatives in Michigan. After a brief visit with Los Angeles friends, she will locate in Porterville, Calif.

Dr. Amy J. Rowse has removed to Long Beach, City National Bank Bldg.

Dr. Arthur R. Turner and his wife, Dr. Lucena E. Turner have opened offices in their new location, St. Petersburg, Fla. They were formerly located in Los Angeles.

The Athletic Association of the L. A. C. O. have organized a walking club, to take long jaunts into the surrounding country, mountain canyons and parks on Saturday, for the purpose of exercise and social good times. A Hallowe'en reception is being planned by the faculty for the new freshman class up in the Canyon near Col. Shaw's Sierra Madre ranch.

Dr. Howard C. Atwood has changed his location from Los Angeles to Riverside, Calif., where he has opened offices in the Loring Bldg.

Dr. Harry W. Forbes has accepted an invitation from the State Osteopathic Associations of Wisconsin, Illinois, Ohio, Michigan and New York to address their various bodies at special sessions, which will be held in the respective states during the Christmas holidays. The definite dates of the several meetings will be announced later.

* * *

CHICAGO CORRESPONDENCE.

Thursday evening, October 1st, 1908, Dr. David Littlejohn gave an address on "Appendicitis" before the Chicago Osteopathic Association. There was an excellent attendance. The address and the discussion which followed, participated in by Doctors McConnell, Sullivan and others, was well worth coming a distance to hear. We give the main part of the address and discussion. Dr. Littlejohn said:

"Appendicitis is a subject of vast importance because the disease is so rapid in its course. The nomenclature is comparatively recent. Typhlitis and paratyphilitis was the old nomenclature. We find about 96% to be appendicitis and about 4% inflammation of the caecum or paratyphilitis. Micro-organisms are the exciting causes. The predisposing causes are often typhoid fever and rheumatism. In rheumatism there is an interference with the system producing a nidus in this area and a similar condition is produced by typhoid fever. Next traumatism may be a cause. Prolapse may be the cause of appendicitis. But constipation is the chief cause. I have seen scarcely a case without it. In chronic constipation we have decomposing material producing chemical irritants which enter the lumen of the appendix. In the pathology of appendicitis we have different types of the disease which are likely to be overlooked in treatment. There are four types—catarrhal, purulent, perforative and relapsing.

First—The catarrhal type in which we have inflammation of the mucous membrane. We can safely say that ninety per cent of the cases are of this type. There may be invasion of the submucous tissues; thickening of the membranes which increases the lumen and produces a muco-purulent condition. This produces distension and occludes the opening. The disease may invade the lymphoid tissues. Over fifty per cent of the cases are between the ages of ten and twenty-five. In old age lymphoid tissues almost disappears while in young people we have rich lymphatic tissues. This very likely accounts for the disease between these ages.

Then we have the ulcerative type. In this condition there may be healing but if it extends it may go into the perforative type when the septic material enters the intestinal tract. The symptoms are abdominal pain which may be diffuse rarely lasting longer than twelve hours when it localises on the right side. But we must be careful to notice that all conditions of pain do not indicate appendicitis. We may have displacement of the two floating ribs, tubal conditions in the female or intestinal

obstruction. If peritoneum is involved we will have increase of temperature. If renal calculus is the cause of pain note its course down to the bladder. May have tenderness at McBurney's point. My experience, however, is that it is not quite there. The cases are usually outside of this area. The tenderness may be at other points even on left side. Had an operative case above border of the liver. We must be prepared for abnormalities. Ninety-nine per cent may be normal and only one per cent abnormal, but we must take all cases into consideration. Temperature is a diagnostic symptom. May rise to 100 or even 101 degrees. In ulcerative type or perforative we have a higher temperature at night. About 1 degree more than in the morning. This indicates pus. Nausea and vomiting another indication. May be a bilious discharge only once, but after nausea almost always present.

Above points may be hard to determine. Perforative type almost always goes into peritonitis. Had a case of a painter suffering from lead poisoning producing diffuse colic. His temperature rose from subnormal to 103 to 104 degrees. He had excruciating pain. All the symptoms of septic peritonitis. What are we to do but use surgical methods in such cases. In purulent form we have no rupture. The differences of opinion in regard to appendicitis comes from not distinguishing the different types. If we note the different types we will likely agree. The catarrhal type embraces about ninety per cent of all cases. As this type usually goes to cure without operation it gives rise to the opinion that all cases can be cured. But in the purulent or perforative type we need operation. Inhibition over upper lumbar and lower dorsal will control pain but I probably differ from some in not treating over the abdominal region. I do not treat over this region. I think it very dangerous to do so. I have operated on two hundred and thirty cases. In ten or twelve I found foreign substances. Had inflamed conditions but no concretions. We take a great risk in direct treatment over the appendix. I have found in marked rigidity and pain the use of dry heat to work well. Some prefer the use of cold but I prefer dry to moist heat or cold. In extreme tenderness we must have no pressure whatever and I find the electric light valuable in these cases. In ninety-nine per cent of these cases the patient gets well but there may be recurrence.

Osteopaths shine here because they can prevent recurrence after an attack. In catarrhal type the treatment is absolute rest, no getting up for urination or defecation; no getting up and around. Then we must have limitation of diet. Starve patient for forty-eight hours—absolutely nothing. Empty intestinal canal not by medication but by high enemata with the high rectal tube. Prefer in enemata the normal salt solution. Must thoroughly clean out. By carrying through the attack and then treating afterward osteopaths can handle about ninety per cent of all cases while about ten per cent are surgical. Chronic constipation being so constant a cause of appendicitis will, if relieved, cure the disease.

Where patient has a chill it would indicate septic or pus formation and show the need of evacuating it. The recurrent type may go to where osteopathy can not reach it. Adhesions may cause twisting of appendix on itself producing gangrene; if we have such severe recurrence operation is indicated.

In operative conditions if patient is not in moribund condition patient ought to get well. If vitality and recuperative powers have sunk to very low ebb recovery is impossible. The operation is however no more serious than one for abscess in the hand or a needle in the foot. When in doubt have operative procedure. If allowed to go on conditions may become so grave we are likely to have a post mortem.

Note.—In conversation with the writer of these notes Dr. Littlejohn, though he

did not mention the fact in his address, said he never operates at the moment of the acute attack. The shock of the pain from the attack must subside before the shock from the operation can be borne. Hence he has had no fatalities.)

In the discussion that followed the address, Dr. C. P. McConnell said:

"Dr. Littlejohn's address was that of a conservative surgeon. I have had recurrent cases with mass of adhesions and have sent them to the surgeon. Had a case of gangrenous appendicitis—temperature 99.2 degrees in the morning, 99.5 degrees night, patient did not suffer much. Took a blood count found the number of leucocytes high. Called in a surgeon. In operation found the gangrenous condition. I think the blood count to be very valuable. In cases of non-operative conditions I usually put patient on a milk and egg diet. In starvation diet when acute attack is on I do not give the patient even water to drink. In subacute conditions I think a certain amount of treatment over appendix is indicated such as raising of appendix in mild cases. In serious cases it is best to have a surgeon in consultation as otherwise there is needless risk. Had a patient showing apparently a pus condition. I made a blood test which showed malaria. As osteopaths we can do work with diet and osteopathic treatment."

Dr. Sullivan said:

"I do not believe in inhibitory treatment at the spine as a cure for appendicitis. In eleven years I have had many cases and had success by treating principally between fourth to twelfth dorsal. Had only four operative cases in my experience. Found gentle raising of floating ribs of value, deep manipulation over abdomen is obviously inadvisable."

Dr. Cutler said:

"A medical practitioner said to me he knew of an osteopath who nearly killed a patient suffering from appendicitis through treatment osteopathically. I challenged the doctor to prove his statement, which I was sure he could not do, and the result showed he could not do so. The osteopath knows his anatomy and physiology. I believe in only one type of appendicitis—the inflammatory type. If an osteopath knows his anatomy and physiology as he should, he will have no trouble in arriving at a correct diagnosis."

Dr. Lychenheim said:

"Dr. J. H. Tilden, of Denver, Colo., claims no case of appendicitis is operative. After thirty-five years experience he claims if the appendix bursts with absolute cleansing by high enema of colon the pus will not invade peritoneum or infect body but will be carried off through intestinal tract. Had a few cases. My treatment was osteopathic treatment for relaxation of tissues—absolute rest, nothing to eat for a week or until symptoms subsided—high colon treatment with thirty-inch rectal tube, compresses, cold over abdomen—then a non-animal diet starting with fruit juices."

Dr. Proctor said:

"Had a case of appendicitis recently, eased patient by inhibition at lower dorsal and upper lumbar but in consultation as case had diagnostic symptoms decided on operation which proved correctness of diagnosis in there being pus and gangrenous condition of appendix. Patient recovering very slowly."

Dr. Littlejohn in closing, said:

"In using inhibition I simply do so to lessen pain by pressure to lessen sensibility I do not believe it will cure appendicitis. I spoke of the danger of direct treatment over the appendix because one of the books advocates it and I take issue with it."

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A word by Dr. McConnell to explain that in his opinion re-adjustment was the main work to be done—inhibition for the temporary relief but correction of lesions the chief consideration.

The evening was assuredly well spent by all in attendance. * * *

Several attempts have been made to establish a hospital for osteopathic and surgical cases in Chicago. These had so far failed. Dr. J. Martin Littlejohn bought last spring a house and property close to the College building of the A. C. O. M. & S., which was remodeled to make a hospital and will be opened during the week of October 19th. The new hospital is of brick, two stories and basement, has a new steam heating plant with modern ventilation and other facilities up-to-date. There is accommodation for twenty patients and an outdoor dispensary and minor surgical department capable of accommodating thirty or forty patients daily. A new operating room has been built and fitted up in modern style.

The object is to provide a place for the care of osteopathic and surgical cases entirely under the supervision of the osteopathic physician and surgeon. It is also designed to provide clinical instruction in the wards for the students of the college.

We have realized for a long time that the osteopathic profession should not be dependent on the hospitals of other schools, because the other schools do not want us and they interfere with our cases.

In college work the hospital has become a necessity because practical training in surgical work, both minor and major, is the only means of familiarizing the hand of the operator with the work called for in the surgical field. Besides the surgical work must be done under osteopathic supervision and care, because this is the only way in which osteopathy and surgery can establish their relations as the new system of practice.

Dr. J. Martin Littlejohn is superintendent of the staff and the surgical staff includes Drs. J. B. Littlejohn, David Littlejohn, Francis C. Ford, Espy L. Smith, F. A. Leusman, Thomas Griffiths, John C. McCandless.

We invite the co-operation of the profession in the purpose to make this truly representation of osteopathy and surgery in the city of Chicago. We have no jealousy towards or rivalry with any other hospital, because we believe a number of good osteopathic hospitals in our large city centers would mean much for osteopathy in these cities. * * *

NEWS NOTES AND COMMENTS.

Does Not Blame Hughes—In an interview in the German Herald Dr. Jacobi of New York City has an extended interview asking the German readers to vote for Gov. Hughes. In regard to the Governor signing the Osteopathic Bill he says:

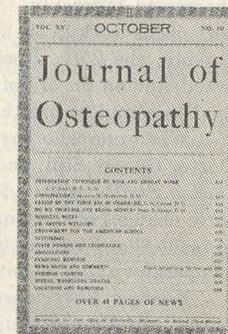
"There is hardly a respected physician so narrow and having so little public spirit as to oppose for that reason the best candidate who can be nominated for any public position.

"In spite of all possible mistakes I consider Gov. Hughes the best and most honorable candidate we have had since Cleveland. Hughes always does what he considers best, according to his knowledge and belief, without consideration for himself or the peculiar interests of others. He enters upon his office earnestly, endued with deepest sense of duty.

I repeat once more: I am for Hughes, and I will vote for him; osteopathic law or not."

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Serious Illness of Doctor Smith—On the 10th of October, Doctor Smith lectured at Hastings, Mich., on "Osteopathy and Its History." On the morning of the 11th he was suddenly seized with symptoms which indicated a recurrence of appendicitis, from which he suffered April last. He was strongly advised to remain at Hastings lest his condition should require operation, when he would be within an hour of the best surgical skill at Grand Rapids. Doctor Smith's answer to all such suggestions was simply that if he required operation there was only one man he would trust to operate upon him, and that was George Still, and he, therefore, at once started on the twenty-six hours' journey to Kirksville, reaching home after a very painful trip in a serious condition on the Monday morning. Doctor Still decided to wait before operating and as an abscess opened into the intestine on the Tuesday evening, this being followed immediately by a marked fall in temperature, the best was hoped for and all progressed favorably. On Wednesday, the 21st, Doctor Smith felt able to resume part of his work in the School, but on the Thursday night a relapse occurred, and on Sunday, the 25th, Doctor George Still operated. Uninterrupted recovery has followed, and on the 3rd of November Doctor Smith was able to return home on the high road to complete health.

When one who has seen as much of the work done in the A. S. O. Hospital by Doctor George Still, and the success of the operative work in that Institution as has Doctor Smith, will undergo the pain of an eight hundred miles' journey, involving three changes of stations at various points with delays of three hours at each, in order to reach that hospital, it looks as though what he has seen had satisfied him we have an operator and a hospital at Kirksville.

Nelson's Encyclopedia on Osteopathy—In its additions to the book, Nelson's Loose Leaf Encyclopedia says concerning the A. O. A. and Osteopathy.

OSTEOPATHIC ASSOCIATION, AMERICAN. A professional society of osteopathic practitioners, founded in 1897. Its membership numbers about 1,700. The association holds an annual meeting and publishes case reports, a year-book, and Journal. Secretary, Dr. H. L. Chiles, Auburn, New York.

OSTEOPATHY is defined as 'that science or system of healing which treats diseases of the human body by manual therapeutics for the stimulation of the remedial forces within the body itself, for the correction of misplaced tissue and the removal of obstructions or interferences with the fluids of the body, all without the internal administration of drugs or medicines.' The name, derived as it is from *Osteon*, bone; and *Pathos*, suffering; is not such a misnomer as might at first appear. The osteopath's theory is that many diseases originate from bony lesions. This applies more particularly to the vertebral column which, owing to its complex mechanism, is liable to several forms of subdislocation depending on the region in which they may occur. The most common is that of rotation followed by anterior and posterior displacement of a single vertebra. Compensation always follows these changes, so the disturbance is communicated to the ones above and below, thus forming a group. These lesions are detected by the touch and are verified by tenderness, varying according to the degree of the displacement. These dislocations are necessarily slight, but sufficient to profoundly influence adjacent tissue. Mobility of the spine is of first importance, for in health there is motion between each vertebra. Lack of movement may be caused by muscular or ligamentous tension, adhesions, or ankylosis. This may be caused by vertebral displacement, which also changes the position of the ribs at their articulation, thus adding to the local irritation. This is followed by occlusion of the vertebral foramina and complete or partial interference with the spinal nerve, artery

and vein, as well as influencing the sympathetic nervous system. Following this are functional or organic disturbances, acute becoming chronic. The circulation of blood to an organ depends upon its nerve supply, and the moment its mechanism is interfered with marks the beginning of disease. This theory was first advanced by Dr. Andrew T. Still, in 1874, and has been successfully worked out in the treatment of both acute and chronic conditions. The first class in osteopathy was graduated in 1894 at Kirksville, Mo. There are now six colleges of osteopathy in which the course of study covers all subjects taught in a medical college, excepting materia medica, and requires 27 months in three calendar years. Doctor of Osteopathy (D. O.) is the degree conferred. Osteopathy is regulated by law in 35 states. There are about 4,000 osteopaths, mostly in U. S. and Canada. See Still, *Philosophy and Mechanical Principles of Osteopathy*; Hulett, *Osteology*; McConnell and Teal, *Practice of Osteopathy*, and Clark, *Applied Anatomy*.

Interested in the Election—One of the New York osteopaths comments something as follows: "New York City at large seems more interested in the coming Presidential election than in Osteopathy." Strange, but true!"

Will Take P. G. Work—Dr. Frank Baker, formerly an instructor in the American College of Osteopathic Medicine and Surgery, has bought the Waterville, Wash. practice of Drs. Church and Morse. Dr. Church goes to L. A. C. O. for P. G. work after a trip to Canada to look after his property near Calgary, and Dr. Morse will continue to look after the branch offices with headquarters at Coulee City, Wash.

One Company Which Bids for Osteopathic Work—Dr. H. F. Morse, of Coulee City, Wash., sends the following:

Have just received the following letter from W. L. Gahagan, M. D., Medical Director of the U. S. Casualty Co., of New York City.

"Your esteemed favor of October 11th has been received and carefully noted. In reply we beg to say that this company is willing to accept reports from osteopathic physicians who are graduates of a recognized school and who are legally qualified to practice. If further information is desired and we can furnish the same, kindly command us without the least hesitation."

Has Fun With an Allopath—Dr. P. T. Corbin, of Anadarko, Okla., had an amusing experience which he describes, as follows:

"I have been having some fun of late with my friend an old Allopath. The cause of it all was that I was treating a case of malarial fever in a family where he had always treated and no osteopath had ever done acute work but when the case got to its height they thought they wanted their old "family physician" to come out to see him so I took him out with me. Well that was the first time that I ever knew that "it is a crime for an osteopath to treat an infectious case" but I guess it must be at any rate that is what my friend? says; but when I got through with him he had very little to say about any thing and the "Family" didn't think they wanted to turn the osteopath down for him at all, so I just pulled him out in good shape and now the patient is feeling fine and the Allopath very sore at all concerned. I enjoyed hearing him expose his ignorance very much but was a little irritated at the way he talked about the osteopaths and their not giving antidotes in such cases. I don't suppose that I could get him to meet me again but there are plenty more that are only too glad to come at my call so don't think that there will be any trouble getting medical consultation and if they do refuse I don't have to call them as I can get osteopathic consultation and that suits me much better."

Incidentally he states that he got at least five new patients from the last order

of the O. J. and says "I know this because the parties told me it was from reading them, that they came." Dr. Corbin has a good practice in Anadarko.

Goes on a Fishing Trip—Dr. J. B. Buehler, has returned to his practice after an enjoyable fishing trip at Moody, N. Y.

A Victim to M. D's. Cupidity—Dr. Arthur S. Bean, of Brooklyn, gives us the following pathetic account of his brother's death:

"My brother died in February last, 17th, is the date, I believe, of peritonitis following an operation for appendicitis. I might add that it was supposed to be a suppurative case and they hustled him off for an operation before I could even see him. The pus sac proved to be a thickened bowel from an attack of appendicitis ten years ago, which healed by a natural process. Five M. D's. allowed him to be operated on, none being able to tell the difference between the thickened bowel there and a pus-sack. As near as I can decide I have lost my brother by a bunch being too anxious to operate. No pus was found surely and one attending physician said he would have lived for ten years for all of his appendix."

Exhibit on Hygiene—The Publicity Department of the Yukon Exposition is making a great deal of the Medical Exhibit which they will install. This will be shown by means of models, quarantine hospitals, etc., and in some instances there will be life-sized wax figures and full equipment. The Medical Exhibit at St. Louis was one of the most interesting and attracted a great deal of attention, the A. S. O. purchasing the wax models of Skin Diseases which were exhibited in the German section.

Happiness and Sorrow—Dr. Guy L. Baugher and wife of Lock Haven, Penn., will have the sympathy of the profession in their recent bereavement. Dr. Baugher writes:

"We have had a sad experience this last month. We were rejoiced over arrival of a nine pound son—Gerald Leland—but the little fellow was with us but a week. Born Sept. 12 and died Sept. 18. His mother is doing fine and about again."

A Helpful Letter From Dr. Heath—Dr. S. W. Heath, of Sioux Falls, S. D., in a recent personal letter to the Editor, said so many good things, that although it is specially stated that the letter was personal, and not for publication, we take the liberty of printing excerpts.

Our science circles are growing and doing good work. We recently organized a circle in Minnesota which is the most enthusiastic circle we have organized yet. The Iowa circle has given us some splendid letters.

The great trouble is there are too many grafters in the profession who are after the dollars they can make out of the business and care nothing for progress that should and must be made if osteopathy is to live as a separate and distinct profession.

Our literature don't begin to compare with that of the medical profession, in either quality or quantity. Of course they have larger numbers and a more scholarly membership to write articles. But we don't need such long technical articles as we find in the Medical Journals. We need more short records or reports of experiences and the scientific deductions from these experiences.

In our circles we have three fields of explanation. First, our most interesting clinic case for the previous month is reported and others discussed by each member. Second, the scientific subject is taken up and each one gives his views on that. Third, the leading article in the literature of the profession for the previous month is taken up, criticised and approved or disproved.

We took up a number of the chapters and theories in the "Old Doctor's" Philosophy and I was surprised that some of the graduates of the A. S. O. had never read his theories before though they joined me in defending them. I think the Old Doctor is so far ahead of the profession in his Philosophy, that few, if any, are in sight of him to say nothing about being up with him.

Studies, Eye, Ear, Nose and Throat—And Other Things—Dr. Stanley Hunter, of the Pacific College of Osteopathy, after attending the convention and the A. S. O. P. G. Course, is making a tour of the country, stopping enroute to study what seems of advantage. He will later spend some time in Europe.

Jack London's New Book—Jack London has just written a book of 142,000 words entitled "Martin Eden." The Pacific Monthly has purchased for \$7,000 the serial rights for this vivid story. It began in the September number of The Pacific Monthly and will run for twelve months.

"Martin Eden" is a character study—the story of a fighter—a fighter as a news-boy in the alleys of San Francisco; a fighter as a rowdy in slums; and finally, a fighter for education and culture, struggling against the odds of common birth and vulgar environment, with a desperation of courage that presents a powerful blending of brutality of strength with sublimity of purpose. His inspiration is a woman of the higher sphere of life, but his motive is the mighty impulse that animates a soul and brain born to expand until fettering ignorance is sundered and ignoble influence trampled under foot.

It is not too much to say of "Martin Eden" that it possesses more of fascination and virility, grips the imagination and the sympathies more keenly, and imparts more of courage, than any book produced in years.

Send 50 cents in stamps to The Pacific Monthly and they will mail you The Pacific Monthly for six months beginning with the September number, in which the first installment of London's story appears.

T. B. and Typhoid Statistics—The Forest Service of the Government Agricultural Department in a recent bulletin gave a number of very interesting comments on the financial loss due to these two diseases, and we print the following excerpts:

At the Tuberculosis Congress, it was stated that 138,000 persons die of consumption every year. The cost of medical attendance and the loss of earnings before death average at least \$2,400, while if to this is added the money that might have been earned with health, the total loss in each case is about \$8,000. The disease usually attacks young men and women just at the time when they are beginning to earn money and cuts off their earning power for about three years on an average, before they die.

The decrease in the "vital assets" of the country through typhoid fever in a single year is more than \$350,000,000. Typhoid is spread by polluted water largely so that the death rate from this disease can be directly reduced by the purification of city drinking water. The increased value of the water to the city of Albany, where the typhoid fever rate was reduced from 104 in 100,000 to 26 by an efficient filtration plant, amounts to \$475,000 a year, of which \$350,000 may be considered a real increase to the vital assets of the city. Census Bureau figures show that the average annual death rate from typhoid in cities with contaminated water supplies was reduced from 69.4 per 100,000 to 19.8 by the substitution of pure supplies.

The average length of human life in the sixteenth century was between eighteen and twenty years, and that at the close of the eighteenth century it was a little more than thirty, while to-day it is between thirty-eight and forty—indeed, the span of life since 1880 has been lengthened about six years.

Was Not an Osteopath—Dr. R. W. Rogers of Clearfield, Penn., sends the following concerning Miss Ogden, whose death was chronicled in the October Journal:

"The Miss Ogden, who was recently killed here is a graduate of Weltmers School in Denver. She has a brother practicing here who can "cure cancer by rubbing and pressing upon nerves in a manner similar, but in all respects superior to that used by the osteopaths." Aside from the fact that he claims to cure cancer, leprosy, and all other diseases he is quite modest in his claims and I am unable to ascertain that he has as yet brought about any controversies in any of the Medical or Osteopathic Journals that have come to my notice."

Wants College of Japan—Dr. Rachel Read, in sending in her renewal for the Journal, again makes request for a College in Japan. She says:

"Please send out some good D. O's. to start a College in Tokyo. It is needed. I am sure the Japanese would welcome it. The Battle Creek Sanitarium has a branch in Japan, and it is flourishing, and I am anxious that osteopathy should flourish as well."

Lined Up With Chiroprapist and Hair Dresser—The Hearst papers from New York to San Francisco published a striking cartoon with a good bit of common sense advice on women's slavishness to fashion. This is good enough to reprint.

GOITRE IS PET TROUBLE RESULTING FROM HIGH, TIGHT COLLAR, SAYS DOCTOR.

"Busy?" repeated the osteopath, flirting over the leaves of his date book. "Well, I should say so. I call it the choker collar and harness corset season."

"Busy?" The chiroprapist waved his hand eloquently toward the waiting room, where women with the look of tight boots and bunions in their eyes were trying to be patient with magazines.

"Busy?" This time it was echoed by the hairdresser. "My dear, between the results from ratting and puffing and marcelling that we treat we hardly have time to sleep nights."

What does this all mean?

Simply that the servile devotees of Madame Mode consider the jam worth the powder. They stagger about in painful pumps, plastercast corsets, strangulation collars, a bushel of hair and a yard of hat till it's necessary to be patched up piece-meal or go to a sanitarium.

FIRST TIGHT COLLAR, THEN TWIN TROUBLES.

"The tight collar, with its high side props of steel, is the forerunner of twin troubles," said the osteopath. "It produces goitre and 'nerves.'

"Anyone can see what pressure it brings on the jugular vein. That means swelling and eventually goitre. I have had many such cases to treat. Besides, the pressure on the nerves of the neck helps on debilitating headaches.

"The straight-front corset is another sure aid to the osteopath's business. I have known it to cause Chiroprapists make like arraignments against French heels, pointed toes and manish shoes.

LAY LAMENESS, TUMORS, BALDNESS TO THE REST—SPECIALISTS' HARVEST.

"Hundreds of women in this city are now hobbling about in bandages because wearing the wrong shoe has crippled their feet," said one. "I have seen more fallen arches in the last two years than in the other 28 of my experience.

"The French heeled shoe is too flexible. The feet slip about in it. The change from the higher heel to the mannish shoe was very hard on the feet.

"Every woman should wear a heel at least an inch from the ground, a shoe that tapers in the foot and has a rounded toe."

NOW GIVE EAR TO HAIRDRESSER.

Now hear what the hairdresser says about the other extremity:

"It's not so much the bunches of wool women wear, but the jabbing and pulling of the pins that holds them on that does the harm. Then when a great heavy hat is added, that must be balanced and held on by more pins, no wonder electric treatments are necessary.

"Of course, the warmth and weight of the false hair cause baldness. But even so, this piling up is no more harmful than careless marceling, that sings and breaks off the hair."

A Successful Lecture—Dr. Wm. Smith lectured to a packed house in Hastings, Mich., the lecture being given under the auspices of Dr. B. A. Bullock. During the lecture, Dr. Smith was seized with the pain of appendicitis, but with characteristic pluckiness delivered his lecture, in his usual forceful style, ignoring his physical discomfort. After the lecture he assisted in loading his heavy trunk with stereopticon appliances in order to make a train, thus further endangering himself. He returned to Kirksville and is now fully recovered. A further account of his illness is published elsewhere in this issue.

Contribute to Deficit—The Founder's Day Pageant at Philadelphia left a rather heavy deficit towards the liquidation of which the osteopaths contributed \$125.00.

Osteopathic Schools—S. D.—There is no school of osteopathy in Washington, but there are several in Philadelphia, Boston, and Kirksville, Mo.—Times, Washington, D. C.

Another Ball Player Converted—An osteopath has discovered that Jesse Tanehill's shoulder and two ribs were displaced by an accident several years ago, which accounted for his loss of form as a pitcher. He can be cured of his trouble.—Altoona, Pa. Times.

Dr. Butler Roasts Osteopathy—In a public lecture on Medical topics under the direction of the Brooklyn Institute of Arts and Sciences and the Kings County Medical Society, Dr. Glentworth Reeves Butler, whose book on Diagnosis has been so widely purchased by the osteopathic profession discussed osteopathy somewhat. The Times reports part of the lecture, as follows:

"The speaker paid his respects to osteopathy and Christian Science, though he did not mention either name. He admitted that the mind acting on the body caused several diseases, though he was far from admitting the contention of the Christian Scientists, which, he said, was an exaggeration of a fact that medicine has long recognized. He also spoke of the good effects to be derived from "manipulation" in some diseases, but argued that it was not necessary, therefore, to conclude that manipulation would cure all ills. He explained that in many diseases the body is almost self-curative, and then went on to tell of the other diseases against which the body can do little unaided, but for which medicine has discovered specific remedies. There are few specifics, the iodides and mercury in certain forms of chronic blood poisoning being among the most trustworthy."

Speaks at Social Session—At the first social meeting of the Autumn of the Rainy Day Club held at the Hotel Astor, one of the talks was on "The Principles of Osteopathy" given by Dr. Walter A. Merkley.

Purchases New Home—The Knoxville Sentinel says of Dr. H. A. Green of that city:

"Dr. H. A. Green, five years a citizen of Knoxville, received his early education in New York and Massachusetts and graduated from the Atlantic college of Osteopathy, Wilkes-Barre, Pa.

Dr. Green has just purchased a handsome home on Highland avenue. The constantly increasing practice with the satisfactory cures among the patients of Dr. Green assures his success.

"Rubbing It In"—The osteopaths have been declared regular doctors. This will be considered by the medical profession as a case of "rubbing it in."—Glens Falls, N. Y. Times.

Selects Choice Office Building—Dr. A. E. Ellis is said by the Riverside, California, papers to have secured one of the choicest office suites in the city.

Receives Complimentary Notice—The Atlanta Georgian of October 16th in speaking of Dr. A. L. Evans, of Chattanooga, who was scheduled for an address at the Georgia Universalist Convention, Oct. 17th, says:

"Dr. Evans is one of the most prominent osteopath physicians in the country and is editor of The Herald of Osteopathy, of Chattanooga. Although his professional and editorial duties make him a busy man, Dr. Evans finds time to take a great amount of interest in the Universalist church, and he has helped largely to build up that denomination in his city.

He is a deep thinker, a close student and an eloquent speaker and the indications are that his address Saturday night will be a most interesting one and a feature of the convention. A short time ago Dr. Evans invited Rev. Everett Dean Ellenwood, pastor of the First Universalist church, to Chattanooga to make an address to the congregation there and it was while in that city that the well-known Atlanta pastor had opportunity of observing the good work which Dr. Evans was doing in that city.

Attend Osteopathic Lecture—The following out of town osteopaths attended Dr. Smith's lecture at Hastings, Michigan: Drs. C. H. Jennings, F. Hollingsworth of Grand Rapids, Alice Beebe of Battle Creek, and Emma Rector of Benton Harbor.

Thinks Osteopathy is Massage—Writing in Health, one D. W. Hull, "M. D., M. H.," has a two page description of magnetic healing. Speaking of removing collections of gas in the stomach, he says:

"Then the hand should be laid on the congested part till the gas starts away, or it should be removed by massage, as osteopaths do. We do not ignore osteopathy (as we were practicing it long before the pathy had an existence as such), nor any other natural means of cure. We should never think of relieving a man who was hanging by any other method than cutting the rope."

Will Build House—The San Bernardino Sun says that Drs. Charlotte Escude and Laure Ducoite Perea will build a large home on their twenty-four acre tract in that city. The tract is now set out with olive trees for which they will provide a deep well.

Returns to Her Practice—Dr. Harriet Whitehead, of Wausau, has returned to her practice after a long illness of typhoid fever at her sister's home in Whitewater, Wisconsin.

D. Sc. O. Degree—In the Journal of a month ago I note a remark in regard to the D. Sc. O. degree. This degree is granted by the Pacific College of Osteopathy only to those who have completed one year's work in advance of that required for graduation. That is, it would be granted to a two years' graduate only as the result of two years' additional work. Of course where a two years' graduate has had long and successful experience due recognition of the value of this is always made.—C. A. WHITING.

Is Located in New Jersey—Dr. W. C. Shipman desires us to announce that he is located at 406 Clinton Ave., Newark, N. J.

"Osteopath" Married—Specials from Pana, Ill., tell of the marriage of Miss Flora May Young, at Tower Hill, Ill., and Mr. Walter C. Swengel of Dallas, Tex. Mrs. Swengle was reported as an active practitioner of osteopathy. Illinois correspondents states that no information could be secured on this subject except that her father is an M. D.

Partnership Dissolved—Drs. McNeil and Stockton have dissolved partnership, Dr. McNeil keeping the office at 53 Bank Bldg., Colorado Springs, Colo.

Will Practice in England—Dr. D. N. Morrison, of New York, whose marriage is chronicled in another place, expects to leave in January for London, where he will locate permanently. On his way he expects to call on the practitioners in Ireland and Scotland.

Returns From Trip—Dr. S. S. Smith, of San Bernardino, had quite a varied experience after leaving the A. O. A. convention, visiting relatives in Pennsylvania, then to Battle Creek, where he took a course in physical culture, under McFaddon, then a course in technic in Chicago. At Glazier, B. C., he was mixed up in a wreck of three Pullmans, where his professional training was put to good account.

Files Certificate—Dr. Harriet Rice-Feather, has filed her certificate to practice in Imperial, Calif.

Is Not a Graduate—"Dr. J. F. Morrison, of Breckenridge, Mo., is doing post-graduate work at Kirksville, and is therefore at present only practicing one day a week.—O. P."

Mr. Morrison is a member of the senior class at the A. S. O., and is not scheduled to graduate before next June.

Seeks Separation—Dr. C. N. Maxey has filed application in court at Seattle, Wash., where he is not located asking for a divorce decree.

Is Located in Kansas—Dr. E. R. Smith says he is not dead nor lost, but is hard at work in Lyons, Kans., where he is associated with Dr. J. W. Bereman.

Removed to Walla Walla—The Drs. Heisley, of Athena, Ore., have removed to Walla Walla, Wash. The Athena papers state that the doctors will be much missed in their former location.

Telegram to Dr. Still—The following was received Oct. 31st:
Greetings to you and ma and best wishes from all

NEW JERSEY OSTEOPATHS.

A Joke on the Doctors—Dr. R. D. Carey, of Easton, Pa., sends us the following clipping:

"They tell a queer story about the doctors in a certain Texas town, who were all away last summer to attend a medical convention. They were absent about two months, and on their return found all their patients had recovered, the drug stores had closed, the nurses had opened dancing schools, the cemetery had been cut up into building lots, the undertakers had gone to making fiddles, and the hearse had been painted and sold as a circus wagon.—National Druggist.

News in the Sawyer Case—Dr. W. E. Sawyer mentioned in the October Journal of Osteopathy was caught in the office of Dr. Conklin, at Battle Creek, and taken back to Wisconsin. Dr. Bunting says that he had some dealings with the individual and perhaps has been buncoing a good many. The Sheriff of Columbia county, states that to date, there are no developments, his suit having been continued from time to time.

Found Some Old Copy—The announcement in the September O. P., of an examination in Kansas City, June 26th, looks like Dr. Bunting's copy boy must have been cleaning out his desk. Dr. Crenshaw says the examinations were conducted at these places several months ago, and even the hotel at which the Kansas City examination was to have been held, was closed last July.

Builds Autos—Dr. E. C. Crow, of Elkhart, Ind., is interested in a company for manufacturing autos. It is known as the Elkhart Motor Car Company, and its product, as Sterling Auto. The officers are: W. W. Sterling, president; C. L. Monger, vice-president; E. C. Crow, treasurer; F. O. Hudson, secretary; Martin E. Crow, general manager, and F. A. Howe, superintendent. They have erected a two story building of reinforced concrete. From the write-up in the Elkhart Tribune with respect to being chiefly an assembly place depending upon other factories for the manufacture of the individual parts.

Sells Out Farm Stock—Dr. Harry Elli, of Canton, Ill., was partner in a stock farm south of Kirksville. He bought out his partner, and sold the entire farm equipments, as well as the stock. He will retain the farm, but will not operate it.

Convention Park Sold—Beautiful DeFrance Park, where the convention was held this summer, together with the half block, across the street has been sold to the Building and Loan Association and houses will be erected thereon.

Buys Kirksville Property—Dr. E. L. Denniston has bought a desirable corner lot in Kirksville, and will, in the spring, erect a residence thereon.

A Good Way to Advertise a Town—Correspondence from Maryville, Mo., contained a good circular, showing the connections at Maryville and booming the town.

Developments in the Collins Case—Our Texas Correspondents advise that to date, there is no developments in the Collins case, but that the trial will likely occur the second week in November. One of the El Paso papers created quite a furore in that city by copying some of Dr. Bunting's roasts on Dr. Collins.

Teaches Anatomy in College—In the announcement of Clifford Seminary, Union, S. C., under the freshman class, physiology and anatomy occurs the statement "Special lectures on Anatomy will be given by Dr. Mary Lyles-Sims with the human skeleton before the class."

Purchases Home—Dr. Nellie L. Haynes has removed from Chesterville, to Carlinville, Ill., having purchased a home across the street from the famous million dollar Macoupin County Court House.

Good Propaganda for all Associations—A circular sent out by Dr. Burlingham to the non-members of the New York Association is the best along the line that the Editor has seen. The one sent to the members on the same occasion, is also very effective. Association secretaries would do well to secure from Dr. Burlingham copies of these two circular letters.

Axtell Case Not Decided—The case against I. W. Axtell "osteopath" at Winnipeg, Canada, according to the Acting Chief Constable, has not yet been decided.

Printer Mixes Editorials—After final proof was corrected, the printer with best intention and in a highly artistic manner, re-arranged the editorials, completely bungling them. This was discovered after all had been printed. They should have been in the following order: THE AUTHORSHIP OF EDITORIAL UTTERANCES, POLICY OF THE JOURNAL, THE JOURNAL AND THE A. O. A., OSTEOPATHIC RACE SUICIDE, THE SECRETION OF THE APPENDIX, BACTERIOLOGY AND THE OSTEOPATH, THE JOURNAL FOR NEXT YEAR, YOUR CO-OPERATION REQUESTED, THE JOURNAL FOR OSTEOPATHIC LAWS, A SINISTER DANGER, MINNEAPOLIS, 1909.

Still National Osteopathic Museum, Kirksville, MO

Corporation in New York—The Times, of October 25th contained the following announcement:

"Crane Osteopathic Company, New York; Capital, \$10,000. Directors—George W. Drake, Corning, Steuben County; C. S. Tompkins, 16 East 42nd Street; Granville T. Ivory, 49 Exchange Place, New York, N. Y.

So far we have not ascertained the significance of this corporation.

Makes a Good Race—Dr. J. S. Allison, who was candidate for representative on the Democratic ticket in Monrovia, Calif., wires "Led entire ticket, cut down heavy majority, but lost." The profession congratulates the doctor on his good race.

Comments on Alcoholism—The Christian Observer, of Louisville, Ky., has an extensive review of articles in McClure's on "Alcohol and the Individual" in which Munsturburg's ideas are repeated. The same issue of the paper contains the advertisement for Pyramid Pile Cure, J. W. Blosser, specialist on Catarrh, Wine of Cardui, Test your own eyes, Bright's Donor-poise.

Practices at Bottineau, N. D.—Dr. Cassius L. Johnston is enjoying a good practice at Bottineau, N. D.

Not an Osteopathic Bill—The chairman of the State Medical Society, legislative committee, in a pointed interview, stated that the medical unity bill was not osteopathic. Many of the field osteopaths outside of New York, have been lately receiving a similar impression.

Secures New Offices—Dr. Annie M. Adam is now located at 710-11 Carleton Bldg., St. Louis.

Doing Pioneer Work—Dr. E. J. Gray, one of the blind graduates of the A. S. O., is now located at 557 Talbot St., St. Thomas, Ontario.

Runs for Coronor—Dr. Earl D. Jones, of Pocatello, Idaho, who was on the Democratic ticket for coronor against an M. D., who tried his best to put Dr. Jones out of business, at last account had a fair chance of distancing his medical rival.

Returns to Washington—Dr. E. W. Bush, who for some months has been assisting the Drs. Classen of South Haven, Mich., while they took a summer vacation, has returned to his former home in Washington, D. C.

Form Partnership—Dr. M. E. Cayple and R. W. Rogers graduates of the June, '08, A. S. O. class, have formed partnership at Clearfield and Phillipsburg, Pa., both practicing in both towns.

Discommoded by False Announcement—Dr. Lizzie O. Griggs, complains of certain osteopathic publications announcing her at Harvey, Ill., instead of Wheaton. Her home is Wheaton with branch office in Harvey.

Takes P. G. Work—Dr. S. G. Mosher, of Allerton, Iowa, will do P. G. work at the L. A. C. O., with the address 1239 South Catalina St., Los Angeles. In his absence, Drs. Erwin are in charge of his practice.

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OUT OF PRACTICE AND DEAD ONES.

In our work of revising the list of practitioners, we are coming across a number who are out of practice and are finding a number of those who have been marked as dead. Under this head, we will advertise, from time to time, trying to secure information so as to furnish to the profession at any time the location of all living graduates of osteopathic schools.

A Superintendent of Schools—Dr. O. Carlson writes from Lanesboro, Minn.: "I am not now in the profession of osteopathy and hence cannot keep up with the times.

I am now county superintendent of schools and I reside at Preston."



A. T. Still, the Freshman Professors and most of the 200 members of the Freshman Class. The new class will be matriculated in January.

Is Engrossed in Other Matters—Dr. J. F. Hailey, of Amory, Miss., says:

"While I am a firm believer in osteopathy, and shall hail the day when the world will learn its value, still I am too much engrossed in other matters and too much burdened with the expense of preparing myself to give either attention to other things."

Retired on Account of Ill Health—Dr. Flora E. Moore, of Minneapolis, Minn., says:

"I have been more or less out of health the last two years and have given up practicing."

Is Not a Dead One—By mistake of one of our office help, the name of Dr. Fanny J. Phelps was included in the list. Dr. Phelps is located at Bellville, Kansas, where she is building a lucrative practice and proving that she is very much alive.

Additional Information Desired—The Directory Editor desires information concerning the others advertised for on page 662 of the October Journal and also the following: Bartlett, S. A., Lewiston, Idaho; Brundage, C. L., Belle Plaine, Iowa.

Courtney, Owen J., Leavenworth, Kans. Dalton, Rose, Kansas City, Mo.; Davis, Arthur V., Los Angeles, Calif.

Eskew, M. Cartwright, Denver, Colo.; Eskew, T. N., Denver, Colo.; Evans, Eskew, M. Cartwright, Denver, Colo.; Eskew, T. N., Denver, Colo.; Evans, Eben E., Tamaqua, Pa.

Henderson, E. E., Lexington, Mo.

Jelsma, H. P., Tecumseh, Nebr.

Lloyd, James W., Umona, Minn.

Miller, A. P.

Oliver, Catherine L., Mexico City, Mex.

Pemberton, Stanley D., Buffalo, N. Y.

Rosenthal, Geo. W., Smithville, Texas;

Rouze, E. H., De Graff, Ohio.

Spafford, Melvin R., Algona, Iowa.

Vernon, James H., Warren, Pa.

Whitcomb, Guy M., Flayden, Ind.

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Pennsylvania—Erie City—The regular annual election of officers of the Erie Osteopathic Association took place on Oct. 5th, '08, and the following were elected for 1908-9: L. E. Downs, president; J. W. Robinson, vice-president; Frank Root, secretary and treasurer, and B. W. Sweet, chairman of the executive committee.—Yours truly, J. W. ROBINSON.

* * *

Louisiana Applicants—The following have applied for license in Louisiana. The schools and addresses are given along with the name. Our correspondent in Louisiana states that no licenses have as yet been issued, but "no doubt all will be licensed, due to the clause in the law which provides that a "graduate of any legally chartered college or school of osteopathy in America or Europe, etc., had actually practiced osteopathy in this state one year next preceding his application; provided, that such person shall have applied to said board for registration within ninety days after the promulgation of this act.

NAME.	SCHOOL.	LOCATION.
Graves, Murray	A. S. O.	Monroe, La.
Hyde, Wendell	A. S. O.	Crowley, La.
Hamilton, C. W.	A. S. O.	Lake Charles, La.
Geddes, Paul W.	A. S. O.	Shreveport, La.
McCracken, Earl	Still	Shreveport, La.
McKeehan, Wm. A.	A. S. O.	New Orleans, La.
Mayronne, Delphine	A. S. O.	New Orleans, La.
Connor, R. W.	A. S. O.	New Orleans, La.
Hewes, C. G.	Columbian	New Orleans, La.
Mackie, H. W.	A. S. O.	New Orleans, La.
Tete, Henry	National of Chicago	New Orleans, La.
Collins, Wm. J.	N. Y. Sc. of Electro-therapy	New Orleans, La.
Bellamore, Nicholas	N. Y. Sc. of Electrotherapy	New Orleans, La.
Tabeum, Walter	N. Y. Sc. of Electrotherapy	New Orleans, La.
Mary, Armand	N. Y. Sc. of Electrotherapy	New Orleans, La.
Gaupp, Eugene	Metropolitan of Chicago	New Orleans, La.
Richardson, (Mrs.) J. E.	Metropolitan of Chicago	New Orleans, La.
Lafout, Julius	Metropolitan of Chicago	New Orleans, La.
Roussel, Jules G.	Metropolitan of Chicago	New Orleans, La.
Gaulden, F. W.	National of Chicago	New Orleans, La.
Stevens, Della K.	Southern	

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* * *

Visitors—Among those visiting the A. S. O. during the past month are, Drs. Archie Lillard, Canton, Mo.; Elmer Denniston, Rock Island, Ill.; M. G. Kirk, Moberly, Mo.; W. J. Smith, Ironton, Mo.; J. D. Scobee, Monroe City, Mo.; M. E. Caypless, Clearfield, Pa.; Sophronia Kelso, Exeter, Nebr.; J. O. Smith, Waseca, Minn.; Annie Adam, St. Louis, Mo.; H. P. Canton, Ill.

* * *

DEATHS.

Died—July 5th, 1908, Dr. Martha Iverson, of Minneapolis, Minn.

Died—In Denver, Colo., Aug. 8th, Frances Margaret Furry, only child of Dr. and Mrs. F. I. Furry, of Cheyenne, Wyo. Dr. Furry was called from the convention at Kirksville to Denver by telegram announcing the serious illness of his daughter. The day following his return she died from an attack of malignant diphtheria.

Died—At Lake City, Ia., Sept. 29th, John Bawden, Sr., father of Dr. Mary J. Bawden, of Rockwell City, Ia. He was in his eightieth year. Death due to infirmities incident to old age.

Died—Mrs. T. J. Vastine, mother of Dr. Harry M., of Harrisburg, Pa., and Dr. Herbert J., of Reading, Pa., at her home at Sunbury, on Saturday, Oct. 10th.

Died—October 31st, Dr. Richard F. Graham, of Batavia, N. Y. He was a charter member of the I. T. S. fraternity, Alpha chapter. The Rochester Chronicle says;

Dr. Graham was born in Belle Center, Logan county, O. In 1904 Dr. Graham came to Batavia, where he has built up a large practice with his wife, Dr. Virginia Graham. Besides his wife, he leaves his parents, Mr. and Mrs. R. A. Graham, of Bellefontaine, O.; a brother, Dr. Robert H. Graham, of Le Roy, and a sister, Mrs. Wilbur C. Pearce, of Bellefontaine, O. The remains were taken to Ohio for interment.

Died—At Cambridge, Mass., early in October, Dr. Eustis W. Greeno. Dr. Greeno was the first graduate of the Northern Institute of Osteopathy.

* * *

MARRIAGES.

Married—At the home of the bride's sister, Washington, D. C., Wednesday, Nov. 4th, Dr. Chester D. Swope of Robinson, Ill., and Miss Gertrude Warren of Vallejo, Calif.

Married—October 29th, Tipton, Iowa, Dr. William Madison Furnish and Miss Jean Minto Swartzlender. At home after December 1st, Tipton, Iowa.

Married—At Colorado Springs, Colo., October 1st, Dr. John McNeil and Mrs. Alta C. Barr, both of Colorado Springs

Married—September 26th, 1908, Cortland, N. Y., Dr. Daniel Neil Morrison and Miss Ethel Harriet Avent. Will be at home until January 1st at 950 West Front St., Plainfield, N. J. After February 1st, London, Eng.

Married—Lapeer, Mich., Sept. 9th, Dr. Albert B. Culley to Miss Elizabeth Clark, At home after Nov. 1st, Lapeer, Mich.

Married—October 19th, 1908, at the First Baptist Church in New York City, Dr. J. Theodore Eddy and Miss Edna English. At home in Newark, N. J.

Married—October 25th, 1908, at Toronto, Ont. Canada, Mr. Roland S. Coryell of the present senior class of the A. S. O. and Miss Feldstern of Toronto.



Department of OSTEOPATHY IN THE BERNARR MACFADDEN SANATORIUM BATTLE CREEK, MICHIGAN

The Bernarr MacFadden Sanatorium is the most magnificently decorated and one of the best equipped institutions of the kind in the world. Osteopaths everywhere will be glad to learn that this superb Institution has been opened. It shows a recognition of the value of Osteopathy from a source which will be of value to the profession everywhere.

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We have secured the services of Dr. Hugh W. Conklin to take charge of this department. He is well known in the Osteopathic profession, a man of superior ability, whose success in private practice has spread far beyond his own city. He is a careful, skilful diagnostician, a competent operator, and he is assisted by an able staff, who work under his directions. The members of the profession who may send patients to us can rest assured that they will be treated with every courtesy. If you have been carrying out a particular line of treatment, we will be pleased to have any suggestions you may offer as to therapeutic measures which you have been unable to follow at the patient's home.

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Wanted—Any osteopath looking for a good location is referred to Rapid City, S. D. It has a population of about four or five thousand and is the best city in the Black Hills. Write to A. D. Lane, Rapid City, S. D.

Wanted—An osteopath is wanted in Princeton, Ind., at once. Osteopathy is well known, and the prospects for good practice is good. Write to Nellie Young, 505 N. Main St., Princeton, Ind.

Wanted—Dunn, N. C., is in need of an osteopath. For particulars, write W. B. Strickland, Dunn, N. C.

Wanted—An osteopath in El Dorado, Ark., a town of 5,060 inhabitants. Good opportunity for an osteopath wishing to locate permanently. Address, Mrs. D. R. Hudson, El Dorado, Ark.

Wanted—A woman osteopath, three year graduate of the A. S. O. desires position as assistant. For further particulars address "Lady Assistant," Care of the Journal of Osteopathy—

For Sale—An excellent location and good practice cheap, in southern city of 70,000. Tourist center. Beautifully fitted offices, all for about the price of office fixtures, etc. Reason for selling, poor health. This location is worth investigating and must be disposed of. Address Poor Health, care of Journal of Osteopathy.

Wanted—Lady graduate of 1908 class, Missouri license, wants place as assistant or partnership. Address 188, care of Journal of Osteopathy.

For Sale—Illinois practice for sale to lady graduate of the A. S. O. Address E. L. N., care of Journal of Osteopathy.

For Sale—Good practice in Colorado town. Reasons for selling made known to buyer. Address "A. B. C." Care of Journal of Osteopathy.

For Sale—Practice in a town of over 4,000, located in fine farming country. Also twelve room house, (fourteen with offices) with two office rooms in basement, located in good section of city. For further particulars, write at once, to "Kans. Snap," Care of Journal of Osteopathy.

For Sale—A good practice in Texas town of 10,000. Best suited for lady and man as practice is too heavy for one at certain seasons of the year. Practice established about seven years. Reason for selling as have to leave field on account of health. Address West K-416, Care of the Journal of Osteopathy.

For Sale—Practice in Southern Illinois. A Snap. No competition. Average cash income over \$300.00 per month. Will sell for price of furniture. Reason given purchaser. Address A. B. Z., Care of Journal of Osteopathy.

For Sale—Lady osteopath wishes to sell practice in good Illinois town. Address 404 Care of the Journal of Osteopathy.

Location—An osteopath is wanted in the town of Rushville, Ill. Rushville is a suitable place, and is believed to be a good field. For further information write Dr. J. E. Olson, Bushnell, Ill.

Wanted—An osteopath is wanted in Fowler, Colo. For further information write F. C. Harrington, Box 4, Fowler, Colo.

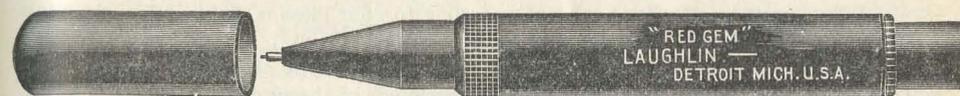
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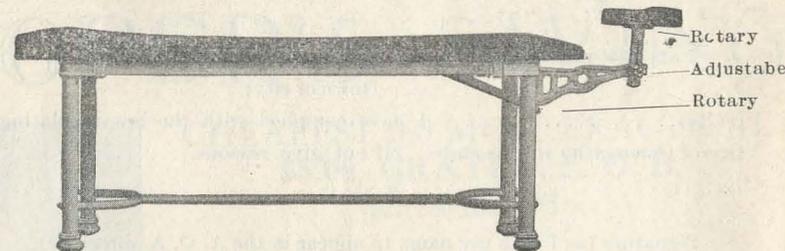
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Please present my name to the Trustees as an applicant for membership in the American Osteopathic Association.

I enclose Five Dollars (\$5.00), the membership fee, with the understanding that it is to be returned in case my application is rejected.

In case I am elected to membership in the A. O. A. I promise to comply with the requirements of the constitution and to deport myself in accordance with the principles embodied in the code of ethics.

Immediately prior to beginning the study of osteopathy I was a resident of (town or city).....(state)..... where I was engaged in (business, vocation or profession)..... at (street and No.).....

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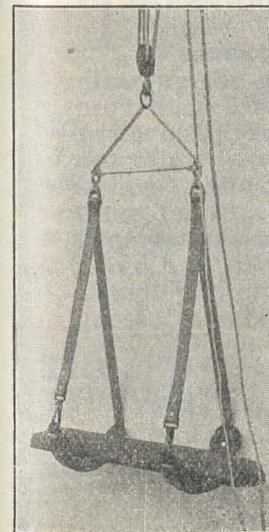
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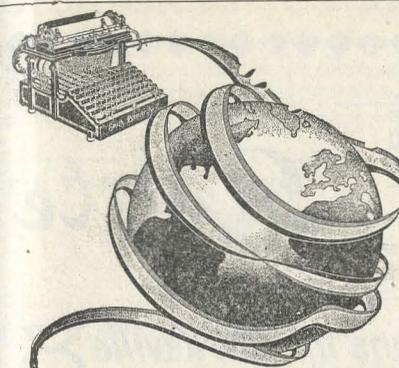
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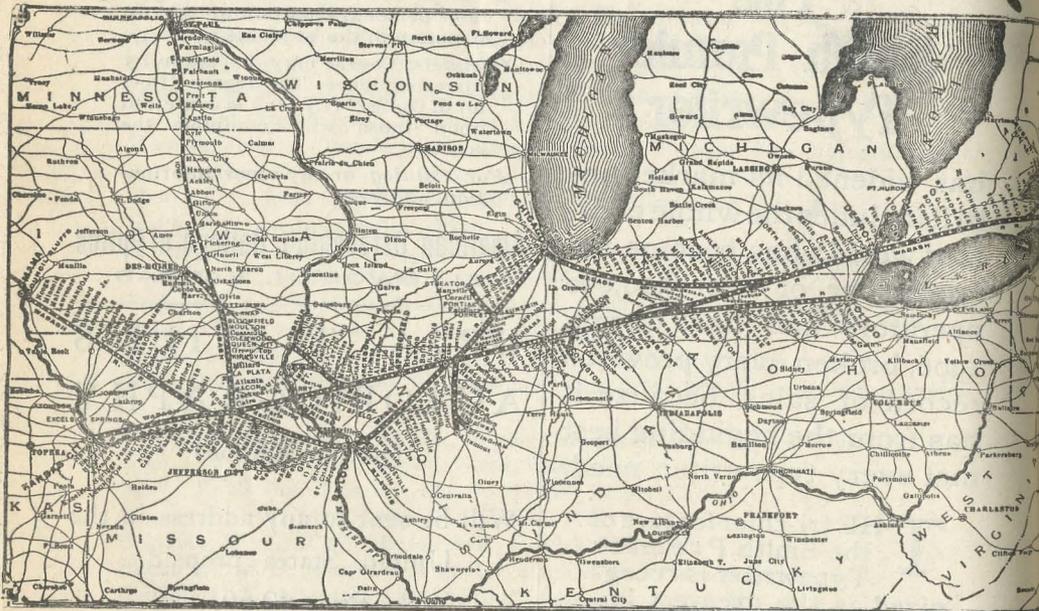
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