

# **The Osteopathic Physician**

**March 1908**

**Vol. 13, No. 3**

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# THE OSTEOPATHIC PHYSICIAN

Volume XIII.

CHICAGO, MARCH, 1908.

Number 3

## Revenged by Osteopathy: a Fable of the Foothills

How the Medical Sharp Gave Bill Askins a Little Treatment That Cured Him.

[Chicago Inter Ocean.]

If you sift the record of a man who is being roasted by the populace he will generally be found to have certain talents out of the ordinary. Rockefeller has received more knocks than any one within recent date, and yet when it comes to coralling real coin of the realm, it's a noble-browed lad with a thoughtful cast of countenance who can beat him at his own game. Just now there is a great dearth in this brand of noble-browed youth.

Now there was the case of Red Riley. He had gone from Brazo fully a year, but when I arrived there the natives were still talking about the parsimonious manner in which he handled the truth. It occurred to me that a gent whose achievements are vividly remembered long after he faded away to other fields of endeavor must naturally have some accomplishments. From what I could gather, Red's frugality in dealing with the truth was a matter of general comment, and he inspired a whole lot of jealousy among the local liars who were unable to cope with his weird and wondrous imagery. The envious ones took advantage of an opportunity to get even, and he was so humiliated that he left the town in disgust.

Besides posing as a fact juggler and all round champion prevaricator, Red Riley boasted loudly of being something of a whirlwind and human cyclone in the art of self-defense, and Bill Askins accepted his challenge to meet him in a slugging festival. According to agreement, the contestants were not to grab each other by the legs, although they were permitted to indulge in such scientific artistry as biting and gouging. Bill Askins did not live up the pedal seizing clause and, grabbing Red by the legs, threw him to the ground so forcibly that he was completely oblivious to current events for several minutes. Rio Grande Charley, who acted as referee, ignored the foul and gave the fight to Bill. Rio Grande's star as a romancer had been dimmed by Red's picturesque yarns and he was against his rival on general principles. The defeated slugger complained bitterly of how he had been tricked in an impromptu oration scintillating with choice expletives. As a piece of vituperative rhetoric it burnt holes in anything of the kind ever heard west of the Missouri river. But Mr. Riley was in the minority and his effort came to naught. Bill Askins bragged so much about his success that Red was broken-hearted, and one day he shook the dust of the town from his feet. Before going, however, he vowed that if he ever got an opportunity he would swarm all over Bill and make him look as peaked as the last rose of summer.

Bill Askins was still crowing about his victory when I arrived in the town. He never got tired telling the story of the fight, and repeated it to me again and again, on each occasion working in many new and novel discrepancies. One time he introduced so many new details that at first I imagined he was talking about another fight. Bill was in the habit of cornering me in the Black Bear, and bragging about his achievement. One night he was preparing to launch into some addi-

tional features, which he had forgotten, when, to my relief, the arrival of a stranger checked him and attracted the attention of everybody present.

The visitor wore the extravagant clothes affected by the advance agent of a medicine show, while his long black hair, mustache and goatee gave him the general appearance of a loaded dice manipulator. "Evenin', gents," he said, with the polished air of a bunko steerer, "hev you-all any objections to partakin' of a little libation with a thirsty pilgrim who hez the price?"

"Not while we air conscious," replied William Askins, acting as spokesman for the out-



D. O.'s—Will You Meet Him Next August at Kirksville?

fit. "Drinks air never barred 'cept in the case of a hoss thief, and jedgin' frum yer style and lead of conversation you don't belong to that nefarious perfession."

"I never indulges in seech lynch provokin' eccentricities," replied the stranger, inviting all hands to name their nose polish. "Doc Horne is my handle, and I'm a doctor by perfession. My line is osteopathy, and I figger stoppin' in this invitin' hamlet fer a spell."

"Well," remarked Bill Askins, "I've heerd of alleopathy and homypathy, but yer specialty is a new one on us."

"Osteopathy," said Doc, growing eloquent, "is the only sure cure fer all ailments. By treatin' the muscles and manipulin' the ligaments the patient's anatomy is put in as

smooth workin' order as a stem winder, and he never hez to take no medicine, 'cept his reg'lar nourishment at the bar."

"Well, thet treatment shorely would please yere, but thar's mighty little sickness in this section. The only illness we hed in the past six months wuz thet of Alabama Wild, who wuz caught associatin' with a marked deck of kyards, and when the Necktie Society, who 'tends to our official lynchin', got through with him he wuz so plumb unconscious he never did recover. The only time you could hev been any good wuz about year ago when I licked Red Riley. I shorely did put a crimp in his activity, and when I got through with him he wuz so mutilated thet he wuz cert'nly due to consult a repooted physician."

Bill then launched into a detaled story of how he thrashed Red. No visitor ever escaped hearing of that historic event if William was at home.

"Jedgin' frum yer description of this miscreant," remarked Doc, when Bill had concluded, "I think I met him some time ago in Chihuahua. He wuz handlin' the truth in an intrepid sort of style and pinin' fer a fight. He said he never got a strangle holt on a man that he didn't lick"

The consensus of opinion was that the man the osteopathist met was none other than the famous prevaricator. Doc Horne decided to remain in Brazo, and an incident took place in the Black Bear one morning that gave osteopathy a great boost. Doc was standing at the bar near the door talking to the bartender, and at the opposite end of the room was Dummy Link, reveling in the delicacies on the free lunch counter.

Dummy lost his voice, and he hadn't spoken for years. Doc was dilating upon various kinds of guns, and taking his own shooting iron out of his hip pocket as if to show it to the man behind the bar, he was about to lay it down on the counter when the weapon exploded. At this psychological moment Dummy Link, who was contemplating a luscious pig's foot with unfeigned delight, jumped four feet in the air and let a yell out of him that shattered a chandelier. He had recovered his voice. The bullet from Doc's gun had grazed his throat, and by one of those mysterious freaks of nature loosened his vocal cords. Dummy was so tickled at being able to speak again that he cursed himself and

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everybody with great enthusiasm. He used all the picturesque expressions he knew, and to make certain he wasn't dreaming he repeated them in a different tone of voice.

About two minutes later the members of the Necktie Society, having heard the shot, rushed into the saloon and placed Dock Horne under arrest, thinking that he had tried to commit murder. They proceeded to hold court in the barroom, with Rio Grande Charley in the chair.

Dummy Link, who was not badly hurt, was the first witness. All he knew about the affair was that a bullet grazed his throat and he recovered his voice. He was glad of it. The bartender testified that the prisoner's gun exploded as he was handing it to him for inspection. He was certain that the shooting was accidental.

Rio Grande Charley then said to Doc Horne: "Prisoner, the Necktie Society is the bulwark of peace and order in this community, and if there is any lynchin' to be done we do it in a legal manner. You air charged with shooting our townsman, Dummy Link. What hev you got to say?"

"The bartender says the shootin' wuz accidental," replied Doc, "but he is mistaken. I did it a-purpose."

"And why did you try to blot out the fair young life of our former reticent and uncommunicative feller citizen?"

"I didn't try to take his life. I wuz jes givin' him an osteopathic treatment for his voice. You see fer yourself that he kin talk, and therefore the treatme't, which costs nuthin', was a pre-eminent success."

The men looked at each other in amazement, and presently Rio Grande said: "Isn't this osteopathy play some violent?"

"Thar air cases which require heroic measures," replied the prisoner. "The present operation, while lookin' dangerous, wuz not very painful, as the patient will no doubt testify. Had I told Dummy Link that he would be able to talk if I shot him in the neck he would hev said I wuz solicitin' trade for a tombstone maker. So I gave him the treatment without his permission. You hev before you, gents, a practical illustration of the efficacy of osteopathy."

"I'm afeerd yer perfession will be more of a menace than a boon to this peaceful town, fer ef it is common to use yer weepin' as a surgical instrument every man who packs a gun will be posin' as an osteopath."

Doc Horne hastened to say: "Gents, I'm the first medical sharp who ever used a gun to treat a patient. The case of Dummy Link is a peculiar one and thar will hardly ever be another like it. The work of my perfession is done solely with the hands and no instruments air needed. To be frank, I confess that in extreme cases the treatment is sometimes a leetle severe. For instance, when a man is a long sufferer from a complication of ailments I begin workin' on him by stirrin' up the cervical region. After submittin' to this neck manipulat' I hev known patients to say they could look forward to lynchin' as a positive pleasure. Further down I indulge in the dorsal twistin' of the spine, and I am so familiar with the bones of the anatomy that by a deft movement I kin dislocate every rib in the body. The vibratory movement consists of poundin' on the most sensitive nerves, which is mighty stimulat' to the invalid. Then thar is the vibratory movement with the knuckles on the face, very vigorously applied. In order to stimulate the cutaneous nerves I pinch the skin all over the body. I kin wrench both legs out of their sockets in a scientific effort to set the innominate bones and the patient becomes a well man, even if he does get up from the table feelin' like a victim of the Inquisition. I merely indulge in these cheerful technicalities, gents, to show you that my treatments air not fatal and thet gun plays air not in the curriculum of the per-

fection. As fer my ability I refer you to Dummy Link, whose power of speech I hev restored."

The members of the Necktie Society held a private consultation, and then Rio Grande said to the prisoner: "The fact that you hev cured Dummy and he kin now cuss as fluently as in the days of yore, is, in our opinion, a powerful indorsement. We officially withdraws the charge of felonious shootin' and you air a free man. While yer remarks touchin' on osteopathy air too perfound for us, they air so fluent thet we hand you an invite to perambulate up to the bar in a solid phalanx and partake of the juice which enables the consumer to git his optics on a movin' pictur of an elephant and a musquito waltzin' together across the prairie to the strains of sweet melody."

With that all hands drank to the health of Doc Horne. My private opinion of the affair was that the shooting was accidental, but the keen-witted advocate of osteopathy turned a trick to boost his own game. As to Doc being a sort of nature faker it might be a good idea for Mr. Roosevelt and Mr. Long to remove their coats, sound the tocsin of war, and debate the question with a few of the inimitable gestures indorsed by the Marquis of Queensberry. That Doc profited by his act is evidenced in the fact that he was looked upon as the greatest wonder in the western hemisphere.

During the next week there was a general falling off in business. Even such recreation as faro and poker lost their interest. The natives appeared to be spending their time trying to get sick so Doc could cure them, while Dummy Link daily indorsed his skill by swearing enthusiastically whenever he could get anybody to listen to him. But Brazo continued to be stubbornly healthful. Osteopathy wasn't getting much of a show.

One night Doc Horne met Bill Askins and remarked: "You an't lookin' very well this evening, Bill."

"Never felt better in my life," replied William.

"Well, thar air signs about yer eyes indicatin' that you ar goin' to be off yer feed. You hev every symptom that you'll be feelin' purty puny 'fore long."

Then Doc launched forth into a little homily replete with dazzling technicalities, and Bill began to think he wasn't very well after all. It preyed on his mind so that he was a sick man and he went to Doc for treatment. The news spread like wildfire. Doc locked his office door and the boys stood outside awaiting developments. Rio Grande Charley, who was now a convert to osteopathy and an ardent admirer of Doc's, stood on guard so there would be no interruptions.

Rio Grande, who had spent all his spare time loafing with Doc, was getting the swing of his phrases and was proud of it. He used them on any and every occasion, although he didn't know what he was talking about. Even the bartender at the Black Bear had lost his mental balance over the new science and the barroom window was filled with signs advocating such fancy drinks as "Vibratory Cocktails," "Dorsal Twisters" and "Cervical Highballs."

"Help! Murder!" came a voice from within.

"What's comin' off?" inquired one of the boys.

Rio Grande peeped through the keyhole and replied: "My view is some obstructed, but I figger the medical sharp is stirrin' up the cervical region."

Bill uncorked a blood-curdling whoop that shook the building.

"William seems to be ailin'some," observed Tom Irwin.

"Yes, the dorsal twistin' of the spine is purty painful," said Rio Grande, with the easy air of a professional.

A terrific bumping followed, and Bill Ask-

ins' yells for help continued to entertain the assemblage without. Finally all was quiet and Doc Horne, with the bosom of his shirt missing, opened the door. The patient, completely played out, was lying on the table. He looked as if he had been traveling with a cyclone.

"This yer osteopathy 'pears to be a violent pastime," ventured Rio Grande Charley.

"In the present case it is," said Doc, shaking the perspiration from his brow. "At first our estimable friend seemed to feel chagrined about something, and when he tried to fracture my jaw I took it that he objected to my treatment. But in the interest of science I persevered and had to be ruther severe with him. You see, he wuz sufferin' frum ailments he didn't know he had, and in my perfessional capacity I wuz compelled to go after him purty lively to git to the seat of the trouble, which is mainly about the eyes."

"I notice that his gun optic is ready to close for repairs," remarked Elijah Rivers.

"Which is due to the vibratory movements of the knuckles," explained the professor. "Mr. Askins, however, will be a well man in 24 hours."

Rio Grande Charley asked Bill how he felt, but he was too tired to talk, and merely waved his hand as an indication that he preferred to be left alone in his misery. It was arranged that the patient sleep that night in Doc's office, and the crowd retired to the Black Bear to discuss at length the marvels of medical science.

Several hours after sundown I met Doc Horne unexpectedly. He was on horseback and didn't seem any more pleased to see me than if I had been a tarantula. "Hello, Doc," I sang out, cheerfully, "where are you going?"

He thought a minute, and said: "I'm leavin' town. I can't make a livin' here."

"Doc, you're an impostor," I remarked, frankly, "and don't know the difference between osteopathy and a hot dog sandwich. You mastered a lot of technical terms and disguised yourself to look like a crossroads medical man. But you're a faker from the hair dye to the circus clothes, and, although I said nothing, I had your measure from the first day I saw you."

Doc laughed with glee as he said: "Well, Hank, you're the only one in camp who guessed it."

"You had but one purpose in getting Bill Askins in your office, and that was to spraddle all over him and make him look like the only survivor of a massacre. The fact that you locked the door so there would be no outside interference reveals a well conceived plot. Why you promoted this gentle enterprise is one too many for me."

Doc chuckled softly. As he rode away he looked back and said: "Well, Hank, you inform Bill Askins that I'm Red Riley, and he'll tell you why."

## Lesions.

By William Smith, M. D., D. O., of  
the American School of  
Osteopathy.

THESE words are written in the hope that they may clear away a difficulty which is only apparent, a difficulty largely fostered by the medical profession, which loves to raise points of ridicule against the osteopath, a difficulty which when thrown in the face of an osteopath can always be met with incontrovertible argument.

There is no such thing as an "osteopathic lesion"; the title is a misnomer; an abnormality of relation between the third and fourth dorsal vertebrae is no more an "osteopathic lesion" than is a broken femur an "allopathic lesion." They are both lesions without any qualifying adjective other than it might be "osseous" or "articular," as the case were. A lesion may be thus defined:

*A lesion is any divergence from the anatom-*

American School of Osteopathy,  
Kirksville, Missouri.

March 1st, 1908.

My Sunday Sermon.

Well, Bunting,  
My old Friend—  
Fool or Philosopher?

Allow me to give vent to what I am thinking about and intend to say whether you like it or not.

I have just read your article in March, "Osteopathic Health," and without any flattery, I want to tell you that from start to finish it is the most literary and scientific production that I have ever read from the pen of any writer, on the principle and philosophy of Osteopathy.

I am proud of the production. I am proud of the Man who is not afraid to peruse and acquaint himself with all the branches pertaining to the subject of human life, the form of the body with all its parts and functionings, when in normal or abnormal condition.

Go on with the good work, I am glad to have one man who compromises with nothing, not even Truth itself; a man who is ready to offer and stand to the truth without apology.

Please send me a dozen copies, and bill for same.

With kindest regards to you and Mrs. Bunting.

I am yours truly.

A. J. Stice,

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not send in your contract order to-day for 12 months beginning with this March number? Should you already have made distribution of this number this month, will you not place a repeat order for an extra hundred? Get a supply while they last.

ical structure normal to the individual, which is capable of causing perversion of physiological function.

That covers all lesions, and neither the allopath, homœopath nor the osteopath has any copyright upon any special divergence from the anatomical structure. I state there "the structure normal to the individual," as each one of us has his own anatomy. There is no standard of anatomy which is normal for all; each has his own which is normal to him. It

is a divergence from that normal which constitutes a lesion.

We know from our days of physiological study that nervous stimuli are of various character. We know that a thermal stimulus will excite nerve action; so may a chemical or a mechanical. We do not know what nerve force is; it is in many respects akin to electricity; but then we do not know what electricity is; it is somewhat akin to magnetism, but we know not what magnetism is; and so

we can only say that an electrical stimulus will, in many cases, produce in a nerve action closely corresponding to that which is produced by the transmission to it of an impulse from nerve cells.

In just the same way there are many different forms of lesions, and while some are gross and palpable, others are fine and hidden; and just as in the case of a reflex act the magnitude of the resulting act is no indication of the severity of the producing impulse, so the finest and least observable of lesions may be productive of the widest amount of disturbance of function and lead to the most disastrous consequences.

Because there is a distinct and palpable disturbance of normal relation we must not be led away into the belief that it is of necessity the causative lesion; that gross lesion may be only secondary to one of far less magnitude and, in its turn, it may act as exciting lesion in the production of a tertiary. Let me illustrate. You sit at a half-open window and a draught of air is allowed to play on your neck. A thermal stimulus produces a contracture of the cervical muscles, a perverted anatomical relation of the cervical vertebrae may thereby be brought about, and if the muscular contracture persist this may be permanent. This altered anatomical relation may result in nerve pressure, in its turn producing perversion of physiological action, disturbance of function both in somatic and cutaneous distribution. Here our lesion is consequent upon a chain of circumstances the ultimate link of which is a thermal stimulus, and from that lesion in the other direction may stretch out another chain of varied anatomical and physiological conditions which may lead us to some cardiac condition of perversion of function. Then let us see our possible chain running from that, the reflected pains from our cardiac plexus via the Nerve of Wrisberg to the arm, the intercostally neuralgia, the hepatic, gastric, renal implications all consequent upon disturbed cardiac action, and you see where our little hidden, forgotten draught has led us!

But, as Head has pointed out, disturbance of somatic function is frequently accompanied by manifestations in the corresponding cutaneous areas of nerve distribution, as also in the muscles of that area. So we may have those muscular contractions, the result of somatic irritation, reflected back through the ganglia of the sympathetic, producing alterations of anatomical relation in that area; in other words, if stimulation of a dorsal branch of a spinal nerve may produce stimuli which pass via the sympathetic ganglia and bring about action in the splanchnic area, so may stimulation of the splanchnic area produce manifestations of muscular action in the dorsal muscles; and a contracture in the dorsal region which we might blame for bringing about the altered relations causing the splanchnic disturbance may actually be due to splanchnic disturbance, a result of our little, old, long forgotten cervical lesion.

We have all met with such cases; we have seen the case of hemorrhoids due to a forgotten hard foecal mass leading to sympathetic contracture of the sphincter ani and the circular fibres of the os with its consequent dysmenorrhœa; we have seen that persistent contraction of the sphincter lead to the physical wearing out of the central nervous system—the headaches, the disturbance of general function of all parts of the body—and all from a little varicose vein in the rectum causing irritation of the peripheral terminations of a nerve which knows no pain, a sympathetic filament. The same may come from scar tissue in a laceration of the cervix, a lesion, an alteration of anatomical relation which has produced physiological perversion of function.

There is no such thing as a "lesion osteopath." If a man believes other than that disease is a perversion of physiological action

# Osteopaths Endorse

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and that that perversion is consequent upon altered anatomical relation, whether that be produced by a fall, a twist, a muscular contraction brought about by some abnormal physiological impulse—anything which may cause altered anatomical relation—then *he is no osteopath, whether lesion or otherwise.*

If our anatomical structure is normal our physiological processes will be carried on in an orderly manner and we will be in the condition of health; alter that anatomical perfection and, of necessity, perversion of physiological action results. Perverted physiology is what we denominate pathology, an effort on the part of nature to right an error; we are in ill health.

So if the medical brother asks me if I believe all disease is due to an anatomical alteration I unhesitatingly answer him "yes"; not of necessity a *dislocation of bone*; we need not produce a dislocation of the head of the femur from the acetabulum to produce a sciatica, we need not dislocate completely the fourth from the fifth cervical vertebra to produce disturbance of the diaphragm; but we will not contract a zymotic disease if our blood cells are circulating in proper amount through anatomically perfect channels in an orderly manner; tuberculosis need have no dread for us if we are anatomically perfect—but deteriorate our resistant force by any means you please, whether by persistent strain as in a bronchitic cough brought about in its initiation by some irritation of the air passages, whether mechanical by the inhalation of irritating particles, or as a result of pressure upon some nerve distributed to the pulmonary plexus, and you produce an alteration in our histological structure, anatomical, and the bacillus may find its nidus. Micro-organisms will not grow in normal, living blood; in stagnating, ill oxygenated blood, with the consequent vitality of the whole cells diminished, they flourish. And an anatomical condition produces those ideally perfect breeding places.

I do not believe that disease can occur idiopathically in the anatomically normal body, nor do I believe that any individual can be in health with his bodily mechanism not in its normal relation one part with another, irrespective of the size of the part. Results may be small or large, bearing little relation to the

magnitude of the lesion upon which they are consequent.

I am an *osteopath*, not a "*lesion osteopath*," just an osteopath, and that is my belief. Just as hypertrophy and dilatation may produce masking of a stenosis or regurgitation and so produce fictitious health, so we may have the same thing done elsewhere. That is not health any more than is a wooden leg a natural limb. It is compensation, that is the best that can be said for it, and at that rarely perfect and liable to break down sooner or later.

## Anatomical and Physiological Pictures of Disease

Outline of the Natural System of Responses to Irritation and Injury.

*A Description of the Routine of the Natural or Physiological Morbid Process is Briefly Given.*

By E. E. Tucker, D. O., Jersey City, New Jersey.

**T**HE very first response that nature makes to irritation or injury is sensation, or pain. The purpose or physiology of this response is not to be misunderstood; it is to warn the organism of danger or to inform it of injury. It enforces cessation of the act that is endangering the part, or else compels action to remove either the body or the irritant.

Thus the first response leads naturally to the next—spasmodic action. Sensations of pain are ordinarily conveyed to the brain, and the action produced is conscious. But these sensations traverse the lower ganglia, and if severe, may in them excite spasmodic reflex action before the brain has had time to act. In other words, may short-circuit; the broader co-ordination of the brain offering greater resistance. There are also many parts of the body, for instance, all of the internal organs, which have little or no connection with the conscious mind, and whose reflex action is wholly sub-conscious.

These are responses to *irritation*. Between this and the response to injury is an interval characterized by failure of function, or con-

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fused action, almost as deadly sometimes as the severer stages. When injury is produced, these also may occur, but the action goes farther, and institutes a process of tissue-repairing.

The response to *injury* is the tissue-repair process.

The mildest form of tissue repair is simple hyperemia. Nature merely sends to the part an increased amount of blood, carrying with it an increased number of leucocytes, which are nature's policemen and carpenters; an increased amount of nutrition; an increased amount of oxygen; and an increased amount of circulation to flush and wash out the part, and to promote absorption through the lymphatics. This is the *purpose* or physiology of the action.

In injuries of a greater degree, the hyperemia will be greater and there will be the escape of fluid from the blood vessels, analogous to bleeding—a true bleeding through membrane. Nature sends her policemen, carpenters, etc., out into the tissues and on to the surface. This fluid is not true liquor sanguinis, but is a highly diluted and perhaps otherwise altered form of it. The more severe the inflammation, the nearer it approaches to the composition of blood. But in the milder forms it is the more fluid elements that escape. With it a number of the white blood corpuscles are attracted to the seat of the injury.

This fluid collects in the areolar spaces around the injury, distending them, and causing the swelling. In this situation it is known as oedema. Its spread in these tissues is limited by the contraction of the surrounding areolar tissue, confining the oedema to one spot. If not so confined, it would diffuse itself through the whole cellular system.

Most interesting is the physiology of this oedema. It washes the irritating substances either onto the surface or into the lymphatics, and cleanses the wound. In some cases, as in water blisters, its evident purpose is to form an artificial bursa or water mattress to protect the deeper tissues. It also serves, in distending the tissues, to confer rigidity on the surrounding parts, as any motion in them would tend to loosen the clot from the tissue, and to cause fresh bleeding, and otherwise to disturb the repair process. The oedema diminishes in inverse ratio as the fibrin is formed. Another purpose served by the oedema is to anesthetize the part. The slow distension of the tissues stretches the sensory nerve filaments until they will no longer respond to stimulation, and so reduces or removes the pain. In surgery it is found that distension of the tissues with any fluid will confer local anesthesia on them.

A severer form of injury results in the formation of phlegm. Phlegm consists of a loose coagulum of fibrin diluted with a great quantity of water. This fibrin is produced by the action upon the diluted liquor sanguinis of fibrin ferment from the nuclei of the white blood corpuscles. "The tendency to coagulation varies with the number of white corpuscles present." (Green's Pathology, p. 151). When the liquor sanguinis is abundant, and the number of white corpuscles is small, the coagulum is so thin as hardly to show the fibrous nature. In this condition the coagulum is called phlegm. According to the severity of the process, the phlegm shades off on the one hand into a mere thickened oedema, and on the other, into the firm "false membrane." This phlegm does not really form in the tissues of the body, probably for the same reason that blood will hardly coagulate in the tissues; but it forms promptly when the mixture reaches the surface. "These (areolar spaces) finally become insufficient to hold it (oedema), and it therefore escapes on to the surface. \* \* \* Here a coagulum forms, consisting of fibrin, small round cells (leucocytes), and some red blood corpuscles." (Green.) Clin-

# The Pacific College of Osteopathy

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ically, phlegm is observed to form simultaneously with the subsidence of the oedema.

But in severer cases, phlegm is observed to form in the tissues; or, in conditions in which the oedema is retained for a considerable time and is not absorbed, or finds no channel of egress, phlegm is formed in the tissues.

The purposes of this formation are similar to those of the coagulation of the blood on wounds; to remove substances not removable by the oedema, entangling them in its mesh and carrying them away with it; to afford a protective covering to an irritated tissue or surface; when it occurs in the tissues it serves as the walls of a laboratory in which a liquefaction and loosening of the tissue too badly injured may take place, or in which a combative process against germs may be carried on without injury to surrounding tissue; or it may serve as the wall of a passage through which pus may be exuded.

In the next severer conditions, the coagulum becomes firm and membraniform. The formation of membrane is seen to be almost invariably preceded by the formation of phlegm, which becoming gradually firmer, appears at length as membrane. It is conceivable that membrane might form immediately, without the intervening stages, should the condition be severe enough to cause the almost pure liquor sanguinis to be thrown out at once; but the usual sequence of changes shows the relation between the stages. In actual wounds of the mouth, where the warm bucal fluid keeps the crusts soft, and washes away the red corpuscles, we see not a crust, but a fibrinous membrane covering and closing the wound. Under any fresh crust will be seen a similar membrane, formed after the escape of the red blood cells has ceased, and from the capillaries exudes the purer fluid, from which evaporation is prevented by the overlying crust.

\* \* \*

The *modus operandi* of this series of actions is exactly the same as that found in physiology, as was shown in the previous chapter. It is automatic, as was partly shown there. The succession of stages is also automatic, depending upon the degree of irritation with which the nerve mechanisms are affected. The excess of stimulus overflows first into the nerves that are functionally most sensitive, the sensory nerves. Thence, if compensation is not made, it next overflows into the next most sensitive nerves, the motor nerves. The limits of irritability of the vaso-motor nerves are not reached until after those of the motor nerves are passed, as a rule. (See Diathesis.) Into them the irritation next overflows.

The most sensitive part of the vaso-motor mechanism, or the functionally most active part, is that part nearest in contact with the cerebro-spinal nerves, the arterioles; hence arterial congestion is the first stage of inflammation. The irritation overflows next into the sympathetic nerves, and contracts the venules, producing the series of changes in secretion already noted in Chapter III.

In some cases another stage may follow this, *i. e.*, the liquefying of the fibrin. It is not known that the nerves produce this stage; but it is probably a part with the body's power to digest substances injected subcutaneously. Thus it is at least physiological. Liquefied fibrin forms pus. The body has not been accredited with the power to produce this, but its production is invariably ascribed to bacteria. If bacteria possess any such power, it is probable that the cells of the body, which are certainly more highly developed forms of life, possess the same power. Moreover, the body seems able to produce such liquefaction at will; and, it does not seem that the presence of germs invariably produces it. It is logical enough to assume that nature would not allow herself to be caught in such a predicament as to be unable herself to remove a substance that she herself has formed. This process occurs when it is necessary to liquefy and remove fibrin, as when it forms in deep tissues; when

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it is necessary to remove a fibrous membrane from the surface; it then occurs not at the surface of the membrane, as would be the case were bacteria the cause, but at the base, where the fibres are joined to the tissues. It occurs in the normal course of absorption of inflammatory exudate in pneumonia. It occurs when tissue has been torn away from its nutrient arteries, or when it has been too badly damaged to be restored. This tissue is liquefied as is the fibrin, and is removed as pus. This liquefying also is probably accomplished by the secretion of a ferment, seen with special clearness in pneumonia.

An important point is that not only the fibrin ferment, but also its liquefying ferment, have power over the tissues of the body. It is the power of these ferments to act on any tissue that is not vigorous and resistant that makes the suppurative process so dangerous in the body. Now, the normal course of this pus, when not excluded through some channel, is to be absorbed; and it may often be absorbed in such great quantities as to exceed the powers of the body to neutralize it, so escaping into free circulation to attack the non-vital elements of the blood and deteriorated body cells.

Suppuration occurs, also, when bacteria have obtained access to the tissues, and are proliferating in the unprotected substances, such, for instance, as the inflammatory exudate. The purpose of this suppuration is to destroy these bacteria—and is much less certainly their work. For instance, no bacteria are found in the pus of tuberculosis abscess.

\* \* \*

It is not to be lost sight of that these formations, phlegm and membrane, are the temporary ones, which disappear in time; underneath which the permanent repairs are carried on. Anticipating our later work, we would therefore expect to find the former present in acute conditions, while the chronic conditions would be characterized by the latter.

The permanent processes are the proliferation of the resident tissue cells to restore the losses, etc. (See final chapter.) These new cells are connective tissue cells, but are always less perfect in type, being formed in haste, and having, as a rule, no other purpose than that of forming fibrous tissue, which shall contract and restore continuity and strength to the damaged parts.

\* \* \*

While these processes are going on in the tissue where the inflammation is located, there are accompanying general changes in the body. These general changes are also quite parallel to similar changes noted in normal physiology. For instance, during digestion there is a stimulation and a glow over the whole body, the muscles feel comfortable, the brain cheery. A little bit later, when the blood is demanded for digestion, it is apt to be withdrawn from the brain, and leave a sleepiness in its place.

These are paralleled in the function of response to irritation and injury, by the chill and fever. There is first the reflection of the heightened nerve pressure and disturbed coordinations to all parts of the system, particularly such as may be related, resulting in apathy and weariness, or in acute stimulus, perhaps in tremors, or other evidences of the heightened pressure whose character will depend upon the diathesis of the individual.

In the next stage, the concentration of circulation at the one part, to carry out the various purposes of the process of repair, implies a corresponding diminution of the blood in all other parts; indeed, this concentration in one part is caused largely by the contraction of the rest of the system. Nature first withdraws the circulation from parts where it is least needed, as the skin and muscles, leaving the extremities cold, and chills over the body. The chill appears to precede the fever, but in reality is but the

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from the organ where the original fault lies. Auto-intoxication may arise in this way—a physiological effect.

So also, the excessive activity may disturb other—or any—metabolic process. Under normal, quiet stimuli, that is when functions are carried on under the rule of the minimum effective stimulus, the katabolism is perfect; perfect, at least, relative to the standard of the body. But when the rule is broken and excited action results, incomplete katabolism is its effect, the katabolic equilibrium is disturbed and auto-intoxication may follow.

\* \* \*

In all reactions of organic chemistry, particularly in the living body, the time element is a very important element, and may highly vary the resulting compounds. Evidence will be given under Biology, the concluding chapter of this series, to show that in the synthetic action of the body, the time element is the chief element that determines the type of cell that is formed. The cells formed at leisure are perfect in type and size; those formed in haste are more and more remote from the type as the haste increases.

Between the rapid formation of the lowest grade of granulation tissue and the slow formation of new normal cells, under normal exercise and similar stimuli, there is every grade of difference. The briefest study of tumors (see final chapter) reveals the fact that there is a distinct shading of one into another, the closeness to type depending upon the rapidity of formation. Here again is a verification of the uniform etiological principle, where it is shown that the normal development of cells is under the minimum effective stimulus, and that as the stimulus moves away from that point, the resulting formations vary more and more from the normal. The difference would seem to be a purely numerical one, and the factor that determines the character of formation would seem to be time, or, otherwise stated, the degree of stimulus causing it.

So in the ordinary nutrition of the body, the relative velocity of the changes determines the result. Sleep is required for the most perfect nutrition, when no interference of any kind with the affinities of the molecules is present. During waking hours, toxic products are continuously being formed. During the hurried driven action of the response to emergencies, the toxicity is of a more angry character. The poisonous effects of anger are well known. Diabetes, arising in the majority of cases in connection with tremendous mental strain, is one instance of incomplete katabolism, in which the character of the product varies with the degree of the irritation. Bright's disease, of which some cases arise from prolonged mental worry (the effect of great mental excitement upon the kidney centers is a matter of popular knowledge), presents in these cases other instances of failure of perfect katabolism, and the overwhelming of the kidney with its products.

Besides these forms of disordered katabolism, there are disorders in the ferments or enzymes, of which there are, as is now be-

(Continued on page 14.)

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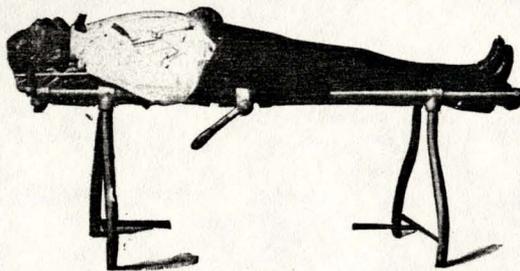
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first noticeable effect of the onset of fever. Chill and fever are complementary parts of each other.

The patient usually promptly protects himself in cases of chill, by warmth and covering, creating artificial compensation. Nature also promptly begins to absorb fluids from the tissues, wherever they can be sacrificed, to increase the amount of blood in circulation. The contraction of the areolar tissue which is part cause of the "goose flesh," so often noted, is designed to increase the pressure on the lymph spaces, to hurry the circulation of lymph, and so to keep that also—amounting to several pounds—in the blood channels. The great thirst is nature's way of demanding more fluid for her blood-channels.

I have often seen pimples, abscesses and swellings absorbed clean, in the great demand for fluid. The fibrin from the pimples and abscesses was no doubt promptly thrown out as phlegm, at the site of the inflammation, for nature always sacrifices her poorest elements for such purposes. In a case of smallpox in Kirksville, in 1902, I noted a case in which a cold abscess of the shoulder was completely and rapidly absorbed, upon the advent of the disease.

The production of toxins by such radical action is no doubt one of its most important

features, but one of which, unfortunately, little actual knowledge is at hand. In emergencies, nature is apt to sacrifice anything to the emergency, making drafts upon her capital and binding herself for future work to any extent demanded by the emergency. Unfortunately, these activities are all automatic ones, not naturally checking themselves when a dangerous indication arises, but continuing to act subject to the automatic forces, so long as the conditions therefor continue to hold.

Other changes, often general, occur as the result of the action of this physiological response to irritation and injury, also paralleled in physiology. When, for instance, the stomach is required to do prolonged work of an uneven character, say when it is required to digest acid fruits in great abundance, its great drain upon the alkaline resources of the body is apt to cause a strain or an upsetting of the chemical balance of the body, to meet its requirements. This then ranks as a physiological effect of the process.

There is a chemical equilibrium determined to exist between many organs, as between the genital organs and the fats; between the pancreas and the liver, etc. But the emergency functions of the body, taking precedence of the normal demands, may overset this equilibrium, and have consequences far removed

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**EDITORIAL**

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

**GOOD CHEER FROM FATHER ANDREW.**

We are very proud indeed of a letter which "Pappie" Still wrote us two weeks ago, praising *Osteopathic Health*, and so proud are we of these words of good cheer that we share it in this issue with the readers of the paper. Such praise from such a source brings added responsibility to one who receives it. It is an injunction to work harder and more conscientiously in the future. It is a call to the exercise of greater conservatism lest such commendations should turn out to be unwarranted. All of us like a pat on the back now and then when we are out on the firing line, and its does every soldier good to know that he has the approval of his captain-general. We shall labor early and late to be worthy of this high praise and to make good to the cause we represent.

**LIMITED OR UNLIMITED?**

According to the Des Moines newspapers there was an interesting little tilt at the recent meeting of the Seventh District osteopaths at Des Moines, February 14th, when Dr. C. M. Proctor, of Ames, took a fall out of Dr. James A. Still, of Still College, for insinuating that osteopathy had its strong limitations. This is a newspaper report and we take no responsibility for the facts. *The Des Moines Capital* quoted Dr. Still as saying: "There will be schools in which will be taught not only the scope of osteopathy, but its limitations, and not only the limitations of medicines, but its scope, as well." Dr. Proctor is quoted as saying in reply: "One of the most important things that threatens the advance of osteopathy is this tendency of our weak-kneed members to temporize with other schools of practice." Dr. Proctor, who is an M. D. as well as a D. O., would not admit that there are any cases in which drugs were really of value, according to the newspaper. He believes the osteopath should maintain that osteopathy is all that is required to effect a cure in any case. His remarks were greeted with much applause.

**ANOTHER MEDICAL INSULT.**

Dr. Charles F. Bandel, of Brooklyn, is reported by the newspapers to be out for blood in his legal battle with the Health Board of Brooklyn because it refused to accept a death certificate which he made out when one of his patients died. He has employed Martin W. Littleton, our all-the-year-round champion, who also defended Harry K. Thaw in his second trial, as counsel, and will fight the case

to a finish. In doing this he will be backed up by all the other osteopaths in New York State. Dr. Bandel has fully complied with the provisions of the law and for this reason this medical discrimination is very mysterious, as well as unjust. As Dr. Bandel sees it, refusal to honor his death certificate is merely a part of a plan of the medical forces and health board to hold out in its discriminations against osteopathy. Dr. Bandel, whose offices are 148 Hancock street, Brooklyn, has been in practice in Greater New York for ten years and has a host of friends both within and without the profession. Success to him in his righteous contention!

**SOME PRODUCTS OF 4-YEAR MEDICAL EDUCATION.**

Dr. Henry Beates, Jr., head of the State Board of Medical Examiners, made a lantern slide lecture at the Philadelphia College of Physicians and Surgeons recently, exposing the ignorance and illiteracy of many medical graduates who come before the board as four year medical graduates for licenses to practice and deal out liquid and powdered death warrants to hapless multitudes of people.

Some of the answers to questions show that there are "cattle" breaking in, or trying to break into medical practice, after all, and they are not in this instance inside that profession which Dr. Beates and his associates have tried so long before legislators in the Keystone State to represent as "uneducated people." We quote herewith a few of the questions and answers as given by Dr. Beates and printed in the *Philadelphia North American* February 24th.

"Still our medical friends insist," Dr. F. L. Antes, of Kane, Pa., writes, in commenting on this case, "that we osteopaths are an educated lot of 'cattle.'"

Question: Describe in detail the mechanism which regulates intestinal peristalsis.

Answer: Bile and nerves have a great deal to do with it; stimulation of the intestinal nerves have quite a lot to say.

In answer to the question, "What are the symptoms of aneurism of the arch of the aorta?" one medical graduate has this, in part, to say:

Pulsation in gastric region along course of hepatic and gastric arteries. Shortness of breath. Aortic regurgitation. Later anemia.

Question: Describe the changes in the wall of an artery occurring in any form of aneurism.

Answer: The signs of aneurism are bruit, tracheal triggling, bulging, labored breathing and hurried respiration. The artery or walls of the artery undergo degeneration.

Question: Describe the three principal functions of the liver.

Answer: The liver furnishes what is known as bile, aiding in digestion. It has the power of converting starches into sugars. It has the function or power of internal secretions.

Here the examiner has written in the words: "After four years in a (medical college?)"

Question: Describe any nitrate; give methods of administration, and dose.

Answer: It is a whitish colored solution or powder and may be used external, hypodermically or by inhalation. If given internally the dose gr. 1-8.

And still—with such exponents standing for the wonderful perfection of knowledge resulting from four-year medical education—the politicians of the dominant medical school like Henry Beates, Jr., will continue to represent the osteopathic profession as unlettered!

**WCMAN OSTEOPATH SUES HOSPITAL.**

Dr. Margaret H. Allen, of Brooklyn, N. Y., has begun suit for \$25,000 damages against the Prospect Heights and Brooklyn Fraternity Hospital, claiming she was unjustly discriminated against as an osteopath and was not allowed to enter the hospital to treat a patient whom she had put into the institution. After the arrival of the patient, her husband was told he would have to get another physician to treat the case or take his wife out of the institution. Dr. Saunders, house physician, called up Dr. Allen and told her somebody in the board of managers "had raised a fuss

about allowing an osteopath to treat a patient in the hospital," and that she could not come in to the hospital professionally. May the good Lord and the jury give Dr. Allen the \$25,000, and thereby establish a precedent, in the nature of a useful hint to future bigots who feel called upon to insult osteopathic dignity. Wouldn't it make your blood boil—these persistent and insolent insults of our dear medical brethren!

**A Student's Fancy.**

In the spring a student's fancy turns to almost anything.—  
To the dew-drops on the flowers, to the birds that sweetly sing,  
To the star of his affections, to his heart's ache and its burn,  
To all things in all directions,—but the lessons he should learn.

In the spring a student's fancy turns to picture-hats and flowers,  
To the early morning's incense, and to song at twilight hours,  
To the charm of necromancy, to a social cup of tea,  
To 'most everything, I fancy,—but organic Chem-is-tree.

In the spring a student's fancy turns to illustrated vests,  
To the dulcet tones of warbles, and to robins building nests,  
To the country lanes and meadows, to the moon and starlit sky,  
To 'most ev'rything, I fancy, but Anat-o-me, oh my!

In the spring a student's fancy lightly turns to thoughts or love,  
And to day-dreams and to bubbles, and to shining stars above,  
To a couch of thornless roses, to a life so full, so free!  
To 'most ev'rything, I fancy, but Anat-o-my, oh me!

Where, or where, were the Anasto-Moses when the light went out—  
In the darkness, or the knee-joint? Some of us are in a doubt,  
If we all but only Pneu-mo-gastric reflexes, and such,  
We would truly be elated. It would help us, oh, so much.

Chemistry's a lovely story, but the plot is hard to see;  
Does the "villain still pursue her," does he laugh with fiendish glee,  
Does he get his earned quietus when the story's almost done,  
Does the hero win the maiden? Tell us, tell us, anyone.

Scores of swallows can't make summer, but one frog can make a spring;  
That's a joke,—now smile a little,—and let ev'rybody sing;  
Sing the chorus "Di-car-box-yl, methyl, Ethel hold my head!  
Box-car-ox-yl, chloroformus, Oslerize us, strike us dead.

In the spring a student's fancy turns to anything but work;  
He can swear, resolve, sign pledges that his lessons he'll not shirk;  
But his fancy's like a kitten that's transported in a sack;  
He will find—and unexpected—that the feline will come back.

In the spring a student's fancy has a tendency to fly  
To the land of Oh-be-joyful,—and its azure, cloud-flecked sky;  
To the land of sun-kissed peaches, wine and honey, toast and cream,  
Where pipe-dreams are truly real, and reality's a dream.

—Rob't L. Davis.  
No. 207 E. Filmore street, Kirksville, Mo.

**Warriors, Ho!**

If I knew you and you knew me—  
If both of us could clearly see,  
And with an inner sight divine  
The meaning of your heart and mine,  
I'm sure that we would differ less  
And clasp our hands in friendliness;  
Our thoughts would pleasantly agree  
If I knew you and you knew me,  
—Nixon Waterman.

**A New Form of Grip.**

"The doctor gave Holdtite up."  
"Couldn't he reach the disease?"  
"Yes; but he couldn't reach his pocket-book."—*Aurora (Ill.) Beacon.*

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WHEN modern civilization began to penetrate this San Gabriel valley, now of world-wide repute for its health restoring qualities, the Franciscan Monks had their famous missions established at a number of those sites best suited for domicile and for agriculture and horticulture. But the earliest site occupied distinctively as a mountainside hostelry for health-seeking travelers, is the plateau or mesa leading down from Davis' Canyon, between the two trails to Mt. Wilson and known as Sierra Madre Villa. For more than forty years, tourist guests were taken to this ideal spot to view the magic scene that lies spread in panoramic view be-

smack. Officers of the company own the beautiful Davis Canyon, with its sycamore and live oak retreats, its waterfalls and never-ending, ever-changing floral, fern and other botanical settings. It may be that the Divine Maker has, somewhere, better assembled the environmental conditions essential to the avoidance, relief and recovery from disease, but, surely, the grouping here surpasses most experiences.

The Sierra Madre line of the Pacific electric cars has a 45-minute service from Villa Station; fifteen minutes to Pasadena, five minutes to Sierra Madre, east, or Lamanda Park, south. The Santa Fe railroad station, is Lamanda Park, two and one-half miles. Conveyances from the sanitarium meet all cars, by telephone appointment.

The sanitarium is of two and three stories and extends more than 300 feet east and west, in separate suites, each having north and south lighting. Along the entire south side extends the famous sun parlor, 210 feet in length.

At the west end is the administration build-

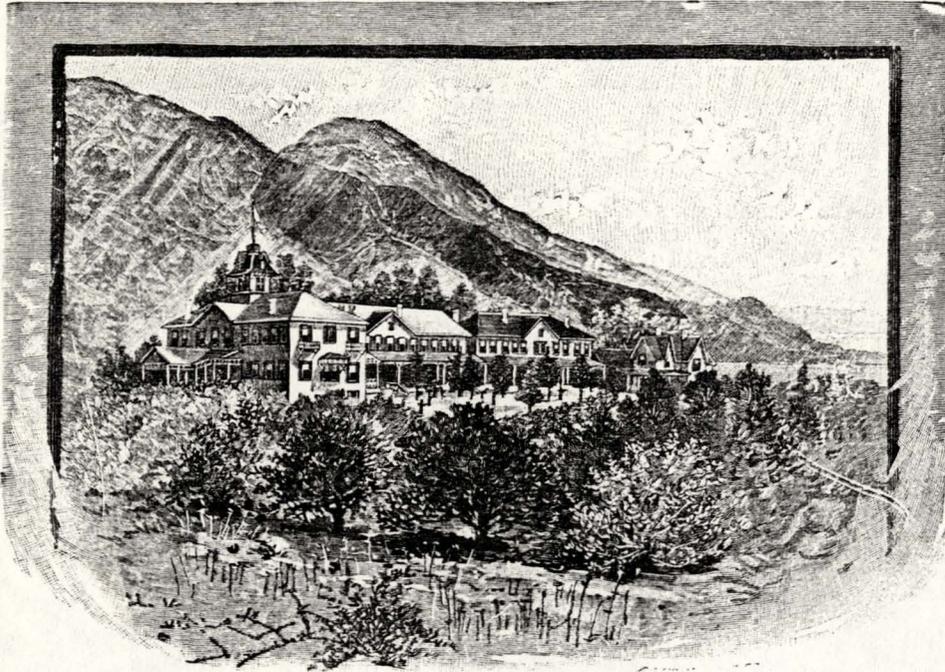
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fore the eye. Mountains, valley and ocean contribute to the unusual landscape.

There are as many climates in this valley as there are different elevations and distances from the sea. Nervous maladies do not find a favorable environment too near the sea, nor at too great an elevation. The altitude of the Villa Sanitarium, 1,350 feet, has proven favorable for the recovery not only of mental and nervous, but bronchial, heart and many other diseases. The altitude and distance from the sea give an atmosphere of maximum purity and ideal dryness. The temperature, likewise, is never cold and, in the shade, never hot; neither frosts nor the fogs of the valleys roll up to this altitude, and the snows of the mountains never come down to it. It is one of the few locations, even in this favored land, where harmful frosts never touch. The mignonette, calla lilies, heliotrope and verbenas grow perennially.

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Special attention is given to the care of chronic cases and elderly people, in senility, who may here have every care and comfort

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Every healthful diversion for those who need it, is supplied.

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For further information, address Sierra Madre Villa Sanitarium, B. S. Weymouth, Secretary, La Manda Park, Cal., or Dr. A. B. Shaw, President, 318 Clay street, Los Angeles, Cal.

## Legislative Dangers

By Charles C. Teall, D. O.

PERUSAL of recent literature on the subject of legislation would lead one to believe that the sole decision as to an independent or composite board lay with the osteopath; that it was for him to say what he wanted and get it just as easy, and that where composite boards are now in existence it has been the result of poor selection on the part of the osteopaths. Nothing could be more misleading and dangerous, for the policy of the medical men, having failed by sneers and force to stop our wonderful growth, is now to regulate us out of existence.

For that reason legislation along lines favorable to osteopathic growth is becoming more and more difficult, as it is easy for them to convince our friends, lukewarm or otherwise, that in "giving us just what other schools of medicine have" they have fulfilled their duty to us and their constituents.

The average legislator who votes for us does so at great danger to his political fences and future career as a statesman; so when he can vote for a composite board and not offend his M. D. friends and supporters and at the same time satisfy the importunings of his osteopathic constituents, he sleeps more easily at having

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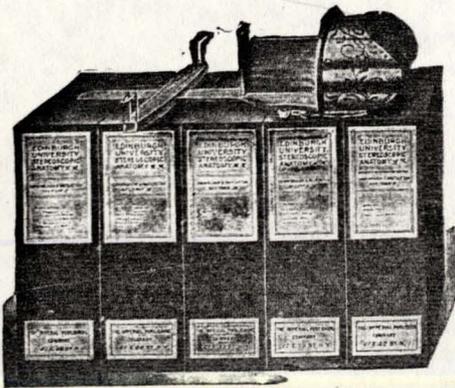
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ANDREW TAYLOR STILL, M. D.

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dodged both Scylla and Charybdis. It is not hard for him to take this position either for he asks:

"You do the same work as other physicians: treat the sick?"

"Yes."

"You use the same text books and study the same subjects?"

"Yes."

"You maintain the same standard as other schools?"

"Yes."

"Then, why not take the same examination—are you afraid?"

"No."

Then you explain that osteopathic theory is absolutely different and must be built up along different lines. That is too subtle a distinction for him. Then you speak of your fear of bias at examinations and he asks if you can cite an instance and if your osteopathic member cannot look out for his own. What can you say to such arguments to change a man who does not want to change?

It is a mistake to think that others are as vitally interested in giving us what we want as we are in securing, for the unseen forces which are at work in any legislature are beyond comprehension to the outsider. The psychology of vote-getting shows a curious analysis.

Pure reason—limited amount.

Sentiment—occasional outbursts.

Justice—a trace.

Conscience—sporadic cases.

Extraneous and other influences—99%.

A glance at the history of our legislative fights shows strange facts. One state passed a very good law before an osteopath had located in its borders. Another got regulation as a joke on the medical men. A third fought for 10 years, putting forth effort without regard to cost of time and money to get what—protection.

Conditions are different in every state. Ohio asked earnestly for a separate board. So did the barbers, horseshoers, trained nurses, undertakers and perhaps the barkeepers and hack drivers. Said the solons: "There are too many boards now; you doctors get together and we will put it through." Yet it took two sessions to get the composite bill passed with our greatest legislative general in command, assisted by the astute men of that state who grace our profession.

There has never been any complaint from Ohio. Why? Because they took advantage of their strength to get, if not what they wanted, at least the best possible. And that is the crux of the legislative situation to-day. Let's take a specific instance and not talk in glittering generalities which read well but do not pass bills.

In this state the governor is with us; the president of the senate is with us; the speaker is with us, as likewise a majority of the senate and a goodly number of the house. Everything, it is announced, is ready but the mere formality of passing the bill. But wait—there are three allopaths in the senate and three allopaths in the house. Did you ever notice how much more one allopath inside the rail can do than one dozen osteopaths outside? Likewise, the ablest senator is probably the paid attorney for the state medical society and is our bitterest foe; but what of that? Our cause is just and right must prevail, although it is rather embarrassing to find a committee to have the bill referred to and ever see the light of day.

A preliminary skirmish, however, landed it in public health committee, with three pill doctors and two easy ones to sit in judgment. To go there was indeed the casting of Daniel in a liar's den. It slumbers for four weeks when an appeal to the president of the senate results in forcing a report in the form of a substitute which the attorney general promptly pronounces unconstitutional. This creates so

W. A. Johnson, Pres. R. H. Kemp, Sec'y and Treas.  
Will Prager, V-Pres. Mary H. Parsons, D.O., Matron  
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## LAST WORD!

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APPLICATION FOR MEMBERSHIP IN THE A. O. A.

DR. H. L. CHILES, Secretary A. O. A., 118 Metcalf Building, Auburn, N. Y.:

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.).....

I attended..... College of Osteopathy during my first semester, date..... I attended.....

..... College of Osteopathy during my second semester, date.....

I attended..... College of Osteopathy during my third semester, I graduated from.....

..... College of Osteopathy, date.....

I began the practice of osteopathy at.....

.....

I have since practiced in the following places:.....

.....

.....

.....

.....

.....

.....

.....

I am now practicing at (street No., or office building and No.).....

.....(town or city):.....

(state)..... Signature (as I wish my name to

appear in the A. O. A. directory).....

NOTE.—No application will be acted upon by the Trustees unless it is accompanied by the membership fee, such fee to be dues for the current year.

Each applicant for admission to membership must be vouched for in writing by two members of the A. O. A., who are residents of the same state as the applicant.

The above applicant is recommended by:

- 1. ....
2. ....

Approved by the Trustees.....

Date.....

New England Wants More D. O.s.

THE New England Association held a very successful annual meeting at the Crown Hotel, Providence, R. I., February 22d. "We need osteopaths in New England, and if some recent graduates in the West knew that we are as active as we are," writes Dr. Florence A. Covey, "they might be inspired to come and locate among us." This convention was well attended and was full of the practicability needed each day by the osteopath. The open parliament afforded an opportunity for exchange of experience, which was helpful beyond description. The following are the newly elected officers: President, Dr.

Francis A. Cave, Boston, Mass.; Secretary, Dr. Florence A. Covey, Portland, Me.; Treasurer, Dr. J. Edward Strater, Providence, R. I.; First Vice President, Dr. J. K. Dozier, New Haven, Conn.; Second Vice President, Dr. Margaret M. Poole, Fall River, Mass.; Third Vice President, Dr. J. M. Gove, Concord, N. H. Dr. Ellen B. Ligon rendered the after dinner address in her usual gracious manner, and never were words more inspiring. Dr. Margaret M. Poole presided at the banquet, and called upon Dr. Chas. Hazzard, who responded with a pleasing impromptu. Plenty of good clinics were presented and this association is a power for the right kind of osteopathy in New England, deserving the help of every D. O. within her territory.

The morning session program was: Call to

much feeling that the committee is discharged from further consideration of the bill—action not often taken in minor bills.

And now where shall it go—for we are allowed to pick the committee judiciary? Why, of course, a committee of lawyers will be without bias—but there is the friend of the State Medical Society as chairman. That's bad. Committee of education—M. D. chairman. Revision of law—last resort if we skip agriculture and fisheries and to it we go for four of our tried and true, steadfast, die-in-the-last-ditch friends are on that committee. Also, is the friend of the State Medical Society. Still our four champions will see justice done.

Now is the critical point of the contest. The hosts of pilldom are badly shaken and an offer of compromise is made. A poll of the senate shows that we have a majority but that they are of the opinion that a joint board is the thing for reasons before given. See what four weeks' delay has done. Now is the time to get what we want in another form, but the osteopaths stand firm. "Separate board or nothing," so their representative refuses to treat with any compromise, bringing down the wrath of their warmest friend in the senate on his head. He reported to the osteopaths that their representative was ultra suspicious of pill doctors and would not meet them half way.

At last the bill is again reported and it is the public health committee substitute made constitutional. The introducer is instructed to move the death of the bill which would mean no legislation that session. A storm of protest from our friends greets it and the president of the senate leaves his chair to explain. The motion is lost and the substitute bill passed with hardly a dissenting vote.

Then the senators congratulated the osteopaths on their great victory. Fabula docet.

It is all right to yell "independent board or nothing," but when an unfeeling legislature makes up its mind to give us something it is up to us to get the best terms possible.

Let's not be Cassabiancas on the burning deck when all the rest have fled and make needless martyrs of ourselves, but drive the hardest bargains possible. In the case cited there is almost nothing the pill men would not have granted rather than have the calamity of a separate board. And so let's fight for one independent board, but be as wise as the serpent and get everything possible when that is unattainable.

All legislation is bound to be restricted and independent boards should not mean an easy way of crawling under the canvas. President Moore found an intolerable condition of affairs in the board he graces and, like the brave man he is, protested, but he does not report any discrimination. There is nothing new in the discovery that the pill doctors do not love us—he never loves anybody but himself and is not always sure of that; but that need not mean that examinations cannot be conducted fairly. It is a hard question to evade when we are asked, "Are you afraid?" And so when any state goes in for regulation let them be prepared to take what they can get if impossible to get what they want.

The great menace to osteopathy is not in the composite board but in that murderous four-year clause. Eliminate that at all cost for we must not expect the impossible of our schools as they must have time for development.

Further, there should never be a bill presented which does not contain a "Thou shalt not," for it seems necessary in some cases to keep an osteopath an osteopath by legislative enactment.

Eustis, Fla., Feb. 18, 1908.

On Solid Ground.

Why is an osteopathic patient like a disabled ship?

Because they both go into a "drv doc."

(By a Patient of Dr. Geo. H. Carpenter, Chicago)

Order; Reading the Minutes; Treasurer's Report; President's Address, Dr. R. A. Sweet; Gynecological Clinic, Dr. Margaret M. Poole, Dr. Lallah Morgan; The A. T. Still Post-Graduate College, Dr. C. E. Achorn; Technique of Cervical and Dorsal Regions, demonstrated by Dr. Hazzard; Open Parliament, at which time questions not assigned to Dr. Hazzard will be discussed.

The afternoon session program included: Spinal Clinic—Anterior Lumbar, Dr. R. K. Smith; Straight Spine, Dr. George D. Wheeler; Spinal Torsion; Osteopathic Treatment in Acute Diseases, Dr. Mark Shrum, Dr. Norman B. Atty, Dr. Alfred W. Rogers; Technique of Lumbar and Sacral Regions, demonstrated by Dr. Hazzard.

### Assimilation in Pennsylvania.

THE Fayette County, Pennsylvania, Medical Society held an "open session" at Uniontown on March 3d. Needless to say, it was held for the purpose of educating the "dear public" in what is needed in the way of medical legislation. Of course they took a rap at the osteopaths—not at osteopathy, however, so much as usual.

A noticeable feature was the fact that instead of condemning the science, the M. D.'s endeavored to show that osteopathy is only a small part of the science of healing which the M. D.'s alone have the right to practice, and that "osteopathy was practiced years and years before the 'father' of osteopathy was born." Which only tends to show that they are here, as elsewhere, adopting the method of "assimilation" in their effort to wipe us off the face of the earth.

In view of this fact it behooves every D. O. and every friend of osteopathy on every possible occasion to draw a clear and distinct line between the practice of medicine and the practice of osteopathy, lest our science lose its identity as a complete system of healing. Your repeated warnings in *The O. P.* against these methods are good.—Roy W. Marsh, D. O., *Connellsville, Pa.*

### Gulf States Osteopathic Society.

The Osteopaths of Florida, Georgia, Alabama, Mississippi and Louisiana met in Montgomery, Ala., Saturday, Feb. 15th, and organized The Gulf-States Osteopathic Society. There are ninety-six practitioners in these five states and we hope to form a strong organization for the advancement of osteopathy in the south and, as far as we are able, to promote the cause everywhere. We are going to make a special effort to have all our members join the A. O. A. and expect to have a good representation at the meeting in Kirksville next August. More than one-third of our members already belong to the National Association. In our organization the constitution and by-laws of the A. O. A. were followed as closely as our local conditions would permit. The following officers were elected: President, Dr. Percy H. Woodall, Birmingham, Ala.; vice-president, Dr. A. E. Berry, Tampa, Fla.; secretary, Dr. Frank F. Jones, Macon, Ga.; treasurer, Dr. Grace Bullas, Biloxi, Miss. The afternoon session was devoted to clinics and papers, program of which follows: Clinic, "Congenital Hip Joint," Dr. P. H. Woodall; clinic, "Straight Spine," Dr. Minerva Baird; paper, "Importance of Organization," Dr. Earle McCracken; paper, "Osteopathy a Fact," Dr. Ruth K. Haley; paper, "Diseases of the Spinal Cord," Dr. E. M. Sasvil. The next meeting will be held in February, 1909, somewhere in the state of Florida, probably Jacksonville.—Frank F. Jones, D. O., *Secretary, Gulf-States Osteopathic Society.*

### Another Fray on in Louisiana.

The Louisiana osteopaths are getting ready for another fight, the most momentous in their history. March 10th the profession assembled at the office of Dr. R. W. Conner, New Orleans, and formed the Louisiana Osteopathic Association. There were present Drs. Murray Graves, Geo. O. McCracken, Henry Tete, Wm. A. McKeehan, C. S. Graves, Delphine May-

ronne, G. G. Hughes and H. W. Mackie, who became charter members. Dr. Geo. O. McCracken was chairman pro tem. After adopting the Code of Ethics of the A. O. A. and By-laws, Dr. Murray Graves was elected president, Dr. W. A. McKeehan vice-president, and Dr. G. G. Hughes secretary and treasurer. A legislative committee was appointed, comprising Drs. Conner, McKeehan and Tete. Annual dues were made \$5.00. Plans were adopted as to how the legislative fight two months off will be conducted. We have in Dr. Graves an able leader who has already displayed his good judgment by appointing three veterans of our last fight, which we lost by such a small majority. Our president made us an enthusiastic address and inspired us all to leave no stone unturned in our fight for the advancement of pure osteopathy. A great deal of credit is due Dr. Earle McCracken, of Shreveport, for the energetic manner in which he got round and signed up nearly everyone present to membership to the A. O. A. Because of the fact that the M. D.'s were so bitterly defeated by us at the last session of the legislature they have been very energetic in seeing that only men favorable to them would be elected to the House and Senate this year. Quite a number of their own profession have been elected, whether they have a majority or not cannot be ascertained until the session is called and we make a thorough canvass of both houses. Not all of the members of the profession have been heard from, but we trust that they will come forward and assist us in what will undoubtedly prove the hardest fight our science has ever had in Louisiana.—C. G. Hewes, D. O., *Secretary, New Orleans.*

### Minnesota State Association's March Meet.

The Minnesota State Osteopathic Association held one of its best meetings of the year on March 6th in the Medical Block, Minneapolis. Several interesting clinics were presented by Dr. Anna Mahoney, and much benefit was derived from the discussion of nervous diseases in children as illustrated by these clinics. The causative lesions were pointed out and methods of correction demonstrated. Dr. Stevens, although a recent comer from Iowa, gave a well received paper on gynecological subjects—a case was cited and conclusions drawn as to indications for local examinations in girls. The doctor was listened to with interest, especially as Iowa has always made good on its representatives of the osteopathic profession. The association further appreciated the favor bestowed by a non-member. The occipital-atlanto articulation was discussed by Dr. Leslie S. Keyes. The skull was used to more fully elucidate the subject, and attention was directed to the various structures involved and lesions following in order of frequency. The anatomy of the parts was reviewed in detail and the technique of treatment worked out. A practical demonstration on a live subject made a fitting conclusion. After the meeting adjourned luncheon was served by doctors Covell and Moore and further entertainment provided for by clever stories told by our president, Dr. E. C. Pickler. Minnesota has not been heard from of late, but it is steadily advancing along the lines of strict osteopathy, and is demanding a pure, unadulterated article more and more. A special effort is being made by the program committee to furnish instructive programs for each meeting and continually present new and helpful suggestions for the general welfare and success of our practitioners. The April meeting will be held in St. Paul.

### Wisconsin Wants the Post Graduate College.

The Wisconsin State Association of Osteopaths in session at Milwaukee, February 22d, had a splendid gathering and a delightful program. Incidentally, adding to fun and fellowship, the Wisconsin osteopaths agitated a sen-

timent to try to get the profession to locate the A. S. Still Post-Graduate College at Milwaukee. Newspapers commented on this "dream of the profession" as going to be "a million dollar institution" and, incidentally, osteopathy got a good deal of free advertising on account of this item. The following officers were elected: Dr. F. N. Ojinn, Oshkosh, president; Dr. H. R. Bell, Ft. Atkinson, vice-president; Dr. L. H. Noordhoff, Oshkosh, secretary; Dr. Eliza M. Culbertson, Appleton, treasurer; Dr. Charles S. Fisher, Milwaukee, member of the executive board, and Dr. A. U. Jorris, La Crosse, osteopathic representative on the state medical board, was re-elected a member of the legislative committee.

The guests of honor were Dr. H. H. Fryette, of Chicago, who read a paper on "The Physiological Relation between Body and Mind and its Practical Application," and Dr. J. Martin Littlejohn, president of the American College of Osteopathic Medicine and Surgery, who presented a paper on "Tumors." There were many interesting discussions. Dr. W. L. Thompson, of Sheboygan, read a paper on "Professional Ethics and Professional Demeanor," which was very good. About fifty were in attendance. The banquet was at the St. Charles, Dr. E. J. Elton being toastmaster. The next place of meeting is Eau Claire.

### Summer Course of Osteopathy.

Still College announces a summer semester in osteopathy beginning May 12th and running through to the first week in September, covering one-half year's work. This class will be taught by the regular professors of the school having charge of subjects for the first semester. This movement, it is explained, is to meet the apparent demand of the times and is in conformity with the practices of a good many colleges and universities, who every summer teach those desirous of taking such courses. Teachers and others who wish to qualify themselves better for work attend these summer schools yearly without interfering with their regular teaching duties, and thus in time acquire a profession. Although this takes longer, yet it enables the man or woman desiring to learn osteopathy to do so, in spite of handicaps. Still College believes that in offering a similar opportunity, it presents a practical way to get a good class of people into the osteopathic profession who otherwise could not demand the time to attend our institutions. Many teachers have gone into our profession and their influence has been felt for the better. It is made clear in the announcement that those who take the summer course will be able to go back home and teach the coming year to return next summer and

## City Practice for Sale

An Osteopath, with a well established practice in a city of over 500,000 population in the "middle west," will sell at a bargain. Practice is about eight years established. The office and equipment are fine. The owner will sell his practice and plant because he is going abroad to reside. A good bargain for the right osteopath with cash. Book receipts will show this practice to be most satisfactory. Address,

"GOING ABROAD,"  
care The O. P.

take the second semester work, etc., and that they may continue this program until they have completed their osteopathic course. The tuition for this term will be the regular tuition of \$75.00 per term. All the apparatus and college-equipment will be better for the use of students in this course.

**Third Illinois Will Dine.**

The Third Illinois District will meet at the office of Dr. Hemstreet, Galesburg, April 1st, at 1 o'clock sharp. All the third districters are urged to turn out. Dinner with Dr. Hemstreet begins the program. The program includes Diet in Special Diseases, i. e., Typhoid Fever and Bright's Disease—Dr. Lola L. Hays, Moline. Diabetes and Lithemia—Dr. C. M. Sperry, Kewanee. Menstrual Headaches—Dr. M. P. Browning, Macomb. Discussion—Dr. Elvina Mekemson, Monmouth; Dr. Minnie Baymiller, Abingdon. Osteopathy in Acute Appendicitis—Dr. H. P. Ellis, Canton. Discussion—Dr. W. J. Giltner, Monmouth; Dr. Etta O. Chambers, Geneseo. Metritis, Prolapsus and Adhesions—Dr. Daisy Walker, Quincy. Discussion—Dr. Cora Hemstreet, Galesburg; Dr. C. E. Stewart, Moline. Differential Diagnosis and Treatment of Gall Stones—Dr. J. S. Barker, La Harpe. Discussion—Dr. Effie Messick, Monmouth; Dr. H. J. Elsea, Carthage.

**Fourth Illinois—All There!**

The Fourth Illinois District Osteopaths held their convention at Bloomington, February 29th, which was marked with splendid attendance and excellent fellowship. The meeting was at the Illinois Hotel. Dr. Carl P. McConnell, of Chicago, made an address and conducted a clinic. Plans were discussed for perfecting the Illinois Association and handling the legislative problem. Of course, President E. M. Browne, of Dixon, was there. A banquet was served in the evening. Those in attendance were: Dr. Wm. A. Atkins, Clinton, Ill.; Dr. W. E. Atkins, Bloomington, Ill.; Dr. Ethel Burner, Bloomington, Ill.; Dr. J. D. Cunningham, Bloomington, Ill.; Dr. A. E.

Daugherty, Bloomington, Ill.; Dr. Eliza Mantle, Bloomington, Ill.; Dr. C. P. Compton, Bloomington, Ill.; Dr. Canada Windell, Peoria, Ill.; Dr. E. G. Magill, Peoria, Ill.; Dr. C. R. Boyer, Peoria, Ill.; Dr. B. C. Roberts, Lincoln, Ill.; Dr. W. C. Swartz, Danville, Ill.; Dr. Lewis F. Curl, Paris, Ill.; Dr. M. P. Browning, Macomb, Ill.; Dr. C. L. Gallivan, Ivesdale, Ill.; Dr. Elmer Martin, Decatur, Ill.; Dr. Jno. Foone, Pontiac, Ill.; Dr. Carl McConnell, Chicago, Ill.; Dr. E. M. Browne, Dixon, Ill.; Dr. Overton, Tuscola, Ill.

**New Bill Up in Jersey.**

Next to the Local Option bill, a bill introduced by Assemblyman Morgan of Essex to license practitioners of osteopathy in this state, is bound to be the most interesting of the session. There are several hundred osteopathic physicians, men and women, in New Jersey and all but a few of them demand the protect the public from osteopathic quacks. The bill provides for the licensing of only enactment of a law which will, as they claim, registered graduates of legally incorporated osteopathic colleges. The medical doctors of all schools are against the bill. They bitterly opposed a similar bill last year and the year before. A date for a public hearing on the Morgan bill has not yet been set.—*Jersey City (N. J.) Journal.*

**Want Cataract Data.**

We would like very much the assistance of the osteopathic physician, writes a Canadian D. O. We have been consulted as to the possibilities of cure for cataract of the Lamellar type. There are lesions and history sufficient, we feel, to give a very favorable prognosis. However, the case is one which has been examined by some of the very best eye specialists in both the United States and Canada, with the same answer, of course, always, operation; consequently they are somewhat dubious, especially as osteopathy is very new in this section of the country, as to our ability to do anything, and asked us to cite cures of any kind of cataract whatsoever which had been cured osteopathically, but, of course, they would prefer cures of this particular sort. The case is one of a boy nine years of age. As we are young practitioners, we were unable to furnish the information desired and thought perhaps you would be able to assist us through the columns of the Osteopathic Physician. Of course names with addresses of such cures will be of the most benefit to us. If the paper is resorted to we would prefer that the replies come through you, as we do not care to come forward to publicity in this matter. Any replies sent us addressed "Cataract" will be appreciated and will be sent these practitioners.

**Four Year Course at Still College.**

Still College of Osteopathy has an announcement pertaining to its four-year course in its February issue of the *Still College Journal of Osteopathy* which will interest the profession and particularly those contemplating post-graduate work. The announcement is as follows:

For the past two years Still College has offered an optional four year course. In the future this course will be continued, but will be somewhat modified in order to meet the laws of some of the states. This course will be given only to those who have completed a course in a standard high school or who have similar or higher attainments. It will be now possible for those who have done work in high schools and colleges to matriculate under such regulations as will allow them to be examined in such states as New York, which require such qualifications. This course will be inaugurated so as to make it sufficient for the needs of the most stringent laws of any state. The course will be inaugurated with the coming September, 1908. However, we shall continue the present course of the college, covering a period of three years. Those who have desired to matriculate in this regular course that has heretofore been prescribed will be in no way barred from it by the regulations which are above outlined for the four-year course. One entering the col-

**IT'S A BACK SAVER**

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lege will have the option of taking either the three-year course or the four-year course. Persons interested in a thorough course in osteopathy will find in the above four-year course every requirement that could be desired.

Gradually osteopathic standards are raising higher and higher. Let the advancement go on.

**Philadelphians Hear Dr. Dufur.**

The regular monthly meeting of the Philadelphia Osteopathic Society was held March 3rd at Grand Fraternity Hall. After a short business session the meeting was turned over to Dr. Dufur, register at the Philadelphia College of Osteopathy. Dr. Dufur delivered one of the most instructive lectures the Philadelphia Society ever listened to. His subject was "The Reflex Nervous Mechanism" and his able handling of this complex matter showed that he thoroughly understood his subject. Dr. Dufur enlisted the aid of a stereopticon to show the course of the various nerve paths, thus making his lecture the more practical. The meeting was largely attended and a vote of thanks extended to Dr. Dufur for his effort. The society adjourned at 10:30 p. m. feeling that the evening had been most profitably spent.—*Walter Lewis Beitel, D. O., Secretary Pro Tem.*

**Dr. A. T. Still Says It Ought to Be Circulated.**

Commenting on the March issue of *Osteopathic Health*, our revered founder wrote March 7th:

"The package of 'Health's' came and I shall take much pleasure in giving them out where they will do the most good. That magazine deserves as large a circulation as has the *Ladies' Home Journal*. I wish you the best of financial success from its circulation. Let the good work go on.

"You will all be welcome in August. Ma isn't sure that you will find us both at home for that ride you tell about or not, but, anyway, we will all have a good time. Good-bye, A. T. Still."

**State Society Aid in Case Reports.**

The work of collecting systematic and scientific case reports is now being pushed successfully by Dr. Edythe F. Ashmore, the original collector of this data for the A. O. A., by enlisting the help of the various state societies. One officer in each state is campaigning his or her state to get the right sort of data, Oregon being the first to contribute for this cause. Dr. Hezzie C. P. Moore is campaigning Washington, Dr. Asa Willard Montana, Drs. H. W. Forbes and Grace Stilling California, Dr. Julia Starratt Texas and Dr. E. M. Downing Pennsylvania. Volunteers are wanted in every state in the Union. Address Dr. Edythe F. Ashmore, Valpey building, Detroit, Mich., and it will be forwarded.

**D. O. Died of Perforation Following Typhoid.**

Dr. Harriet Boles Stephenson of Johnson City, Tenn., whose husband, Dr. W. C. Stephenson, died Oct. 19, is in a delicate condition and prostrated with grief at Marion, Illinois. The deceased died from hemorrhage of the bowels following typhoid fever. Mrs. Stephenson had been sick in bed three weeks and Dr. Stephenson, as yet hardly able to be up, treated her, as well as looking after the office. He got down and was diagnosed as acute tuberculosis. He traveled to Alma, Ill., where death followed from perforation of the bowels the day after his arrival.

**Central Kentucky's Meeting.**

The Central Kentucky Osteopathic Society met at the offices of Dr. Virginia Amos in Georgetown Feb. 11th and had one of the best

meetings ever held. The subject under discussion was "The Liver," and the liveliest interest was manifested throughout the meeting. The papers and talks were instructive, but not more so than the free general discussion which they called forth. The next meeting will be held in Frankfort March 24th, and a full attendance is expected. The subject to be discussed will be the Stomach.—*Martha Petree, D. O., Secretary.*

**Good Chance for a Field.**

We call attention to a want ad in this issue from Dr. Emilie L. Greene of Detroit, who wants to find a successor to her lamented husband's practice at Jackson, Mich. At present Dr. Greene is visiting Jackson certain days, thus conducting both practices. She will sell outright or on a commission basis, to suit the buyer. Dr. W. D. Greene was in practice at Jackson eight years, had a splendid practice and a host of friends.

**Dr. Kinsinger's Little Son Dies.**

Dr. and Mrs. Joseph B. Kinsinger of Rushville, Ind., sustained the loss of their eight-year-old boy at Roswell, New Mexico, January 17, as a result of tubercular meningitis. We extend our sympathy to the bereaved parents. Dr. Kinsinger intended to leave Rushville on account of the health of his child, but his untimely death has determined the doctor to remain in his old field.

**Fourth Illinois District.**

The fourth district of the I. O. A. held its quarterly meeting at the Illinois hotel, bloomington, Saturday night, February 29. Dinner was served at 6:30, after which Dr. McConnell of Chicago gave us an excellent lecture on "Osteopathic Teaching." Dr. Browne, president of the I. O. A., was present and gave a talk on

legislation and the work of the association. The next meeting will be in May.—*Jno. Bone, Secretary, Pontiac.*

**Dr. Lynch Not in Faculty.**

We are informed by the Los Angeles College of Osteopathy that Dr. Frank A. Lynch reported in a Los Angeles newspaper as being a member of the faculty of that college; quoted by us to the same effect, is not identified with the teaching body of that institution. He was a student at the Los Angeles College and had matriculated for his third year, but had not persisted in it.

**Oregonians Support the A. T. S. P. G. S.**

In my report of the proceedings of the Oregon meeting I neglected to state that twenty members pledged five dollars each toward the Post Graduate College fund, as an initiative effort to be substantially increased next year; and also that ten dollars was voted to be applied toward the Dr. A. I. Still Fund.—*Mabel Akin, D. O., Sec'y, Portland.*

**Pierce County, Wash., Society.**

We have organized a Pierce County Osteopathic Society with the following officers: T. Thomas, president; R. H. Slayden, vice president; M. L. Briscoe, secretary; A. Goff, treasurer. We meet once a month at the different offices and discuss some subject by papers from some members.—*W. Thomas, D. O., Tacoma, Wash.*

**Dr. Ashmore on the Pacific.**

Dr. Edythe Ashmore is in Portland, Oregon attending to business in connection with settling up her father's estate. She will probably be absent from her practice three months en route home will visit in San Francisco and Los Angeles, as usual.

**Outline of the Natural System of Responses to Irritation and Injury**  
(Continued from page 7.)

lied, a great number, and a great variety of the body. The pathology of these enzymes cannot at present be enlarged upon, except speculatively; and cannot therefore be brought wholly under the law of the unified etiology. The whole subject of the metabolic changes in the body is very largely a subject for future investigation. It will be discussed to slightly better purpose in connection with the separate diseases.

Other general changes occur, but we have referred to the most noticeable, those few which all the well known diseases arise. A few others will be noted in connection with the diseases themselves. The whole subject is, however, one that requires and merits a careful investigation.

In all these features—the physiological response to irritation and injury, the consequences thereof, the accompanying general changes, and other abnormalities—the unified etiological principle seems to hold good; very fact of abnormality, and the form of depending upon the degree of irritation which is acting upon the part diseased.

**Our Opportune Osteopathic Opening**

OSTEOPATHY cannot present a stronger or more appreciated message to the world this spring than to give some substantial assurance that there is need of la grippe, pneumonia and such, leaving the permanent handicap of heart weakness that they do if proper treatment is given either during or after these maladies. Countless thousands the past winter have suffered and this spring as many more will suffer from la grippe and pneumonia, and their danger after-effects. There is scarcely a home in which some one has not had la grippe

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A very successful practice in a large Pennsylvania city can be obtained on favorable terms by the woman who can make good both personally and financially. It is not a gift at all and the owner will not sell without adequate remuneration, but it is a great bargain for what she offers.

The attention of Post Graduates is called to this opportunity.

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what they call la grippe) the past winter, and some are entertaining even a second and third siege. Very naturally, when one member of the family has it, all are likely to take it in turn.

Now, it happens that osteopathy is a comfortable, safe, reliable cure for la grippe and it is tantamount to a safe cure for pneumonia. It happens, also, that the reasons why heart failure follow such maladies after apparent recovery is because lesions are left in the system. We osteopaths owe it as a duty to the world to bear these important tidings to mankind until all understand and act upon this knowledge. Let the truth be known—are you ashamed to tell it—osteopathy is a life-saver!

Osteopaths can relieve and abort la grippe; they can clean up its wake of ruin and ill health, the fag end of which is heart failure, even if they only get cases latterly that have not been properly treated.

There are countless thousands of these relics of la grippe and pneumonia in every state in this union whose physical handicaps cry out today for liberty.

Osteopathy is just as good a cure for pneumonia also, and will abort it as promptly if administered in proper quality and quantity—that is to say, vigorously and often in the initial stages. Of course, we are not saying that osteopaths will never lose a case of pneumonia, but they so seldom lose a case where there is not chronic heart trouble to start with that the percentage of loss is really inconsiderable. Yet all these patients who "recover" from pneumonia under medical treatment are still not well. As in the case of la grippe, these also have their spinal contractures and congestions which are robbing the heart of its vital energy and which, in many instances after apparent recovery, cause its hapless victims to die of heart failure, either during some other slight ill or without sickness at all upon making some trivial muscular effort.

Osteopathy has a message of cheer, of deliverance, of safety for people of this class—and they are legion. Likewise to many others whose diseases and infirmities have made them liable to heart failure. And this is as important a message as any physician was ever privileged to deliver to his people. If osteopathy could do nothing else but rescue these very numerous victims of weak hearts due to ligamentous and muscular lesions it would be entitled to everlasting fame. Your opportunity, Doctor, is to disseminate this knowledge of osteopathic usefulness, of deliverance to your community in a form that the people will understand. Here is the way:

That important lesson is what the editor aims to teach in the April issue of *Osteopathic Health* in his article, "How to Check this Prevailing Heart Failure." Be sure you read it. Then tell him if you do not think the case of osteopathy is fairly, conservatively and truly stated! Say if the conviction is not forced upon all readers that osteopathy brings a new therapeutic advantage to imperiled and suffering people.

It is not so much with the view of winning cases of la grippe and pneumonia for osteopaths as it is to bring in the old chronic cases of sickness, resulting from these maladies, weeks and months after apparent recovery, that this article is written—and many such needy people are to be found in every community. However, the discussion appeals likewise to present, acute cases and will appeal to future cases just as well as to those chronically sick.

It is the editor's belief that this article is most opportune for present use and will prove invaluable for the office archives of the osteopathic practitioner. It is one that every office should have in stock because week after week persons will be coming for consultation, examination and treatment, to whom this sort of education will do a world of good. It will lead them direct to your treatment room.

But more than that, the article should be disseminated vigorously *now*.

Osteopaths should bring this discussion to the attention of local newspapers, journals and magazines with which they are acquainted, with a request to review it extensively. The facts are so important, so new and so true on their face that this treatise will be widely commented upon to the benefit of osteopathy, if local practitioners will join the editor in furthering this educational propaganda.

From the table of contents you will see that in other respects this is a very fine issue. It is primarily "a talk to men" about the things which most concern men in this matter of health. It is a talk to the business men of today, full of work and responsibility, and it will make a friend for osteopathy whenever one such reads it.

There is a good story by Dr. J. R. McDougall, pointing out the ill effects of patients demanding "long treatments." There is a talk on the necessity of ventilation. Osteopathic care of the kidneys is emphasized. There is reference to a score of diseases which men ordinarily suffer from.

Practitioners may be sure that the good wife, mother and daughter, too, will read this health talk relating to the handicaps of the breadwinner of the family with as much—if not even more—care, than men, themselves. April is explained as the ideal time to begin the treatment of hay fever.

Dr. Carl P. McConnell, in discussing this April issue, when given leave "to punch it to pieces in part or as a whole, if he could," returned the proofs without a single alteration, accompanied by this comment:

"How to Check this Prevailing Heart Failure," is very good indeed—popularly written, yet scientifically correct. Unquestionably, there is an enormous demand for this kind of knowledge in everyday practice just at this season, and there will be for the next sixty days. All who have gone through the winter in damaged condition will be glad to get relief if they only know how to go about it.

"I would not change a word in the article. Everything fits in nicely, and while telling the plain truth, it is yet very modestly put, very genteelly and delightfully respectful of the other medical schools, and nothing is said that could offend or hurt the feelings of anybody. A great osteopathic lesson has been taught even while praising our medical brethren. They themselves are permitted to deplore their insufficiencies in this article as you

have written it, and we osteopaths do not even have to make the statement of facts on our own initiative. It comes from our friends of the "regular" school of medicine. It is a strong number and I shall give it wide circulation among my practice. I would like to see millions of copies circulated throughout the United States during April."

May we have your order for any number from 100 to 1,000 copies? The price for 1,000 copies to regular users of the paper on the annual contract plan is only \$20.00, including envelopes. Those not on the annual contract basis get them for \$22.50 per 1,000. One thousand of these let loose in your community is the best possible investment you can make. One hundred copies are \$3.00 per 100, including envelopes, to our regular contract users, and \$3.50 to those using on the single order plan.

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WILL you give us your contract today for the regular use of "Osteopathic Health" in quantities of not less than 100 copies monthly? This plan is the most effective, the cheapest and the best. If you are a regular contract user of "O. H." for 100 copies per month you can increase your order to 1,000 or any other number any month

**A Great Talk to Women**

is found in the February issue of *Osteopathic Health*. It is bound to raise the quotation on osteopathic stock wherever it circulates. Find a lay woman who will not read it when she has the chance and you'll have a freak—a real phenomenon. They'll all read it if you let them. Do you realize that probably three-fourths of our patients are women, and probably nine-tenths of our patients are sent to us by women? That will suggest how profitable it will be to you to suggest this February issue widely.

**THE OSTEOPATHIC PUBLISHING COMPANY**  
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**OF INTEREST TO MEN.**

The April issue of "Osteopathic Health" contains—

<p><b>H. W. TO CHECK THIS PREVAILING HEART FAILURE.</b> Immoreration, Say the Doctors. Yet Hard Working is Healthful, if Regular. Prevailing Abuse of Stimulation.</p> <p><b>DANGER OF HEART STIMULATION.</b> Some Have Long Feared this Treatment. Nostrums Do Much Harm.</p> <p><b>PNEUMONIA'S RELATION TO WEAK HEARTS.</b></p> <p><b>LA GRIPPE WEAKENS HEARTS IF NOT PROPERLY TREATED.</b> Its Victims Succumb After Convalescence. Osteopathy Seeks a New Explanation.</p> <p><b>A DEATH WARRANT OFTEN WRITTEN IN THE SPINE.</b> Osteopathic "Lesions" Explained. Seeds of Disease and Death Removed.</p> <p><b>KIDNEYS SHOULD BE TESTED PERIODICALLY.</b></p> <p><b>WHEN THE MACHINE GETS AT "DEAD CENTER."</b> The Body Contains Its Own Healing. By Henry Stanhope Bunting, A. B., D. O., M. D.</p> <p><b>CRYING NEED OF VENTILATION.</b> Appalling Apathy Towards Pure Air.</p> <p><b>DON'T DEMAND "OVER-TREATMENT."</b> Try to Forget Your Ills. Don't Coddle Your Complaints. By J. R. McDougall, D. O.</p> <p><b>DISEASES WHICH INTEREST MEN PARTICULARLY.</b></p> <p><b>BEGIN TO TREAT HAY FEVER NOW.</b></p>	<p>How Caprice Wears Out the Heart. Wonderful Vasomotor System.</p> <p>Headache Powders Affect Hearts.</p> <p>Osteopathy Seeks a New Explanation.</p> <p>La Grippe Convalescents Need Adjustment.</p> <p>Do Not Think of Osteopathy as Massage.</p>
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You can do nothing better for yourself today, Doctor, than give The Osteopathic Publishing Company an annual contract for 100 copies a month and utilize this service in furthering your professional interests. Use it faithfully every month in the year. You owe it to yourself, to your community, to your profession and, we feel, to us. We subscribe ourselves.

Proudly yours,

"Propagandists to the Osteopathic Profession."

**Personals.**

Dr. R. L. Ferrand, formerly of Los Angeles, Cal., has bought the practice of Dr. Chas. A. Lane, at Montrose, Colo., the latter finding it necessary to leave on account of the altitude being too high for one of his little daughters.

Dr. F. N. Oium, of Oshkosh, Wis., has been requested to give a talk on osteopathy before the Men's Club of the First Congregational Church on the evening of March 26th.

Drs. Frame & Frame, who have offices in the Penn. building, Philadelphia, Pa., have taken a residence at 1619 Race street, and they expect to remove their offices there, but for the present they will retain a branch office at the Penn. building. Their idea is to have room to take a few patients under special care in their own residence when such a course seems best.

Dr. J. H. Mahaffy, of Huron, S. D., has taken a homestead and will locate in Pierre, S. D., in the spring so as to hold the land and practice at the same time.

Dr. C. E. Boxx, of Cameron, Mo., fell from his buggy on March 9th and injured his lame leg. He is resting easily and early recovery is expected.

Dr. J. J. Drummond, of Franklin, Kans., lost his office and furniture by fire on March 10th. There was no insurance.

Dr. Percy H. Woodall had a good article on "Osteopathy" in the Birmingham Age-Herald, on March 8th.

Dr. Frederick H. Williams, of Lansing, Mich., addressed the members of the Agricultural College Forestry Club, March 3rd, on "First Aid to the Injured."

Dr. Paul R. Davis, formerly of Indiana, Pa., has removed his offices to rooms 50 and 51 Mutual Life Bldg., Jacksonville, Fla., and has taken the practice of Dr. Chas. D. Struble, who has left the city because of ill health.

Dr. Kent W. Seaman has leased property in Huntington, Ind., the old Kenower homestead, for founding an osteopathy sanitarium, which he says will be modern in every respect. Chronic diseases particularly will be appealed to according to the Huntington Herald, February 14th.

**Removals.**

Dr. R. L. Ferrand from Los Angeles, Cal., to Keller Bldg., Montrose, Colo.

Dr. Gertrude L. Gates from Macleay Bldg., to 922 Corbett Bldg., Portland, Ore.

Drs. Wilbur L. Smith and Augusta Nichols from Washington Loan and Trust Bldg., to 1510 "H" street, N. E., Washington, D. C.

Dr. Edith A. Kellogg from Barrington, Ill., to 6216 Madison avenue, Chicago, Ill.

Dr. R. D. Kilvary from 33rd and Cottage Grove to 64th street and Monroe avenue, Chicago, Ill.

Dr. B. A. Woodward from Joliet, Ill., to Harvard Bank Bldg., Harvard, Ill.

Dr. C. F. Cashman from Williamsburg, Iowa, to 848 21st street, Des Moines, Iowa.

Drs. F. M. McHolland and St. James F.

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

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Blanchard, from Kirksville, Mo., to Victoria, B. C.

Dr. Fred B. DeGroot, from 1718 1/2 2d avenue, Rock Island, Ill., to 505 Safety Bldg., Rock Island, Ill.

Dr. L. V. Andrews, from Muskogee, Okla., to Lake City, Iowa.

Drs. Liffing & Liffing, from 608 The Nasby to 642 The Nicholas, Toledo, Ohio.

Dr. D. H. Clouse, from Calhoun Bldg. to New Bostholf Bldg., Loveland, Colo.

Dr. Nellie B. Scott, from Binghamton, N. Y., to 406 1/2 N. Elm street, Champaign, Ill.

Dr. M. A. Smoot, from Norfolk, Va., to 43 Sun Bldg., Jackson, Mich.

Dr. W. G. Hamlin from 503, 167 Dearborn street, to 102 Mentor Bldg., 163 State street, Chicago, Ill.

**Partnership Formed.**

Drs. F. M. McHolland and St. James F. Blanchard, at Victoria, B. C., having recently left Kirksville.

**Partnership Dissolved.**

Drs. Logan & Kilvary, 33d and Cottage Grove, Chicago, Ill., the latter having removed to 64th street and Monroe avenue, Chicago.

The Joliet Osteopathic Institute, with Drs. A. M. McNicol and B. A. Woodard as associate physicians, dissolved March 1st. Dr. McNicol retains the office at 110 N. Chicago street, Joliet, Ill., and Dr. Woodard has moved to the Harvard Bank Bldg., Harvard, Ill.

**Born.**

To Dr. and Mrs. Charles S. Green, of New York City, February 25th, an eight-pound girl.

Drs. Glenn B. and Jennie Y. Wheeler, of Wahpeton, N. Dak., February 18th, a son.

**WANT ADS.**

WANTED—POSITION AS ASSISTANT, OR will take charge of office for a few months. Have had nearly three years of private practice and have just completed post-graduate course. Can give best of references. Address No. 222, care O. P.

FOR RENT—IN ONE OF THE BEST CORNER locations in the loop, to reputable osteopaths, office hours with use of reception room and telephone. Either for three days a week or six days a week. Address Kirksville Graduate.

WANTED—PAYING PRACTICE TO TAKE care of for the summer by June, 1908, graduate of S. C. O. Address No. 223, care O. P.

FOR SALE—HALF INTEREST IN OFFICE fixtures and best practice in Northern Oklahoma. Cheap if taken at once. Address No. 224, care O. P.

WANTED—GENTLEMAN WISHES POSITION as assistant. Will be graduated from the A. S. O. in June. Best of references. Address No. 225, care O. P.

WANTED—POSITION AS ASSISTANT FOR summer by senior of Still College. Address No. 226, care O. P.

FOR SALE—OLDEST PRACTICE AND BEST equipment in the rapidly growing city of Portland, Oregon. Particulars given if interested. Don't write unless you mean business. Address No. 227, care O. P.

KIRKSVILLE GRADUATE (MAN) WANTS position as assistant; will work on percentage or will buy practice on monthly payments. Address No. 228, care O. P.

NOTICE — MY OFFICE IS CLOSED ON Wednesdays and Saturdays. Often patients call for treatments on those days and frequently prospective patients come to arrange for treatments. Thinking possibly some New York osteopath might like an outside office for two days per week, I have concluded to allow office privileges on the days I am absent. For particulars address Dr. J. W. Banning, Citizens' Trust Bldg., Paterson, N. J.

WANTED—CAPABLE MAN OSTEOPATH AS assistant in good practice in Montana. Address No. 229, care O. P.

WANTED—A D. O., PREFERABLY A MAN, who will share a well situated, well furnished office in down-town Chicago. Leasee is a woman D. O. Address No. 230, care O. P.

OWING TO THE DEATH OF HER HUSBAND, Dr. Emilie L. Green, 402 Brickmeyer building, Detroit, Mich., has a good opportunity for a D. O. who wants to buy a nice practice with good office, well furnished, etc.

WANTED AT ONCE—AN ASSISTANT, LADY or gentleman, in a Wisconsin town. Address 232, care "O. P."