THE OSTEOPATHIC PHYSICIAN

Volume XV.

Osteopathy and Hereditary Lesions


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

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

We are well aware of the existence of such lesions, but what have we been doing to relieve them? We have been so occupied on structural lesions, as to disregard wholly the psychological lesion, in so far as to apply the treatment logically indicated. We are too prone to follow precedent and be too much of a phonograph or parrot to do any honest thinking for ourselves. We take these cases and give them, perhaps, mechanical manipulations indiscriminately over the spine and body. Most, if not all of us, are fully aware of the biological axiom that structure affects psychology and vice versa. Conservation and ignorance have been responsible for the heredity being kept in the background and the reason for this conservatism is very obvious, when considered from the standpoint of therapeutics.

The influence of heredity is being recognized more now than ever before, but such work is being done outside of the recognized schools of medicine. They are not only responsible for heredity but are being required by the conservatives. Such organizations as National Purity Association of Chicago and such works as "Modern Researches" are doing a great work toward giving offspring a better inheritance. A proper understanding and application of the Law of Heredity constitute, in my opinion, the real Salvation of the race.

It seems very evident that if osteopathy is to fulfill its mission in the therapeutic world as a scientific school of medicine, its scope must be broadened to include the three fundamentals of the make-up of the human organism: i.e., structure, physiology, and psychology. In order that it may do this, the definition must be extended accordingly. Therefore, in order that the osteopathic school of medicine may not be confined within such narrow limits as the older schools of medicine, and the generally accepted view of osteopathy, I would define osteopathy as a system of medicine or school of healing which recognizes structure, physiology and psychology as a correlated whole (body) as the medium or vehicle for life's manifestation, and a deviation of the normal environment of the cell as being the occasion for abnormal manifestation, which is disease. Treatment, then, would be adjustment of the environment when in the structure, physiology, or psychology, or extraneous to the body. I mean to include in the environment heredity. Heredity is transmitted environment through evolution—either remote or near. Osteopathy naturally falls into this biological conception. To accept the biological view of osteopathy is to lift it out of the empirical structure it has been in so much of this. This biological conception of osteopathy is sufficient to meet all the requirements that may be made upon it for aesons to come, provided, however, it is developed along its psychical, or psychic line as well as the structural. It seems from present indications that the research camp is making a hobby out of the structural factor to the practical exclusion of the psychological and physiological factors.

I am going to take it for granted that the osteopathic profession as a whole accepts the law of heredity as viewed and accepted by the best modern biologists. I have found it so from the large number that have been interviewed on the subject. But I cannot accept their therapeutical views. In some cases they may have a good theoretical idea how to handle a hereditary lesion but no practical idea of applying it or if they have, they are afraid to apply it. The great majority, however, will use indiscriminate mechanical manipulations.

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

The sum total of our characteristics are inherent, except those that are acquired and these, good, bad or indifferent, persisted in, will eventually become instinctive. All instincts have been acquired due to environment, except perhaps, the primordial instincts; self preservation, locomotion, nutrition, and reproduction. These, however, are modified by environment and become inherited characteristics. Heredity and acquired predisposition are modifications of the primordial instincts occasioned by the environment either in the phylogenetic or ontogenetic series from the ameba up to man now.

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

If the hereditary predisposition is transmitted through the mental organism, then we have a priori proof that osteopathy under the terms of our definition is a science. If we practice it, can handle these hereditary lesions with as much scientific precision as adjusting a luxated innominate under the old conception. The evidence is accumulating rapidly that man is superior to his environment, both hereditary and acquired. Modern scientists are emphasizing this great fact more and more as the walls of conventional conservatism are broken down.

It is certainly amusing to note the structural created by the average osteopath in making his debut to a new patient. In his eagerness to find the hypothetical lesion in the back, he apparently loses sight of the fact that the patient may have a family history and that his trouble may be hereditary. If such is the case, all the mechanical manipulations or phys in the world will not adjust the lesions. I would not for the world treat lightly mechanical manipulations, where indicated, but they have possibilities, when osteopathy is regarded as a name for a scientific school or system of medicine, just the same as all the other osteopathy are each names for schools of medicine. But each one of them is narrowly interpreted, as we well know. The heredity is the offspring of the older schools naturally inheriting a good many of their narrow characteristics.
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"Something Doing" in Legislature in Minnesota.

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Pennsylvania "One Board Measure" a Warning.

Our bill is again before the Governor, passed the Senate Tuesday 31 to 4 and on Wednesday the House concurred on the amendments 45 to 3. It looks as though the A. M. A. bill were dead as the medics are fighting among themselves.

Several newspapers have criticised the one-board bill severely. This criticism has caused the "What People Say" column to be worked over, adding a new and third row to their list of woes. The columns of this newspaper are filled with stories of how they are losing precious time and money because they are not able to publish their daily edition.

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

If the Governor signs our bill and the one-board bill fails, it will be quite a jolt to the A. M. A. I am sorry to tell you that our people have been caught in the trap of trying to get something by promised generosity. They have been led to believe that they will get something "for nothing" and now they are finding that they have been badly misled. It is a sad commentary on the state of affairs.

This bill is known as "An Independent Board Bill or Bust," we say, and the scalp hunting allopaths presented their famous "Uniform One Board Bill," headed by a definition of the practice of medicine, taken from a decision by Judge Green of the Supreme Court of New York. I quote it so that if you may see they have missed nothing in the air, sea, or sky. "Nor they that dwell thereinoit reads." A person practices medicine within the meaning of this act who holds himself or herself out as being able to diagnose, treat, operate upon or prescribe for any human disease, pain, injury, deformity or physical defect, whether or not by drugs, nor the internal relations are simply adjusting to the external relations. The mental or physical environment furnishes just as comprehensive an environment for the soul as for the body. I believe this is the most comprehensive environment that we have to contend with.

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What Our Legislation Should Do For Us

By O. W. La Plante, D. O., Petoskey, Wis.

We are forbidden the practice of minor surgery and the use of antiseptics or anesthetics in Wisconsin. What is the explanation of this? A glance at the catalogs of our schools will show there is no such prohibition as we are looking for. In fact, every recognized school of osteopathy, widely known and well respected, would not undertake to deny medical graduation to any one who has completed the course of instruction and successfully passed the examinations. Why then should new bills projected forbid to Osteopathic graduates, the practice for which they are qualified?

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

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

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

What we want is the upbuilding of osteopathy. When we come together in conventions then is the time to act. Not simply by paying money, but yes to doing something. Let each member of an association take a good sized club and arrange for a "Fighting Committee" who will be ready at the first opportunity to go into and before legislative bodies or other tribunals and forever lay low medical tyranny and bigotry.

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

Another important duty which each of us owe to ourselves is to "turn down" every insurance company that will not accept us as medical practitioners. At the first opportunity, Independent Osteopathic Boards of Examiners, granting us the privileges of other professions, let us pass our examinations in all studies except "materia medica," and permitting us to use antiseptics and anesthetics where it is necessary.

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

Psychotherapy and Osteopathy

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

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

One of the fundamental principles of osteopathy is that there is no disease except as a cause and effect. All diseases are caused. This principle applies with equal force to other things than the cure of disease: and I think, if a given disease or antiseptic is taken, that it is the fault of the physician and that he is not wise in the healing art of the profession. The cause in a great many cases is the tendency, in a great many diseases, for lack of balance and an unbalance, everything that has ever been done or practiced by the medical profession. Osteopathy is yet in its infancy and has an endless amount of research work that should be done. If we can honestly and truly come before the world and say, such and such is not so and so, we've proven it by physiological demonstrations.

In our efforts to accept certain demonstrated facts as truths, at least until such a time as we have proven them otherwise, by physiological demonstrations; not a few, but thousands. Many articles have been written and published, antagonizing the M. D.'s and denouncing the author is not informed, and naturally they brand the whole profession as of the same stripe as the author. We can, if we expect a person to respect us if he knows we are talking about something we know nothing about, and it is only natural for him to think we are equally ignorant of other subjects. Some such articles have been read by M. D.'s to legislative committees of our various state legislatures when the osteopaths were asking for a law, with the well-known result-failure. All this because of undemonstrated claims.

We find articles of this nature in a great many of our journals: the last to come to my notice was on "Antitoxin in Diphtheria," in October 0. P. by Dr. Corbin, of Chickasha, Okla.

Permit me to say that I am not an advocate of the use of antitoxin. I do not use it. I decry its use, at least until we have proven its worthlessness by physiological demonstrations.

Dr. Corbin says, "Serum treatment is a live issue and we should meet and face the question by discussion." Some questions are discussable, but when we come up to the stone wall of demonstrated facts, discussion counts for nought: and that is the right where we are with the question of antitoxin.

Dr. Corbin says that antitoxin is not antitoxic, but is toxic. If this be true, that toxin and antitoxin are identical, how will we account for the following facts? Facts, I repeat, because they have been demonstrated in physiological and bacteriological laboratories hundreds of times and can we deny that any bacteriological laboratory at any time.

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

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

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

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

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

Again he says the system becomes immune to diphtheria. But, if the antitoxin has not its total properties (antitoxin) are developed in the blood: says that the disease is cured until enough of the antitoxin to destroy the germs.

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

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

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

A Definition of Osteopathy.

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

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

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

Let Common Sense Rule in This Matter of Lesions

By Dr. Walter L. Beitel, Philadelphia

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

Personally I am a "lesion osteopath"—that is, I believe that every effect has a cause, and I thoroughly believe that every osteopath is a lesion osteopath. Where the difference of opinion lies is in the interpretation of the word "lesion." What constitutes a lesion? and must it always be a bony lesion? I think here is where opinions divide—and where common sense should rule. There is a great difference between a weak, sagging spine and a subluxated atlas, and the sledge hammer treatments of the blacksmith osteopaths who treat all cases alike cannot be too heartily condemned.

I think no greater harm can be done the cause of osteopathy than some of the statements I heard on the floor of the A. O. C. convention, when several osteopaths from other states, stated that they generally set every lesion that came before them to the very first place. Gracious, what nonsense this may be done, but surely not in every case, because all lesions are not so specific.

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

Anatomy, physiology and the principles of osteopathy are the only things that goes to my mind that every osteopath should ever lastingly keep plugging away at, and use in his diagnosis. Once the diagnosis is made and verified, the case simply resolves itself into a question of proper treatment, and with a good system of mechanics, a supply of common sense and a good, sound, nature. Nature will help, care should speedily follow. Secure free motion in every joint, keep the tissues moistened, the circulation free, and nerves unobstructed and disease—like the Arab of the night time—will silently steal away.

1909 at Minneapolis or St. Paul.

Which?

In an issue of the Osteopathic Physician showing the announcement of the 1909 annual meeting of the American Osteopathic Association held at Kirksville, we noticed the announcement that the meeting of the Association will be held at Minneapolis. Practitioners of St. Paul have since laid low, thinking time would right matters, but find the general impression has gone abroad that the meeting will be held at that point. We are quite anxious to learn ourselves if this be right.

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

In St. Paul, we think we have more natural and better facilities for handling any convention that can be found where this section meets. In fact, St. Paul is one of the greatest convention cities of America. Yours very respectfully,

F. D. PARKER, D. O.
**Dr. Sutherland, of Mankato, Minn., Invents "Osteopathic Hammock."**

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

The hammock corresponds to the length and breadth of an operating table and is suspended by a series of swings and patient raised from the table. This affords complete relaxation to the patient and the body is freely moved in any direction, flexed, extended, circumducted or rotated. Exaggeration of any spinal or costal lesion possible through the simple adjustment of a strap or straps. Besides this maintenance of exaggeration to the lesion the relaxation to the patient is also a special feature.

**Fewer Doctors**

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

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

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

With this tendency there can be no quarrel. The country is demanding better lawyers, better teachers and better mechanics and it is not strange that it should demand better doctors.——The Des Moines Capital.
The attention of the profession is called to the fact that we are in a position to take care of all kinds of cases needing surgical attention. Both clinic and pay cases receive superior surgical attention and have the very best hospital service. The college is equipped with the very best X-Ray machines, is able to do radiographic work speedily, and satisfaction is guaranteed.

We are in a position to serve the profession to its satisfaction. Next Freshmen class enters May 17th, 1909. Students who desire to do so, can earn their living expenses. The most thoroughly inspected osteopathic college. The largest osteopathic clinic in the world. Send for catalogue.

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President

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

The American Osteopathic Association cannot but benefit greatly by the publicity recently given the organization in two issues of this Journal and while some of our earnest and discreet workers in the ranks of the A. O. A. were somewhat alarmed by what this paper said two issues back and feared that the organization was going to be damaged somewhat by such a statement, we believe that the most timorous advocate of the A. O. A. by this time will be convinced that publicity of this sort always helps a good proposition and that the A. O. A. is immeasurably the gainer by what this paper said two issues back and while some of the criticisms were somewhat alarmed by what this paper said two issues back and while some of the criticisms which are often faulty. Indeed, we know that one satisfied patient will in time prove a matter of real good to the association, and we trust that some new memberships will be forthcoming on the basis of the showing made by the A. O. A. when its methods have been put to challenge.

More Help to Fight the Medical Boycott of Office Buildings.

In regard to the “Medical Boycott” on office buildings I am willing to chip in five dollars toward a test case. I believe it would be money well spent; that it would open the eyes of many people, in regard to the treatment shown us by the M. D.'s.

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

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

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

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

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

With many of these the commercial phase is uppermost, and how can we expect dignified, ethical, scientific progress from them? Most of the ridiculous blunders and absurd claims, nanseonic public display, comes from this class of graduate.

Osteopathy is held up to ridicule by many in the writer's own field by the actions of just such a graduate. Can we afford it? They are in and from all our schools, and their professional demise is much to be desired by thoughtful and loyal lovers of the science, not lamented.

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

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

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

We have an institution known as the "Associated Colleges." Let this association prove that the unfit drop out; that the stalwarts unite upon a solid scientific basis, and that our colleges be supported by endowment. They constitute the bulwarks of the profession. The thinkers and builders among the early graduates are the fit, and they are surviving.

The author of that advertisement is unable to obtain a license from the state board, after many attempts. Yet for several years he has been permitted to display the name of our founder on ten-foot signs and in patent medicine type!

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

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

EDITORIAL

MEDICAL HIERARCHY ATTEMPTS EX-TURPATION OF OSTEOPATHY.

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

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

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

No time should be lost in organizing in each state a standing committee on legislation whose duty shall be to keep posted on medical legislation, and thereby to ensure passage of bills for the safeguarding of osteopathy. Only in this way can we prevent and forestall the establishment of medical schools in opposition to osteopathic principles. This can be done by the study and preparation of good facts at all times and places, and by the using of the most modern methods of publicizing the cause of osteopathy.

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

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

Dr. Rockwell proposes that eighteen infants be divided into three groups of six each. Dr. Rockwell proposes that six be given no treatment at all, six be given allopathic treatment, and the other six be given homeopathic treatment, and the treatment for each group be continued until recovery or death.

This is a fair and square trial of skill in these diseases, and the result will at least be sufficient to establish the comparative merits of the two medical systems.

For the consideration and thought desirable in the words of the "regulars"—"the regulars" are those who are in favor of the new medical system—are the following:

"One "mean" advantage that Dr. Rockwell is proposing to take over his competitors, the allopathic practitioners, and that is in selecting infants as the battlefield. Because it is well known that the regulars cannot treat infants at all. It is axiomatic in the regular medical, and is generally held among the public that medicine is not to be given to babies under one year of age for the two reasons that it is dangerous and that their bodies do not react to it. When they select infants it is either with the consent to do their delicate organisms damage in order to relieve pain, or it is with the consent to deprive the mother and the baby. It is well known that homoeopathic medicine is free from all risk of harming or of impotency actually, that babies can take quarts of it and be just as well of as if they had taken a drink of pure water. These considerations would be all to the good in a contest for public favor upon sick babies, for sick babies, let alone, show a remarkable tendency to recover. A far better test of professional merit would be for the osteopaths to challenge both allopaths and homoeopaths to a duel for the care of 100 adults each, prostrated with a grippe, pneumonia, appendicitis, or typhoid fever. Probably this selection of acute cases would be sufficient to establish the comparative merit of osteopathy with all drugging systems, weak or strong. While even this test could not be carried by the osteopaths, it would show the difference in mortality between the homoeopathic patients and the allopathic patients. Probably this test, if carried out, would come to the conclusion that less than half as many patients as the regulars—in other words, the "regulars" will live twice as long, and that the homoeopaths in other words, the homoeopaths are doing nothing to enable the patients to recover in that nature was able to make the recovery without any undue handicap of danger, the osteopaths could show that they actually help his patients get well.

There is one "mean" advantage that Dr. Rockwell is proposing to take over his competitors, the allopathic practitioners, and that is in selecting infants as the battlefield, because it is well known that the regulars cannot treat infants at all. It is axiomatic in the regular medical, and is generally held among the public that medicine is not to be given to babies under one year of age for the two reasons that it is dangerous and that their bodies do not react to it. When they select infants it is either with the consent to do their delicate organisms damage in order to relieve pain, or it is with the consent to deprive the mother and the baby. It is well known that homoeopathic medicine is free from all risk of harming or of impotency actually, that babies can take quarts of it and be just as well of as if they had taken a drink of pure water. These considerations would be all to the good in a contest for public favor upon sick babies, for sick babies, let alone, show a remarkable tendency to recover. A far better test of professional merit would be for the osteopaths to challenge both allopaths and homoeopaths to a duel for the care of 100 adults each, prostrated with a grippe, pneumonia, appendicitis, or typhoid fever. Probably this selection of acute cases would be sufficient to establish the comparative merit of osteopathy with all drugging systems, weak or strong. While even this test could not be carried by the osteopaths, it would show the difference in mortality between the homoeopathic patients and the allopathic patients. Probably this test, if carried out, would come to the conclusion that less than half as many patients as the regulars—in other words, the "regulars" will live twice as long, and that the homoeopaths are doing nothing to enable the patients to recover in that nature was able to make the recovery without any undue handicap of danger, the osteopaths could show that they actually help his patients get well.

It is a serious fact that the osteopaths would be all to the good in a contest for public favor upon sick babies, for sick babies, let alone, show a remarkable tendency to recover. A far better test of professional merit would be for the osteopaths to challenge both allopaths and homoeopaths to a duel for the care of 100 adults each, prostrated with a grippe, pneumonia, appendicitis, or typhoid fever. Probably this selection of acute cases would be sufficient to establish the comparative merit of osteopathy with all drugging systems, weak or strong. While even this test could not be carried by the osteopaths, it would show the difference in mortality between the homoeopathic patients and the allopathic patients. Probably this test, if carried out, would come to the conclusion that less than half as many patients as the regulars—in other words, the "regulars" will live twice as long, and that the homoeopaths are doing nothing to enable the patients to recover in that nature was able to make the recovery without any undue handicap of danger, the osteopaths could show that they actually help his patients get well.

The Bright Prospects for Illinois Law.

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

The M. D.'s have developed an organized opposition, but our workers have already lined up the legislature and put the measure that no serious trouble is feared. Our "boys" are working harmoniously and have already lined up a consistent lobby ever since the bill was introduced. Here's hoping for victory as a fitting reward.
An Osteopathic Operatic Star—Daughter of D. O. Proclaimed the "New Melba."

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

Miss Lyne was born in Saline county, Missouri, in 1887. She was educated in the public school of Neenah, Wisconsin, and in high school in 1904 when 17 years of age, and later taking a post graduate course in languages which she has since proved a great assistance in her vocal studies.

While in high school she devoted her spare time to instrumental music, but never sang with the public till she was 17. It was not until the summer of 1906 that she realized that she had a voice of more power and sweetness than the mere lyrical soprano tone. Upon her advice Mrs. and Miss Lyne went to Paris and sought an interview with Marchesi. After hearing or having listened Miss Marchesi herself was enthusiastic. "Yes," she said, "I will teach you. And you—you will be famous. Your voice is that of Melba." That was in August, 1907. From that time on Paris has shown hospitality and homage to the Kansas City girl. She delighted them at her announcement of coming, and we want to guard against adverse legislation. As you can suggest any methods that will be of value to us here. We are asking for an independent board, and I find we have a greater number of friends than we anticipated. We hope to introduce the bill within four weeks' time.—Frankly, P. F. Millard, D. O., Toronto, Canada, March 11th.

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

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

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

A Valiant Assistant in Legislative Fights.

"We have found that 'Osteopathic Health' has done more for us than anything we have ever used in our legislative work. As you know, we have written to all the members of the West Virginia legislature for nine months and when the M. D.'s tried to tell us what osteopathic was, the legislators knew nothing about it. Or knew more about it, I must say. We give 'O. H.' credit for our victory last year, and we want to get the same for our bill this year. We wish you could get the state in which you are working to complete our campaign. We could get from 'O. H.' sent to members of the legislature tonight that is a princely session."—W. A. Fletcher, D. O., Charksgo, W. Va.

Los Angeles College Breaks Ground For New Building.

We are just breaking ground for an additional four-story building addition to the college building of the same general plan as our present one and which will be built to accommodate the growth of the college. It will be primarily devoted to the more intensive surgical and general clinical hospital service. We are planning to have every modern convenience and device. Dr. Frank D. McCombs, chairman of the board, who has just been added to our surgical didactic staff will introduce additional feature in the way of laboratory surgery requiring every P. G. and third year student to perform all the classical laboratory work. Under the new California law anatomical material will be divided among the fifty-eight post-mortems during the past term.

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

Osteopathic Bill in Illinois.

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

Dr. Noorchoff Opens Branch Office.

I shall succeed Dr. K. W. Shipman at Neenah and shall continue the office there as a branch office of the Chicago company under the name of Dr. K. W. Shipman. Dr. W. B. Davis at Milwaukee.—L. H. Oordhoff, D.O., Oshkosh, Wis.

THE OSTEOPATHIC PHYSICIAN

Dr. Beckham Desires to Conform with Professional Ethics.

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

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

In D. O. Land

We Will Compile the List.

We have many inquiries regarding the exact status of osteopaths with various insurance companies. Particularly is this subject before us, but our information concerning companies that accept osteopaths as examiners is very incomplete. We will send to our list of companies you know do or do not accept the services of osteopaths a list of companies who have recorded the facts and preserve for reference at any time.

Canadian D. O.'s Want Independent Board.

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

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Lectures
Dr. B. F. Still writes as follows four days after a lecture delivered at
Elizabeth, N. J.
"*** If it impressed this man who is a
scholar and man of affairs it should im press
all who were present, and as a
substantial echo of the entertainment
I have already enrolled five new patients
and hear of several more who are ex pecting to come. A medical trained
nurse who was present at the meeting
told me to-day that she had induced
two prospective patients to come for
examination this week, and she herself
is considering entering the A. S. O. next September."
For Press and other opinions address
DR. WILLIAM SMITH
KIRKSVILLE, MO.

THE OSTEOPATHIC PHYSICIAN
examination in surgery, but gave us the use of
antiseptics and antitoxins. We are off for a
great struggle in the "house," which we
consider the real battleground of our bill, and
the "house" is not so favorable, or at least we
think so. The senators did themselves proud
and proved to us that they were men of their
word, honestly desiring to give the new science
a fair chance to develop its principles and
practice. We have had one of the ablest at
torneys in the state, Mr. John A. Bush, in
charge of our fight, backed by a self-sacrific­
ing legislative committee and supported by the
entire profession of the state in a way that
never before was thought could be done by
the most optimistic of our ranks. The fair
ness of our bill has appealed even to our ene
mies, and the right of it has been a tower of
strength to help us so far. We realize that
the osteopathic laws of the country are upon
us and that much is expected. We expect to
prove worthy of the trust and not close the
doors of this state to the D. O.s that may fol
low. A delegation of twenty-five D. O.s,
headed by our attorney, called on the Gov ernor,
and while he was non-committal, yet he
promised to send us and went over the Dr. Jones
case, which in the supreme court, and we
believe we can get a law passed to which him which is fair and right he will sign the bill. Frater
nity—George W. Fenn, D. O., Sect'y.

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

Who Wants Location in Wisconsin?
There is a good opening for a D. O. at Waupaca. Osteopathy is received in
adjacent towns, which could be worked as branches. Population is between 3,500
and 4,000 and location is in Central Wiscon
sin. I shall be glad to communicate with anyone who means business. I will refer them to
the right party.—L. H. Noordhoff, D. O., Osh­
kosh, Wis.

Lively Discussion at Osteopathic Lecture.
An interesting and educational lecture on osteopathy was delivered by Dr. Arthur P.
Firth of Newark, N. J., before the Harlem Lib eral Alliance at the Hotel Astor on February 26th.
The doctor's exposition was regarded as clear
and simple by the majority of those present.
Among the minority was Dr. Fischberg, an allopath, who, when the meeting was thrown open
do discussion, rose to respond to the arguments of Dr. Firth. From that minute the meeting
was a lively one. The criticisms of Dr. Fisch berg consisted largely of base insinuation, vitupera tion and categorical denial; this, however, only served to prove that an American audience will not stand for calumny or unfair dealing. Many sincere questions were asked
and numerous speakers in defense rose to an
swer the attacks on the science. The en tire meeting demonstrated the value of this
kind of work in a means of making the os­
teopathic position clear, and the profession
would do well to consider following a similar
plan whenever good speaking can be ob tained.—E. E. Tucker, D. O.

Dr. McConnell Lectures in Philadelphia.
The February meeting of the Philadelphia Osteopathic Society was held on the 18th in the month in the Great Fellow's Temple. Dr. Walter L. Beitel presiding. Dr. Carl P. Mc Connell, of Chicago, was introduced as the
guest of honor and speaker of the evening.
He gave a lecture and clinic on "Treatment of Abdomen and Pelvis." His talk was most
thorough and practical and numerous points
were brought out which were new to many of us.
Dr. McConnell was warmly welcomed in Philadelphia, especially as this was his first visit.—Abbie Jane Pennock, D. O., Sect'y.
The regular monthly meeting of the Philadelphia Osteopathic Society was held in Grand
Fraternity Hall March 2d. Dr. Chas. J. Mut tewart, dean of Philadelphia College of Osteo pathy, the speaker of the evening, took for his
subject "The Osteopathic Standpoint." He mentioned various conditions as causative factors, and gave the osteopathic
 lesion and treatment indicated for the re
lief of such cases.
A good lecture was delivered by Dr. George T. Muttart.—A. M. Flack, D. O., Acting Sect'y.

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

Annual Election in Louisiana.
The Louisiana Osteopathic Association held its third annual convention at New Orleans,
February 28th. Officers elected were: Pres ident, Dr. R. W. Conner, New Orleans; vice
president, Dr. Wendall Hyde, Crowley; secre tary-treasurer, Dr. C. G. Hewes, New Orleans.

The Philadelphia College and Infirmary of Osteopathy
CHIE prespective student of Osteo­pathy wants to look about
him earnestly before choosing his
school.

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

This is the environment of the Phil adelphia College and Infirmary of
Osteopathy, established in 1899 and
since enlarged four times to accom mo date the increased attendance.
The Philadelphia College draws clin i cal material from a population of
fifteen hundred thousand.
It has acquired the univalved dis ser tant facilities of the Philadelphia College of
Osteopathy.
It has access to all the famous clinics of Philadelphia, and to the unique
collections of the Wistar Institute of Anatomy and the Academy of Natu ral Sciences.
And its faculty enlists the teaching services of some of the foremost prac ti cing Osteopaths in the country.

Students from every part of the United States and from foreign countrie s, seek the Philadelphia College of
Osteopathy.

Next class matriculates September 14, 1909.

Write to the Registrar for
catalogue of the Phil adelphia College and
Infirmary of Osteopathy, and a

1715 North Broad Street
PHILADELPHIA, PA.
Dr. E. G. Carson, of Baton Rouge, contributed a paper on the “Plural Sac” and Dr. Henry Teto, of New Haven, talked on “Malakia.” Dr. Ida K. Stephens, of Baton Rouge, who joined the organization at this meeting, is the first woman member of the association.

Dr. Bolles Lectures before Denver Women’s Club.

At a meeting of the Women’s Club of Denver, February 15th, Dr. Nettie Hubbard, Bolles delivered a lecture February 16th, at the Igorrote Village, Philadelphia, on “The Formation and Shape of the Human Spine.” In addition to the regular visitors a number of students and doctors were present. Dr. Willard spoke of the spines of the Igorrotes were more abnormal than any he has ever examined.

Third District, Illinois, Meeting.

The seventh bi-monthly meeting of the third district Illinois Osteopathic Association was held at the residence of Dr. Frank Chapman, of Galesburg, on February 3rd. Officers elected were: President, Dr. Fred B. DeGroot, Rock Island; vice-president, Dr. Ada Hinckley Chapman; Galesburg; secretary-treasurer, Dr. F. E. Olson, Bushnell. The program included “The New Osteopathic Legislation” by Dr. E. G. Carson, Canton; “Diabetes,” Dr. Elta O. Chambers, Geneseo; “Diabetes Mellitus,” Dr. R. J. Albright, Kewanee; “Influenza,” Dr. Fred B. De Groot, Rock Island; “Critical Standing and How to Improve It,” Dr. Lola B. Hays, Moline. A general discussion followed each number of the program. The attendance was good. The next meeting is to be held at Galesburg, early in April.

O. O’s Get Recognition in Washington State.

The composite medical board bill passed the Washington house of representatives February 15th, by a vote of 79 to 3. The measure provides for a mixed board consisting of five allopaths, two osteopaths, one homeopath, and one eclectic. It is expected the bill will pass the senate without serious opposition.

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Graduates recognized everywhere.

Special Terms to Physicians, Osteopaths, Trained Nurses, Etc.
Arkansas Osteopathic Meet.

The Arkansas State Board of Osteopathic Examiners met February 2d, in the offices of Dr. C. A. Dodson, in the Ray building, Dr. O. S. Dodson of Little Rock, Dr. Josephine Bradley of K erdoo Springs and Dr. J. R. Cooker of Greenville, Miss., presented themselves for examination. The members of the board are: Dr. J. C. Young, Jonesboro, president; Dr. A. A. Kiser, Lonoke, secretary; Dr. A. W. Berry, Hot Springs; Dr. L. H. Giggibothan, Pino Buff, and T. S. Still, of Fort Smith. In the afternoon there was a meeting of the Arkansas Osteopathic Association, addressed by Dr. A. A. Kiser of Lonoke, who spoke on "Suberculosis." Dr. A. W. Berry of Hot Springs and Mr. Fagan of Stuttgart. The object of the meeting was to discuss legislation that would be favorable to the practice of osteopathy in the state. After the meeting a reception was tendered the osteopaths on Pulaski Heights.---Little Rock (Ark.) Democrat.

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

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

Oregon Bill Killed in Committee.

The symposium on the proposed new law for Oregon, sent you a few days ago, is rendered valuable by the bill in committee yesterday. The M. D.'s could not agree on the form of bill. Probably a little aid for a bill independent of board in this state would bring harmony into the ranks. Nothing like opposition and persecution to promote unamiability.---Omis F. Akin, D. O., Portland, Ore.

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

This certainly has been a tremendous week for osteopaths in British Columbia. I am sending you some of the medical bill as introduced and as it appeared amended. We are indebted to some influential patients of mine for their hearty support and personal efforts in behalf of osteopathy. Without which it would have been barred from practicing in British Columbia, (providing the bill went through.) These patients took the matter up as their own personal business and used their influence which must have been unlimitied, with both the medical council and the legislature to insert the word for healing. The result was the acceptance of the amendment they asked me to draw up, and which Dr. King, M. D., introduced. We wanted a little more freedom but the medical men objected and threatened to withdraw the whole bill if too much was demanded. We ought to do our best to get it enough alone.

The whole thing came up so quickly that we osteopaths had no time to get together to frame up a campaign. Saturday (February 12th), at 4 p.m. they came to my office to ask me to draw up an amendment to the original bill and Sunday at 11 a.m. it was in the attorney general's hands one hour before he left for Victoria.—L. A. Myers, D. O., Vancouver, B. C.

The amendments particularly affecting osteopaths were:

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

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

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

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

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

Any duly qualified osteopath who shall successfully pass such examination of the Council of the College: Provided that such osteopath shall be restricted wholly to practice of osteo-
pathy shall be entitled to be registered under this Act as a member of the College.

Osteopaths Win Skirmish in Colorado.

Dr. Barnett, of Attica, has been arrested for practicing medicine without a license. Two osteopaths, Sandness of Denver and Cosman of Cheyenne, have been arrested for the same violation.

The medical council introduced by Senator Twining, which was designed to regulate osteopaths, failed to get a hearing in committee of the whole. The bill was defeated by a vote of 21 to 18.

As soon as the bill was read Senator Butner moved his amendment of the enacting clause, which was amended in committee of the whole, minus the objection of Dr. Barnett, of Attica, who was present.

A Chance to Reach Big Fraternal Organization.

The Brotherhood of American Yeomen will hold their annual meeting in Denver in June. It is important that the profession in- terested in the establishment of this organization be represented at the meeting.

The Western Osteopath

Published by the

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EDITOR

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Dr. Barnett Fails to Get Mandamus.

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

Composite Bill Passed in Washington State.

Our composite bill passed both the house and senate March 5th-five allopaths, one osteopath, one homeopath being voted in. The Governor said he would sign it.—W. T. Thomas, Secy. Legislative Committee. Tacoma, Wash.

A Victory Gained in Iowa.

Osteopaths were defeated in their third before the public health committee of the Lower House of the Iowa Legislature. Before Dr. Still and Dr. Barnett had defended their school of healing and answered the criticism directed against them by Dr. E. C. Bigelow, the committee went into executive session and for a vote of seven to five decided that osteopaths should be admitted to practice in the proposed county hospitals.—(Clinton, D. A.)

Self-styled "Osteopath" Arrested.

One "Dr." A. B. Smith of Altoona, Pa., who calls himself an osteopath, although without a license, has been arrested for practicing medicine without being registered. The arrest was made before Justice of the Peace James Kelly, of Huntington, whose office was notified by Dr. R. K. Lamp, of Lock Haven, informs us that he was formerly located at Watkins, N. Y., but jumped into Pennsylvania as soon as the New York law went into effect.

Arkansas is Calling for D. O.'s.

Quite a number of osteopaths have located in Arkansas during the last year, but there are many good towns of 2,000 to 5,000 inhabitants which are still without osteopathic practitioners. The members of the state board are active osteopaths and will aid in every manner possible in the matter of choosing locations in which osteopaths are needed. The branches examined in anatomy, physiology, pathology, materia medica, therapeutics, urinalysis and toxicology, the last three combined in one course. The ability to practice a trade is all that is demanded.

The secretary, Dr. A. A. Kaiser, Lonoke, Arkansas, has been corresponded with by those considering a change or new graduates who are seeking locations.

Northeastern Missouri D. O.'s Enjoy Fine Progress.

An excellent meeting was enjoyed by the Northeastern division of Missouri Osteopathic Association at Kirksville, January 1st and 2d. There was a good attendance and much enthusiasm prevailed. A strong program was presented, which included Physical Diagnosis, Clinic and Osteopathic Treatment of Heart Diseases, by Drs. L. von Gerlach and E. Hamilton; Osteopathic Mechanics, by Dr. F. E. Hamilton; Diagnosis of Infants, by Dr. Earl Laughlin; Osteopathic Treatment of Innominate Lesions, by Dr. C. W. Burt; Laboratory Technique of Value to the Osteopathic Practitioner, by Dr. Charles E. Hamilton; and Osteopathic Treatment of Fractures and Dislocations with Illustrations, by Dr. C. C. McCoach. The heavy array of surgical demonstrations: Hospital and Surgical Clinics, Hysterectomy for Incurable Uterine Diseases, Abortion, Ovarian Tumor, Laceration of Perineum and Cervix, Haemorrhoids, Tuberculosis, Syphilis, Fibroid of the Uterus, Hypoplasia, Talipes Calcaneo-valgus, Ectopic Ovaries, and Hemorrhoids, Carcinoma of the Uterus, by Hospital Clinics of the University; Hemorrhoids, by Dr. Geo. M. Laughlin; "Urinalysis," by Dr. Geo. M. Laughlin; "Orthopaedics," by Dr. R. E. Hamilton; "Report of Three Interesting Osteopathic Cases," by Drs. M. M. Balsley, Wm. H. McCoach. The heavy array of surgical demonstrations afforded considerable prominence in the hospital and the presence of Dr. George Still conformed the convention of unusual value and interest.
THE OSTEOPATHIC PHYSICIAN

Dr. J. A. Barnett, from Attica, Ind., to Rog­
er's, Benton Co, Ark.

Dr. Dayton R. Holcomb, from ga to 515-514
Steinhay building, Chicago, Ill.

Dr. William C. Wilson, of Wentzville, Mo.,
has recently opened an office at St. Mary's
College, Charles, Mo.

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

Dr. T. Simpson McColl, of Elgin, Ill., was
in Chicago February 21st and was a caller at
the office of Dr. J. A. Barnett.

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

Dr. Oliver Walker of Eugene, and Dr. Eva M.
Mclrow, of Medford, the only osteopathic appli­
cants there heard in January, passed with highly creditable
grades.

Dr. R. Kump has bought the practice of
Dr. L. Baugher at Lock Haven, Pa., and
is located at 121 East Water St., Dr. Baugher’s
former office.

Dr. P. G. Blair has moved to Wilkes-Barre, Pa.

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

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

Dr. C. N. Walker, of the A. S. O. “Skidoo
Chasm,” has hung out his shingle at Athens,
Ga. He had already established a connection
at Walton, and his new office promises a
larger place present greater opportunity.

Dr. E. E. Tucker, of Jersey City, N. J., has
opened offices in a new building, 15 West
Thirty-fourth St., New York, and will spend
part of his time there. Dr. Tucker does not use the offices they will
be occupied by Dr. W. E. Swan.

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

Dr. T. Wismer, from Webster to Morgan
block, Lead, S. D., took the practice of
Dr. E. J. Bowman, from Joplin, Mo., to R. S.
Box 39, Kirksville, Mo.

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

Dr. O. C. Mutschler, of Somerset, Pa., has
decided to sell his practice to Dr. J. F. Coon.
Dr. Mutschler has been successful in building up
his practice to such an extent that he has finally
decided that he is not strong enough to successfully
take care of a large practice, and so will, in
the future, take only a limited number of pa­

tients, and devote part of his time to some
light business vocation.

Dr. William Efford, who recently went to
New York, where, he is Mondays, Wed­nesdays
and Fridays, while the rest of his time he is
located at 121 East Water St., Dr. Baugher’s
former office. Dr. Baugher has moved to
Brooklings, S. Dak.

Dr. R. Chapman, from Quenemo to Fredo-

Dr. W. F. Murray, from Sandwich to Kirt­

Dr. J. K. Kidwell, from Columbus to Jacks­

Dr. T. H. Woodson, from Carmen, to Chero­

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

Dr. Anna J. Thompson, from Creighton to
Winfield, Neb.

Dr. J. R. Jackson, from Waterloo, Ia., to
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