The medical world has long held to the specific germ theory in this as in other diseases. The theory is false, as the whole specific cause theory is false. But as the specific germ theory has already broken down under the weight of evidence slowly adduced, we will not further combat it here, but content ourselves with quoting Thos. L. Stedman, editor of the Medical Record (Feb., 1909).

A fortiori, reviewing the gradually lengthening list of germs productive of classical typhoid symptoms, he asks:

"The fact of this nonspecificity of clinical typhoid fever being established, the question arises: What is typhoid fever? Is it a disease with definite clinical symptom, of which there is a specific, bacterial cause, or is it only the one of such clinically identical infections associated with the presence of the typhoid bacillus?"

This question he discusses quite seriously, and then further:

"It will be interesting in the light of the new views regarding the specificity of typhoid fever, to observe the effect of preventive inoculation. Will they protect only against the typhoid of the eleventh bacillus, or will they fortify against the attacks of all the bacilli of that group?"

Truly the medical world has been fearfully infected with the germ fever.

Not only has the specific germ theory collapsed, but the germ theory as a whole is not now held with such exclusive rigor as formerly. Other causes than germs are being recognized. Where then, do we stand, in this matter? A rational view would suggest that:

"The range of the causes of typhoid fever is as wide as the physiological relations and the anatomical bearings of the part affected—no wonder, no narrower. The same thing is true also of symptoms and the sequelae of the disease.

The part affected is the general lymphatic system with especial reference to Peyer's Patch glands; and the most important agents in affecting these are intestinal pollution, fatigue, great mental overwork, the organs of chemical balance and anatomical lesions.

At the same time it is too well shown that germs are a cause of typhoid fever to make possible any opposite contention. An epidemic and infective disease must have an epidemic and infective cause. We contend not against the theory of germ causation, but against the word 'exclusive' and specific in the theory. We contend only against the negative in the definition, and contend for a broader and more sensible attitude in these two particulars, namely: that the mechanism of the body is specific, not the germ; and that any agent capable of affecting the same mechanism can produce the disease.

Supposing these contentions to be established, it follows that the treatment of the disease must consider not alone the infective agent of pollution, but also the body's resources in fighting the pollution, and the specific mechanism of the body which is affected. This latter is the consideration that osteopathy brings to help in the fighting of the malady.

Let us first study the physiological picture of the disease.

Dr. Ferdinand Lagrange, in The Physiology of Infectious Diseases, states: 'There exists in the body a fever of overwork which has its closest analogy with the typhoid diseases. **Overwork** is much more than a predisposing cause of typhoid fever: it is capable of producing epidemics of continued fever absolutely resembling typhoid fever. **After** great physical fatigue, an attack of pneumonia or of erysipelas is apt to assume an infective character, and wounds to develop toxicity. **Dr. Lagrange** also refers to a theory of epidemics as based on no longer a germ from without, but a symptomatic poison produced within.

There is, therefore, from the opinion of this physician, a physiological definition of typhoid fever possible in terms of the physiology of fatigue. Even the infective character of the disease and other diseases may be stated in terms of the toxicity of fatigue.

Fatigue expresses itself chiefly in a relaxed vaso-motor system; a lowered and very unstable blood pressure. The veins and lymphatics are chiefly affected. The toxines from the excessive catabolism, unremoverd through the failure of blood pressure and lymphatic circulation, deposit themselves in the nervous, muscles and lymphatics. Their toxic effect is of a depressive character. The conditions in typhoid correspond with this picture.

Thus, Dr. Thomas McCrae, The Symptoms of Typhoid Fever, in Osler's Modern Medicine, p. 143, quoting from Thayer:

"As a rule the state of the circulation is an important indication of the condition. A variable degree of capillary statis is common and may be extreme, especially over the back (due to the position, and indicating vaso relaxation, a hypnotic condition).

"There is no disease in which a dicrotic pulse occurs so frequently. It may be marked early in the course, and continue throughout. It is probably due to a reduction of the tension of the arterial wall.

"The heart cannot be said to show any changes peculiar to typhoid fever. The variations in the rate, character of the sounds, etc., may be due to **vaso-motor paralysis with secondary effect on the heart muscle** **. Dilatation may be present.**

Hypostatic congestion and bed-sores are frequent and are traceable to the vaso-motor failures.

Endocarditis, peri-carditis, arthritis and infections of the vessel walls are rare. Affections of the skin are not so rare, but the great majority occur in the veins of the leg. This may be due in part to the fact that the leg is the usual source of the fatigue; but the greater frequency in the left leg suggests strongly the anatomical explanation, which is given by Dr. Still that the left femoral vein is the more exposed of the two, and lies just beneath the skin. The trouble with veins in general does not seem to be inflammation or any trouble with the tissue itself, except in their inability to sustain pressure; that is to say, vaso-relaxation.

On page 110, the same author, describing changes in the third week, says:

"The heart sounds usually show changes, the systoles with becoming tensive and indefinite and may almost disappear at the apex (indicating feebleness); the second is very often short and sharp (indicating undue relaxation of the heart). "In others there may be embrocardia. The pulse is usually small, soft, and the blood-pressure low. Hypostatic congestion and bed sores appear.

Id. p. 150. "The view has been gaining ground that typhoid fever may cause more permanent changes in the vascular system than was formerly thought."

The effect of this venous relaxation and capillary stasis is felt immediately in lymphatic stagnation.

The anatomical picture presents a constant (or nearly constant) lesion of the solitary and agminated glands near the ileo-caecal valve. What property of these glands is it that makes them involved in the disease? A further examination of the whole body reveals the important fact that throughout the body it is the lymphatics and the lymphatic tissues that are primarily affected; these solitary and agminated glands themselves are lymphatic organs. The opening sentence of the anatomical picture above it would have read: The anatomical picture of typhoid fever consists of a constant lesion of the solitary and agminated glands of the ileum and the general lymphatic tissue and organs of the body. The former leads strongly to the assumption that the solitary and agminated glands are involved along with the rest of the lymphatic system in general, not primarily. Thus Dr. McCrae: Osler's Modern Medicine, p. 96:

"Hyperemia and Hyperplasia.—This involves the lymphoid tissue in the lower part of the jejunum, the ileum, and to a variable degree the appendix and the large intestine. The lymph follicles are swollen, etc. The solitary glands may also be greatly swollen.

"The Mesenteric Glands.—These stand in close relationship with the ileum, and almost always show some involvement.

"The Spleen.—The changes in this organ may be compared to those which occur in the lymph tissue of the intestine and in the mesenteric glands. The spleen is nearly always swollen at the beginning and during the course of the disease."

"The Liver and Bile Passages.—The liver early in the disease is usually hyperemic, etc. There may be also nodular areas. . . . Mallory considers there may be two varieties of these lesions; in one there are phagocytic cells in the lymph spaces and around the portal vessels . . . . The second variety is due to the obstruction of the capillaries by phagocytic cells which have been carried by the portal circula-
tion from their point of origin from the endothelium of the vessels of the intestine and spleen. Mallory, whose conclusions may be summarized briefly, (the cells of epithelial origin) increase both in number and in size and show marked phagocytic properties especially toward the lymphoid cells. This occurs especially in the lymphatic and the lymphatic vessels. It may . . . block the lymphatic vessels. In the veins similar accumulations occur beneath the endothelium, probably in the endothelium itself. The arteries are not affected by this process.

The bone marrow, which has been especially studied in the roentgenograph, shows it to have much the same character as described in the intestinal lymph nodes and spleen. The blood-forming cells show general hyperemia with a marked relative increase of the lymphoid over the granular cells.

The general stagnation of the lymphatics is largely secondary to the amyloid of the blood vessels, chiefly the veins. The tendency to ulceration in the patches of Peyer is due very probably to the fact that the circulation in them is impeded mainly by their adhesions to the adenoid. This leaves the blood and lymph pressure relatively very much weaker here than anywhere else.

The osteopathic study of this disease reveals further anatomical peculiarities. There is almost always contracture of the muscles central at or near the point of exit of the vessels from the thorax to the abdomen. This is observed at the outset. Associated with this is a noticeable fluidity of the muscles below, central about the twelfth dorsal. Later on, especially in the later stages, this twelfth dorsal center becomes very sore and contractions appear around it. This change evidently coincides with the state of the adrenals, which at first appears paralysed, and resums its activities as the condition progresses to recovery. In the straining efforts to re-establish the circulation, the irritation overflows, and according to the law described in an earlier chapter, causes the soreness in the dorsal centers. It is this soreness which is described by medical writers as "typhoid spine" appearing toward the end, or during convalescence. The location is specifically at the eleventh dorsal.

The paralysis of this organ is the basis of most of the symptoms of this disease; especially as it is the chief cause of the low blood pressure, capillary stasis and lymph stagnation. It may follow upon poisons, or by mechanical causes. Thus Sajous:

1. The functions of the adrenals are actively enhanced by the supposition of the splanchic nerves, and appear to be increased in the same way by poisons.

2. The functions of the adrenals appear to undergo over-stimulation when a sufficiently active toxin is present in the blood, the result being either hemorrhage into the adrenals, per se, or inhibition of their functions.

It follows that mechanical stimulation also could over-stimulate, and be the cause of adrenal failure. In fact, any agent which could stimulate could also cause a failure on the part of the adrenals, for instance, fatigue, cold, mental strain, absence of function, etc.

It is therefore not only possible, but highly probable, that an inflammation of any single organ or part of a group of organs or parts of the body can be caused by only one agent, and that agent a single cause. This theory is supported by the involvement of a group of similar organs as a whole, in different parts of the body, points strongly to some abnormal function of the whole group, as a common cause. It is quite possible that germs might be a part cause, or at times the whole cause of that abuse; but only the most abnormal abuse designated as the sole cause, against every a priori reasoning, and the axioms of experience. Any agency, internal or external, capable of affecting specifically those organs could cause the disease. That these glands have a specific function it is impossible to doubt; that the governance of this function has a specific location or locations in the central nervous system cannot be doubted; that it also has a specific location or locations in the body is necessarily true; any of these may be the avenues for disease, as well as any anatomical lesion affecting the ileum or its blood supply or any disease of the ileum or its blood vessels capable of acting selectively on them or their functions. A priori it must be assumed that these form the avenues for any affection of these glands. The location of the initial contraction and the examination shows the location of some of these centers.

That abuse of the legs can help to cause typhoid fever through its depressive action on the adrenal body is a fact which is the more clearly demonstrated.

An explanation of the symptoms of this malady now becomes comparatively easy. The adrenal body is part of a system of chemical equilibrium which is affected in nearly all diseases. In typhoid, the adrenal body bears the brunt of the attack, the rest being affected. Typhoid is given to the disease in which the adrenal body is violently depressed or paralyzed, with a corresponding hyperemia of the entire body.

In this mechanism there is a variety of functions.

Among its functions those that are most noticeably affected are:

1. The maintenance of the normal heart and blood-vessel stimulant, as described.

Second, the failure to maintain acid-alkali equilibrium; and, partly because alkaline salts are necessary for leukocytogenesis, therefore:

Third, the failure of leukocytogenesis, especially in view of the stagnation of the lymphatics. This may be due to the inability of the body, due to absorbed peptones from the intestines; the failure, therefore, to supply fibrinogen to the blood; fibrinogen being the chief agent of heat and energy, its lack causes the typhoid state.

The failure of fibrinogen leaves the other elements, particularly trypsin and oxidizing substances, in relative excess, the trypsin (normally carried by the white cells which are now diminished) being in the blood stream itself. These elements cause an excess of cell metabolism, unremoved and unregulated, and, therefore, adds to the depression.

This trinity, fibrinogen, trypsin and oxidizing substance is necessary to insure germ destruction. We interfere with the trinity and the individual, with the other two, leaves the germs to multiply freely from restraints, and to become virulent; so the individual is transformed into a bacillus capable of producing typhoid fever. (Sajous, page 1762.)

The contractions central about the eighth dorsal show the location of the splanchic nerves by which the organ may be reached to produce stimulation.

The onset is marked by symptoms that may be referred to the fourth dorsal centers of this mechanism of chemical balance; anorexia, vomiting, coughing, pulmonary symptoms, epistaxis, nausea (sweating); by sore throat, fever, headache, delirium, dizziness, stiffness in neck, sore throat, deafness; and of course the spleen is involved in the attack of typhoid fever. (Sajous, page 1762.)

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The onset is marked by symptoms that may be referred to the fourth dorsal centers of this mechanism of chemical balance; anorexia, vomiting, coughing, pulmonary symptoms, epistaxis, nausea (sweating); by sore throat, fever, headache, delirium, dizziness, stiffness in neck, sore throat, deafness, insomnia, photophobia, etc., by some that are traceable to failure of adrenals secretion; diarrhea, abdominal pain (Sajous, page 1762), chill, backache (sweating) weakness, convulsions, etc. Lack of fever at the time of the disease is a characteristic feature, or the gradual rise of temperature to the slow resuming of function; the step-like temperature is the function of the adrenal body and is present in practically all fevers, occurring in connection with the steady rise. This is one of the few infective conditions in which the rise of temperature is necessary.

In the second week irritative symptoms have disappeared, such as the bronchitis; the symptoms of general stagnation take their place. The abdominal vessels are more hopelessly engorged, with distension and diarrhoea and pain. Ulceration is proceeding and hemorrhage and perforation may occur as early as this week.

Patches is due as much to the occluding of the blood-vessels as to the swelling and consequent pressure on them, together with the low blood-pressure (as in the tubules of the kidney) due to the congestion of the blood.

In the fourth week, the failure of nutrition is evident in the enfeebled and rapid pulse. Symptoms due to lack of blood pressure are also evident, congestion of organs, swelling of the lung. The patient may die of profound toxaemia.

In the fourth week, convalescence as a rule begins. During convalescence the effects of the malnutrition begin to appear. These bear a strong resemblance to the symptoms of thyroid failure, and the signs of wasting, emaciation, pigmentation of hands and feet, hypothermia. The close inter-location between the thyroid and the adrenals has been pointed out by Sajous.

Resemblance to other infections is also present. Rose spots are to be found in any condition of general stagnation and malnutrition. They are not specific to typhoid. Those of typhoid are said to come in successive crops. Rose spots may become a regular eruption, with hemric spots, hemorrhagic rash, and disquamation. Germs are found therein as in other infections. Erythema alba may be found. Parotitis complicates some cases.

During convalescence repeated chills, with high fever, during which the bacilli have been isolated from the blood, strongly resembling malaria, have been reported.

In other cases, recurrent attacks of profuse sweats, without any other evidence of typhoid, or other symptoms of the disease, are reported by patients which run into typhoid. Some of these develop into typhoid, others into malarial symptoms, and some with greater severity, due, no doubt, to the condition of the patient. Now, although it is possible that very severe cases may be contracted from the light cases, yet this is not the rule; but if the severe cases become the source of tertiary infection, then from these severe cases the same results follow. Some of those who catch the infection will have it less severely, some as severely, and some more severely. So there is continual progress in severity, and this must necessarily be in the body.

The great majority of epidemics of all kinds begin mildly, imperceptibly. The first cases are hardly recognizable, and it is some time before the true diagnosis can be made. Among those who catch the disease from the initial cases will be some who more mild and some with the same symptoms and some with greater severity, due, no doubt, to the condition of the patient. Now, although it is possible that very severe cases may be contracted from the light cases, yet this is not the rule; but if the severe cases become the source of tertiary infection, then from these severe cases the same results follow. Some of those who catch the infection will have it less severely, some as severely, and some more severely. So there is continual progress in severity, and this must necessarily be in the body.

The battle against germs, therefore, has two aspects—the sanitary aspect which tries to prevent the spread of disease and the biological aspect which aims to strengthen the fighting capacity of the individual. Once the germ has located in the body it is not a question of destroying the germ, but of strengthening the
body. It is impossible to reach all the germs in the body, or even, perhaps, any of them, without endangering or destroying the body itself.

The body's battle against the germs has two aspects—the chemical and the mechanical. The chemical battle concerns the manufacture of the anti-toxins and the actual killing of the germ. The mechanical battle has a mechanical basis, for it depends upon the dynamic stimulation of the organs that produce the chemicals.

The great danger in infections is that the toxins have the power to inhibit the action of the glands which manufacture the anti-toxins. (Sajous, quoted above.) The glands are controlled by the pituitary body, which is an organ very sensitive to chemical influences; and in the body economy it is necessary to be sensitive to very light chemical influences. But since everything has the faults of its qualities, this organ can too easily be paralyzed by over-stimulation; in which case, it inhibits the action of the body itself—organs whose business it is to manufacture the anti-toxins. Osteopathic treatment has proven itself effective to take these organs out of the deadlock and restore their fighting energy.

In the treating of these diseases there are, therefore, two possible lines of approach—one is the mechanical stimulation, whereby the inhibition is removed, and energy is given to the action of the different organs very specifically and very effectually, as experience has proven; and with that energy be included the thermal stimulation means of heat and cold; which is thermic so far as the nerve terminals are concerned; but having stimulated them it is transformed by them into chemical stimulation. Secondly we have also the chemical stimulation, whose path is intricate and whose action is dangerous. The chemical stimulants act upon the pituitary body, already partly paralyzed from chemical strain, and shocks it into an even more disturbed state.

There is very little doubt that a vast number of the paralyzing chemicals which follow after infectious diseases, are due to this very heavy strain on the pituitary body and its nerves by the chemical remedies employed. Some of these chemicals may produce severe effects upon other organs or parts of the body, but this is not believed to be the case.

The same reasoning that is given with regard to the tubercular germ. If the zymotic action upon which the germs rely be already produced by other causes in the body, this gives the germs their only foothold—constitutes a specific "susceptibility" to that germ. But be it noticed, it is the condition of the body that is specific, not the germ. Even in its effect upon the body, it is the specific metabolism of the body rather than of the germ, that causes the specific symptom group. Treatment should, therefore, be directed to the specific condition of the body, rather than the germ.

**Dr. George Still at the A. O. A. Convention**

Dr. George Still, surgeon at the A. S. O. Hospital at Kirksville, will have a room at the Hotel LaSalle, Chicago, during the A. O. A. convention, and will have facilities for making examinations. Examinations will be made by appointment. Cases that are brought to the convention for the purpose of clinical demonstration will be examined, but case examinations will be subject to a nominal fee. Dr. Still will hold no surgical clinic in Chicago or Kirksville until school opens in September.

**Doc Pessimist Now Toots an Auto Horn Instead of His Own Meditation on the Whyness of Things**

WERE I, I've got it, and she is some cart, too. Run! She can run like a jack-rabbit; but I have never saw one of them try to climb a telephone pole, and she did. Gosh a' mighty! He did! And she might ought to look at the pesky thing for two days. I was terrible afraid Doc Pilson would hear about it and give me the ha, ha, but he didn't. Next year I'll get a bigger one.

That last "O. P." was a great paper, even outside of it, and piece strikes me a great moral lesson can be dug out of its pages. It looks that a-way to me.

Now, there is Dr. Farnam's report on infantile paralysis. That should cheer up the most chicken-hearted, apologetic osteopath on the list, for even the medicine god whom he worships says plainly, "There is no specific for infantile paralysis," so when he reads such reports he should take heart and understand in one thing he can do more than pills—that is real osteopathy cannot.

Then that man Bumpus comes pretty near writing a classic where he discusses the Bony Lesion. It's the real goods and he says more in that one page than any of the near-kind could in a big book of big words.

His piece sorts me mind out of a English feller named Kipling who sings—

"When 'Omer smote his bloomin' lyre, He'd e'ard men sing by land and sea; And every dull fellow that ever drew, 'E went and took the same as me!"

Get the idea? All that has gone before belongs to us and if it is good we use it, but not to the exclusion of the great central truth of osteopathy—Bony adjustment.

Gosh! But don't he make a bull's-eye when he howls for more osteopathy in the colleges? The fact is the student who goes out with a scrambled book of big words.

"If the sure, some of them do n't grasp the real idea that osteopathy is adjustment, but think it means that all systems of curing—the hull darn 57 varieties—have been corralled under the name of osteopathy and unless they use 'em all on each patient, they don't know any osteopathy.

But why so flip and in such a rush to dismiss Abegglen brought out that case of eczema after a hundred would fail, others, certain faith and did it with his 10 fingers all alone. When he went to that case he did not have a dray to carry his instruments, and machinery, but depended on his head and hands.

Thank God for such reports! Then on another page a feller really uses cuss words to show how durn emphatic he feels—I have never saw Beitel also, but he is the real thing, for he believes in old Dr. Still, and cures 'em up and 'gee, confidentially, that is all the public cares a cuss about.

Mr. Editor, you have my valedictory but I hope you can run your excellent paper without me. You see I am going for a vacation in that darn frisky cart of mine and shall probably never return. If I do I hope I shall no longer be a feller from our own golden shore who has the privilege to deal with this subject.

P. S.—Have been too busy with the machine to pay any attention to election, and O yes, the baby was sick.

**The Osteopathic Physician**

**The Relation of Spinal Lesions to Acute Infectious Diseases**

L. E. Wyckoff, D. O., Los Angeles, Calif.

ONE of the first questions that is generally asked by a novice acquiring knowledge regarding the system of therapies known as osteopathy is, "What can the osteopath do with Infectious Diseases?"

When asked to deal with this subject I was requested to treat it in a frank and original manner, relying more upon my experience than theoretical knowledge. So during the consideration of this topic I have held before my mind the memory of thirteen years of active practice in all diseases but take no part in these cases. And certain facts in three different states, Michigan, Oregon and California.

It may be interesting to know if I sidestepped the difficult acute cases or met them with confidence, for instance, in the treatment of the little fellow from our own golden shore who has the privilege to deal with this subject.

Whether through these years of pioneering in a new school of therapeutics: of battles against prejudice and criticism and opposition—the theory promulgated by Dr. A. T. Still that the lesion is the chief causative in disease, both acute and chronic, has proven itself in actual practice. My answer is that not less than one-twentieth of the cases I have treated by osteopathy is as immutable as the day our venerable discoverer gave it out to a doubting, needful world. That it is to be a matter of future history, I have no doubt. It is now being contested by the success of practitioners of our school all over the United States and in foreign countries. We have gained in comparatively a few years the legal recognition and protection of
The Osteopathic Physician

As a Matter of Comparison

SOME form of support is a necessity in 90% of the cases of Spinal Curvature, Pott's Disease, etc. These supports have usually been made of rigid, hard, unyielding material, which, while perhaps supplying the required support have many undesirable features, making the remedy almost as bad as the disease. Restricted respiration and heart action, hindrance to growth and development, muscular atrophy, scalped skin, etc., are some of the minor ills that accompany the wearing of jackets made of plaster of paris, sole leather, steel, etc.

Here are a few of many hundreds of old jackets and supports we have replaced with the Sheldon Appliance to the infinite satisfaction of physician and patient.

Here’s the Comparison

THIS Sheldon Appliance is humane, cool and comfortable. It does not choke or irritate even in the hottest weather. It provides just the required support, exerting a gentle, firm pressure where needed, yet permitting full respiration and proper muscular action. It lifts the weight of the head and shoulders off of the spine and corrects any deflection of the vertebrae. It weights ounces where other spinal supports weigh pounds.

Every Appliance is Made to Order to fit the individual requirements of each patient in accordance with measurements taken by the physician. It is as easy to take off and put on as a coat. It cannot be detected through the clothing. In over 15,000 cases Sheldon Appliance has produced results and given comfort to the patient far exceeding that derived from the usual plaster of paris or other unyielding jackets.

We will be glad to send to any physician our plan for mutual co-operation which explains in detail just how the Sheldon Appliance is adapted to all forms of Spinal Curvature, Irritation and Pott’s Disease.

We have fitted grandparents of 80 and over, and babies of a year and less.

Phil Burt Mfg. Co.

141 7th St., Jamestown, N.Y.
The Abuse of the Hunchback---A Defense of Our Bed-Rock Principles

C. E. Thompson, M. D., D. O., Des Moines, Ia.

What is this influence? As a class they differ from those enjoying longevity, only, so far as we can see, in their deformity. Have we not all explained to patients how the injury they conceived fifteen to twenty years ago causing a rotation of a vertebra, slowly, little by little, wasted the vitality, particularly of the nerves issuing from that area until finally, after these years—during which they had been apparently well—they have, resulting, their stomach trouble or that cough, or heart insufficiency?

Much the same condition of affairs exists in the case of the hunchback; while there has been sufficient adjustment for the usual functions of life to be carried on with a fair degree of comfort, it is abnormal. The abnormal can never be "normalized" while it is abnormal.

There is always, on the part of nature, an effort to overcome disease. Sometimes she is apparently entirely successful; but even then who will say the organism possesses the same vitality and the same possibilities of overcoming the disease as before; sometimes the disease is overcome and a deformity is left. The deformed part never again does its work properly and adequately so long as the deformity exists. It may do its work fairly well. So well, indeed, that it looks to us as if the defect has been completely corrected. But our means and methods of detection of variations, or the variation may be discoverable only through long periods of time, and when right adjustment is impossible.

This may indeed be the condition to be sought as securing the greatest possible ease to the individual; but it does not change the fact that all clinical experience leads us to the conclusion that there is not and cannot be an isolated structure that perfection of performance of function, nor the vigorous vitality of the healthful body—the body full of health and vitality—is possible when the disease is not corrected and the deformity is left.

These facts are certainly evidenced by the hunchback. Comparatively few of these ever reach maturity, fewer still reach the age of forty, and it is a very rare case when one reaches sixty or fifty years of age. True, many are apparently fairly healthy, eat well, sleep well, digestive processes carried on with ease, but the inevitable, a short life, always confronts them. We can not say that all of them come from short-lived families, nor that all of them by accident succumb to some inherent disease. Rather the disease is the result of the action of a long-continued disease as before—was the deformity which is certain of the concept upon which we have builded, and yet is overthrown by the builders by the builders by the theory of the bony lesion, have wasted the vitality, particularly of the nerves issuing from that area until finally, after these years—during which they had been apparently well—they have, resulting, their stomach trouble or that cough, or heart insufficiency.

The field of disease is too large and divided into too many subdivisions to be covered by any one system of treatment, and while we need general practitioners, we need specialists, for I am confident that to get the best results in osteopathy we must specialize.

No Doctor of Osteopathy ever graduated has yet equaled Dr. A. T. Still in skill for discovery of lesions or adjustment of them and results obtained. Why? Because we have not concentrated our efforts or specialized on the lesion theory, or studied as definitely as he along this line. As we seek to crowd out the evidence that the umbrella of the school of osteopaths rests—The Lesson.

The idea upon which our profession has been founded—the new idea we have to offer the public, is the most original and the greatest truth discovered in the realm of medicine.
The Osteopathic Physician

O. A.; “Emergencies,” by Dr. Joseph Ferguson, of Brooklyn; “Conservation—Patient and Operator,” by Dr. Charles C. Teall, of Fulton, N. Y. Among other subjects discussed were: “Diagnosis by Methods Other Than Physical Examination,” Wallace L. Roberts, Germantown; “Acute Anterior Poliomyelitis,” by Julia E. Foster, Butler, R. I.; “Vaccination, Favorable and Unfavorable Aspects,” Arthur M. Flack, Philadelphia; “The Practical Application of Anatomy, that the self-styled functional scoliosis, one in the transitional stage to stenosis. Dr. Smith claimed that in five per cent of all school children of ten to twelve, and more firmly in public esteem and confidence. At the twelfth annual meeting of the State Association, held at Philadelphia June 9th and 10th, a proposal was made to establish, was legally and favorably. The report of the committee was received with much satisfaction. It showed that splendid work has been done with excellent results. Among the big things accomplished were the putting through of some desirable amendments to the osteopathic law; securing absolute exemption from the operation of the new Medical Board of Pennsylvania; the most important, the segregation of osteopathic practice from the medical; the passage of a new law just signed by Gov. Tener (this is the famous “one-board” measure as it finally passed in modified form), the defeat of various measures designed to license irregulars and to legalize “neuropaths.” The beauty of it all, too, was that it was done with little noise or fuss. Undoubtedly, the man to whom especially great credit belongs is the indefatigable, astute worker as Dr. Vantine, of Harrisburg. He was on the job literally day and night during legislative sessions, and at all times, in season and out of season, was alive to every chance to promote the cause of osteopathy. He had hearty support and help, but the profession in Pennsylvania has reason to congratulate itself upon having in its ranks such a whole souled, indefatigable, astute worker as Dr. Vantine.

The convention program as carried through was of itself valuable and interesting. The addresses on “Food Dopers and Their Methods,” by Harry P. Cassidy, special agent, Philadelphia County, Dairy and Food Division, Pennsylvania Department of Agriculture, and Prof. Chas. H. LaWall, depression of the sacroiliac joint, as a cause of lumbar pain has been and is at the present time a subject of much discussion. It is no doubt that the injury of this joint, owing to its extreme ligaments, is supposed to be a medical rarity. Such, however, is not the case, and through the courtesy of Goldwater, of Boston, attention has been recently directed to the comparative frequency of dislocation at this articulation as the real seat of trouble in many of the obscure cases of so called lumberago. The patient usually has a history of having had a heavy object, thereby straining his back, followed by severe lumbar pain, which necessitates the summoning of a physician, who, after a more or less thorough examination, diagnoses the trouble a sprained back, bruised muscles, etc.; whereas, if trouble had been taken thoroughly to investigate the sacroiliac articulation, there would have been no difficulty in determining mobility of the joint, and the case could have been settled and very much less pain. The important thing in this instance is to make sure that the original is filled out. The original sheet will be bound in book form, alphabetically, and the duplicates will be arranged by states. We reproduce herewith the registration blank in reduced size. It will be seen that it provides for very complete information concerning the person registering, and when these blanks are bound in book form, alphabetically and also by states and towns, they will give the secretary of the A. O. A. data concerning the membership of the association which he should have, but which it has been very difficult to ascertain accurately heretofore. Of course, every person attending the convention, in order to enjoy full privileges, must register, and it will require but a few minutes extra time to fill out the blank in full, so the Committee of Arrangements earnestly hopes that every osteopath in attendance will co-operate in this matter by taking time to do this important work and in full. The original blanks will be handed out by the Registration Committee at the Hotel La Salle headquarters and this information is given so that you may save time and trouble, or know what is the matter, and do it is for. You will be expected to take the blank, fill it out properly, and return it to the Registration Committee at the earliest possible moment.

Pennsylvania Has Great Meeting. Program Full of Fine Features. Progress in Legislation Highly Satisfactory

TH E grand old Keystone State is certainly to the front in things osteopathic. They have set up high standards and big ambitions, and they are making progress that is truly gratifying. They are doing things; keeping right abreast of the progressive movements of the day; alive to matters of public and professional interest, and as a result they are themselves establishing, and more firmly in public esteem and confidence. At the twelfth annual meeting of the State Association, held at Philadelphia June 9th and 10th, a proposal was made to establish, was legally and favorably. The report of the committee was received with much satisfaction. It showed that splendid work has been done with excellent results. Among the big things accomplished were the putting through of some desirable amendments to the osteopathic law; securing absolute exemption from the operation of the new Medical Board of Pennsylvania; the most important, the segregation of osteopathic practice from the medical; the passage of a new law just signed by Gov. Tener (this is the famous “one-board” measure as it finally passed in modified form), the defeat of various measures designed to license irregulars and to legalize “neuropaths.” The beauty of it all, too, was that it was done with little noise or fuss. Undoubtedly, the man to whom especially great credit belongs is the indefatigable, astute worker as Dr. Vantine, of Harrisburg. He was on the job literally day and night during legislative sessions, and at all times, in season and out of season, was alive to every chance to promote the cause of osteopathy. He had hearty support and help, but the profession in Pennsylvania has reason to congratulate itself upon having in its ranks such a whole souled, indefatigable, astute worker as Dr. Vantine.

The Old School Doctors Busy "Rediscovering" Osteopathic Truth

The Lumbosacral Articulation as an Axiological Factor in Lumbago. Displacement of the sacroiliac joint as a cause of lumbar pain has been and is at the present time a subject of much discussion. It is no doubt that the injury of this joint, owing to its extreme ligaments, is supposed to be a medical rarity. Such, however, is not the case, and through the courtesy of Goldwater, of Boston, attention has been recently directed to the comparative frequency of dislocation at this articulation as the real seat of trouble in many of the obscure cases of so called lumberago. The patient usually has a history of having had a heavy object, thereby straining his back, followed by severe lumbar pain, which necessitates the summoning of a physician, who, after a more or less thorough examination, diagnoses the trouble a sprained back, bruised muscles, etc.; whereas, if trouble had been taken thoroughly to investigate the sacroiliac articulation, there would have been no difficulty in determining mobility of the joint, and the case could have been settled and very much less pain. The important thing in this instance is to make sure that the original is filled out. The original sheet will be bound in book form, alphabetically, and the duplicates will be arranged by states. We reproduce herewith the registration blank in reduced size. It will be seen that it provides for very complete information concerning the person registering, and when these blanks are bound in book form, alphabetically and also by states and towns, they will give the secretary of the A. O. A. data concerning the membership of the association which he should have, but which it has been very difficult to ascertain accurately heretofore. Of course, every person attending the convention, in order to enjoy full privileges, must register, and it will require but a few minutes extra time to fill out the blank in full, so the Committee of Arrangements earnestly hopes that every osteopath in attendance will co-operate in this matter by taking time to do this important work and in full. The original blanks will be handed out by the Registration Committee at the Hotel La Salle headquarters and this information is given so that you may save time and trouble, or know what is the matter, and do it is for. You will be expected to take the blank, fill it out properly, and return it to the Registration Committee at the earliest possible moment.
Osteopathic Treatment in a Case of Eclampsia

C. E. Abegglen, D. O., Ritzville, Wash.

I BELIEVE the time has come when we as osteopaths ought to tell what is being done by the profession. Our medical brethren when they have scored a victory in a certain case or series of cases, see to it that it is published in all the journals throughout the length and breadth of this whole country. Why shouldn’t we do the same? Of course, it is necessary for us to be modest in our claims, and not have the case sound as though it was for a patent medicine concern.

I have a case that I wish to report, and in so doing not take the credit to myself, but to the system we are practicing. Any reputable osteopath no doubt could have secured the same results. We can usually succeed if we think we can. I wish to report a case of eclampsia. According to Edgar, we have the following definition: "By the terms eclampsia, puerperal eclampsia and puerperal convulsions, is meant, in modern medicine, an acute morbid condition, making its advent during pregnancy, labor or the puerperal state, which is characterized by a series of tonic and clonic convulsions, affecting first the voluntary and then the involuntary muscles, accompanied by complete loss of consciousness, and ending in coma or sleep. Eclampsia may be gestational, intra-paum, and post-partum, or puerperal eclampsia proper."

On November 29 last I was called to see a patient, a very large woman, one who would weigh about 300 pounds, age 38. The day before I saw her I was looking for and then some. I certainly would have advised any physician to undertake a case like hers, and I certainly have all the symptoms leading up to a serious time at the time of labor, if not before. Sometimes these cases surprise us by behaving beautifully at the last, but more often they give us all the trouble we are looking for and then some. I certainly would not advise any physician to undertake a case of this unless he has consultation he can call to help when needed, for I have found that there is plenty to do for two."

I studied over the case very carefully, and then explained the case to the husband, and told him we believe what might happen in the case. He told me that he was aware of the seriousness of the case, and knew what might happen as his wife’s sister had died from the same kind of trouble, and that he wanted to make no change as he was sure if the osteopaths could not save her there was no one who could. So with his assurance that he wanted me on the case, I went to work with a might, and the outcome of the case justified us in the work. I could only treat her but three times per week. The treatment was directed largely over the kidneys and the liver, and had her taken three or four hot baths per week. I put her on an almost exclusive milk diet, and did not allow her to eat much food with the starches, and made her remain quite quiet. Her younger children were sent to the country so that she might be as quiet as possible. At first she did not want to comply with my requests and I had to tell the husband that unless his wife would comply strictly with my instructions that I would not assume the responsibility of the case. So my instructions were carried out. We expected the confinement to take place the 15th of January, but was surprised to get the call on the 2d of January, at which time I delivered a seven-pound boy. At first the baby was quite weak, but soon rallied and today is strong and hearty. Both mother and child are doing fine. Once or twice while I was treating the case I thought that another spell was coming on, but they were always warded off by the treatments.

This is the sixth child born into this home, and the husband told me that his wife never got along better than she did this time. Can we say that it was due to the osteopathic treatments? There can be no doubt about it, and I am sure osteopathy scored a big victory.

M. D. Says Osteopathy Is Too Hard Work

I HAVE read "Osteopathy and Drugs" in The Osteopathic Physician, sometimes "The O. P." has good things, and sometimes better, and this is one of the latter class. I have advised all my friends to read it. The article quotes facts and puts them in words capable of being understood. It is an insight into the real osteopathy; ten-fingered osteopathy some call it, but that is not the real osteopathy. Medicine is not in the cerebrum than any other therapy in existence, together with no little muscular exertion.

The latter calls to mind a statement made to me by an M.D. of twenty-three years practice, who has studied osteopathy. He said, "Osteopathy certainly does the work. Medicine is not in the same class, but you work too hard. It is much easier to write a prescription." Fraternally yours.

—L. Ludlow Haight, D. O., Los Angeles, Calif.
The Osteopathic Physician

The Organ of News and Opinion for the Profession

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The Osteopathic Physician

Old "Doc" Pessimist to Have an Automobile—His Chances of Election Bright

VER since my last piece in THE OSTEOPATHIC PHYSICIAN, business has been fine and I am sure that the people in my town are dead set against morphine.

I heard old Dr. Still said it was better to suffer pretty hard for a short time than to run the risk of stirring up some latent tendency which later would bite like an adder and sting like a serpent.

They seemed to be a right smart sentiment among the better class of M. D. doctors against the pernicious use of morphine too, but somehow our fellers with leanings toward the black bag can think of nothing but the fact that a cruel law forbids 'em to give the shot. The fact that they are daily relieving conditions which under regular treatment would call for it, does not impair their professions, and perforce for private use.

One M. D. writer says our insane asylums and jails are filled with the results of criminal and indiscriminate using of morphine by M. D. doctors.

You see when they are called at about 2 a.m. and there is a horrible pain it is so easy to give the shot and get back to bed that they do not stop to figger out what really is wrong.

Now with us fellers it is different. We are up against it and have to work and do as many times we relieve the case—even if not as many times as we should. There is a right smart sentiment among the better class of M. D. doctors against the pernicious use of morphine too, but somehow our fellers with leanings toward the black bag can think of nothing but the fact that a cruel law forbids 'em to give the shot. The fact that they are daily relieving conditions which under regular treatment would call for it, does not impair their professions, and perforce for private use.

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We Call the Doctors—and Yet We Die


Nearth a heap of clay in the Potter's field, unmarked by even a stone of gray, lies a wasted form; nor yet has knoedle one sorrowing soul to weep or pray. Not even a place to lay his head. A friend in need, or sought in vain. Had the sticken beggar. The verdict read:

"He had no doctor, and so he died."

Neath a flowered mound in a sun-kissed plot, In her last, long sleep rests a four-year-old, And ever and often this gave is sought By grief-bowed parents—nor has time consolved. An only child—yet, when racked with pain, A half-score eminent doctors yield Each with the other—but all in vain—They called the doctors—and yet she died.

In a granite tomb, in a bed of bronze, Crambling to dust does a banker lie; And bereaved ones offer their orisons, And torture themselves with the question, "Why?"

A surgeon was called to save his life—"Successfully," he said, with an air of pride, When he finished work with his oft-used knife—They called the surgeon—and yet he died.

Tombs! Mauzoleums! O what are these But monuments to a doctrine wrong? For, remedial forces to cure disease. The body tissues alone belong; And as Nature must cure in Nature's way, Just so long as physicians these truths deny, The world will still be forced to say—"We call the doctor—and yet we die."

So it has been, and so it will be, So long as Nature is comfortless; So long as physicians are wont to see But knife and physic for every ill. But let us live and labor and pray That God our efforts will ever guide, And that Future never more shall say—"They called the doctors—and yet they died."

"The O. P." Aeroplane Snap Shot of Chicago

We show herewith in reduced size "The O. P. Co." aeroplane snap shot of Chicago. The following "Where It Is" and how to get there. The Chicago convention is devoted to the profession for convenience when visiting Chicago, particularly in connection with the A. O. A. convention in July. If you fail to get one, or desire extra copies, you will be supplied upon request.

Regarding Railroad Rates to the Big Chicago Convention

The fare and one-half rate will apply to all sections except the Pacific Coast. The Pacific Coast rate has already been established. It is about $7.50 round trip, and the days for leaving most convenient for the convention will be July 15th and 20th.

The certificate plan will not apply to the Pacific Coast people, but will apply to all other sections, and we again request everyone whose fare is over $1.00 to be sure and announce to their ticket agent that they are to attend the American Osteopathic Association Convention and secure a certificate with their ticket. This certificate must be presented to me at Chicago for verification. If one is in a small town where certificates cannot be had, buy a local ticket to the nearest station where the agent does issue them.

We are going to have a big attendance and we want all to come right and go home happy. Fraternally—Joseph H. Sullivan, D. O., Chairman Transportation Committee.
The Osteopathic Physician

mole of the shirt-cuff," "idiopathic atrophy of the pajamas," "sloughing of the posterior foramen of the humerus," "ice-tights of the toes." "Addison's disease of the shirtfront," and "inoperable volvalus of the necktie," what should be prescribed—collodi silver or the gold cure?

Two minutes and forty-nine seconds before the coroner was called Silas Dinsmoor lipped:

"My man had wandering kidneys would his spinal column?"

"Willie, bring the hammer, there's a fly on papa's head!"

All I get from the iceman is ICE.

**Try This on Your Piano.**

Sing softly, father wants to sleep.

BILL-TH'-OSTE'PATH. (I love even his sese-

moids.)

*(Tune: Jimmie Valentine.)*

When your pulses are all leaping,
And you cough and sneeze and chill,
And your fever up goes creeping,
It is time for Doctor Bill.

He can cure your lights or liver-
Yes, a cunning way he hath
You just can't stay ill.
If you call in Bill.

Call in Bill—th'-Oste'path—BUT-

CHORUS:

Look out! Look out! Look out for Bill—th'-
Oste'path.

A cunning way he hath—a scientific crook,
With a touch that lingers in his well-trained fingers
He can find the combination to your pocketbook.
Look out! Look out! For when he finds a juggled spine
That's the time to jump right up and shout some 

He'll cure your aches and ills—but then, O mercy!
Ouch! His bills!
For Bill—th'-Oste'path—LOOK OUT.

And still the wonder grew;

That one small head could carry all he knew.

AN M. D.'S SOLIOQUY.

*(Tune: Put Your Arms Around Me, Honey.)*

Patients all a-going to the Oste'path,
My job's now just holdin' down this chair;
Worried I am growing with my weight;
It's just about as much as I can bear.

Some one now is asking all about this fake;
No more hesitating, I must keep awake;
I'll knock it now—I know just how-
This is what I'll say:

CHORUS:

"They put their arms around you and they
squeezee you tight,
Throttle you and pummel you with all their
might.
Oh, sir, you don't realize they are fiends in human

They don't think they're workin' 'less they break
your back;
They hurt you somethin' awful when your neck

Oh, sir, I greatly fear it is too severe.

THE SONG OF THE FAKIR.

*(Tune: Call Me Up Some Rainy Afternoon.)*

Come around just any time o'day,
I'm a busy man you know.
But you see I want the—chance to talk of mother.
It's the same with appendix as with gall,
Liver, heart and lungs—I treat them all
Help along, come around—if you're well or if

Charge the same—well or lame—TWO PLUNKS.
Two years ago this association voted to assess each member 50 cents per month for the purpose of creating a fund for future legislation if need. The convention this year voted to continue this assessment for the current year. It is possible that some do not appreciate the value of raising this money in advance. To any such one will say that had you been in Wisconsin ten years ago you would appreciate the value of the money collected by assessment may not be needed. It may also be insufficient. At all events members may rest assured of the fact that the same will be wisely dispersed or refunded. Therefore, let us all gladly enter into the proposition with confidence.

Let every Wisconsin osteopath feel an interest in this column and send items for publication. We will thus commute with each other during the year and become better acquainted. Short, concise notes of interest are wanted and should be sent to Dr. Elton not later than the 5th of each month.

Opportunities for Osteopaths

Dr. Leslie S. Kyes, secretary of the Minnesota State Board of Osteopathic Examiners, informs us that there is a good opening for an osteopath at Lake City, which is situated on the Mississippi river and has a population of 2,837. There is also a desirable location at Waseca, population 5,858.

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

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

A well known osteopath of Virginia informs us that there are three splendid openings for good osteopaths in that state, and the right kind of applicants can be put in touch with osteopathic patients who will give them a hearty welcome and make them well acquainted with the best people of the community. For information concerning these openings address A. B., care "Opportunities for Osteopaths."

Dr. C. A. Kaiser, who has taken the practice of Dr. George H. Pontius at Lockport, N. Y., writes us that he will relinquish the practice at Herkimer just as soon as a competent D. O. can be found to take care of the office. In the mean time Dr. Clara H. Kaiser is keeping the practice together. This is an exceptionally good opportunity and any man or woman wanting to locate in New York state should correspond with Dr. Kaiser, 45 Farmers and Mechanics Bank building, Lockport, N. Y., at once.

ESSENTIAL BLOOD ELEMENTS

Which all convalescents lack, have been found by thousands of the leading physicians for their patients in BOVININE

BOVININE supplies all this as no Beef Extract can. It raises the Opsonic Index to normal standard and prevents chronic invalidism.

BOVININE is not only a perfect nutritive tonic in itself, but being rich in elementary iron and all essential elements necessary for complete cell reconstruction and nutrition, it re-establishes completely normal metabolism, thus assuring a quick recovery from all wasting diseases.

Write for Sample, also for one of our new Glass (sterilizable) Tongue Depressors

THE BOVININE COMPANY
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Philadelphia College and Infirmary of Osteopathy

THE FIRST AND ONLY OSTEOPATHIC COLLEGE which has complied with all the requirements of the Board of Regents of New York.

THE ONLY OSTEOPATHIC COLLEGE which requires all students to pursue a four years' course of eight months each.

THE FIRST OSTEOPATHIC COLLEGE which requires all students to show evidence of a preliminary education equivalent to a high school course.

EQUIPMENT AND TEACHING FACILITIES unexcelled.

HOSPITAL AT 1617 FAIRMOUNT AVE. contains three departments; DISPENSARY, SURGICAL, MATERNITY. Practical work in all these departments assured.

THE NEW HARVEY SCHOOL OF ANATOMY is housed in the College Annex and a new Anatomical Laboratory has been fitted up for it.

A NEW CHEMICAL LABORATORY has just been completed and elaborately equipped.

For Catalogue and further information address the Registrar.

1715 N. Broad Street

PHILADELPHIA, PA.
Illinois Annual Meeting at Chicago

The Illinois Osteopathic Association announced its annual meeting July 24th at the La Salle Hotel.

All osteopaths practising in Illinois are here-with extended a cordial invitation to attend this meeting.

Business of importance will be transacted. It will be devoted mainly to the legislative situation in this state; papers will be read and by thorough discussion every angle and phase of the subject will be threshed out.

Come and take your part in it. Say what you think and help by your presence and activity to make this meeting one of profit to yourself and the profession.

You will be made welcome whether you are a member of the association or not. If you are not—you will become one after you see what there is in it for you in belonging. And we will be glad to have you become a member. We also need you. Come.—A. P. Kottler, D. O., Secretary and Treasurer.

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Established 1903

Our grounds and buildings centrally located; best college location in the city.

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Three year course.

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and obviates all awkwardness embarrassment and weariness connected with treating on low beds; folds flat to set in closet; oak turned legs, pan-tastic cover, perfectly strong and solid, won't slip or turn over; weight 35 lbs. Just the thing for treating in homes or branch office. Patients often buy them. Tell them about it. Price $7.50 and $8.00.

For full description and recommendations address

E. O. MILLAY, D. O.

1519 Woodward Ave. Detroit, Mich.

The Osteopathic Physician

Pacific College Exercises.

Exercises for the June graduating class of the Pacific College of Los Angeles, Calif., were held June 15th. The address to the graduating class was by Dr. Olin Clarke, and the degrees were conferred by Dr. C. A. Whiting, president of the college.

A very nice musical program was carried out. There were twenty-two graduates.

Chicago Osteopathic Convention.

Claims Big Damages.

A suit has been commenced against Dr. O. F. Heidt, of Salem, Oregon, by one B. B. Herrick, Jr., claiming $10,900 damages as a result of burns received during an alcohol polio of Osteopathic College, Philadelphia. The plaintiff testifies that Dr. Heisley, in using an alcohol lamp in connection with the administration of an alcohol to become intoxicated and severely burning the patient.

Justice Putnam's Decision Affirmed.

The Appellate Division of the Supreme Court of New York State sitting in Brooklyn, May 19th, affirmed the judgment of Justice Putnam in refusing to grant a renewal of the suit and it is being made a test case. Dr. Daniel also need you. Council for the City Board of Health, a death certification, signed by an osteopath. The case will be carried to the Board of Appeals by Congressman Martin W. Litthorne, counsel for Dr. Bandel.

Boston Meeting and Election.

At the annual meeting of the Boston Osteopathic Society, held June 3rd, Dr. C. R. Clemens gave a demonstration of his oxyhydrogen technique. Dr. Julia Chrisman, and Dr. George W. Goode each discussed one of their most interesting cases, and were elected as follows: President, Dr. George W. Goode; vice-president, Dr. Mary A. Smoot; secretary, Dr. W. A. A. Duford; and Dr. Frank M. Vaughr, directors; Dr. John J. Howard, Dr. Kemmler A. Aborn.

Southwest Michigan Meeting.

The regular meeting of the Southwest-Michigan Osteopathic Association was held May 6th at Kalamazoo. The program subject—Rheumatism. "Diagnosis and Prognosis," Dr. F. L. Nee; "Osteopathy," Dr. R. B. Peebles; "Diet," Dr. Guy C. Latroppe; "Treatment," Dr. A. A. Green.

We are glad to note that the district meetings are better attended, but there are still a number who do not attend any meetings of district or state.—Francis Phat, D. O., secretary.

Osteopathic Testimony with Skeleton.

Acting as witness in the case of M. Chris-tina Haines against the Rock Springs Park Company and the East Liverpool Traction & Light Company, Clyde W. Bumpus, of East Liverpool, Ohio, made a demonstration in court of the nature of the injuries claimed to have been sustained by the plaintiff, by means of a skeleton which was brought into court for his use. Mrs. Haines is using for $25,000 for injuries sustained from a fall on a flight of steps at Rock Springs Park, September 19, 1909. It is on record as the effect that the injuries sustained will be permanent.

A. S. O. Exercises.

The June graduating class of the American School of Osteopathy, Kirksville, Mo., numbers one hundred and eighty-six. They were also nine persons who have taken the course from the post graduate course. John T. Barker, of La Plaza, San Francisco, was made a degree of Representative, made the address to the graduating class. On May 29th one hundred and forty-seven members of the class took the Missouri State Board Examination, the examination being conducted by Dr. J. B. Cole, Columbus, president of the State Board of Examiners; Dr. A. G. Hildreth, St. Louis, treasurer; Dr. W. G. Deeming, Brookfield, and Dr. John Bell, Hannibal.

Georgia Convention.

The eighth annual convention of the Georgia Osteopathic Association was held June 2nd and 3rd at Savannah. Among those who contributed to the program were: Dr. W. Banks Meacham, of Asheville, N. C., Dr. C. E. Lovens, of Columbus, Dr. Ira Umler, of Duluth, Dr. F. M. Mitchell, of New Ulm, Minn., W. H. Bordwell, of Atlanta, Dr. M. C. Hardin, of Atlanta, Dr. W. O. Winkler, of Athens, and Dr. R. H. Kottler of Savannah. After the formal exercises, Officers elected were: President, Dr. E. M. Turner, Haywood, N. C.; Vice-President, Dr. J. G. Phillips, Atlanta; assistant secretary, Dr. G. M. Phillips, Atlanta; assistant secretary, Dr. J. W. Killingsworth, Savannah; W. H. Bowden, of Savannah, was elected as general chairman of the convention, and Dr. Cordele, was chosen as a delegate to the A. O. A. convention.

Dr. Jenette Bolles, of Denver, on Busy Tour.

Dr. Jenette Hubbard Bolles, of Denver, returned the latter part of May after an extended trip to Washington, D. C., New York, and other eastern cities. During the latter part of the trip and the national meetings of the Daughters of the American Revolution and also the Medical Congress of the Southwest, she represented the State of Colorado. As chairman of the State Child Hygiene Congress, anda upon a paper before the Child Welfare Congress on "The Rights of the Baby." On her return trip she visited the Ohio Osteopathic Association and delivered an address before that society. At St. Joseph, Mo., she spent some time with the "Old Doctor" in Kirksville.
Dr. McGregor; Dr. Thomas K. Rich
S. Heggen, May V. Stewart, Dr. W. Messick, were
Findings." re-recognition histidm capable of diagnosing and curing of chronic diseases.
was given to osteopathy Diseases According to Pathological
ut, 1911. George
McKegor, Dr. Max Meyer, Dr. Wm. W. Messick, Dr. O. W. Messick, Dr. L. Steward, Dr. George M. McGregor, Dr. Max Meyer, Dr. Wm. McGregor, Dr. Ina McCall and Dr. Proctor.

New York City Meeting.
The Osteopathic Society of the City of New York held their regular meeting May 27th at the Waldorf
The lecture was delivered by Dr. H. Gerwine, of Kirksville, on the subject "General Nerve Pathology and Clues to the Diagnosis of Nervous Diseases According to Pathological Findings." Officers were elected as follows: President, Dr. N. D. Adams, Manhattan; vice presidents, M. M. Kennedy, Brooklyn; secretary, Dr. Richard Wantless, Manhattan; treasurer, Dr. C. R. Rogers, Manhattan. A committee was appointed to select a site for an osteopathic hospital and clinic, and Dr. C. F. Buelke announced that as soon as proper recognition was given to osteopathy by the state a prominent New York City man has promised to build the hospital and give it an endowment of one million dollars.

Woodmen of the World Will Not Accept Osteopathic Examiners.
Replay of yours of May 2nd, stating that you saw an article in The Osteopathic Physician to the effect that the W. O. W. included osteopathic physicians among their examiners. Several years ago I appointed two or three osteopaths as an experiment, but was not appointing any more.
I presume the article in question was authorized by one of the physicians appointed by us several years ago. It is really misleading if it is still being published. The question of appointing osteopaths has naturally been agitated considerably, but it has been decided that it would be unwise to appoint them.
I trust, however, that anyone who may experience a feeling of disappointment in this matter will understand there is no personal feeling in the matter whatever.

Chicago City Meeting and Election.
The regular meeting of the Chicago Osteopathic Association was held at the La Salle Hotel on Thursday, June 1st. It was decided at this meeting to send a special invitation to every osteopath in the state, to be present at the state and national conventions, and a request will also be made to the different osteopaths in the city to make arrangements, as far as it is possible, to close their office during convention week, and attend the different sessions, and assist as much as possible in the work for the visitors, and it is hoped that every one will respond.
At the election of officers for the ensuing year, Dr. Walter E. Ehrmann was elected president, Dr. H. H. Battelle, secretary and treasurer. To fill vacancies on the board of trustees, Dr. Arthur H. Little, D.O., secretary-treasurer.

California State Convention.
The tenth annual meeting of the California Osteopathic Association was held at Los Angeles, June 1st, 2nd and 3rd. It was one of the most successful conventions in the history of the Association, there being an attendance of something like 200 delegates. The program was full of interest and the illustrated stereopticon lectures were well attended. The illustrated lectures were given in Choral Hall of the Auditorium building.

Annual Meeting Iowa Association.
The annual meeting of the Iowa Osteopathic Association was held May 24th and 25th at Des Moines, the Still College of Osteopathy being used as a meeting place. Dr. George A. Still, of Kirksville, was one of the principal speakers, his subject being "Osteopathic Treatment in Surgical Cases." Dr. Carrie B. Collier, of Clarinda, gave a paper on "Innominate Lesions and Their Effect..."

When in use can be placed in a closet or hung on a wall, cut out. Will stand any test of strength, yet light in weight so as to make it convenient to use out of office. Adjustable for all size patients. Tension scale—enabling the physician to determine the amount of tension applied to each patient, to be increased or diminished as desired.
In operating place on any ordinary treating table, couch, bed or floor. Correspondence solicited.

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GALBREATH'S PASSIVE PRESSURE APPLIANCE
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Will save many a patient for you who might, in your absence, depend on drugs or an M.D. for relief.

The Passive Pressure Appliance is indispensable in all acute diseases, and will, when properly used, secure results in many chronic ailments where manual treatment alone is ineffectual.
The Passive Pressure Appliance will enable you to hold and cure many patients who otherwise would discontinue treatment before giving osteopathy a fair trial.
Every osteopath in general practice, who has the welfare of his practice at heart, will add to his professional equipment Galbreath's Passive Pressure Appliance.

DR. WM. OTIS GALBREATH, 517 Weightman Bldg., Philadelphia

In his new book, now in press, the author lays great stress, upon correct diagnosis; and traces the sources of practically all chronic diseases to six different lesions. He has demonstrated that Rheumatism, Sciatica, Uric-Acid, Neuresthenia, Dyspepsia, Epilepsy, etc., etc., are not idiopathic diseases, but that there are local causes, and when these are located, or correctly diagnosed, and their sources are removed, then all the symptomatic conditions disappear, and from seventy to ninety-five per cent of all such diseases are curable.
There is but little science or skill in the treatment of acute, contagious or infectious diseases, as they have their course to run; but there is plenty of room in every town for one physician capable of diagnosing and curing of chronic diseases.
We have a few volumes left of Dr. Overall's last, third edition, on the "Non-Surgical Treatise of Disease of the Prostate and Adnexa."

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The August issue has a fine popular story by Mr. Tynan—shows how osteopathy wins on merit.

With some new subjects, our Headache Appliance sells well, pointing out that there are four types of headaches due to various causes which must be located and treated as conditions require. The spirit of the new therapeutic philosophy of osteopathy pervades the entire issue, and the reader is made to understand that, while osteopathy is a new system, it is not a one method cure all, but that it requires special study and training and has special treatments according to the disease and conditions encountered. These are facts the public should comprehend, and they cannot be reiterated too often. The style of this August issue is bound to appeal—it has the ring of sincerity—fair minded people everywhere will be glad to read it and recommend it. To the osteopath, with time to study and train, it is not ashamed that he is an osteopath, who wants to see everybody in his community a convert to our science, and who would be glad to have his practice grow until it is more than he can handle and then invite in a fellow osteopath and help him get started on the same road—to such a wholehearted, generous, enthusiastic type of osteopath, literature like the August issue of Osteopathic Health comes as a welcome opportunity to do fine publicity and promotion work.

We have many of them and we are proud of them. Osteopaths of every grade who will follow their example, and we shall be glad to welcome all those who are ready to help push the good work along. On annual contract 100 copies months' vacation during the months of July, August and September.

Notice, D. O.'S.
All who have cases of Epithelial Cancer, small benign growths, Moles, or other small blemishes, bring them to Chicago A. O. A. week and I will remove them with the "DAY LIGHT or SOLAR GERMICIDE." I can only demonstrate the treatment in ACNE, LUPUS, RINGWORM, ECZEMA, IMPESTITO, LARGE birth-marks, etc., as I could not remove these in one treatment.

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My practice and part of finest office outfit in State of Wisconsin, town of 6,000, for $1,000. Nine years of up start for osteopathy. Books show $4800 last year, increasing every year. Will introduce and start a first class man at once into at least a $4000 practice.

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Personal

Dr. Ursa Wimp, June 1911, A. S. O., graduate has located at Canton, Mo.

Dr. A. D. George, formerly of Omaha, Neb., has located at O'Fallon, Mo.

Dr. F. B. Larkins, formerly of Chickasha, has purchased the practice of Dr. E. L. Hunt, of Rocky Ford, Colo.

Dr. Sylvia A. Quintal, of Denver, Colo., successfully passed the Colorado State Medical Board examination last April.

We have received a pretty scented postal card from Dr. W. H. Gamble, of Misoni City, Iowa, showing his office and residence.

There is a new business office in Peoria, Ill., has opened its new offices in rooms 38-40 First National Bank building.

Dr. J. M. Voorhees, June, 1911, A. S. O., graduate has purchased the practice of Dr. W. L. Wright, of Wau­ sing, Mich., his office being at 110 Allegan street.

Dr. E. M. Sherman, of Rockford, Ill., has changed his address from Third National Bank Building to 314 North Church street, his office being at 205 North Third street.

Dr. Arthur Van Winkle, of the A. S. O., June, 1911, graduate, has located at Phillipshurg, Kansas.

He has rented nice offices and his prospects for success look good.

Dr. E. M. Olds, of Green Bay, Wisconsin, has opened a branch office at Oconto, Wis. His brother is now associated with him in his practice at Green Bay, which gives him more time for outside work.

Dr. Chas. K. Garring, of San Antonio, Texas, has formalized his new office at 216 Bruce street, which is in the residential part of the residential district of the city, and he will hereafter have his office at that address.

Dr. J. M. Voorhees, June, 1911, A. S. O., graduate has purchased the practice of Dr. E. W. White, of Dayton, Ohio, and he will hereafter have his office at 206-208 Baker building.

They are concentrating on the expansion of education and publicity.

Dr. C. C. O'Brien, of Pittston, Pa., has been appointed by members of the Northeastern Pennsylvania Osteopathic Association as a member of the State Osteopathic Examining Board, to succeed John E. Dowling of Scranton, Pa.

Dr. J. C. Rule, of Stockton, Cal., is another Pacific Coast osteopath who is very busy these days helping to look after a pair of twins who were born March 11th. They are James Koderick and Kathryn Jean, and are both getting along finely.

Dr. E. Randolph Smith has sold his practice to Dr. J. Worling Bereman, formerly at Lyons, Kansas. Dr. Smith is leaving the state and he will hereafter have his practice at Atchison.

Dr. Jacob H. Bossert, of Utica, N. Y., was instantly killed, when his car ran into a tree while he was speeding along the express train. The body was terribly mangled.

Dr. Bossert was returning from a professional visit to Middleville when the accident occurred.

Dr. J. E. Heath, of Walla Walla, Wash., sends us a specimen showing the expansion of a Baker building, in which he has just taken corner offices, Rooms 500-600.

It is a new building, and Dr. Heath says he has very commodious quarters.

Dr. W. L. Beitel, of Philadelphia, is spending a vacation in the United States and Mexico. A postal card from him while he was in Arizona stated that he would be in Chicago in time to attend the convention and capture the 1912 meeting for Atlantic City.

Dr. Franklin Fiske, of New York City, expects to keep his office open throughout the summer and will be there himself with the exception of two weeks during the National Convention at Chicago, at which time the office will remain at 422 Fifth Avenue, while he is acting as assistant to Dr. Fiske.

Dr. W. E. Eberly, of Dayton, Ohio, who has recently again taken up residence in Los Angeles, Cal., has purchased a handsome home and office building at a cost of $7,000.

C. E. Snyder, of White Plains and New York City, is taking a vacation during the months of July, August and September.

In the June issue of THE OSTEOPATHIC PHYSICIAN a notice appeared of the new address of Dr. Purnell from Lancaster to Harrisburg, Pa. This was an error, as Dr. Purnell was at Harrisburg only temporarily, having remained there until June 1st, when he moved to 217 Woolworth building, Lancaster, Pa.

Dr. E. G. Draper, formerly of Tenne, has removed her offices from the Virginia Hotel to the Taylor building, which is just opposite the hospital. She has taken over a part of the hotel being destroyed by fire on the morning of June 19th.

The fire was thought to have been caused by lightning.

Dr. Effie E. York, of San Francisco, Cal., is taking a three-months' vacation during the months of July, August and September.
The Osteopathic Physician

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PRACTICE RUNS $4,000
PROPERTY WORTH $7,000

Practice and Property must be sold together. $3,500 Cash, balance secured by mortgage with interest at 6%.

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FOR SALE—Office furniture, practice and residence in the largest town in N. E. Nebraska. Am only O. D. in the town and have been here seven years, Desire to take P. G. work. Address 253, care The O. P. Co., 215 S. Market street, Chicago.

FOR SALE—Fine practice, established six years; New York town over 4,000 population; no opposition; splendid opportunity. Correspondence solicited, possession given September 1st. Address 257, care The O. P. Co., 215 S. Market street, Chicago.

WANTED—Brooklyn, N. Y., osteopath has immediate opening for young lady as associate. Practice independent, reasonableness and an opportunity. Address 255, care The O. P. Co., 215 South Market street, Chicago.

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FOR SALE—$4,000 practice in largest city in North Carolina. 40,000 population, ideal climate, desire to make change July 1st. For particulars, address N. C., care The O. P. Co., 215 S. Market street, Chicago.

WANTED—Brooklyn, N. Y., osteopath has immediate opening for young lady as associate. Practice independent, reasonableness and an opportunity. Address 255, care The O. P. Co., 215 South Market street, Chicago.