

The Osteopathic Physician

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The Osteopathic Physician

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Number 1

Anatomical and Physiological Pictures of Diseases*

Typhoid Fever

Being Chapter XIII of this Series by Dr. E. E. Tucker of New York City

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 heresy 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).

After 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 symptoms, but a variety of bacterial causes, or is it only the only 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 inoculations. 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 rigorousness 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 wider, 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 Patches; 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 words 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 Exercise*, Chapter VIII, says: There exists 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 zymotic 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 toxins from the excessive katabolism, unremoved through the failure of blood pressure and lymphatic circulation, remain in the nerves, 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 stasis is common and may be extreme, especially over the back (due to the position, and indicating vaso relaxation, a hypostatic 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.

Endo-carditis, peri-carditis, arteritis and affections of the vessel walls are rare. Affections of the veins 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 inflamed portion of the intestines. 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 first very often becomes feeble and indefinite and may almost disappear at the apex" (indicating feebleness); "the second is very often short and sharp" (indicating sudden relaxation of the heart). "In others there may be embryocardia. The pulse is usually small, soft, and the blood-pressure low. Hypostatic conditions 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 should have read: The anatomical picture of typhoid fever presents a constant lesion of the solitary and agminated glands of the ileum and the general lymphatic tissue and organs of the body. This 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 intestines and almost always show some involvement.

"The Spleen.—The changes in this organ may be compared to those which occur in the *lymphoid 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 hyperaemic, etc. There may be also nodular areas. . . . Mallory considers that 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-

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LAST CALL TO A.O.A. CONVENTION, CHICAGO

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tion from their point of origin from the endothelium of the vessels of the intestine and spleen.

"... Mallory, whose conclusions may be summarized. . . . These cells (proliferation of epithelial cells) increase both in number and in size and show marked phagocytic properties especially toward the *lymphoid cells*. This occurs especially in the *lymph nodes* and along the *lymphatic vessels*. It may . . . block the *lymphatic vessels*. In the veins similar accumulations occur beneath the endothelium, probably in *lymph spaces*. The arteries are not affected by this process.

"The bone marrow, which has been especially studied by Longcope, shows a condition much like that 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 apathy 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 secondary, as it is in the tubules of the kidney. 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 the eighth dorsal, but running from the ninth to the fifth. This is observed at the outset. Associated with this is a noticeable flaccidity 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 adrenal body, which at first appears paralyzed, and resumes its activities as the condition progresses to recovery. In the straining efforts to revitalize 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 be induced by poisons, or by mechanical causes. Thus Sajous:

1. The functions of the adrenals are actively enhanced by stimulation of the splanchnic nerve, 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 toxic 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 over-stimulate, with the same result; for instance, fatigue, cold, mental strain, abuse of function, etc.

It is unscientific and absurd to maintain that an inflammation of any single organ or part or group of organs or parts of the body can be caused by only one agent, and that agent a single class or several classes of micro-organisms. The involvement of a group of similar organs as a whole, in different parts of the body, points strongly to some abuse of the function of these organs as the acting 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 absolute proof could designate them 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 relation to other functions of 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 of its nerves; as well as also any local irritant 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 contractures found by Osteopathic 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 bodies has been shown (A. O. A. J., Mch., 1911.)

An explanation of the symptoms of this malady now becomes comparatively easy.

The adrenal body is a 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 lightly by comparison; or, rather, the name typhoid is given to the disease in which the adrenal body is violently depressed or paralyzed, without a preceding stage of hyperactivity. In this mechanism there is a variety of functions.

Among its functions those that are most noticeably affected are:

First, the failure 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 leucocytogenesis, therefore:—

Third, the failure of leucocytogenesis, especially in view of the stagnation of the lymphatics.

The result of this last inhibition is the failure to absorb 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 unreplenished, and not balanced; and, therefore, adds to the depression.

This trinity, fibrinogen, trypsin and oxidizing substance is necessary to insure germ destruction. The failure of one and the interference with the other two, leaves the germs to multiply free from restraints, and to become virulent; so that the ordinary bacillus of the colon becomes transformed into a bacillus capable of producing typhoid fever. (Sajous, p. 1762.)

The contractions central about the eighth dorsal show the location of the splanchnic 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 some that may be referred to the pituitary and upper cervical centers: headache, deliriums, dizziness, stiffness in neck, sore throat, deafness, insomnia, photophobia, etc., by some that are traceable to failure of adrenal secretion; diarrhoea, abdominal pain (Sajous, page —), chill, backache (sweating) weakness, convulsions, etc. Lack of fever at the outset may be charged to adrenal failure; the gradual rise of temperature to the slow resuming of function; the step-like temperature is produced by the daily fluctuation which 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 not abrupt.

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.

The ulceration of Peyer's Patches is due as much to the occluding of the blood-vessels by swelling and consequent pressure on them, together with the low blood-pressure (as in the tonsil, appendix, etc.) as much as to the toxins.

In the fourth week, the failure of nutrition is evident in the enfeebled and rapid pulse. Symptoms due to lack of blood pressure are marked, as bed sores, hypostatic congestion of the lung. The patient may die of profound toxæmia.

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 starvation; falling out of the hair and nails, emaciation, pigmentation of hands and feet, hypothermia. The close inter-relation 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 involving the lower ileum and colon and in some infections. They are not specific to typhoid. Those of typhoid are said to come in successive crops. The rose spots may become a regular eruption, with vesicles, or purpuric spots, or hemorrhagic rash, and disquation. Germs are found therein as in other infections. Erythema about the joints 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 sweating have occurred. It is reported by Abrams and others that specific stimulation of the spleen can bring on such an attack, and even cause a relapse of the typhoid. A recent case seen by me after it had developed a typhoid spine, had been treated during the acute stage by extreme doses of quinine. As a result, possibly, of the effect of this drug on the spleen repeated reinfections have occurred.

The slow pulse with high fever that often occurs resembles these features in appendicitis. The appendix lies in the affected area and is a lymphoid organ.

The infective agent in typhoid may also be studied physiologically.

Felix LeDantic is authority for the statement that germs may in one day lose, and never thereafter regain, the most intense toxicity. The reverse also is true. Statements similar to these have been made by other observers. (Sajous, page 1762.) What are the conditions which cause the toxicity to develop and to disappear? Since this event occurs in the body the conditions 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 even more mild. Some with the same 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 progress is bound up, apparently, with the weakness of the patients.

The battle against germs, therefore, has two aspects—the sanitary aspect which tries to prevent the spread of contagion, and the individual 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 digestive fluids for eating up the germ and antidoting its secretions. The mechanical battle has to do with keeping up the general vital mechanisms while the body fights its battle, and also, primarily, with the "delivery of the goods"; that is to say, with the ability of the blood and the lymph to reach the germs with their anti-toxins, etc. But even the chemical 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 action of these glands is 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 the more easily be paralyzed by over-stimulation; in which case, it inhibits in turn the action of the other chemical organs whose business it is to manufacture the anti-toxins. Osteopathic treatment has proven itself effective to take these organs out of the dead-lock, and restore their fighting energy.

In the treating of these diseases there are, therefore, two possible lines of approach—one is 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 this may be included the thermic stimulus by 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 mechanical 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 paralyzes of the eye, or ear or body, 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 drugs may have specific effects upon other organs or parts of the body, but this is not believed to be the case.

The same reasoning applies here that was 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 without charge, but private cases 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

WELL, 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 telegraph pole, and she did. Gosh a' mighty, but I was that scared I didn't look at the pesky thing for two days. I was terrible afraid Doc Pillson 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 my piece, and it sorter 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 feel that in one thing he can do more than pills—that is real osteopathy can.

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 sorter reminds me of a English feller named Kipling who sings—

"When 'Omer smote his bloomin' lyre,
He'd 'eard men sing by land and sea;
And what he thought 'e might require,
'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 idea of just what he really is—pill or punch—generally has his trainer to thank.

To be sure, some of 'em never do 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 and every case they have failed in their duty to their patient. Not so, says Bumpus. He shouts: "Be loyal, treat as old Dr. Still taught and you will cure where others fail."

In what marked contrast is that piece by a feller from our own golden shore who has the hull 57 varieties—I started to say at his fingers' ends, but, b'gee, I opine that his fingers play but little part in his busy, busy day working the other 56 varieties.

Gosh, but I'd like to look into his shop and see all them cute dinguses that he palms off onto the public under the sacred name of osteopathy. He plaintively asks, "Why do osteopaths use adjuncts?" Give it up, Doc, unless it is because they don't know any osteopathy. That is really the only excuse a feller can give for using the list of vibro-lighto-heato-hydro-mudo-mento-bunco-etc., mentioned.

Of course, boys, if you find it easier to give an absent treatment over the telephone than to go and fix 'em up orthodox and the patient will stand for it and send in a check first of the month, why go ahead, and luck attend, but in God's name don't, don't call it osteopathy.

Then this same feller gets quite flippant with McConnell and his work. Now, I never have saw McConnell, but I've read him and he is on paper my "guide, philosopher, and friend." Just because the thing which this feller thought ought to happen McConnell says don't, why this pastoral boy from the coast chucks the hal thing

and turns on the vibrator and lovely colored lights.

Then another feller who has the grace to admit he is new at the business feels hurt that we are not "broad" and "comprehensive"—the hull 57 varieties again. That boy is at the parting of the ways. He will either accumulate a machine shop or become an osteopath.

But why so flip and in such a rush to dismiss the subject? Don't you think that men who were in practice long before you ever heard the name may have something to teach the beginner? And he talks about vibrators. Well! Well! Why don't the boy go over to the barber shop and ask what has become of that one's great attraction? Gone, gone to join the myriads of dandruff cures and bald head exterminators. Say! when barbers throw 'em out isn't it about time osteopaths projected 'em also likewise? Poor boy, he does so hate to use his fingers—10 of 'em.

What an inspiring contrast it is to read how Abegglen brought out that case of eclampsia after a hand-to-hand conflict with almost certain death and did it with his 10 fingers all alone. When he went to that case he did not have a dray to carry his tools 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 darn emphatic he feels. I never have saw Beitel also, but he is the real thing, for he believes in old Dr. Still, and cures 'em up and b'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. PESSIMIST, D. O.

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

The Relation of Spinal Lesions to Acute Infectious Diseases

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

ONE of the first questions that is usually asked by a novice acquiring knowledge regarding the system of therapeutics 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 that came to me, 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 and success. In other words, if our principle of practice has stood the test. 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 the lesion, like any other scientific truth, is as immutable as the day our venerable discoverer gave it out to a doubting, needful world. That it has stood the test in the hour of affliction is attested 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

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, scalded skin, etc., are some of the minor ills that accompany the wearing of jackets made of plaster of paris, sole leather, steel, etc.

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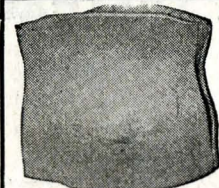
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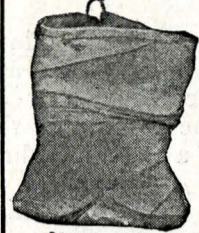
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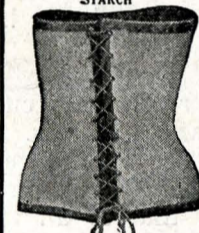
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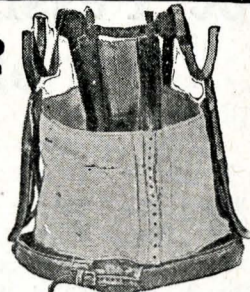
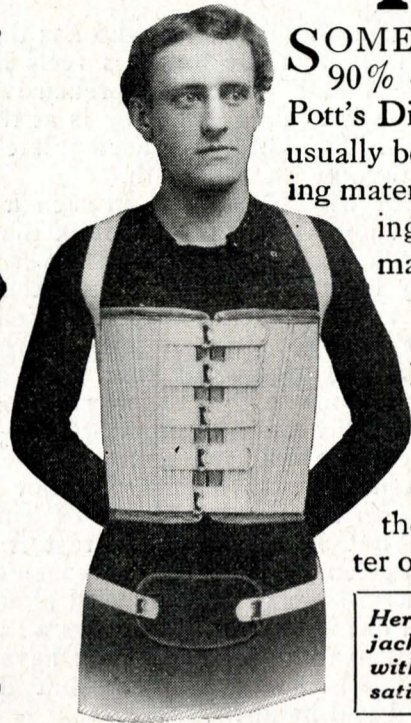
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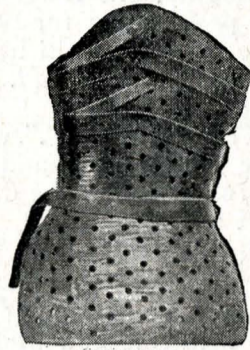
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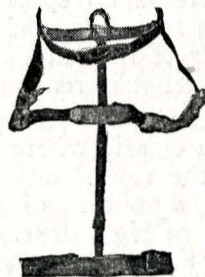
LEATHER, STEEL REINFORCED



STEEL WITH CRUTCH



SOLE LEATHER



RIGID STEEL



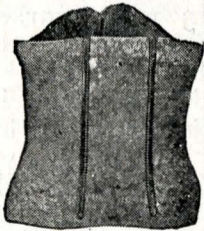
STEEL, LEATHER COVERED



GLUE AND CLOTH



PLASTER PARIS



RAWHIDE

power of resistance is low, develop a typical case. Often a man may be in an infected district of yellow fever or smallpox and escape the disease. So will the danger of all infections depend upon the individual condition at that particular time.

To be specific: In a case of typhoid fever, the typhoid bacilli or bacillus of Eberth is introduced into the alimentary tract and begins operations in the small intestines and particularly Peyer's Patches. If the bowel is in a perfectly healthy state the blood and circulation normal, no opportunity is present for the bacilli to propagate, and they are passed on. But if there exists an unhealthy bowel, impoverished blood, and local sluggish circulation due to imperfect nerve supply—caused by lesions in the spine at the eleventh or twelfth dorsal—the bacilli finds in this area a favorable breeding place. Inflammation and attendant systemic symptoms develop. The battle between phagocytes and bacilli begins and usually continues when treated by our medical brethren until the third or fourth week; then with unusual recuperative power and tenacity on the part of the patient begins a slow recovery.

The osteopath, with his skilled technique, accompanied with good nursing, proper diet, hygiene, and asepsis, lessens the course to ten or twelve days—as I and others have done in cases of the most virulent type—which renders us more capable of caring for the case than the physician of any other school.

Since such an important part is played by the lesions, what is the definition? "Any abnormal condition within the body causing interference with the function of any structure or organ."

- (1) Stasis of blood in a certain area or congestion.
- (2) Contraction or atrophy of muscular tissue.
- (3) Thickening of connective tissue.
- (4) Bone pressure from deformity or displacement, and I might add (5) Prolapsed organs, tumors and malformations. But we are concerned chiefly with the first four.

These conditions along the spine through pressure produce temporary or permanent congestion in the spinal cord by narrowing the intervertebral foramina which makes direct occlusion to spinal arteries and veins. This in turn perverts the structures or organs supplied by the efferent nerves arising in this area of the cord affected by malnutrition.

How do you detect these lesions? First, I will say that the Doctor of Osteopathy cultivates a higher order of palpation or more acute sense of touch than any other physician. This he uses more than any other special method in examination and diagnosis. It is the osteopath's greatest ally and by his constant practice day by day and year after year, he becomes more and more proficient, until by this sense of touch he can detect abnormal or pathological conditions that the inexperienced or even the physician of other schools would not discover at all.

Therefore, on palpation we may find a locally increased temperature, then more deeply a congestion or contraction of muscles, perhaps of recent occurrence; or it may be an exaggeration of an old lesion such as subluxated vertebrae, or the coalescence of two or more vertebrae; also the unilateral contraction of muscles from hyperstimulation of the nerve supply may be of sufficient severity to displace vertebrae or ribs.

Some such indication may be presumed always to exist as the human spine is an indicator of internal disturbance. Therefore the lesion is always to be found in acute cases and is apparent according to the severity of the case, and is confined to the area in the cord from which the affected organ derives its nerve supply.

Also the true osteopath takes cognizance of any abnormal condition, no matter where it may be found for, through the ramifications and intricate connections of nerve fibres, a lesion far remote may have an important bearing on the case. This is where experience and the trained sense of touch is essential to proper diagnosis and treatment.

We must educate the public to the fact that genuine osteopathic treatment is not rubbing, nor

nearly every state, and the respect and confidence of good people everywhere.

Is the patient perfectly safe in the care of the experienced osteopath in critical cases of an acute nature? Let these same people testify who have employed them—many whose lives have been saved that would have died depending on drugs; those who have been carried successfully through such serious diseases as typhoid and pneumonia, or as in many instances, had the time of the usual course materially lessened or broken up in its incipency.

What we claim is that we are reputable, trained and trustworthy physicians, whose success in acute and chronic diseases is superior to any system of treatment in the scientific world of today.

This discussion deals specifically with osteopathy's success in acute infectious diseases. Do

we find lesions responsible and depend mainly upon our treatment of them for results in these cases? Yes! We take as a basis for this statement regarding the efficacy of lesion treatment from no less authority than our venerable founder, Dr. A. T. Still, of Kirksville, Mo., and further quote the same eminent authority in what has become osteopathic axioms, viz.: "Disease is due to a local or general disturbance of blood." "The reign of the artery is supreme." "Germs cannot live in healthy tissue," and "Pure blood is the best germicide."

If this is not true, why is it that a company of soldiers can drink from the same infected water and only a certain per cent contract typhoid. A child may be exposed to measles or any of the children's diseases and not be infected, yet at another time when its vitality or

massage, nor manipulation, nor a set of movements, but adjustment accomplished by skilled fingers and a technique acquired only by experience that can tell when a part of this intricate machine is abnormal and when it is normal. There is as much in knowing when to let alone as how and when to begin. There is a growing tendency to broaden and generalize rather than specialize. This no doubt is the ultimate necessity in general practice to make our representatives competent physicians and surgeons worthy to be classed as such. Yet, I feel called upon to urge caution lest we neglect and lessen the importance of the lesion theory which without doubt is the most original and the greatest truth ever discovered in the realm of medicine.

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 equalled 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 of thought, and by broadening we are apt to crowd out the keystone of the arch upon which our school of therapeutics rests—*The Lesion*.

The Abuse of the Hunchback---A Defense of Our Bed-Rock Principles

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

EVER since the discovery and establishment of osteopathy many of those for whom osteopathy has made a professional life possible have been trying to prove its foundation principles false and the tenets on which it has based its right to existence erroneous, apparently thinking to acquire part of the honors of the builders by undoing their work. In these futile efforts, whose only result can be the killing the goose that laid their golden egg, one illustration is the hunchback in apparent health. Just recently it was used in the columns of *THE OSTEOPATHIC PHYSICIAN*; it was heralded in the recent Iowa State Convention.

Surely these osteopaths, in their extreme efforts to down the theory of the bony lesion, have missed the real lesson to us of the hunchback in our midst. Never can he be invoked to discredit the value of right structural adjustment or to exalt the ability of nature to establish and maintain proper functioning with improper structure. *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 longevity after 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 may be faulty, 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 in malrelated structures that perfection of performance of function, nor the vigorous vitality of the healthful body—the body full of health.

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 lives to 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 intercurrent disease not attributable to their condition. There is but the one conclusion that despite their apparent healthfulness there is a constant and continuous influence working their undoing.

What is this influence? As a class they differ from those enjoying longevity, only, so far as we can see, in their deformity. Have not we all explained to patients how the injury they received ten, fifteen, 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 all 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, there is that constant loss, waste of vitality, that leads to hastened dissolution.

His case gives added proof to the rightness of the concept upon which we have builded, and we should foster no false hopes in the minds of our patients or the public that they can gain or maintain their maximum vigor in conditions at variance with normally aligned structures. I consider *that the claim that anything other than right tissues, rightly adjusted, can produce perfect health is inimical to our profession and dangerous to the public.*

Some of our strongest lesion osteopaths have unwittingly contributed to this false idea of securing normal function with abnormal structure. For instance, one of the strongest of these has a lesion which he does not permit to be touched and by his statement leaves the impression that he believes the tissues have become normal in this new and faulty arrangement and that to change it now would make trouble. By a quick adjustment with no preparation of tissues for a return that might be true. But in my opinion every lesion of the spinal column in which there is no disease, nor ankylosis, nor deformity of bone itself, will have less evil effect with proper efforts for its adjustment after due preparation than if allowed to remain unmolested in its malrelation.

Again our good friend, Dr. Carl McConnell, makes a serious mistake in stating, without more complete evidence, that the occlusion of foramina in bony lesion of the spine was insufficient to produce disease. I doubt very much his equipment for measuring sufficiently accurately and minutely the tension in the foramina in the living subject in a state of lesion, to give anything like a scientific opinion on this matter and until we can get a thoroughly scientific demonstration the evidence gained from our multiplied clinical history and experience must stand as our safest guide in the formation of opinion and belief.

The idea upon which our profession has been founded—the new idea we have to offer the world—is that right adjustment of tissues is necessary to and is health. The hunchback and all our reliable clinical evidence tend to establish

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the truth of this proposition. Therefore, instead of trying to see how many exceptions we can find to this principle, rather let us endeavor to harmonize these apparent exceptions with the principle. This and this alone will insure to us a continuance of that rapid growth in popular favor that has been accorded to us in the past.

The Osteopathic Physician

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

THE 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 highly 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 are entrenching themselves more 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 and maintain a modern, thoroughly well equipped osteopathic hospital, to be located in Philadelphia. Dr. H. M. Vastine, president, was authorized to appoint a committee of ten to meet and confer with a committee of the same number from the Philadelphia College of Osteopathy. This combination committee will go over the matter in detail and report. If the proposition goes through it is intended to make the hospital an institution that will bring credit and prestige to osteopathy. The report of the Legislative 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 Bureau of the Department of Public Instruction, created under 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 "neuromaths." 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 for this showing is Dr. Harry M. Vastine, 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. Vastine.

The convention program as carried through was decidedly valuable and interesting. The address 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, department chemist, was followed with intense attention. *Hampton's Magazine* for February contained an article by Cleveland Moffett entitled "Cassidy and the Food Poisoners," which has been pronounced literally true by those familiar with the facts. Mr. Cassidy in his address played up some of the incidents related by Moffett in a most dramatic manner. While modest and unassuming, Mr. Cassidy is square-jawed and determined and has the "hang-on-ness," characteristic of the man who never lets up. His talk made a great impression and was much appreciated. In handling his subject, "Osteopathy and Orthopedic Surgery: Their Important Relations and Their Vital Divergences," Dr. Ralph Kendrick Smith, of Boston, gave some demonstrations of incipient spinal curves in school children that proved most spectacular. Of eight children, not selected for abnormality, but taken at random, all showed round shoulders, markedly winged scapulae, and six functional scoliosis, one in the transitional stage to structural. Dr. Smith claimed that fifty per cent of all school children of ten to twelve, and ninety per cent of girls have scoliosis. Addresses of special importance and interest were "Our Problems Outside the Operating Room," by Harry L. Childs, editor of the *Journal* of the A.

O. A.; "Emergencies," by Dr. Joseph Ferguson, of Brooklyn, and "Conservation—Patient and Operator," by Dr. Charles C. Teall, of Fulton, N. Y. Among other subjects discussed were: "Diagnosis by Methods Other Than Physical Examinations," Wallace L. Roberts, Germantown; "Acute Anterior Poliomyelitis," by Julia E. Foster, Butler, read by J. C. Foster; "Vaccination, Favorable and Unfavorable Aspects," Arthur M. Flack, Philadelphia; "The Practical Application of Anatomy," this subject was assigned to Dr. Ionia Wynne Hoeffner, but upon short request a paper was read by Dr. Nettie C. Turner, Philadelphia; "The Osteopath as a General Practitioner," Dr. Warren A. Sherwood, Lancaster; "Where and How Osteopathy Scores," Dr. Clara E. Hough, Philadelphia; "The Black Plague," Harry E. Leonard, Philadelphia; "Talipes or Flat Foot; Address and Demonstration of the Author's Recently Invented Scientific Adjustable Arch Supporter," Dr. Alfred Marshall Smith, Hagerstown, Md.

The "Fraternal Luncheon" was a most enjoyable affair, good spirits and humor prevailing. Toasts were responded to by Dr. C. C. Teall, Dr. H. L. Childs, Mr. H. P. Cassidy, Dr. C. J. Muttart, Dr. Clara Morrow, Dr. Mary G. Couch, and Dr. Arthur M. Flack. The old officers were re-elected, with the exception of two members of the executive council, Dr. Virgil A. Hook succeeding Dr. Wm. Rohacek, and Dr. Irving Whalley taking the place of Dr. W. L. Beitel.

Old School Doctors Busy "Rediscovering" Osteopathic Truth

The Lumbosacral Articulation as an Aetiological Factor in Lumbago.—Displacement of the sacroiliac joint as a cause of lumbar pain has been and is at the present time overlooked by the general physician. This is no doubt due to the fact that injury of this joint, owing to its strong ligaments, is supposed to be a medical rarity. Such, however, is not the case, and through the studies of Goldthwaite, 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 lumbago. The patient usually gives a history of having lifted 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 to be the cause of the pain. In some instances the displacement is marked and not at all difficult to ascertain, while in others the separation is very slight and extremely hard to detect. Therefore, advises the *Maryland Medical Journal* for April, 1911, in every instance of sacral pain do not fail thoroughly to investigate the sacroiliac synchondrosis as the probable seat of the trouble.—*New York Medical Journal*, May 27th.

I observed the above article in the *New York Medical Journal*. It shows that the self-styled "regulars" are waking up at last and are "re-

discovering" Dr. Still's discoveries of over a quarter of a century ago and trying to palm them off as their own. Osteopathy has surely passed through Professor James' "Course of Truth." This article makes mighty good osteopathic reading to me.—*H. H. Somers, D. O., Cottage Grove, Ore.*

Ye Doctor.

Ye Doctor, on his faithful nag,
Rides all ye country round,
And in his saddlebags great store
Of physic may be found.
He cups and bleeds with right good will,
With pill and drench doth ply,
Until his patient must get well,
Unless he first doth die.
Ye ancient steed is seen no more,
Ye doctor telephones
An absent treatment or, perchance,
Manipulates ye bones.—*Exchange.*

Registration at the Chicago National Convention

AN effort will be made at the fifteenth annual convention of the American Osteopathic Association at Chicago, in July, to make the registration of osteopaths in attendance not only more complete and accurate than heretofore, but also to make it a basis for some very interesting and valuable statistics. A special loose-leaf registration blank has been compiled, and by the use of a carbon sheet a duplicate can be made at the same time 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 fill out the blank carefully and in full. These blanks will be handed out by the Registration Committee at the Hotel La Salle headquarters, and this information is given so that you may become familiar with the form and know what 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.

FIFTEENTH ANNUAL CONVENTION OF THE AMERICAN OSTEOPATHIC ASSOCIATION
Chicago, Illinois, July 25th to 28th, incl., 1911

Name A. P. Kottler D.D.
 City Chicago State Illinois
 Office Address 81 E. Madison Str. Phone No. Central 4099
 Residence Address 933 Cleburn Pl Phone No. Lake View 1780
 Graduate of S. S. Still College, Class of June 1905
 Member of fraternities or sororities _____
 Member of A. O. A. Yes State Ass'n I.O.A. District or City C.O.A.
 Stopping at La Salle Hotel, Room No. 1807
 Accompanied by: (mention relatives, etc) Wife
 Notice. Please fill out in full and oblige, The Committee.

View of Beautiful Detroit, Michigan—Active Candidate for Next National Convention



Osteopaths of the State of Michigan, in general, and of the city of Detroit, in particular, are out after the 1912 A. O. A. National convention for Detroit. The Detroit Society is carrying on a persistent and vigorous campaign and, judging from the energy they have put into the proposition, it is pretty safe to say that if the convention is voted for Detroit we will get a dandy meeting there next year. Detroit is a beautiful city and a great convention town, and has excellent hotel facilities as well as splendid railroad connection. There are good opportunities for social and entertainment features. In view of the enthusiasm that has been displayed by Detroit osteopaths over the proposition to entertain the national organization, we believe the A. O. A. will act wisely if it votes to accept the proffered invitation.

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 do 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-partum, 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 I was called she had some of the premonitory symptoms; pain in the back of the head, numbness of one side, was dull of speech, and forgot what she was trying to tell me. I gave her a treatment and told her to remain in bed for a few days, but the next morning she got up as usual, and as she was returning to the bedroom she fell to the floor and was unconscious for some time. They managed to get her to the bed and sent for me. During the severest of the convulsion they had to hold her in bed; she bit her tongue and threw her head backward and forward. Her legs were flexed upon her abdomen. She did not become rational until late in the evening. I then discovered that she was pregnant and suspected eclampsia at once. I

studied her case and the symptoms were that of a typical case of eclampsia. Her urine was heavily loaded with albumen and urea. In fact, I never saw urine so heavily loaded with albumen.

This was my first case and I did not know whether or not to continue on the case, as I was aware that the patient might die, but why should we shift responsibility? I wrote to several of my osteopathic friends concerning the case, one an M. D., D. O., and here is part of what he said: "Yours at hand this evening, and will answer at once for the reason that you are in serious danger. It is surely a case of eclampsia, and they are bad cases. If I were you and it is possible for you to shift the case to some one else without showing the white feather I would do so. If they insist on you taking care of her prepare them for the worst, for death often comes and a horrible death at that. But you have an opportunity to work on her for a month and may ward off the danger, and you can do that better than the medical men, for they can do nothing but give chloroform at the time of attack and give veratrum veride." I wish here to thank the doctor as he gave me much encouragement later in the case, and offered to come and assist me in the case at the time of delivery.

Then I wrote to one of the professors of obstetrics of one of the osteopathic colleges, and here is part of what was said: "You 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 very plainly 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 take 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 she 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 if properly applied includes, I believe, more 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.

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Editorial

Fairness, Freedom, Fearlessness.

"New to the line. let chips fall where they will"

VOL. XIX. JUNE, 1911. No. 6

MORE MEDICAL ABSURDITY.

Last month the M. D.'s of Wisconsin introduced in the State Legislature a bill which incidentally makes it a felony for anyone to suggest to a friend that he take a Turkish bath for a pain, or to prescribe a cup of herb tea, and imposed as penalty for the offense a fine of \$500 or one year imprisonment, or both. The bill was introduced quietly, but its ridiculous provisions leaked out and the local papers got after it hot and heavy. There seems to be no limit to which the drug doctors will not go in their efforts to get a monopoly in the "healing" business.

THE RESEARCH INSTITUTE.

A booklet on the A. T. Still Research Institute has been issued and distributed to the profession by Dr. C. M. Turner Hulett, of Cleveland. These booklets are to be supplied in quantities for circulation by individual osteopaths. The object is to get funds from outside the profession for the endowment of the institution. The success or failure of the plan depends on the individual efforts put forth. It is a big, important undertaking of vital interest and value to the entire profession. It should be vigorously pushed. Are you doing your part? Have you secured a supply of booklets? If not, *get busy*. Forget individual prejudices and preferences. Help to do this thing because it counts for *osteopathy* as a whole, now and for future time. It means progress toward scientific dignity, permanency and prestige.

ENCOURAGING NEWS.

In view of the disappointing results from legislative work in several sections it is refreshing to turn to Pennsylvania and note the substantial results achieved there. Bills to legalize imitation osteopathy have been knocked out; the independence of the osteopathic board has been maintained, notwithstanding the efforts of the "one board" advocates, and further, the state osteopathic law itself has been strengthened and improved by amendments. There has been no "fireworks"

The Osteopathic Physician

and little friction. The ends accomplished are the result of careful, persistent, concentrated efforts. We congratulate Dr. Harry M. Vastine, president of the state association, on his successful administration, and all the loyal supporters and workers who have helped make this progress possible. Those in other sections who are discouraged over legislative results should look to Pennsylvania and take new heart and encouragement. If we work together harmoniously, energetically, and intelligently, we can get the recognition that is due us. It may take longer in some states than in others, but with Loyalty and Persistence everlastingly on the job we will finally prevail.

ANYTHING BUT OSTEOPATHY.

The drug doctors are rapidly coming to recognize and endorse manipulative therapeutics, but not until the last ditch will they grant due credit to osteopathy. Out in St. Louis an M. D. is advertising that he gives chiropractic treatments and explains how it relieves nerve impingements, and permits prompt flow of blood and vital fluids. Chiropractic is but a crude imitation of osteopathy, and lacks its scientific foundation and broad philosophy, but nevertheless the M. D. is willing to take up and proclaim the usefulness of this narrow system and ignore osteopathy which has established its claim for scientific recognition. Evidently, the main thing is to get the practice osteopaths are enjoying, and so any superficial system that looks something like it is appropriated and approved. Some day we shall have to insist that M. D.'s, as well as all others desiring to practice manipulative therapeutics be compelled to take a four years' course before being entitled to a license to do so.

HO! FOR CHICAGO.

In another part of this issue we print some reports from various committee chairmen of the Arrangements Committee of Chicago having in charge the details of the National A. O. A. convention. From these reports it will be seen that each committee has its work well in hand. Nothing is being left undone or unprovided for that will make for the convenience, comfort and enjoyment of the visitors. The program as prepared by Dr. Carl P. McConnell and officially authorized is without question one of the strongest, if not indeed the strongest, ever offered. It should develop addresses and discussions that will command attention of scientific and professional people everywhere, as well as in our own profession. It's a program, too, that will be of immense practical value to the active practitioner. Just the information, advice and inspiration that busy osteopaths need. To attend this meeting means spiritual, mental and physical refreshment. With so much offered, and its being so easy to get there, what excuse is there for staying away? Shut up your office and borrow car fare if necessary. You will do better work when you get back and be in shape to do more of it. Both the cheapest vacation you can take and the best investment you can possibly make is to attend the Chicago A. O. A. convention.

THE NEW DIRECTORY AGAIN.

Referring to notice in our last issue we have received a number of inquiries asking where to send names and addresses for the new directory. The directory will be issued under the auspices of the American Osteopathic Association and all communications concerning it should be addressed to Dr. H. L. Childs, 462 Main street, East Orange, N. J. At the best the preparation of a directory is a laborious job and difficulty in getting correct information makes it more so. Do your part in this matter promptly and let us have the largest and best osteopathic directory yet issued.

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

EVER since my last piece in THE OSTEOPATHIC PHYSICIAN, business has been fine and I am thinking very hard about buying a automobile. In the old days when us fellers used to start out and earn more money in a month than we had ever saw in a year before, we always hiked to the city and got measured for our diamonds, but now the real thing is a devil wagon.

You remember I wrote about ole Miss Jackson's gall stones, and how well I got along with 'em. Well, it made quite a hit and Doc Pillson got it good and plenty because he always had to use his little dope gun. Folks don't always like that and when they seen that I could do the trick without it they just rushed in and I can't yet decide what kind of a cart I'll buy.

Pillson has a little ole one-lunger and I'm going to have one that will run rings around his just as I am running circles about him in practice.

It's strange how small a thing will influence business but the people in my town are dead set against morphine.

I heard old Dr. Still said it was better to suffer pretty bad 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. There seems to be a right smart sentiment among the better class of M. D. doctors against the permissious use of morphine too, but somehow our fellers with leanings toward the little 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 compensate for that longed-for privilege.

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 we do and as many times we relieve the case—even if not in bed quite so quick; but the patient next day does not have the effects of scientific medication to work off. To be sure there are times when morphine is a blessing as in cancer, gangrene, etc., but really it only prolongs the agony for the patient would the sooner be relieved by the inevitable end.

Honestly when the accounts are cast up on high, I doubt if morphine can be said to have been a benefit for while the agony may have been lessened, it is also lengthened, so the sum total is about the same.

I was talking to my woman D. O. friend about it and she said, "Limitations of osteopathy—land sakes, the M. D. reach theirs just as often as we do. Look at the cases they are up against where even anodynes are powerless! We seem to think that M. D. spells 'omnipotence,' but it does not by a good sight. When they get a critical case see how they call in help from all sides and how often the patient is told there is no help. We get into a hole and we have to work out of it as best we can. The fact is most people have to die sometimes and that is about all there is to it."

I can't get over this fact. Osteopathy is a protest against drugs. Old Dr. Still went through the whole proposition and then invented this system for the sole purpose of getting rid of internal medication, which had proven so complete a failure. What must be that old man's sorrow to see some of his so-called converts straying off into forbidden ways and howling for discarded and useless methods.

A friend sent me a *Bulletin of Health Journal*

last week in which a feller howls loudly at the intolerance of the osteopaths. Seems like this: Some one has dared to protest at the mixing of pills with osteopathy.

My brethren think of the combination after the precept laid down by the Old Doctor. But this feller says we are going to the damnation how-wows unless such combination is allowed. Just what does intolerance mean? Of food, one can't keep it on his stomach and b'gee I can't keep down such stuff. Mebby intolerance means adhering to a principle which is as plain as the sun at noon day; if so it becomes loyalty to a principle. Is it possible that there are degrees of honesty like Mr. Shakespeare says:

"'Tis a sin to steal a pin,
'Tis a greater to steal a 'tater."

We are taught that "Thou shalt not steal" and no mention is made of the amount. Is it possible that there are degrees of virtue or must we be, like Caesar's wife, above suspicion?

This here proposition resolves itself down to about one thing; we either are or we are not. If we give drugs we are *not*, and it is time right now to say the word.

Feller was in from down East yesterday. Says I: "What is intolerance?" "Well, I'll tell you a story," says he. "Once I was called in to a hospital in my town to see a case. Somehow I got onto the nerves of one of the M. D. doctors, and very soon was invited to stop my visits. That was intolerance. A while after this same M. D. doctor sent me a case of sciatica which got along bully. That was repentance. He was pleased and as he did surgery I sent him a case and that was reciprocity. Later he came himself for treatment and that was recognition. The whole thing means we all have our limitations."

Some more in this *Bulletin of Health Journal* was that there was anonymous pieces printed about the mixers. Gee, when truth is told it don't make no difference about the author, for it's only where its hearsay gossip that a name is needed. Anyhow, I have always signed mine.—*A. Pessimist, D. O.*

P. S.—Pledges have come in fine and it looks as if I would be it all right. This nix-pill osteopathy idea, is a winner.

students. We compliment him on his result. In one or two places it appears that he has not forgotten the other side of the psychology of students. The following sentence is calculated to impress them with the fact that they are "learning something:"

"The term irritability signifies the property or attribute in consequence of which living animal tissue may be made to manifest or modify its regular functional activities under the influence of external agencies or stimuli."

Why Osteopathy Forges Ahead.

Success comes to those who with energy and intelligence, carry on a propaganda.—*The Philadelphia Inquirer.*



New Portraits of Prominent Osteopaths

We have a lot of verile, up-to-the-minute people in Michigan and Dr. T. L. Herroder, of Detroit, president of the State Association, is a worthy representative of the progressive spirit of the profession in that section. He is clean, healthy, and hearty, and always ready to help a good thing along. He is liberal with his time for association work, and has held offices in the local Detroit association, as well as being a former vice-president of the State Association. Last month Gov. Osborne appointed him a member of the Michigan State Board of Osteopathic Examiners, to succeed Dr. Edythe F. Ashmore, resigned. Dr. Herroder located in Detroit in 1906; He has worked up a splendid connection and enjoys a good practice.

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 \$72.50 round trip, and the days for leaving most convenient for the convention will be July 19th 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.*



We Call the Doctors—and Yet We Die

Frank R. Heine, D. O., Pittsburgh, Pa.

Neath a heap of clay in the Potter's field,
Unmarked by even a stone of gray,
Lies a wasted form; nor yet has kneeled
One sorrowing soul to weep or pray.
Not even a place to lay his head,
A friend in need, or aught beside,
Had the sickened 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 sough
By grief-bowed parents—nor has time consoled.
An only child—yet, when racked with pain,
A half-score eminent doctors vied
Each with the other—but all in vain—
They called the doctors—and yet she died.

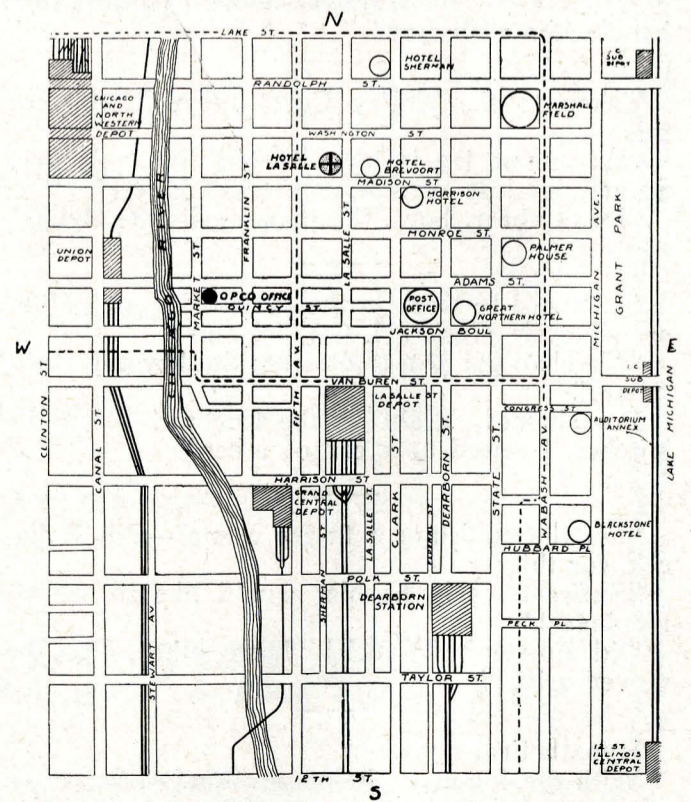
In a granite tomb, in a bed of bronze,
Crumbling to dust does a banker lie;
And bereaved ones offer their orisons,
And torture themselves with the question, "Why?"
A surgeon was called to save his life—
"Successful," he said, with an air of pride,
When he'd finished work with his oft-used knife—
They called the surgeon—and yet he died.

Tombs! Mausoleums! 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."

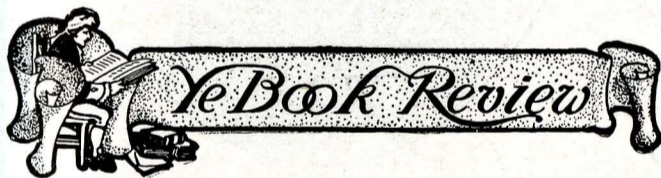
So it has been, and so it will be,
So long as Nature is counted as nil;
So long as physicians are wont to see
But knife and physic for every ill.
But let us live and labor and pray
That God our efforts will ever guide,
And that Future never more shall say:
"They called the doctors—and yet they died."

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

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



Map of "Downtown" Section of Chicago.



[Notice to Publishers! If you have a book worth reviewing that you want praised or blamed on its merits in this column, send a copy to Dr. Ernest E. Tucker, at 18 West Thirty-fourth Street, New York City, and be sure he will give it the hooks if it desrevs censure. The publisher expressly disclaims responsibility at law for Ye Book Reviewer's sins of omission, commission or permission. You've simply got to take chances with his dyspepsia.]

"The True Significance of the Times is Reflected in Its Books."

Anatomy and Physiology of the Nervous System—By Sedgwick Mather, M. A., Professor of Neurology, The American College of Neuropathy. Published by John Joseph McVey, Philadelphia, Pa., 1909. Price \$1.50 net, Postpaid.

A neat volume from the press of John Joseph McVey. Study is very much easier from a pleasing text.

Sedgwick Mather, the Professor of Neurology in the American College of Neuropathy, has prepared a volume suited to his first classes. It is essentially a volume for beginners; but in glancing over the text we are impressed with the fact that we are probably all of us beginners, in the study of Neurology. To graduates the volume is valuable as a review of the subject. The author starts with a very definite purpose—that of making a vast and complicated subject as simple as possible; and furthermore, making it also appear simple, for the encouragement of

Sense and Nonsense Vie at Western Pennsylvania Meeting

THE western Pennsylvania Osteopathic Association held its regular semi-annual meeting at the Fort Pitt Hotel, Pittsburgh, May 20th. The principal speaker at the afternoon session was Dr. Ralph H. Williams, of Rochester, New York. Dr. Williams gave an address, with demonstrations, on "Immobilization and the Pressure Bandage." Dr. Williams' pleasing personality and his exceptional ability as a speaker made a most favorable impression on our members. It was the consensus of opinion that his was one of the best *practical* talks the society had ever listened to. Dr. R. H. Miller, of Washington, read a paper on Ethics, and Dr. Mae Hawk Van Doren, of Pittsburgh, one on "Our Law in Relation to Antitoxins and Vaccines." A banquet was held in the evening. Dr. Williams gave one of his Chauncey Depew-Simeon Ford-Joe Cannon post prandial classics, and Dr. E. N. Hansen, of Pittsburgh, gave a report of our legislative activity during the spring session of the assembly. Miss Blanche Hilliard, the popular Pittsburgh soprano, was the vocalist of the evening. Her songs were most enthusiastically encored. Next followed the "Talkfest." It had been announced that anyone who tried to get serious would be fined. The program committee had hypnotized "Scamp" Heine, and suggesting that his dignity was merely a pose, they ordered him to write some "Daffydils" and parodies on popular songs. The result is another example of the evil effects of hypnotism. Everyone sang "hellariously."

The annual election of officers resulted as follows: President, Dr. C. C. Wright, Charleroi; vice-president, Dr. O. O. Bashline, Grove City; secretary, Dr. Mary Compton, Pittsburgh; treasurer, Dr. Silas Dinsmoor, Pittsburgh.—Ionia Wynne Hoeffner, D. O., Sec'y.

The following items are taken from the banquet and "talkfest" program:

Supplementary Senseless Chatter.

"Blue, and in line—bet your chips, call nor lay, Bill."—Bunting.

Bury your dignity,
Try hard to smile;
Let us be fools again—
Just for a while.

Let's get Daffy. "Delighted." Here goes:
Sentenced to take a chiropractic treatment—Julien Foster, for this (he's got a brain the size of a microbe's egg):

"In a Beauty Contest would Ionia Wynne? Answer Tomorrow."

"He is lost!" the Captain shouted, "'Nless they handle him with care."

Taken to the Keeley Cure—Lloyd Irwin, for this:

"When one leg is long do you find a Heine? Sometimes just Wright, sometimes Heyer."
"Don't cheer, boys, the poor devils are dying."

Sentenced to work in the same office with Hansen—Noysie Husk (N. G.), for this:

"Marshall got \$2 a treatment; do they pay Dinsmoor?"

For shame! Right on the balcony! "Cut the stitches, I sewed up a can of ether."

"Let the punishment fit the crime"—Bill Rohacek, for this:

"Suffragettes in hobbles would like to see all meningeal."

Did Fo-ster? "Quick! More ether, Doc, he moved a leg!"

Hypothetical question:

With the following lesions: "Perforating ulcer of the sock," "false passage of the vest," "hairy

mole of the shirt-cuff," "idiopathic atrophy of the pajamas," "sloughing of the posterior foramen of the collar band," "prolapsis trouseri," "ichthyosis of the shoes," "Addison's disease of the shirt-front," and "inoperable volvulus of the necktie," what should be prescribed—colloid silver or the gold cure?

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

"If a 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 sesamoids.)

(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 jagged spine
That's the time to jump right up and shout
"HELP!"
He'll cure your aches and ills—but then, O mercy!
Ouch! His bills!
For Bil—th'—Oste'path—LOOK OUT.

"And still the wonder grew:
That one small head could carry all he knew."

AN M. D.'s SOLILOQUY.

(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 growin', system's filled with wrath;
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 squeeze you tight,
Throttle you and pummel you with all their might.
Oh, sir, you don't realize they are fiends in human guise!
They don't think they're workin' 'less they break your back;
They hurt you somethin' awful when your neck they crack.
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'll arrange, sir, to treat you right away;
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, spleen, heart and lungs—I treat them all.
Help along, come around—if you're well or if you're sound—
Charge the same—well or lame—TWO PLUNKS.

The Wisconsin Association News Column

This column is maintained by the Wisconsin State Osteopathic Association and is furnished by the publishers of the "O. P." in return compliment, the Wisconsin Osteopathic Association having adopted the "O. P." as their official paper for the ensuing year, furnishing one years' subscription to every member whose dues are paid according to the requirements of the constitution.

Until further announcement, items for this column will please be sent to Dr. Edwin J. Elton, secretary, 306 Matthews building, Milwaukee; Dr. Olds having requested him to act temporarily.

That we may better acquaint ourselves with the presiding officer of our association, we present herewith a cut of Dr. E. M. Olds of Green Bay. Dr. Olds is married and has one child.

On Thursday evening of the convention we attended an illustrated lecture upon the subject of Tuberculosis, given in the Assembly chamber of the Capitol.

Three new members were elected at the annual meeting, viz.: Dr. David Bell, of Platteville; Dr. K. W. Shipman, of Janesville; Dr. Nellie M. Fisher, of Wauwatosa.

The secretary has requested the State Board of Health to supply every D. O. in Wisconsin with literature pertaining to the work of that department. A list of practitioners has been furnished the secretary of the State Board.



Dr. E. M. Olds, of Green Bay, Wis.

Considerable enthusiasm was created at the Friday morning session of the convention, a message being read from Dr. Jesse E. Matson, temporarily located in Minneapolis. Dr. Matson expressed regret at the necessity of being absent but wired a subscription of \$100.00 to the A. T. STILL RESEARCH INSTITUTE.

Wisconsin has not as yet come to the front in the matter of subscriptions to this enterprise, but we have already several good subscriptions and will soon be placed where we belong.

It is regretted that the lecture of Dr. H. H. Fryette was not properly reported. Some students of the business college at Madison were in attendance and attempted to "take" the same, but they proved to be unused to scientific expressions and the management of the college wrote the secretary expressing their regret that such was the case.

At least two recent osteopathic graduates intend to locate in Wisconsin. Dr. Olds advises that his brother will enter practice in Green Bay; Dr. Arthur Brockway will probably locate in Milwaukee. They both "take the Board" in July.

Twenty-eight osteopathic physicians were at the Madison meeting. There should have been at least forty-five. Although Madison is well located, and should have been the means of more being present, we "pooled" railroad fares and thus every one was under the same expense. We will do this again next year.

The legislative committee have selected Dr. F. N. Oium as representative from this state as delegate to the A. O. A. legislative council. Regular delegates to the Chicago convention were announced in the May issue of this paper.

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 will say that had you been in Wisconsin ten years ago you would appreciate the value of having had ready cash with which to meet demands at that time. Those who were in that fight put up \$40.00 each beside much valuable time. We are proud of this, however, and do not regret it.

We will, of course, never see the same conditions as existed ten years ago, in regard to legislation, but it is the consensus of opinion that it is well to be prepared for an emergency. All 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 commune 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. Keyes, secretary of the Minneapolis 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 2,877. There is also a desirable location at Waseca, population 2,838.

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

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

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

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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.

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

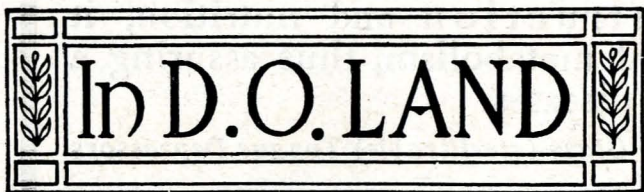
THE Illinois Osteopathic Association announces its annual meeting July 24th at the La Salle Hotel.

All Osteopaths practising in Illinois are herewith 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.*



Alchemy, astrology, augury, palmistry and allopath medicine are all one. None is scientific, for none is founded on Nature.—*June Philistine.*

Interesting Cases Discussed.

At the May meeting of the A. T. Still Osteopathic Association of Massachusetts, Dr. John J. Howard presented a case of asthma and Dr. F. A. Dennette a case of congestion of the liver. Both were interesting cases.

New Member on Missouri State Board.

Gov. Hadley of Missouri has appointed Dr. W. J. Deeming, of Brookfield, a member of the State Board of Osteopathic Examination and Registration, to succeed Dr. A. L. McKenzie, of Kansas City.

Nebraska Examinations.

The Nebraska State Board of Osteopathy will hold its next state examination at the state capitol at Lincoln on Friday and Saturday, July 7th and 8th. For particulars address the secretary, Dr. C. B. Atzen, 412 Omaha Nat. Bank building., Omaha, Neb.

Graduation Exercises at Still College.

A class of thirty students was graduated from the Still College of Osteopathy, Des Moines, Iowa, May 24th, when appropriate exercises were held. Dr. C. W. Johnson, Dean of the college, made the presentation address, and Dr. S. L. Taylor, president of the college, conferred the degrees.

Meeting of Northeastern Pennsylvania Association.

The regular meeting of the Northeastern Pennsylvania Association was held May 13th, at Scranton. Papers read were "Malaria," by Dr. Margaret Evans, of Wilkes-Barre; "Cancer" by Dr. Perkins, of Scranton; "Nasal Trouble" by Dr. McCullum, of Dorranceton. Refreshments were served and a pleasant social session was enjoyed.

Washington State Meeting.

The second annual convention of the Washington Osteopathic Association was held June 3rd at Spokane. A number of good papers were presented on the program. Officers elected were: President, Dr. H. F. Morse, Wenatchee; vice-president, Dr. Frank Holmes, Spokane; secretary-treasurer, Dr. H. E. Caster, Spokane.

Vermont Examinations.

The Vermont State Board of Osteopathic Examination and Registration will hold its next meeting in Barre, July 20th and 21st, for the examination of applicants for certificates to practice osteopathy. Application should be made to the secretary one month before above named dates.—*Lewis D. Martin, D. O., secretary.*

Test Case in Indiana.

Dr. A. W. Tindall, of Hartford City, Indiana, has been arrested under charge of practicing medicine without a license. The local drug physicians are back of the suit and it is being made a test case. Dr. Tindall will have the support of the State Association, and he feels confident that the charge against him will be dismissed.

Central College of Osteopathy

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Kansas Special Train to Chicago Convention.

The osteopaths of Kansas will have a special car from Kansas City to Chicago for the National Convention. It will leave Kansas City at 7:30 p. m. July 23d, over the Santa Fe, and arrive in Chicago 9:15 a. m. on the 24th. All that can join at Kansas City from the neighboring states will be welcome.—*G. B. Wolf, D. O., secretary.*

Philadelphia June Class Festivities.

Commencement exercises of the June class of the Philadelphia College of Osteopathy, Philadelphia, were held June 1st. Rev. Dr. Francis C. Putnam, of Wayne, Pa., delivered the doctorate address, and Dr. Charles J. Muttart, retiring dean of the college, conferred the degrees. There were thirty graduates. A special prize of twenty-five dollars in gold donated by Dr. J. Ivan Dufur was awarded to the members of the class who took the best set of notes on the lectures on Osteopathic Symptomatology and Practice during the year.

Pacific College Exercises.

Exercises for the June graduating class of the Pacific College of Osteopathy, Los Angeles, Calif., were held June 15th. The address to the graduating class was by Dr. Olive 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.

Claims Big Damages.

A suit has been commenced against Dr. O. F. Heisley, of Salem, Oregon, by one B. B. Herrick, Jr., claiming \$10,000 damages as a result of burns received during an alcohol treatment for rheumatism. The plaintiff alleges that Dr. Heisley, in using an alcohol lamp in connection with a treatment, permitted the alcohol to become ignited, severely burning the patient.

Justice Putnam's Decision Affirmed.

The Appellate Division of the Supreme Court of New York State sitting in Brooklyn, May 12th, affirmed the judgment of Justice Putnam in refusing to grant Dr. Charles S. Bandel, a mandamus to compel the recognition by the city Board of Health of a death certificate signed by an osteopath. The case will be carried to the Court of Appeals by Congressman Martin W. Littleton, 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 "Specific Technique." Dr. Julia C. Clarke and Dr. George W. Goode each discussed one of their most interesting cases. Officers were elected as follows: President, Dr. George W. Goode; vice-president, Dr. Mary A. Small; secretary-treasurer, Dr. W. A. Smith; curator, Dr. Frank M. Vaughn; directors, Dr. John J. Howard, Dr. Kendall L. Achorn.

Southwest Michigan Meeting.

The regular meeting of the Southwest-Michigan Osteopathic Association was held May 6th at Kalamazoo. Program subject—Rheumatism. "Diagnosis and Prognosis," Dr. Frances Platt; "Sequelae," Dr. R. B. Peebles; "Diet," Dr. Guy C. Lathrop; "Treatment," Dr. R. A. Glezen. We are glad to note that the district meetings are being better attended, but there are still a number who never attend any meetings of district or state.—*Frances Platt, D. O., secretary.*

Osteopathic Testimony with Skeleton.

Acting as expert witness in the case of Mrs. Christina Haines against the Rock Springs Park Company and the East Liverpool Traction and Light Company, Dr. Glyde 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 suing for \$25,000 for injuries sustained from a fall on a flight of steps at Rock Springs Park, September 19, 1909. Dr. Bumpus' testimony was to 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-seven members. There were also nine graduates from the post graduate course. John T. Barker, of La Plata, Speaker of the Missouri House of Representatives, 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, Columbia, president of the board; Dr. V. H. Greenwood, Buffalo, secretary; 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 Ashville, N. C., Dr. C. E. Lorenz, of Columbus, Dr. Ida Ulmer, of Dublin, Dr. F. Muir Turner, Savannah, Dr. W. H. Bowdoin, of Atlanta, Dr. M. C. Hardin, of Atlanta, Dr. W. G. Waters, of Athens, Dr. Mary M. Lucas, of Thomasville. Officers elected were: President, Dr. F. Muir Turner, Savannah; vice-president, Dr. W. H. Bowdoin, Atlanta; secretary, Dr. G. M. Phillips, Atlanta; assistant secretary, Dr. James Gorin, Savannah, Dr. J. W. Elliott, of 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 last month from an extended trip to Washington, D. C., New York, and other eastern cities. While in Washington she attended the national meeting of the Daughters of the American Revolution and also the Inter-National Child Welfare Congress as a delegate from Colorado. As chairman of the State Child Hygiene Committee of the Mother's Congress, she read a paper before the Child Welfare Congress on "The Rights of the Baby." On her return trip she was a guest of the Ohio Osteopathic Association at Columbus, and delivered an address before that society. At St. Louis she visited Dr. Hildreth and later spent a day with the "Old Doctor" in Kirksville.

Iota Tau Sigma Enters Littlejohn College.

The Sigma Upsilon Fraternity of the Littlejohn College and Hospital, of Chicago, is pleased to announce that it has been absorbed by the National Osteopathic Fraternity, Iota Tau Sigma, as Zeta Chapter. Three national officers, Dr. J. K. Goodrich, Dr. Thomas K. Richards and Dr. Ninkle, of Alpha Chapter, Kirksville, did the initiation work. Dr. Hutchins, of Gamma Chapter, Los Angeles, was a visitor. Dr. W. A. Ford was elected president, Dr. O. W. Messick, secretary, Dr. Max Meyer, treasurer. There were fourteen charter members; Dr. W. A. Ford, Dr. James Scallon, Dr. Lucas, Dr. Allen, Dr. Early, Dr. William Goddard, Dr. C. W. Messick, Dr. O. W. Messick, Dr. L. Steward, Dr. George M. McGregor, Dr. Max Meyer, Dr. Wm. McGregor, Dr. Ira 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-Astoria. The lecture of the evening was delivered by Dr. L. von H. Gerdine, of Kirksville, on the subject "General Nerve Pathology and the Classification of Nervous Diseases According to Pathological Findings." Officers were elected as follows: President, Dr. N. D. Mattison, Manhattan; vice president, Dr. M. M. Henney, Brooklyn; secretary, Dr. Richard Wanless, 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. Bandel 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 Appoint Osteopathic Examiners.

Replying 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 am 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. Sincerely, A. D. Cloyd, *Sovereign Physician, Woodmen of the World, May 5th.*

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 us in the entertainment of our visitors, and it is hoped that every one will respond.

At the election of officers for the ensuing year, Dr. Walter E. Elfrink was elected president, Dr. D. Hunt Gallagher vice-president, and Dr. Arthur H. Tuttle, re-elected secretary and treasurer. To fill vacancies on the board of directors, Dr. Fred Bishoff was elected for three-year term and Dr. Almada J. Goodspeed for one year term.—Arthur H. Little, D. O., *secretary-treasurer.*

California State Convention.

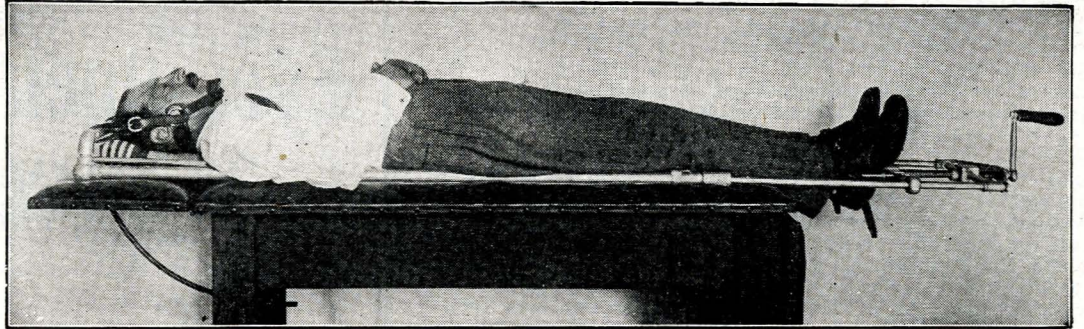
The tenth annual meeting of the California Osteopathic Association was held at Los Angeles, June 1st, 2nd and 3rd. It was one of the most successful conventions in the history of the Association, there being an attendance of something like 200 delegates. The program was full of interest and the illustrated stereopticon lectures were well attended. The illustrated lectures were given in Choral Hall of the Auditorium building. One was by Dr. Louisa Burns, her subject being "The Function of the Nervous System," another was by Dr. Curtis W. Brigham, his subject being "The Borderland of Pathology." The visiting delegates were royally entertained, the Chamber of Commerce taking parties out over the water and for trolley rides to the suburbs of the city. Officers elected were: President, Dr. L. L. Haight, Los Angeles; first vice president, Dr. Martha Barmby, Berkeley; second vice-president, Dr. E. B. Furgesson, secretary, Dr. E. E. York, San Francisco, treasurer, Dr. H. M. Frazier, Oakland; trustees, Dr. J. L. Adams, Dr. E. S. Merrill, and Dr. D. C. Farnum. The convention closed with a banquet at the Angelus Hotel, at which Dain L. Tasker acted as toastmaster. Responses were made by Dr. Susan O. Harris, Dr. L. L. Haight, Dr. Grace Schilling, Dr. A. B. Shaw, Dr. May V. Stewart, Dr. W. R. Laughlin, and Dr. J. T. Ruddy.

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

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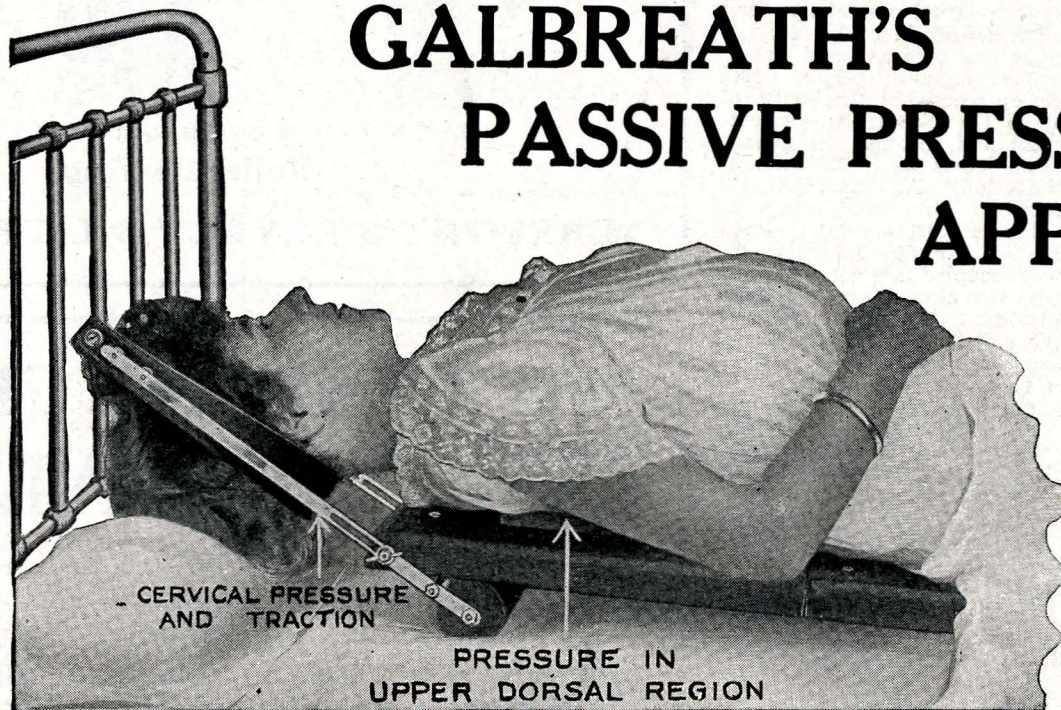


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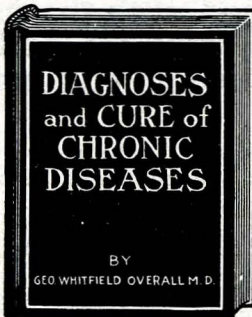
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There is but little science or skill in the treatment of acute, contagious or infectious diseases, as they have their course to run; but there is plenty of room in every town for one physician capable of diagnosing and curing of chronic diseases.

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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Lest we forget! A. O. A. National Convention, Chicago, July 25th-28th, 1911.

A. O. A. National Convention, Chicago, July, 1911.

Upon Health." On the evening of May 24th a banquet was held, following which the association in body attended the commencement exercises of Still College. On May 25th Dr. G. W. Weddell, of Still College, gave an address on "The Significance of Osteopathic Factors in Gastro-Intestinal Disturbances," and Dr. A. W. Peterson, of Hawarden, read a paper on "Experiences With Renal Calculi." Important matters that came up for discussion were the legislative situation; the right of Iowa osteopaths to give treatment in the State hospitals, at Clarinda, Mount Pleasant, Independence and Cherokee; and the attitude of the Federal government in regard to the National Bureau of Health. Officers elected were: President, Dr. Della B. Caldwell, Des Moines; first vice-president, Dr. A. E. Hook, Cherokee; second vice-president, Dr. H. H. Hitchcock, Vinton; secretary, Dr. Carrie B. Collier, Clarinda; treasurer, Dr. L. O. Thompson, Red Oak; trustees, Dr. J. R. Bullard, Marshalltown; Dr. T. C. Stephenson, Cedar Falls; Dr. J. C. Baughman, Burlington, and Dr. A. E. Hook, Cherokee.

Kansas Wants National Convention.

The tenth annual convention of the Kansas Osteopathic Association at Emporia May 19th and 20th, was declared the best meeting in the history of the K. O. A. Prof. J. H. Glotfelter of the state Normal delivered the address of welcome, in the absence of Mr. William A. White, who was called out of town that morning. Response by Dr. Doane, of Parsons, was followed by address of the president, Dr. F. M. Godfrey, of Holton, after which we took up the regular order. The program was fine, especially Dr. Conner, of Kansas City, and Dr. Hildreth, of St. Louis. We can not emphasize too much the pleasure and profit derived from Dr. Hildreth's presence and lecture. He makes us proud of our profession and glad that we are osteopaths. We were invited to the Normal to inspect a \$700.00 papier-maché mannikin and through the courteous efforts of Prof. W. H. Van Voris we disarticulated and examined it to our satisfaction. An informal reception was given in the offices of Drs. Morrison and Pierson. The rooms were thrown together and very prettily decorated for the occasion. Punch was served. For luncheons and dinners we occupied a long table in the Whitley Hotel and Saturday evening a banquet was served. The newly elected president, Dr. J. H. Bower, of Salina, acted as toastmaster and Drs. Hildreth, Benneson, Waters, Trabue, Doane, Morrison and others responded. Dr. W. J. Conner sang a verse of "Crutches for Sale," which all heartily enjoyed. The officers for the year are: President, Dr. J. H. Bower, Salina; vice-president, Dr. E. B. Waters, Wichita; secretary-treasurer, Dr. G. B. Wolf, Ottawa. The next meeting place is Topeka.

The K. O. A. joined with the Wichita and Southern Kansas associations in extending an invitation to the A. O. A. to come to Wichita, Kansas, in 1912. We will try our best to entertain them and we feel that we can. While we have not the attractions that some cities have, we are certainly conveniently located, as we are right in the center of the United States. Kansas is the birthplace of osteopathy and believe we are entitled to a convention. Wichita has a fine Forum that seats 6,000 people, good hotels and the best of railroad facilities.—G. B. Wolf, D. O., Secretary.

New England Association Meeting.

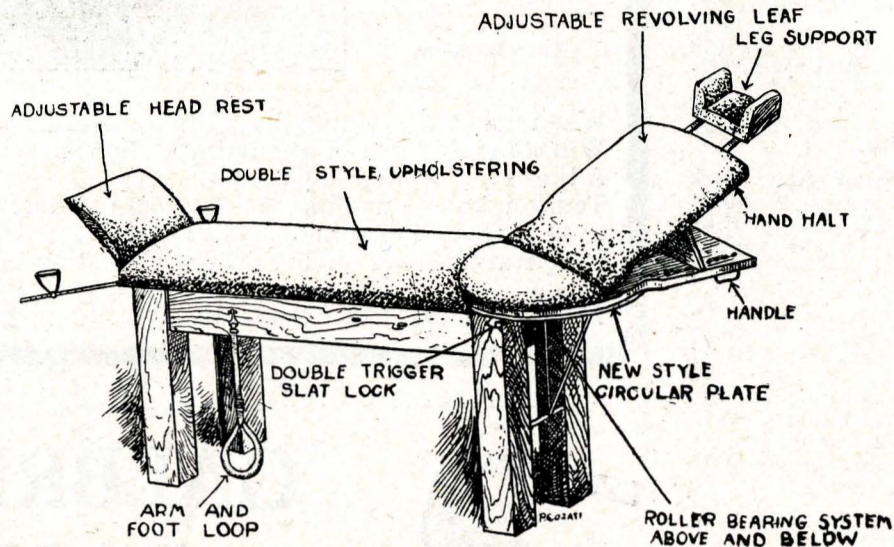
The seventh annual convention of the New England Osteopathic Association was held at the Bay State Hotel, Worcester, Mass., on May 19th and 20th. About 200 osteopaths were in attendance from the New England States, New York, and New Jersey. The program included:

"Demonstration—Physiological Exercise," Dr. George W. Reid, Worcester; "Peritonitis," Dr. Frederick W. Gottschalk, Boston; "Bronchitis," Dr. Effie L. Rogers, Boston; "Orthopedic Surgery and Osteopathy, Their Relations and Their Vital Divergencies," Dr. Ralph K. Smith, Boston; "Statistics," Dr. Florence A. Covey, Portland; "Relation of the Straight Spine to Human Efficiency," Dr. Martin W. Peck, Lynn; "Herpes Zoster," Dr. J. H. Corbin, Westfield, N. J.; "Hernia," Dr. E. F. M. Wendelstadt, New York; "Infantile Paralysis from a Personal View Point," Dr. Albert Fisher, Syracuse, N. Y.; "Treatment," Dr. Harry W. Conant, Cambridge; "Fourth Dimension," Dr. E. E. Tucker, New York; "Common Accidents and Their Treatment," Dr. Joseph Ferguson, Brooklyn; "Correction of Lateral Curvature," Dr. William H. Jones, Marlboro; "Conservation, Patient and Operator," Dr. Charles C. Teall, Fulton, N. Y.; "Treatment," Dr. George W. McPherson, Claremont, N. H.; "Publicity," Dr. John J. Howard, Franklin; "Arthritis," Dr. Kendall L. Achorn, Boston; "A Little Ramble Along Unfrequented Paths," Dr. E. M. Downing, York, Pa.; "Treatment of the Liver," Dr. Helen G. Sheehan, Boston; "Bright's Disease," Dr. Robert H. Nichols, Boston; "Problems Outside the Operating Room," Dr. H. L. Chiles, New York, Secretary A. O. A.; "Why?" Dr. Arthur M. Lane, Boston; "Intestinal Disorders," Dr. George W. Riley, New York; "Rib Lesions and Their Adjustment," Dr. A. McWilliams, Boston; "Diagnosis," Dr. L. Van Horn Gardine, A. S. O. Faculty, Kirksville, Mo.; "Lesions and Spinal Cord Diseases," Dr. A. H. Gleason, Worcester.

Officers elected were: President, Dr. Geo. W. Goode, Boston, Mass.; first vice-president, Dr. Geo. W. Reid, Worcester, Mass.; second vice-president, Dr. Margaret B. Carleton, Keene, N. H.; third vice-president, Dr. Sophronia T. Rosebrook, Portland, Me.; secretary, Dr. Eva G. Reid, Worcester, Mass.; treasurer, Dr. Clarence H. Wall, Providence, R. I.

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 The August issue has a fine popular story by Mr. Tynan—shows how osteopathy wins on merit. Then there is a fundamental talk on spinal lesions—the logic of the contention that they affect health in general—the fitness of the osteopath to locate and treat such lesions—the indifference of the drug doctor to anatomical examinations and diagnosis. A clean, clear talk asking that the osteopath be given a fair consideration, and that common sense instead of prejudice be permitted to govern a decision concerning taking treatment. Then we have a straightforward discussion about rheumatism and gout, with some suggestions about headaches, pointing out that the various types are 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 who is loyal and true—who 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 it. Osteopathy needs many more 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 monthly costs only \$3.00 a month, or with neat professional card on back cover—giving the seal of your personal endorsement to the proposition—\$3.25 a month. Express charges depend upon location. Full information upon request.

Yours for a greater osteopathic propaganda,

RALPH ARNOLD, Assistant Manager,
 The Osteopathic Publishing Company.

Illinois Osteopathic Association Convention.

The thirteenth annual convention of the Illinois Osteopathic Association will be held at the La Salle Hotel, Chicago, July 24th.

Morning Session—Call to order, 9:30 a. m. Invocation, Rev. Frank D. Burhans. Address of welcome, Dr. W. E. Elfrink, president Chicago Osteopathic Association. Address, Dr. Emery Ennis, Springfield, Ill., president Illinois Osteopathic Association. "History of the Legislative Fight for Osteopathy in Illinois in 1911," Dr. Pauline R. Mantle, Springfield, Ill. Discussion, Dr. Canada Wendell, Peoria, Ill. Call to arms, Dr. H. S. Bunting, Chicago, Ill.

Afternoon Session—1:45 p. m. "Obstacles to be Overcome in the Legislative Situation," Dr. E. R. Proctor, Chicago, Ill. Discussion, Dr. G. R. Boyer, Peoria, Ill. and Dr. F. E. Dayton, Chicago, Ill. Business and election of officers.

By-the-way, remember! A. O. A. National Convention, Chicago, July 25th-28th, 1911. Headquarters, La Salle Hotel.

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

Dr. C. N. George, formerly of Omaha, Neb., has located at O'Neill, Neb.

Dr. F. B. Larkins, formerly of Chickasha, has purchased the practice of Drs. Pleak & Elliott at Tulsa, Okla.

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

We have received a pretty souvenir postal card from Dr. W. H. Gamble, of Missouri Valley, Iowa, showing his office and residence.

Dr. F. C. Jones, of Sunnyside, Wash., has bought out the office of Dr. S. W. Winn at Grandview and will operate it as a branch office.

Dr. H. F. Wright, of El Paso, Texas, has moved from the Austin-Marr building to the Herald building, where he has more commodious quarters.

Dr. L. K. Hallock, formerly of Caney, Kansas, has removed to Council Grove, same state, where he seems to have prospects for a nice practice.

Dr. F. E. and Sadie D. Root have removed from No. 210 to No. 222 West Eighth street, Erie, Pa., where they have more pleasant and spacious quarters.

Dr. H. G. Rolf, June, 1911, graduate of the A. S. O., has located at Colorado Springs, Colo., his offices being in rooms 46-48 First National Bank building.

Dr. J. M. Voorhees, June, 1911, A. S. O. graduate, has purchased the practice of Dr. F. H. Williams, of Lansing, Mich., his office being at 110 Allegan street.

Dr. E. M. Shuppert, of Rockford, Ill., has changed her address from Third National Bank Building to 314 North Church street, where she has opened nice new offices.

Dr. Arthur Van Winkle, of the A. S. O., June 1911, graduating class, has located at Phillipsburg, 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. G. Hatch, of Lawrence, Mass., has purchased a fine piece of property at 236 Bruce street, which is in the best part of the residential district of the city, and he will hereafter have his office at that address.

Dr. Chas. K. Garring, of San Antonio, Texas, has formed a partnership with Dr. Percy Hatcher, and they will take joint offices at 206-208 Gunter building. They are contemplating an extensive campaign of education and publicity.

Dr. M. C. O'Brien, of Pittston, Pa., has been recommended by members of the Northeastern Pennsylvania Osteopathic Association as a member of the State Osteopathic Examining Board, to succeed Dr. John T. Downing, 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 arrived March 11th. They are James Roderick 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 Garden City on account of his wife's health. He has to find a place where the altitude is not so high and where it is cooler.

Dr. Jacob H. Bossert, of Utica, N. Y., was instantly killed, on the evening of June 22nd, by being struck by an 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 souvenir postal card of the handsome Baker-Boyer Bank building, in which he has just taken corner offices, Rooms 500-501-502. This is a new building, and Dr. Heath says he has very commodious quarters.

Dr. W. L. Beitel, of Philadelphia, is spending a vacation making a tour through the United States and Old 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 be in charge of Dr. Cockrell who is acting as assistant to Dr. Fiske.

Drs. Escude and Perea, who have recently again taken up residence in Los Angeles, Cal., have purchased a beautiful home and office building at a cost of \$7,000.

Dr. Carlton Norton, 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 change of address of Dr. Emma Purnell from Lancaster to Harrisburg, Pa. This was an error, as Dr. Purnell was at Harrisburg only temporarily, and her permanent address remains as heretofore, 217 Woolworth building, Lancaster, Pa.

Dr. Ionia C. Twitchell, of Morristown, Tenn., has removed her offices from the Virginia Hotel to the Taylor building, which is just opposite the hotel. The change was necessary on account of a part of the hotel being destroyed by fire on the morning of June 12th. 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.

Locations and Removals

Dr. Clinton E. Achorn, from 25 Broad street, to 26 West 35th street, New York City.
 Dr. L. W. Allen, from Westport, N. Y., to 24 Davenport building, Greenfield, Mass.
 Dr. Adam Baker, at Northfield, Minn.
 Dr. Leland Guy Baugher, from 215 Pine street, to 217 N. Second street, Harrisburg, Pa.
 Dr. E. D. Barber, from Keith & Perry building, to 405 Hall building, Kansas City, Mo.
 Dr. H. H. Bell, from Kirksville, Mo., to Wilburn, Va.
 Dr. H. R. Bell, from Fort Atkinson, to Berlin, Wis.
 Dr. A. O. Brewer, from Bellingham, to Goldendale, Wash.
 Dr. D. H. Clouse, from Sterling, to Loveland, Colo.
 Dr. Wilbur H. Clark from Arroyo Grande, to 1140 Garden street, San Luis Obispo, Cal.
 Dr. C. J. Chrestensen, from Boulder, Colo., to 15 Y. M. C. A. building, Keokuk, Iowa.
 Dr. A. E. Cole, from Kirksville, Mo., to 311 Kinsey street, Richmond, Ind.
 Dr. Carl F. Chrestensen, from Brookings, S. D., to Trowbridge building, Waseca, Minn.
 Dr. Arthur E. Dewey, from 6th and Locust streets to 302 Utica building, Des Moines, Iowa.
 Dr. C. B. Doron, from Kirksville, Mo., to 33 Vick Park B., Rochester, N. Y.
 Dr. V. V. Everson, from Coffeyville, Kansas, to Toulon, Ill.
 Dr. G. A. Gamble, from 615 Boston building, to 608-609 McIntyre building, Salt Lake City, Utah.
 Dr. Ferd Goodfellow, from Lihue Kanai, to 60-61 Young building, Honolulu, T. H.
 Dr. Axel Emil Gibson, from Los Angeles, to Beaumont, Cal.
 Dr. Emilie L. Greene, from 1008 Trude building, to 1312 Lunt avenue, Chicago, Ill.
 Dr. Susan Orpha Harris, from 1459 Franklin street, to Maskey building, 46 Kearney street, San Francisco, Calif.
 Dr. Dayton B. Holcomb, from Steinway Hall building, to 902 Stewart building, Chicago, Ill.
 Drs. Clifford and Anna Gerow Howells, from Asbury Park, to 314 Verona street, Forest Hill, Newark, N. J.
 Dr. Bismarck Hoxie, from Washington, to Bound Brook, N. J.
 Dr. L. A. Harris, from Kirksville, Mo., to Waitsburg, Wash.
 Dr. O. R. Hurd, from Kirksville, Mo., to 4 Fargo building, Merriam Park, St. Paul, Minn.
 Dr. Gordon G. Ives, from Fresno, to Selma, Calif.
 Dr. M. E. Ilgenfritz, from Garner, to Osceola, Iowa.
 Dr. Elizabeth Johnson, from 132 W. Main street, to 405 Colcord building, Oklahoma City, Okla.
 Dr. F. B. Keller, from Elizabeth, to 18 Beach street, Arlington, N. J.
 Dr. F. E. Keebler, from Kirksville, Mo., to 702 W. Sewanee street, Fitzgerald, Ga.
 Dr. Chas. H. Lyke, from 700 Broadway to 348 Mint Arcade building, Philadelphia, Pa.
 Dr. G. B. Lord, from Mattoon to Marshall, Ill.
 Dr. J. B. Lenhart, from 956 Park View avenue to 1732 W. 48th street, Los Angeles, Cal.
 Dr. W. L. Laslett, from 755 to 673 Boylston street, Boston, Mass.
 Dr. Mathew T. Mayes, from 351 Main street, to 259 State street, Springfield, Mass.
 Dr. Coyt Moore, from Hammond, to Baton Rouge, La.
 Dr. E. B. Mitchell, from Atlanta, Ga., to Jonesboro, Tenn.
 Dr. L. B. Mason, from Dominion block to Sherlock block, Lethbridge, Alta., Can.
 Dr. W. C. McDonald, from Romney, to Hanging Rock, W. Va.
 Dr. A. J. Molyneaux, from Philadelphia, Pa., to 196 Academy street, Jersey City, N. J.
 Dr. G. M. McCole, from Kirksville, Mo., to Noblesville, Ind.
 Dr. Geo. W. Moore, Jr., from Kirksville, Mo., to New Hope, Pa.
 Dr. Geo. H. Newton, from Memphis, Tenn., to Tampico, Ill.
 Dr. Victoria Nash, from Titusville, Pa., to 969 Spitzer building, Toledo, Ohio.
 Dr. E. O. Peterson, from Hall's theater building, to Rooms 1-2 Scott building, LaPorte, Ind.
 Dr. Emma Purnell, from Lancaster, to 309 Arcade building, Harrisburg, Pa.
 Dr. Frances A. Perry, from Hudson, to 225 State street, Albany, N. Y.
 Dr. Mary A. Pruitt, from Henderson, Ky., to 4610 N. Robey street, Chicago, Ill.
 Dr. H. S. Richardson, from Los Angeles, to Bishop, Calif.
 Dr. Cyrus N. Ray, from Mansfield, La., to Abilene, Texas.

For Sale: A Fine Practice and Good Pressed Brick Combination Residence and Office.

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Dr. H. A. Roleke, from Kirksville, to Bethany, Mo.
 Dr. Chas. E. Ross, from Grand Opera House block, to Merchant's National Bank building, Fort Smith, Ark.
 Dr. J. Ralph Smith, from Waterville, Conn., to Owen Sound, Ont., Can.
 Dr. W. J. Stone, from New York, N. Y., to 108 Central avenue, Oil City, Pa.
 Dr. Arthur Taylor, from Northfield, to Torinus blk., Stillwater, Minn.
 Dr. D. Orval Thompson, from Bearstown, to Post Office building, Sycamore, Ill.
 Dr. Frances Hamblet Thoms, from 1521 15th avenue, to The Windsor, Sixth and Union streets, Seattle, Wash.
 Dr. Robert T. Tisdale, from San Francisco, to 2163 Grove street, Oakland, Calif.
 Dr. Mae Vanderburgh, from San Francisco, Cal., to Metropole building, Honolulu, T. H.
 Dr. O. M. Walker, from National Union block, to 29 East Blackwell street, Dover, N. J.
 Dr. A. G. Willits, from Syndicate building, to Warner building, Minneapolis, Minn.
 Dr. Chas. C. Wageley, from Union boulevard, to 202 Ozark building, St. Louis, Mo.
 Drs. Wolfe & Wolfe, from Carthage, to Aurora, Mo.
 Dr. Paul B. Wallace, from Oshkosh, to Omro, Wis.
 Dr. O. G. Weed, at 402 Corby-Forssee building, St. Joseph, Mo.
 Dr. John W. Wallace, from 1705 Oxford street, to 1703 Seventeenth street, Philadelphia, Pa.

Partnership Formed

Dr. Arthur Taylor and Dr. Lily Taylor, with offices at Torinus block, Stillwater, Minn.

Born

To Drs. Robert and Edna Ashcroft, Kingston, Ontario, June 9th, a daughter.

Died

Sadie Lucile, nine years of age, only daughter of Dr. and Mrs. V. W. Sweet, Erie, Pa., June 7th, of acute Lymphatic Leucaemia.

Want Ads

WANTED—A. S. O. student desires position as assistant for summer. Address 254, care The O. P. Co., 215 S. Market street, Chicago.

FOR SALE—Office furniture, practice and residence in the largest town in N. E. Nebraska. Am only D. O. 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 252, 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. Reasonable and an opportunity. Address, 255, care The O. P. Co., 215 South Market street, Chicago.

FOR SALE—At less than cost of furniture, Chicago practice; established over eight years; well located; cheap rent. Address, 256, care The O. P. Co., 215 South Market street, Chicago.

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.

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