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Philadelphia College and Infirmary of Osteopathy

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COMMENCEMENT, WITHERSPOON HALL
THURSDAY, JUNE 26th, 8 P. M.

NEW ATLANTIC CITY OFFICE, 121 S. VIRGINIA AVE., OPENED MARCH 15, 1902
Philadelphia Infirmary of Osteopathy

Osteopathy Practiced as an Art

TREATMENT OF DISEASES

Osteopathy treats all chronic diseases, very many of which have been abandoned as incurable by other systems of treatment. Statistics show that 80 per cent. of these we cure outright; 90 per cent. we greatly benefit; and 5 per cent. receive little benefit; none are in any way injured.

Among the diseases treated successfully are the following:

- **Heart and Lung Diseases, Pneumonia, Hemorrhages.**
- **Nervous Diseases,** as general Nervous prostration, facial and general agitans, headache, sciatica, lumbago, tic douloureux, St. Vitus dance, locomotor ataxia, and all forms of neuralgia, paralysis.
- **General Diseases.**—Loss of voice, enlarged tonsils, incipient consumption, asthma, wry neck, catarrh, granulated sore eyes, pterygium, erysipelas, scrofula, spinal curvature, goitre, eczema, rheumatism, eye and ear affections.
- **All Dislocations.**—Hip-joint diseases, milk leg, varicose veins.
- **Liver and Kidney Diseases.**—Bright's disease, gall stones, diabetes.
- **All Stomach and Intestinal affections,** catarrh of the stomach, dyspepsia, constipation, piles, flux, dysentery.
- **Urethral Diseases.**—Stricture, enlarged prostate.
- **Female Diseases a Specialty.**—Irregular and painful menstruations, prolapsus, leucorrhoea, barrenness.

RECOGNIZED SPECIALISTS

By virtue of our special training in Descriptive, Demonstrative, Morbid and Living Anatomy, we are recognized as specialists in the knowledge of the structures of the human body in all the possible conditions of health and disease; and by the exact and exhaustive study of Physiology and Chemistry, as relating to the bodily conditions, we diagnose and treat diseases in a manner entirely new and different from all other systems. Medicines are never used. Our methods are wholly natural and scientific. Our cures are permanent, because natural.

CONSULTATION FREE

Address all correspondence to the Philadelphia College and Infirmary of Osteopathy.

O. J. SNYDER, A. C., M. S., D. O., President.
MASON W. PRESSLY, Secretary and Treasurer.

WITHERSPOON BUILDING
(Sixth Floor) Walnut, Juniper and Sansom Streets
PHILADELPHIA, PA.
ATLANTIC CITY BRANCH OFFICE OF THE PHILADELPHIA COLLEGE AND INFIRMARY OF OSTEOPATHY (WITHERSPOON BUILDING, PHILADELPHIA) 121 VIRGINIA AVE., SO., ADJOINING GRAND ATLANTIC HOTEL (REMOVED FROM 117 VIRGINIA AVE., SO.) OPENED MARCH 15TH.
Definition of Osteopathy

OSTÉ-ÖP'-A-THY, s. [Gr. ὀστέω (osteon)=a bone, and πάθος (pathos)=suffering.

Legal: "A system, method or science of healing." (See statutes of the States of Missouri, Vermont, North and South Dakota, Michigan, Iowa, Illinois, Tennessee, California, Texas, Wisconsin, Indiana, Montana, Kansas, Nebraska, Connecticut.)

Historical: Osteopathy was discovered by Dr. A. T. Still, of Baldwin, Kan., 1874. Dr. Still reasoned that "a natural flow of blood is health; and disease is the effect of local or general disturbance of blood—that to excite the nerves causes muscles to contract and compress venous flow of blood to the heart; and the bones could be used as levers to relieve pressure on nerves, veins and arteries." (A. T. Still.)

Technical: Osteopathy is that science which consists of such exact, exhaustive and verifiable knowledge of the structure and functions of the human mechanism, anatomical, physiological and psychological, including the chemistry and physics of its known elements, as has made discoverable certain organic laws and remedial resources, within the body itself, by which nature, under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities and metabolic processes, may recover from displacements, disorganizations, derangements and consequent disease, and regain its normal equilibrium of form and function in health and strength. (Mason W. Pressly, D. O.)

OS-TÉ-Ö-PATH, s. The same as OSTROPATHIST (q. v.)

OS-TÉ-Ö-PATH-IC, a. Of or belonging to osteopathy; as, osteopathic treatment.

OS-TÉ-Ö-PATH-ÍC-ÅL-LÝ, adv. In an osteopathic manner; according to the rules and principles of osteopathy.

OS-TÉ-Ö-P'-A-THIST, s. One who believes or practices in osteopathy; osteopath.

DIP-LÔ-MATE, in Osteopathy. The technical and official designation of a graduate and practitioner in osteopathy, the formal title of such graduate or practitioner being D. O.—Diplomate or Doctor in Osteopathy.
The Next Class of

The Philadelphia College

of Osteopathy

Will Matriculate September 1, 1902

A SPECIAL CLASS

for business and professional people whose vocation precludes their attendance upon the day class, will be organized at the same time. All lectures, demonstrations and recitations for this course will be had after 7 P.M.

COMMENCEMENT

June 26th, 8 P.M., Witherspoon Hall

The Senior Class organized during the Spring term with Mr. Tate as President; Mr. Walker, Vice-President; Miss Anthony, Secretary; Mr. Mutchler, Treasurer; Miss Lilian Dailey was elected Valedictorian and C. P. Drum, Salutatorian.

Class Day exercises will be held in the college rooms on Wednesday followed by a banquet in the evening, under the auspices of the Neuron Society. The graduating exercises will be held in Witherspoon Hall on Thursday evening, June 26th. The Seniors and undergraduates are sparing no effort to make this the best Commencement held among the Osteopathic Colleges, and all are thoroughly interested and enthusiastic in the work.

WRITE FOR LITERATURE
Osteopathic Treatment for Poor People

After the students of the senior class of the College have completed the technical branches requisite for the practice of Osteopathy, they are admitted into the Clinical Department for practical work.

The experience these students acquire here is analogous to the practical work done by medical students in hospitals after graduating. Their practice is under the close supervision of the physicians in charge of this department. Those people who cannot afford the regular price for treatment in our regular Infirmary can be accommodated here at five dollars a month.

Under no circumstances are students permitted to treat regular pay-patients.

Dr. O. J. Snyder, President of the College, and Dr. Mason W. Pressly, the Secretary, personally examine and treat all regular patients.

OFFICES
WITHERSPOON BUILDING
Sixth Floor
The Philadelphia Journal of Osteopathy


The Chemistry of Digestion, Together With Osteopathic Suggestions.
By O. J. Snyder, A. C., M. S., D. O.

Within the framework of every living being is contained a laboratory equipped in a manner so unique, adjusted in its various details to a nicety as to admit of operations so complicated yet perfect, presided over by a chemist so erudite and skilled, that the profound scientist has felt himself constrained to recognize an inscrutable force ever operative, bringing forth that transcendent dissociating energy called the vital principle or animal soul. This inexplicable potency, resident in every animal cell, the unit structure of our body, is what limits man's possibility in duplicating or artificially producing living matter. No living atom has ever emerged from the chemist's crucible. No living atom has ever been fully demonstrated, in fact the vivida vis is as much of an enigma to the analyst to-day as it ever was, despite the life-long investigations of Tyndall and others endeavoring to elucidate and demonstrate spontaneous derivation. It is true that the chemical constituents of the animal cell, bioplasm, have been accurately determined by analytical processes. Yet the synthesizing of the same elements in the same proportions has invariably failed to produce the living organism. Animal substances when removed from the influence of life undergo rapid change and are killed when subjected to chemical analysis.

The subject in hand has to deal, however, primarily with the conversion of food into assimilable material in so far as can be determined by chemical processes. The extent to which the influence of life operates upon this process we must necessarily ignore and confine ourselves to the action of the digestive juices, although discussed more or less in detail in physiologies yet we hope to formulate this data in a more comprehensive manner than is ordinarily given in these texts.

Before considering in detail the character and composition of the
digestive juices, and their manner of action upon the various forms of food, we shall first take a general survey of the whole process.

In the mouth mastication and insalivation takes place and possibly a little assimilation. In the stomach peristalsis and admixture of gastric juice with a small amount of assimilation. In the intestines there is a further admixture by pancreatic juice, bile and succus entericus; peristalsis action carries the food onward and assimilation proper takes place in this canal.

The action of saliva. The food in the mouth should become thoroughly insalivated before swallowing for two reasons: first to lubricate the bolus to admit of easy swallowing, and secondly, to afford time and opportunity for the chemical action of saliva upon the food. The active principle of saliva is ptyalin. This secretion, derived from the salivary glands, converts the starch of the food into sugar (maltose), a step necessary in the preparation of carbohydrates for assimilation. Ptyalin does not act in an acid media, and as the stomach contains an acid juice (gastric juice) it is at once apparent that food should not be swallowed before saliva has had an opportunity to do its work effectively.

The next juice with which the food is to be mixed is gastric juice contained in the stomach, and is aided in its action by the peristalsis of that organ. This juice is a solution of a ferment called pepsin in an acid liquid; the acid is hydrochloric acid. The gastric juice contains also an acid ferrvented ferment very like ptyalin, and therefore has some power in converting starch into sugar. It also has a fat splitting ferment, which breaks up the fats into glycerin and fatty acids. While it is true that the fat undergoes no change in the stomach, the proteid envelopes of the fat cells are, however, dissolved, and thus the pancreatic juice can readily get at the fat itself. A fourth ferment that the pancreatic juice contains is a milk curdling ferment. When there is a sufficient supply of gastric juice in the stomach the milk will already have been curdled by the rennet of that juice and hence it is doubtful if this ferment of the pancreatic juice ever acts on milk during normal processes of digestion.

Certain intestinal glands (crypts of Lieberkuhn) secrete a digestive fluid, the succus entericus. The action of this juice is not definitely determined. It appears to contain...
1. Action upon Proteids. 
   (a) Gastric juice—changing proteids into proteoses and peptones. 
   (b) Pancreatic juice—changing some peptones into leucine, tyrosine, etc.

2. Action upon Carbohydrates. 
   (a) Saliva—changing starch into maltose. 
   (b) Pancreatic juice—changing starch into maltose. 
   (c) Succus entericus—changing cane sugar and maltose into dextrose.

3. Action upon Proteids. 
   (a) Gastric juice—changing proteids into proteoses and peptones. 
   (b) Pancreatic juice—changing some peptones into leucine, tyrosine, etc.

   These undergo no change.

5. Cellulose in vegetable tissues, keratin and elastin in animal tissues.

   Not affected by digestive processes and constitute a part of the excrementitious matters.

As the object of digestion is to form substances which will be easily absorbed, that is, pass readily by processes of diffusion, filtration, etc., into the blood and lymph streams of the stomach and intestines and thence into the systemic circulation, it is all important to health to have constantly in command a proper supply of these digestive fluids. As these juices are secreted by certain glands, it is at once apparent that in order that the digestive processes may be complete and thorough, the various organs that secrete these juices must be in healthful working order.

If at any time any one of these glands are impaired, the respective juice will not be secreted and supplied to the food, resulting in incomplete digestion, imperfect nutrition, and consequent disease.

The vital question that next arises is as to the manner of treatment in the event digestion is impeded. Owing to the various etiological factors that would enter in the treatment would necessarily have to be specific. The direct result to be attained is the normal action of the particular gland or organ that is failing in the performance of its function. As the life of an organ depends upon the proper blood supply, and this in turn depending in a
large measure upon the condition of
the nerves supplying that organ, the
process apparently must be di­
rected to the innervation of that
organ. If for any reason the nerve
supply to the pancreas should be
impaired, its secretory power would
be proportionately lessened, the
amount of pancreatic juice corre­
spondingly decreased, its action
upon peptones relatively incomplete,
and therefore the conversion of starch
in to sugar begun by the saliva
and splitting of fat will be incomplete.
Again, suppose the glands of the
stomach do not secrete freely and
the gastric juice is not supplied in
sufficient quantity to convert the
proteids into peptones for the action
of the pancreatic juice, it is at
once apparent that the food would
pass through the system without
supplying sufficient and proper
nourishment, and the consequent re­
sults are beyond prediction.

The medical practitioner will pre­
scribe quassia or some other bitter
drug which is intended to stimulate
the already enfeebled glands into
action without a thought as to the
motor power, the blood and nerve
supply, of these weakened organs.
The Osteopath's aim is to remove
the cause that interfered with the
proper blood supply and thereby se­
cures the normal action and healthful
condition of the organ without lay­
ing the system liable to injury or
poisonous results that are likely to
follow the administration of drugs.

Osteopathy at Asbury Park

Drs. McElhaney and Davis, of
Newark, N. J., will reopen offices at
417 Cookman Ave., Asbury Park,
N. J., June 1st. We heartily recom­
dend these physicians to the
public.

The Neuron Society

On February 23, 1902, a meeting of
the several classes of the Philadelphia
College of Osteopathy was held at the
College. Mr. A. G. C. Stetson was
elected chairman, and he announced
the purpose of the meeting, stating that
"it had long been felt that a Society
should be organized, consisting of the
students and practitioners of Osteopathy
for the purpose of the furtherance of the
cure of disease by study and re­
search; the advancement of Osteopathy,
and to bring to the same to the foremost
ranks in the sciences of therapeutics."'
The idea was unanimously favored and
the necessary committees appointed for
the organization of such a society.
On March 10, 1902, the "Neuron"
Society was formally organized with the
following officers: President, J. E. Burt,
M.D.; Vice-President, A. G. C. Stetson;
Secretary, Henry G. Wolf; Treasurer,
Lillian Daily.
The following were adopted as the
principles of the Society: "The object
of this organization shall be as follows:
1. The furtherance of the cure of dis­
ease by study and investigation.
2. The advancement of the knowledge
of the students and practitioners of
Osteopathy, by mutual interchange of
ideas and facts gained in study and prac­
tice.
3. To establish a bond of
fellowship
between students and practitioners by
which we may work together for ultimate
success.
4. By the above to bring Osteopathy to
the foremost ranks in the sciences of
therapeutics, to which it rightfully be­
longs."

At a meeting held, April 8, 1902,
Doctors O. J. Snyder, M. W. Pressly and
R. H. Dunnington were elected honorary
members of the society.
The society now numbers thirty-two
members and we hope soon to shake
hands with our fellow-students in other
colleges and infuse a nucleus for develop­
ment.

HENRY G. WOLF,
Secretary.

So many persons are operated
upon every day that it is becoming
quite a distinction to go to the grave
all in one piece.—Atchison Globe.
The Osteopathic Operation For Bright's Disease.

A "operation" does not necessarily imply the use of the knife, and, so our method of treating the conditions commonly known as Bright's Disease, does not involve incisive surgery. There is at present much curiosity and interest manifested about a knife operation for this disease which was incidentally suggested to a surgeon of this city. An incisive operation was performed on a man for other conditions, who was suffering from Bright's disease, and he was not troubled with his kidneys after it. This suggested an idea to the surgeon that if the capsule of the kidney were cut so as to relieve the tension of inflammation it would give good results. We have heard of only three such operations, and this is about the limit of the experiment, and we shall watch the results with interest. If they succeed, they will confirm our Osteopathic position. We hold that Bright's disease is a very general term, with a not very definite pathological signification. The real condition is due to disturbed functional activity owing to imperfect metabolism. The liver must fail first in its work before the kidney can fail. The convertibility of the blood constituents as pertaining to the liver is the real determining factor in kidney trouble. If the blood constituents are not prepared for the excretory and secretory action of the kidney, its action is clogged. Disturbed blood conditions result. Both passive and active congestion follow, the innervation of the kidney is disturbed. The condition is complicated. The arterial blood is loaded with inconvertible elements and the action of the Malpighian bodies is impeded. They are forced to act on material for which it is not constituted. The double function of convertibility and its own function besides, taxes its powers. Additional vaso-tonic energy is given it to meet the emergency, this results in hyperemia of convertible material, and hyperemia of nutrient material. This involves overwork and over-stimulation. As a result the products of renal action are abnormal as the urine will show, the entire system is deprived of the proper elements of nutrition. The venous renal condition is upset, and an unusual complication exists. Excessive irritability, both active and passive congestion, loss of tone in interlobular and tubular structures, abnormal chemical conditions and reactions, toxæmia, both local and general, and partial starvation from unmetabolized elements. All these exist. In no one organ could the complication become so serious as in the kidney, for it becomes a hot-bed of mixed nutrition, motion, sensation, metabolism and excretion. Nature will resist the condition for a long time. She will burn before she rots. The mixed conditions of the kidney is very like a composite of groceries, garbage and sewage. This is a plain picture of Bright's disease. The capsule of the kidney is a thin, tough, fibrous structure, suggesting a garbage can. The foment and ferment of its congested composite contents makes a condition that will destroy the internal structure of the kidney or burst its capsule. Before the latter could take place the entire system would be impregnated with fomentative and fermentative elements, nutrition would be diminished, nerve tone lessened, and general stagnation of all fluids take
place. The new operation consists of the cutting of the capsule, a fibrous membrane enclosing the kidney. This membrane does not stretch, and when the kidney is swollen by Bright's disease the tension is great, causing great inflammation and pain. When the membrane is cut the tension is relieved. The wound is allowed to heal.

We cannot see the value of this operation, except, it may be, in certain conditions. If the garbage is not removed, it will do little good to open the can. If the kidney is in a high ferment and ferment, it will do little good to open the capsule. Besides to incise the capsule can only mechanically relieve the pressure, it cannot alter molecular and chemical changes in the complicated tissue of the organ. There are intricate arterial, venous, nerve and tonic conditions, besides the problem of internal metabolism and metamorphosis, to be dealt with. It is with these that the surgeon must deal. His tentative operation does not touch these. Indeed, he would endanger life by liberating the internal conditions. Surgery at best is only an aid. The great work of recuperation is chiefly otherwise.

But we shall not prejudice the operation. What can Osteopathy do under like conditions? Our treatment meets the above conditions, We lessen the hypereryxia by vasoconstriction, this is followed by a lowering of blood pressure, which induces a fall of temperature, thus reducing the inflammation. The hemostasis is also overcome, relieving tendency to toxicohemia, both local and general. Stimulation of the vaso-tonic conditions tend to restore normal nutritive action in the kidney and correlated organs, such as the liver, and the renal substance is built up. The capsule has little elasticity, but is also made more extensible and contractile by our treatment, restoring it to its normal sensitiveness to the thoracic and abdominal movements. Direct digital positional treatment, adjusting the organ, freeing circulation and solar plexus connections, stretching its anchorage, besides ordinary Osteopathic treatment through spinal, sympathetic, and cranial nerves. This procedure is plain to an Osteopathic surgeon, but has little meaning to the knife surgeon and the chemical prescriptionist.

Parthenogenesis (?)

Professor Loeb, of Chicago University, has performed the apparent miracle of parthenogenesis, the subjects of his successful experiments being the unfertilized eggs of sea-urchins. With a certain solution of salts he has given to such germ cells that touch of life which only the contact of the male sperm cell has heretofore seemed able to impart, and thus has caused them to grow and develop exactly as they would have done if nature's complete process of fertilization had been carried out.

And he has also performed the other apparent miracle of arresting indefinitely the process of death in the same subjects by the influence of potassium cyanide.

The vast difference between prolonging the life of the unfertilized eggs of a sea-urchin and multiplying the years of a creature so highly organized as man is forgotten, and the wish becomes father to the conviction that the scientific Fountain of Youth has actually been discovered.

Parthenogenesis is likely to terminate as its kindred much vaunted attempt upon life.
more ex-

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attempts a few years ago at sponta-
ous generation of life-abiogenesis. The
chemical origin of life is not a
fact. The chemical aid to life is one
of the most doubtful questions in
therapeutics. With Osteopathy,
neither the scientist nor the sick
need any chemical aid, either as to
the origin, prolongation or destiny
of life. Chemistry has its place,
but not the chemistry of the laboratory,
but the chemistry of the living
chemist of the body, which needs
no extraneous aids. Life conditions
chemistry, not chemistry conditions
life. Instead of the
above genetic
novelty, we hold to Biogenesis,
Biologos, Biognosis. This is Oste-
opathy.

Specialization and Over-Specialization.

THE tendency in all depart-
ments of activity is towards
specialism, and this is partly
right. Some subjects are so com-
prehensive that it takes all of one's
time and talents to master them.
This is true of the healing arts.
The old-time sign—Physician and
Surgeon—is now an anachronism,
except at the country cross-roads. In
a large city, great eminence is
attained along limited lines. We
must have specialists in ear, eye,
nose, throat, teeth—and in such
subjects as surgery and gynecologists.
But after all that can be properly
said in its favor, specialism is over-
done. A specialist nearly always
finds what he looks for. Even in
strictly professional lines, his work
is overdone, and we are quite sure
that too much specialization is done
in the college classes. Students are
 crammed with vast masses of
material to the neglect of the fun-
damentals of therapeutics. Our
medical colleges should be over-
hauled in their curricula and pro-
фессорships, and students should be
given a good education in fund-
damental branches and specialization
should be relegated to post-graduate
work. If a graduate in medicine
desires to be a specialist, he should
become such only after his gradu-
ation. Even dentists transcend the
limits of their knowledge when they
mix therapeutics with operative
dentistry. The average practitioner
in medicine must know more than
he actually does know, of anatomy,
physiology, histology and natural
therapeutics, and the specialist would
avoid many blunders, if he were
more broadly educated before he
specialized. We have been impressed
with the need of a better training of
medical doctors in the old dis-
ciplines, since we have seen so much
of incompetence in their diagnosis,
chemistry, physiology and therapeu-
tics. Even the nerve specialists
constantly make conspicuous mis-
takes, either in their diagnosis or
their treatment. They either do not
know how to estimate the etiological
factor in nervous conditions, or they
are wrong in their prescriptions, and
we think they are wrong in both
counts.
Dr. Pepper was a heart-specialist,
and he died of heart-disease. Dr.
Da Costa was esteemed a great diag-
nostician in all cardiac disorders,
and died of heart failure. Dr. Ho-
ratio C. Wood is a nerve specialist,
and is laid aside with nervous pros-
tration. Dr. Weir Mitchell is chief
in neurology, and yet he is balancing
on the uncertain edge of nervous
collapse. These are only local in-
stances of specialists over-specialized.
The charge we make against such is
that their knowledge of normal
neurology is limited—their know-
ledge is of moribund and morbid
samples.
of what nerves do under unnatural, segregated, dissected, poisoned conditions. The stock knowledge of tissues, and specially of nerves, consists of dissociated inferences drawn from pathological conditions in the lower animals and applied to human beings in far different conditions. The dissected conclusions of frog, pigeon and monkey physiology should be taken with large reservations. No one can tell what a human nerve, say the sympathetic nerves, will do under varied psycho-physical and pathological conditions, from what a frog or a monkey nerve did under a state of noxious stimulation or narcotization, or of partial mutilation. Nearly all specialties are built upon some form of nerve treatment, and the neurology of medical specialists is a morbid neurology, and is as far removed from physiological conditions as life is different from morbidity. Because of these facts specialism is overdone. It is an exaggeration of conditions that are already abnormal by chemical means. There will inevitably be a sharp reaction from all specialism, toward nature—the methods and means of nature. Structural adjustment and physiological action alone are the only enduring bases of true specialism. The body is a unit. Its solidarity is established through the sympathetic system. No one part can be acted upon without reaction in all the parts. The idea of locality—local surgery, local treatment—must be balanced by the correlated ideas of individuality and unity.

It has come to pass that every "well-regulated" person, whose life is esteemed valuable, must have three or four specialists to keep him in order, and the result is that they are more apt to throw him into disorder through work on exaggerated, over-specialized lines, that does violence to unity and symmetry by too much variety. The only specialists needed are anatomists and physiologists, broadly speaking. Even the surgeons need to balance their specialties with unity and order. Chemical antisepsis and aggressive instrumentation need to be rebuked by scientific anatomical mechanics, physiological physics and phagacytosis. Mechanism and biology are the basis of coming therapeutics, and the prescriptive chemical doctors must get ready for the change. Osteopathy is forcing the issue by a new operative method. The Osteopathist is a natural specialist and he is covering the field that has been largely aborted by artificial chemical methods. By raising our standard to the requirements of the actual work to be done, and not shaping it after the medical model, we will achieve a new and radical distinction, and the medical colleges will be reformed by the inevitable evolution of a knowledge of distinctly human conditions, instead of the artificialities of enforced chemical reactions.

Another Place.

Bill—"Where've you been?"
Jill—"Down to the doctor's."
"I'll bet he told you to go South."
"No, I didn't go to consult him; I went to collect a bill."
"Oh, well, in that case it was probably not the south where he told you to go!"—Yonkers Statesman.

"Doctor," said he, "I'm a victim of insomnia. I can't sleep if there's the least noise, such as a cat on the back fence, for instance."
"This powder will be effective," replied the physician, after compounding a prescription.
"When do I take it, doctor?"
"You don't take it. You give it to the cat in a little milk."—Ex.
Philadelphia College of Osteopathy and a Higher Standard of Osteopathic Education.

The editor speaks for himself alone in this connection. The time is ripe for a clear word on the scientific standing of Osteopathy and the educational ideals by which it can be substantiated before the world. We have seen the science developing from its infancy. We have been teacher in three of its best-known schools—the American, the Northern and the Philadelphia Colleges. We have witnessed the birth-struggles that had to take place before a curriculum could be organized, a faculty collected, a teaching corporation established. Much experiment has been made, many frictions overcome and a success far beyond expectations has been realized, everywhere, in teaching Osteopathy. In Philadelphia we began without a friend or a patient or a student. In four months we had the best quarters, a splendid list of patients, a small class of students, a chartered college and infirmary, and growing prospects. Our only teaching apparatus was the skeleton and the text-books we had at Kirksville. We had unlimited faith in what we knew and an enthusiasm that did not cool in the presence of ignorance, indifference and opposition. We won friends from the start and they were friends that were true. Our first patient studied. Things grew for four months, and though alone we were happy in the success and the results. After four months, single-handed and alone, we were joined by our good partner, Dr. O. J. Snyder, and we wish to pay our sincerest respects to him, as a man of force and character, of a disciplined mind and eminent attainments, of tact and ability as an organizer, with large intuition as a man of affairs and painstaking devotion to details, of high ideals as to discipline and faithfulness, of kindly understanding and sympathetic appreciation of human nature, of executive power and undaunted hopefulness. Withal, Dr. Snyder is an uncompromising Osteopath, though with large and intelligent charity for differing schools of medicine. He is President of the Philadelphia College and Infirmary of Osteopathy, and to his push, persistence and personality, the success of the College has been largely due. We have succeeded. We have not borrowed a dollar and have promptly paid all our bills. All apparatus was paid for on a cash basis. All professors' salaries have been duly paid by the month.
Our curriculum has been up to the highest requirements of the standard now set, and the quality of the work done by our professors and students is second to none. The wisdom of our policy has never been questioned. The need of an Osteopathic college in Philadelphia was never clearer than it is today. The enterprise is in no sense tentative. It has never been an experiment. Personally, we are satisfied with the past and, indeed, with the present attainment and the immediate outlook. We have already graduated a class that have notably succeeded, and we shall this month graduate a large and capable class. Our undergraduate classes are composed of exceptional students. All our students have shown the right spirit for a noble profession. We have not matriculated all who applied, but have accepted only a limited number who had the right spirit, were willing to do straight work and pay for privileges. There are very many people who want Osteopathy but they want a short cut course, and many more expect too much for nothing. We have not traded or bartered for students. We have not entered any list for competition. Nearly all of our students had overtures from other schools. They came to us because they thought it the best for them. We have taken care of them, and we have no fear of failure when they go out from us. But the great question as to the educational ideal and standard is the paramount issue with us. We must raise the standard. The medical ideal is far too low for the right-minded Osteopath. We are emphatic in the position that we are unwilling to continue in the work of Osteopathic education under any conditions unless the curriculum is enlarged and the time is extended. To continue to make money out of the college on the present basis would be no inducement to us to continue the work. We do not teach or practice Osteopathy for money, and we never shall. It is preference rather than profit that animates us. We can afford to say this for we have succeeded; but the best success in education cannot be measured by money. We have made money, and can make it still; but we crave better things. We expect to discuss technically in our next issue the needed curriculum, and we hope something permanent and progressive will grow out of the work of the Educational Committee, and that the Associated Colleges may take advanced positions on curriculum and time at its next meeting. No proper excuse can be made for not doing it. We are ready to make any sacrifice in our position and work to advance the best interests of Osteopathy. We are willing to surrender all personal considerations, even in our own College, to promote professional prosperity. It is this spirit alone that can lift the science to the highest plane. We are ready to make the offering.

Osteopathic Surgery.

One of our most thoughtful Osteopathic friends asks the question, "Should we teach surgery?" Yes, by all means. Osteopathy is surgery, pure and simple. Surgery is hand-work plus vis medica-trix naturae. Surgery is a philosophical contraction of the good old word, Chirurgia, which means—Cheir, hand, and ergon, work. Not only
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Surgery. We
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Not only
does etymology explain, but the
essential idea of surgery is that it is
alone the work of nature aided only by
hand-adjustment and manipulation.
When a bone is broken, the surgeon
only carefully adjusts the fractured
parts, fixes them in position, and
nature does the whole work, even to
the absorption of abraded tissue and
the construction of new tissue. The
whole process is exclusively nature's,
and all that any man can do is to
restore in relative position the dis-
membered parts. Man's only work
can be adjustment, fixation, manip-
ulation. If a tissue is broken ex-
ternally he may use a knife and
antisepsis, but this at best can be only
an incidental, though in very many
cases a necessary element.
Surgery, therefore, is first, adjustive
and manipulative; and, second, it is
incisive.
Now let us see the relations of these
to Osteopathy. Our first principle is
that Osteopathy deals with displace-
ments whether of lymph, blood,
bone, ligament, muscle, nerve or any
vessel.
Lymph or blood, as fluent tissues,
are displaced when in a state of stasis,
which means mechanical obstruction
and chemical decomposition. Re-
moval of any obstruction is mechani-
cal and manipulative, and only in rare
cases should it be by incisive instru-
mentation. Displacement of tissues,
or organs, is the capital cause of
disease. Restoration of such displace-
ments is a necessary operation. Cap-
ital operations are constantly per-
formed by us without knife or incision
or excision. All our work is operative
surgery. It is an unwarranted aggres-
sion and exaggeration to associate
cutting with surgery. We believe in
using the knife when necessary, and
we must become experts in all forms
of incisive surgery with its accessories,
as we are now specialists in adjustive,
manipulative, fixative surgery.
The leading Osteopathic contention
is concerning the liability, frequency
and the seriousness of displacements.
Some operation is necessary to reduce
these displacements; but we contend
that incisive operations should be
exceptional, and that the vast majority
of knife operations are unnecessary.
If the tissue is dead, then it should be
cut out, though in very many cases of
dead tissue, it may be absorbed. If
not dead, then it should not be excised,
for the good reason that what is cut
out of the body is gone forever. The
pattern is destroyed. If the form is
not disturbed, but in a decadent con-
dition, it can be restored. This restora-
tion is made possible by taking the
causes of displacement into consider-
ation. These causes, we argue, are
due to strain, fall, pressure, blow,
upon sensory nerves or other struc-
tures, chiefly muscular, or to such
constant irritation as is followed by
contracture or flaccidity.
Another Osteopathic contention is
that restoration to the normal from
mechanical tension and loss of tone
may be secured, (1) By mechanical
adjustment of displaced tissues, (2)
By stimulation of vaso- and viscero-
tonic action, and (3) This result is
recovery through biological laws of
growth, which are absolutely the only
healing powers in any case.
The end of all surgery is the same,
whether adjustive and manipulative,
or incisive. We argue the superiority
of Osteopathic procedure, for the
prime reason that knife surgery cuts
through and divides the substance of
the living tissues, which never heal as in the normal condition, but always leaves a cicatrization that binds and irritates. Osteopathic surgery does not abrase, bruise, incise, separate or divide any living tissue, but restores to normal flexibility and motility tissues that had declined from the natural condition.

Knife surgery always leaves a scar and involves cicatrical constrictions and adhesions that constantly give trouble. There is no exception to this rule. At its very best knife surgery is only the less of two evils. Osteopathic corrective and manipulative surgery leaves the tissue in a natural condition.

Knife surgery always interferes and contravenes the laws of growth, though it depends in the end absolutely upon them for reparation. Osteopathic methods, without knife, fulfills these laws of life and growth. The results of Osteopathy as compared with knife surgery in any given number of cases, more than justify the necessity and popularity of our methods. We will, again, give some comparative cases.

Dr. Henry E. Patterson.

MORE than any other one man Dr. Patterson placed Osteopathy before the world. At a time when Dr. A. T. Still was without friends and money and almost without home—when Osteopathy was esteemed worse than a freak of nature, eschewed and disowned by people who cherished their self-respect, Dr. Patterson saw in Dr. Still and Osteopathy a boon for humanity, and he investigated its merits and satisfied himself that it was a cause to which he could devote his life. Dr. Still was considered a poor manager, and even after Osteopathy proved itself of economic value, Dr. Still brought to it no financial ability or executive management. Dr. Still's work was spasmodic and sporadic and scattered. He had no system, or organization, or financial support. Indeed, he seemed not to care for such. Dr. Patterson brought to Osteopathy the cool head, the cautious enterprise, the balanced judgment, and economic experience of a trained business-man, who had already won a confident place in his community. Dr. Patterson was simply invaluable to Dr. Still, and Osteopathy owes its practical success to Dr. Patterson. No man could have borne the peculiarly trying burdens that somebody had to carry at this time in the life of Osteopathy with as much skill, patience, forbearance and success, as did Dr. Patterson. He gave his time and training and experience and strength to Dr. Still and to Osteopathy. Indeed, it was his unselfish devotion and faithful services under circumstances that severely taxed him, that led to his failure in health, from which he never entirely recovered.

Those who know the facts concerning Dr. Patterson's association with Osteopathy and his signal service in its behalf, when great pressure was evident and great abilities were needed, cannot too much admire his noble spirit when he was not permitted to share the merits and honors which he had won by a permanent association with the business and enterprise which he did so much to establish. We deeply regretted it when Dr. Patterson snubbed his connection with the American School of Osteopathy and moved from Kirksville. He was a brilliant success.
success in Washington City; but Osteopathy in Kirksville should erect an enduring tablet to his name and work in the place where he rendered his self sacrificing services. Dr. Still’s tribute to his memory was tender and tearful, but the old friends of pioneer Osteopathy should erect somewhere about the American School a memorial more enduring than words, that would tell the world forever of Dr. Patterson’s work.

The Head in Relation to the Body.

The mass of the people know little about themselves. They don’t know how we reason. They have heads, but they do little thinking about them. They have brains, but have little idea of their use. There is nothing so important to health as the head. Losing one’s head is not a hyperbole. It is a common fact, and terrible as well. The Head is the centre of Life and the mainspring of energy throughout the body. It presides over the vital forces and furnishes the body and all its parts with power. True life and health depend upon free and full conductivity and continuity between the head and all the members. Two basic Osteopathic principles are: first, the compacting of the frame into a harmonious solidarity; this gives structural unity. We lay great stress on the elements of union in the anatomical structure. Second, this proper contact of parts secures a diffusion of nutriment. A normal flow of blood is health. These two conditions give growth. The laws of growth are active till death, for growth is intension—activity, more or less at given points—and it is extension—or activity along certain lines. Life may be very tense and intense, without visible expansion. This kind of life is necessary to health. Getting bigger in space is only one form of growth, and is not continuous throughout life.

This double growth is maintained by the head. The head is a powerful battery that feeds innumerable subsidiary batteries throughout the body. All power for health is transmitted from the head. We begin on the head and neck in every case. We diagnose conditions by the conditions in and about the head. We can demonstrate our philosophy in two minutes on any one’s head, and astonish the uninitiated with the results.

Acute Appendicitis.

We have recently cured a case of appendicitis which, after three very severe attacks, was adjudged by Dr. J. C. Clark, of the University of Pennsylvania, as most critical and that an operation was necessary. Indeed, an operation was urged. The sufferer instinctively recoiled from such a procedure, although she was made to believe that her life depended on it. When she was able she came to our office, and we found the symptoms confirmatory of the above impressions, and we hesitated to attempt treatment. We reasoned that the irritation commenced at the ileo-cecal valve, and owing to the nervous constitution of the appendix, it was in a state of hyper-irritability, which had so spread into the surrounding tissues that even the abdominal wall was rigid. We
strongly treated the vaso- and viscerotonic nerves to the ileum and cecum, and the entire vaso-motor system, rigorously inhibiting the solar plexus in order to get a quick reaction in the peristaltic and vaso-tonic movements of the intestines, concentrating and diffusing alternately the nerve energy. Then we had the patient take the genu-pectoral position, and we brought gentle but persistent traction upon the pelvic and abdominal viscera, and by gravity inclined them upon the diaphragm so as to give free action to the abdominal and pelvic brains and to the abdominal aorta. Then we flexed the right leg strongly upon the abdomen, pushing up the viscera and the walls and relaxing the psoas muscles. Then we quickly dilated the rectal sphincters and stimulated the coccygeal and sacral nerves so as to get active tonic effects in the lower and lumbarsympathetics. We then quickly and powerfully stimulated the lower dorsals with a double thumb pressure at the intercosto-vertebral spaces, with the patient in a ventro prone position. After a few minutes of relaxation we found local pains nearly abated, but the patient said, "Yes, it is better on that side, but now it was on the left side!" We told her it was only sigmoiditis.

A certain Osteopathic student called the pteregoid muscles, the petergoid muscles, and one time he spoke of the convolutions of the brain as the convulsions. He was serious, and though a slight mistake, it convulsed the class.

A good woman who had a floating kidney thought the moving sensation was due to the presence of a spring lizard which she declared she had swallowed several years ago while drinking from a brook in the Park.

A young Pennsylvania Dutchman inquired at the office the other day if Hostopathy cured brown-skeeters; and we told him we could cure any old skeeter but a New Jersey moskeeter.

makes it imperative to relieve it. We shall in our next issue discuss the appendix, and propound a new and sensible view of it and its treatment.
Acute Coccygodynia.

CASE I.

A young woman, in a trolley accident, was thrown forward and then backward against the sharp edge of a metal car seat, fracturing the coccyx. There was intense pain at the lower end of the spine, and after several months the pains radiated down the legs and reflected up to the small of the back. Several doctors questioned the patient and prescribed the usual nerve depressants. She came to us and when we were told that she had not had any examination from any of them we were amazed; though we could hardly expect anything else from a doctor who was only a practitioner in drugs. We instantly made a careful examination, and the injury being recent, we were enabled to reset the bone, and in three weeks the conditions were about normal.

CASE II.

During a rather difficult time in child-birth, a young mother had the painful experience of a lacerated perineum, which was attended to surgically by the attending physicians; but she constantly experienced pain at the end of the spine, and after three years of suffering she insisted on her physician making a careful examination, which he refused to give, saying, "Don't trouble yourself about that monkey-bone—it's all right." This doctor we know and wonder that he should speak of the "monkey-bone," meaning that the coccyx is only the degenerated remains of a tail which the human species had when we were like monkeys and had tails which we used to hold on to limbs of trees. On examination, we found a backward and right-lateral dislocation, with hyperesthesia of the intra-rectal sympathetics and the fifth sacral, which has yielded easily to the ordinary Osteopathic procedure.

CASE III.

Owing to a fracture of the sacro-coccygeal articulation, a woman had the coccyx taken out. She experienced comparative relief, but is in a critical nervous condition, owing to the excision of the lower end of the sympathetic chain, with the loss of the terminal ganglion of impar. This has upset the equilibrium of the entire sympathetic life, with spinal hyperesthesia, and terrible nerve explosions in the cranial terminal, in the psycho-motor area. Careful inhibition of spinal centers, and diffusion of nerve energy gives relief, but only a thorough discipline and reorganization of the nerve reflexes promises permanent relief, which takes indefinite time. It is a serious matter, even when plainly necessary, to disturb the solidarity and symmetry of the sympathetic system.

Personal.

Dr. Clara E. Sullivan has resigned her position as instructor in the Southern School of Osteopathy, which she has held for the past year; and has associated herself with the Tri-State Osteopathic Institute, of Wheeling, West Virginia.

An old gentleman asked if we treated prostrate glands. We told him our treatment was specially good for all glandular conditions, and we inquired what glands he meant, and we discovered that it was his prostate gland that was prostrated.
It's all in the Pronunciation.
Old lady to chemist—“I want a box of canine pills.”
Chemist—“What's the matter with the dog?”

Old lady (indignantly)—“I want you to know, sir, that my husband is a gentleman.”
Chemist puts up some quinine pills in profound silence.—Ph. Era.

The professional cards following are all of Osteopaths about whose thorough qualification there is absolutely no doubt. We refuse to print the cards of those about whose professional attainments there is the slightest question.

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We will be glad to correspond with any who may be interested, and will give full information as to the time, terms and course of study.

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