

The Osteopathic Physician

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The Osteopathic Physician

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A Remarkable Illustration of the Value of Osteopathic Educational Literature and the Crying Need of Its More Extensive Use in Our Cities

ONCE a piece of good osteopathic educational literature is put in circulation one can never tell how long it will continue to do effective service for the cause. This was clearly demonstrated by a letter that reached our office a couple of weeks back. The writer stated that she had just been reading a copy of *Osteopathic Health* dated November, 1906, and that she desired the names of osteopathic physicians in New York City in order that she might arrange to secure treatment for her husband. Think of it! A magazine four years old still in circulation and finding its way into the hands of interested persons and producing tangible results.

The letter reads as follows:

550 West 163d St., New York City, November 15, 1910.

Gentlemen: Lying before me is a copy of *Osteopathic Health* for November, 1906. It contains your announcement. We recently moved to this city and I cannot find in the telephone or city directory any list of osteopathic physicians. Can you furnish me with a list, giving name, address and the year of graduation? My husband is feeling very poorly. He does not believe in osteopathy (because he does not know anything about it). I have a brother here and he also, for the same reason, does not believe in osteopathy. I have learned that there is a Dr. Helmer here, but am told that he is a specialist and very high priced, so I ask you kindly to let me know of a good practicing osteopath who will give treatment at a reasonable price.—Mrs. Daniel Carter.

If this lady made thorough investigation in regard to the directory, the osteopaths of New York City are not alive to their opportunities. In Chicago the osteopaths of the city are in the classified telephone directory under the heading "osteopathic physicians."

There are thousands of people in our big cities who are not getting osteopathic treatment because they do not know anything about it. It is safe to say that not one person in a hundred in our big cities ever sees a copy of an osteopathic educational publication. Comparatively speaking, osteopathy is still a new science, and if we want to make friends we must let the public know something of what it stands for and what its principles are, and to make it intelligible to the lay mind it must be presented in popular phraseology. Also to make literature of greatest value it must be entertainingly written and done up in attractive form typographically.

It would be hard to overdo the distribution of good popular osteopathic literature of the right sort, but thus far we have not even approximated the danger mark in this respect. Nay! we have far from appreciated our privilege. We can bring relief and health to thousands who now suffer unnecessarily and

as we, as a profession, have undertaken to guard jealously the integrity of this great health restoring system, which has been de-

livered into our keeping, it is our duty both to ourselves as a profession and to the public at large, to let the truth be widely known. There is no method by which the truth can be so successfully disseminated as by the printed word, and the incident just related shows that the seed we scatter here and there in many cases retains its vitality indefinitely and springs up and bears fruit when we least expect it.

Anatomical and Physiological Pictures of Diseases[†]

Aerospasm

Being Chapter XII of This Series by Dr. E. E. Tucker, of New York City.

THE meaning that the word gastritis has for the laity is in very many cases derived from the association of the first syllable thereof with the English word gas—the name is often associated with the belching up of large amounts of gas. Of course the word gastritis means inflammation of the stomach, and has no direct reference to the gas that sometimes accompanies the condition.

But there is as a matter of fact, a condition included at present under the head of flatulent gastritis, in which there may be no indications of gastritis, or indigestion, or even so small a thing as loss of appetite, but characterized by the eructation of immense amounts of odorless gas from the stomach.

I have made a study of ten such cases and have found them to be of a different etiology entirely, meriting separate description and naming as an idiopathic condition.

We have all seen cases of supposed gastritis in which immense quantities of gas escape from the stomach in noisy and distressing eructations, and have marveled at nature's capacity to manufacture such quantities so very rapidly, often on a perfectly empty stomach. Many of these cases may be perfectly genuine, that is, may be due to immense formations of gas in the stomach; but all those that I have studied have showed me another source for the gas, another pathology for the condition.

I am inclined to believe that all cases in which the quantities of gas are so great as to strain credulity, should be included under this new diagnosis and not under gastritis.

In cases of the class I describe, it may be observed that the sound of the eructation is a double one—and if the cause be searched out, it will be found that the act itself is double—the first half being similar to hiccup, a spasm of the muscles of the pharynx, oesophagus and abdominal wall, but more sustained than the hiccup, and during which the oesophagus is stretched open and a quantity of gas is sucked into the stomach. The second half of the act is the escaping of all or a part of this gas through the oesophagus, again. In the first act, the tube is open, the air enters under a vigorous spasm, in a very short space of time, with a minimum of sound (or with the greater portion of the sound

confined within the stomach). In the second act it escapes again under pressure through the collapsed tube, much more slowly, interruptedly, and with considerable noise. The attention of the patient is held by this noisy eructation and the first half of the act may be to him insensible.

As to the mechanism of the sucking in of the air, the spasm seems to begin with the pharyngeal and laryngeal muscles, and resembles the act of inspiration, except that the epiglottis is closed and the intra-thoracic tension is satisfied by the intake of the air through the oesophagus, instead of through the trachea. The intra-abdominal tension is created by the expanding and raising of the ribs and contraction of the diaphragm.

The physiology of this act is simple. It is such an act as that by which nature attempts to relieve the stomach of gas actually formed there—that is, it is an effort to create a negative pressure throughout the oesophagus, to draw into it the gas from the stomach. But if the gas from above the oesophagus enters more easily or if there is no gas in the stomach, so that it must enter from above, the act is reversed; or to be more accurate, instead of being reversed as this effort would make it, it takes the normal direction. Air is drawn into the oesophagus, perhaps also into the stomach; but if the former, may pass from the oesophagus into the stomach when the intra-thoracic tension collapses. This is of course the normal direction—from oesophagus to stomach. The act can be produced voluntarily, and seems to be the natural spasmodic result following a neurosis of the oesophagus. In etiology the affection is a neurosis. In those of a nervous temperament the semi-voluntary act may get beyond control and become a habit spasm of great severity. It bears some resemblance to globus hystericus. It is found in semi-hysterical persons and those whose nervous systems are under some exciting strain. Any little excitement or shock may serve to bring it on in those disposed to it, particularly a fear of the condition itself. Among the causes are excessive venery, disturbances of the pelvic visera in males or females, and mental disturbances.

The stomach itself may be a prime factor, though it is surprising in how many cases no tenderness nor indigestion nor other evidence

(Continued on page 7.)

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MERRY CHRISTMAS AND HAPPY NEW YEAR

Study and Sight-Seeing in Europe

M. C. Hardin, D. O., Atlanta, Ga.

I AM glad to respond to your request for an article on my recent trip to Europe for study in the clinics there.

It has been my desire many years to go to some of these great medical centers and avail myself of the opportunities which these clinics afford. It is a fact, I suppose, which will not be disputed, that the Germans are the greatest students of theoretical medicine in the world, while we in America lead the world in applied medicine. The problem everywhere in the European schools, and especially so with the Germans, is that of diagnosis. They want to find out what is the trouble with the patient and how he came to get into such a condition; how did the disease begin, and what was the train of events physically that brought about his present condition. When these questions are answered the German seems to lose interest. They will split hairs and dig and delve to prove their theory of disease and diagnosis, but when this is done their supreme effort is spent.

We in America are more practical. We are interested to some extent in the history of the case and the train of events within the body that induce the condition in which we find him—so far as this enables us to diagnose his present condition—but when this is done, and many times not very carefully and rather hastily, we are more than anxious, in our practical way, to help the patient out of his trouble. Hence, generally speaking our hospitals are better equipped to practically care for the sick in the way of restoration than theirs. However, the great Virchow Hospital in Berlin will be, when entirely completed, perhaps the best equipped hospital in the entire world. By my remarks above I only meant to say that comparatively they lay the greatest stress on the theoretical side of medicine, while we in a more practical civilization emphasize rather the applied side of medicine.

I killed two birds with one stone.

Study and Sight-Seeing.

I went to Vienna to study in the University Hospital there. This is the only place I spent any time in study. My wife and son were both with me. We went one route and came another, thereby availing ourselves of as much sight-seeing as practicable. We landed at Cherbourg and went from there to Paris. From here we went through Switzerland, stopping at Geneva, Montreux, Interlaken, Lucerne, and Zurich. We had arranged to go from Zurich to Insbruck by rail and drive from there through the Tyrol mountains to Oberammergau for the Passion Play, but the cold mountain rains had set in and we changed our route and went to Oberammergau by rail, via Munich. We then went direct to Vienna. During our stay in Vienna we went, over Sunday one day, down the blue Danube on a visit to Buda-Pest, the capital of Hungary, where we spent a few days crowded full of interest by this thoroughly modern and up-to-date city and its warm hearted people. On our return from Vienna we visited Prague, Dresden, Wittenburg, Leipsic, Frankfurt-on-the-Main, Mayence, down the Rhine to Cologne, and then into Holland to Amsterdam, The Hague, Rotterdam, and on into Belgium to Brussels and Antwerp, from which last place we sailed for home.

On our way down from Munich to Vienna, we came upon a member of the

American Medical Association

who was on his way down to Vienna. His home is in the western part of the United States, one of the Dakotas. One of the first questions he asked me, when he learned that I was on the same mission as himself, was this: "What do you think of that effort of some of our political doctors up at Washington to establish a Department of Health?" I assured him that I was not exactly in sympathy with it. He said he was glad to hear me say that. He was very much

opposed to the movement. I listened attentively and agreed with him heartily and we became good friends during our stay in Vienna. He predicts that there will be a rupture in the ranks of the A. M. A. He said that most of the doctors in the West were opposed to the aggressive political element, believing that the A. M. A. was a scientific organization and should keep out of politics. He thinks that in the end the A. M. A. will break up and that some three or four bodies will take its place, an Eastern, a Western and a Southern organization, perhaps. I heard these same subjects discussed in the Cafe Klinik—the club of American physicians in Vienna—several times. Many of the fellows were opposed to the Department of Health. This fact ought to encourage the opposition and ensure our success in defeating the measure, if we all do our duty.

There were a large number of American physicians in the University clinics this summer. Of all those I met, every one was from the United States except three.

The Clinics.

The advantages a physician has here over most other places grow out of the almost superabundance of clinic material and the laws governing the hospital. The hospital—*Allgemeines Krankenhaus*—is the property of the state and the patients pour in there from every part of the Austro-Hungarian Empire to get treatment in this great house of the sick, which they help support by their taxes. Dr. Werndorff, first assistant to Dr. Lorenz in the Lorenz Clinic, told me that they had in the department of Orthopedic Surgery alone from twelve to fifteen thousand patients a year. One afternoon in this clinic I saw 17 cases of lateral curvature of the spine before our section of the clinic (all we could well accommodate), while 30 others remained in the waiting room for treatment. Some other departments have many more than this one. It is the law of the state that every patient who dies in the hospital shall have a post mortem examination. In this way they have a complete history of the case from the time it enters the hospital until death turns it over to the post mortem force in the hospital where they prove, or disprove, as often happens, the diagnosis.

Diagnosis is the most important thing in medicine whether you view it from the diagnosis side alone or from the practical standpoint. With this in view I had a course in Orthopedic Surgery in the Lorenz Klinik, a course in Nervous Diseases, one in Diseases of Thorax, in Gross Pathology, in Haematology, in Histo-Pathology and in Secretions and Excretions.

Osteopathy in the Lorenz Klinik.

One afternoon as I walked into the Lorenz Klinik, the class was in the midst of a discussion of osteopathy. It appeared that Dr. Werndorff had asked some of the doctors about osteopathy. I was not there at the beginning of the discussion, but as I entered they were in the midst of it. Two members of the section were from New York State. These two were in the controversy. One of them had been practicing about ten years, while the other had just graduated and was over there for some post-graduate work. The older one was addressing Dr. Werndorff: "The first one that located in our town was a lady. I had a patient that I thought she could do some good and I sent the lady to her. She got fine results. Her massage was so much superior to the regular massage that I often sent her patients after that. By and by a gentleman came to town. I sent him a patient one day to massage, but he went up in the air at my suggestions of massage." The younger man here interrupted the older, "They may give very good massage, but they are not educated." At this the other man turned upon him and with considerable vehemence said, "They have a member on the New York State Board of Examiners and they stand the same examination that you stood and how could they do this unless they were as well qualified as you were? That's all rot, I know they are educated!" Dr. Werndorff then said that he was glad to learn more

about the osteopaths as he had frequently heard them spoken of. He then called the clinic to order. It appears that our defense is not always today within our own house, although it is not exactly as we might do it. I felt I wanted to take our defendant by the hand and tell him that I appreciated his defense on a foreign soil.

My stay in Vienna was a very pleasant one in every respect. I found the A. M. A. fellows a very fine class of men. They have their prejudices just as we all have. When I first got there I met a man from the South who had been there for quite a while. He told me if he were in my place he would say nothing about being an osteopath, for this might, with some of the men, cause an unpleasantness, and as I was there for work it was not necessary for any reason to inject my particular views. I told him that I had intended to do exactly as he had suggested. I am thoroughly satisfied with my trip.

Mechano-Therapy in Disease: With Special Reference to Osteopathy

Alexander Bryce, M. D.

(In the British Medical Journal.)

THE treatment of disease by physical methods has in recent years received a large share of attention. It is very remarkable that the medical profession should so long have neglected such a wide field of therapeutics, especially when in its various branches it has long been exploited by so many irregular practitioners. It would almost seem as if an element of mystery was necessary to make any system popular amongst medical men, and this belief is strengthened by the fact that the only physical method they have so far carefully studied and practised has been electricity. The prevention and cure of disease by manipulation has been to a very large extent left to the layman, and the practitioner who dabbled in it has been too often looked at askance by his medical brethren. If we are not to fall behind in the race for honors in this branch of therapeutics, it is high time we began to interest ourselves more deeply in it, as already the medical profession in America is suffering severely at the hands of a new race of manipulative practitioners, who have recently, indeed, invaded our country.

At all times interested in such methods of treatment, my attention was several years ago forcibly directed to this system in particular, by the remarkable improvement of several of my own reputedly incurable patients, and I at once took steps to inform myself as to the good and bad points of such a potent method of treatment.

I learnt that in America there were over 5,000 practitioners of the art of osteopathy—as it is called—and that these men were accorded the legal status and privileges of the medical profession in all but one or two states in the Republic. I therefore set myself to study carefully all the books which I could obtain on the subject, and in addition endeavored to obtain such practical knowledge of its methods as was possible in this country. Having learnt all I could in this manner, I subsequently visited America to see the treatment in the land of its birth, and was astounded to discover that it had not only taken a great hold upon the affections of the people, but that no fewer than a dozen schools were in existence for imparting instruction on the subject and at the same time granting diplomas to those who had spent three years in its study. The tuition was in great part conducted by medical men who had been attracted by the merits of osteopathy as a therapeutic method, and whilst the training could not bear comparison with that required of a medical student it was calculated to give a thorough knowledge of anatomy as the groundwork of the art.

I was cordially welcomed not only at the schools but also at the dispensaries, and took every opportunity of conversing with the patients as to any benefit received, as well as comparing

the methods of the various practitioners. I was struck with the enthusiasm which the osteopaths display in the practice of their profession, not hesitating to exalt it above every other, and glorifying it as the only rational treatment extant; as well as with the gratitude expressed by the patients, most of whom had previously been under the treatment of allopathic physicians.

I came to the conclusion that there must be some virtue in a method which had such vitality as to spread all over a continent in a few years, and at its present rate of progress bade fair to travel all over the world. I was hardly surprised at this, as my own experience in its practice had at least disclosed the fact that it was of striking benefit in selected cases.

The simplest definition of osteopathy which I have yet met is the correction of anatomical abnormalities which produce physiological discord, but its exponents do not hesitate to claim for it a much higher status. They almost all agree in calling it a distinct system of medicine whose therapeutics comprehends: (1) Manipulation, including surgery, for purposes of readjusting tissue relations; (2) scientific dietetics; (3) personal and public hygiene. It must be confessed, however, that manipulation is practiced to the exclusion of every other method, and the system is acclaimed as one which permits you to eat and drink what you fancy and to live as you please, so long as you do not ignore the more important laws of health. The diagnosis consists in the discovery of a "lesion," which is something more than that so well known in surgery, and is defined as a structural change which affects the functional activity of any tissue. Such lesion may be found in any tissue, but its existence is more easily recognized in bone, ligament, and muscle. The most common varieties of lesions are what are called "subluxations" of bones, thickened ligaments, and "contractured" muscles.

A true lesion is said to be palpable, sensitive on pressure, and the functional disturbance produced has some relation to the anatomical abnormality existing. The *point d'appui*, however, of the osteopathic system is the subluxation, and most practitioners of the art are liable to find one or more in every case they examine. The centre of attraction is the spinal column, and the relation of its various vertebrae to one another and the ribs. The slightest change in the normal relation of the articulating surfaces is designated a subluxation, and this may be primary or secondary. In the former case it is produced by direct action on the bone or muscles controlling its movement, and is considered to be a source of irritation to the spinal nerves in direct central relation to it. In this way it is stated to affect the viscera and blood vessels, thus causing perversions of function which are recognized as symptoms of disease. In the latter case it arises from excessive irritation to the peripheral ends of sensory nerves, either those terminating in the skin and subject to temperature changes, or those ending in the visceral mucosa and subject to irritation from the presence of food of an indigestible character, etc. Presumably the pressure of secondary subluxations on the spinal nerves will make them as dangerous as the primary variety, and render their reduction as necessary. The chief function, therefore, of an osteopath is to reduce the subluxations and to correct the lesions which he may discover, and in some isolated cases this may be done in what is called "one treatment." The fact, however, that the majority of cases must be treated for two or three months proves that they are not easily kept reduced; and, needless to say, it would not pay the osteopath to cure his cases so quickly.

The usual course is to charge an initial fee for twelve "treatments" at the rate of three per week and to continue the treatment of the case for one or more months, thereafter giving "treatments" less frequently, although it is sometimes found that patients are unable to stand treatment so often. But patients suffering from all forms of disease who consult an osteopath are treated solely by manipulation. Manifestly they cannot

all have vertebral or other subluxations of a serious type, and I am glad to say that in my interview with leading osteopathic practitioners and teachers in America I had repeated confirmation of this fact. I was assured by one that he rarely found them, and by another well known teacher that he never thought of looking for them. It is important, therefore, to inquire whether there are no other conditions present which contribute to the unquestionable relief acknowledged by some of their patients.

This is found in that state generally described by them as "contractured" muscle—a condition now being recognized by other medical men outside of the osteopathic ranks.

Boardman Reed, in his work, *Diseases of the Stomach*, quotes Dr. John P. Arnold, who describes this peculiarity as a somewhat doughy swelling, or in chronic cases gristly, tense, cord-like feeling of the muscles, more particularly the erector spinae.

Flint and Hammond likewise refer to the condition, and give rules for diagnosing and treating



Dr. Albert T. Hunt, of Omaha, Neb., Who Was Elected President of the Nebraska State Osteopathic Association at the Recent Annual Meeting.

it. I have no doubt of its existence, and in its milder forms am accustomed to associate it with the muscular fibrositis of Dr. Gowers. In the more aggravated forms, however, the muscle is swollen, sodden, almost oedematous, very sensitive, and is shorter and thicker than the normal, so that the points of origin and insertion are approximated. Hence an infinitesimal example of a subluxation arises. The causation of these contractured muscles is not always clear, but osteopaths teach that they are produced directly by external violence or unsuitable environment, or indirectly by long-continued reflex irritation keeping up contraction of the muscles. The persistent backache complained of by some men and many women is almost certainly of this class, and hence the difficulty of curing it solely by internal medication.

Even should the primary cause be removed, it does not follow that the damaged muscle can return without aid to its original healthy condition. Exercise in such a state of affairs is most painful, and seldom followed by amelioration.

Hydrotherapy, massage, electricity, and other physical methods are of more value and are often successful. The real cure, however brought about, consists in accurately restoring the bony relationship, and when the condition has been produced by violence, this is done by the osteopath at once and directly. When, however, it is produced by other causes, the proper course is to relax the muscles by separating as far as possible the points of origin and insertion of the muscles. I am of opinion that this is the secret of the relief afforded by an osteopathic "treatment," and is 95 per cent or even more of the cases under their care is all the treatment that is accorded them, although doubtless adhesions are likewise broken up during this stretching process. Of course, there is nothing very novel in all this, and whatever the osteopath may say, the treatment resolves itself into a combination of massage and Swedish movement, the latter being modified so as to be mostly capable of application by one person on a couch or stool in his own consulting room or at the home of the patient.

So indignant, however, is the osteopath at the suggestion that massage has anything to do with his manipulative efforts, that he frequently foregoes the undoubtedly beneficial results of the preliminary relaxation and stretching, and proceeds by violence to attack the affected part, endeavoring to reduce the subluxation and so cure the lesion.

I have no hesitation in saying that the vast majority of his cases are quite capable of being successfully treated by other methods, and I am confirmed in this view by the statement of the dean of one of their schools, who assured me that all well-educated osteopaths were perfectly cognizant of this fact. I am convinced, however, that many ailments, and especially acute conditions such as typhoid fever, pneumonia, nephritis, "cold in the head," are liable to be seriously aggravated by manipulative attention. It is lamentable that the apotheosis of mechano-therapy should result in such ill-guided enthusiasm as its application to many acute disorders would testify. Every now and again the American medical journals, and even the law reports of the daily papers, contain records of cases injured during osteopathic treatment, but the system has now such a large public following, and its legal position is so secure, that it is difficult to obtain a conviction.

If it be a system of medicine, at the best it is purely a system of one idea. Its nosology is a lesion; its symptomatology, a subluxation; its therapeutics, manipulation; while its pathology is accommodating enough to cut both ways, the subluxation being either the cause or the effect of departure from function.

Despite these limitations, however, as a method of treatment it serves a useful purpose not only in emphasizing the value of manipulation in disease, but laying stress on cases which have previously been ignored or undiagnosed by the profession, and hence have fallen into the hands of the bonesetters.

We are too much in the habit of thinking that bonesetters make their reputation by breaking down ankylosed joints in patients who have refused the services of or become impatient with their own medical man. This may be, and no doubt is, in a great measure true; but their reputation would be short lived were this all their work, for nothing could prevent the most disastrous sequelae in a very large proportion of their cases.

The regular practitioner of medicine has an unaccountable reverence for bones and joints, especially the bony case of the spinal canal, and this fact was admirably pointed out by Dr. Wharton Hood many years before osteopathy was invented. He published the results of a careful investigation into the methods of Hutton, the bonesetter, and showed that he obtained his results by a combination of relaxation and counter-pressure, much in the same way as the osteopath, and that his special point of attack was the spinal column. But his book has almost been forgotten and his precepts neglected.

We Are Both Working for The Same End

You, doctor, by your strict physical examinations must discover the appalling prevalence of spinal troubles and diseases. In your practice, adapted to giving efficient aid in all such cases, doubtless you have discovered the need of some practical appliance designed on scientific principles, as a substitute for the old, cumbersome and painful Plaster, Leather and Starch Jackets, as an adjunct to your treatment of spinal deformities.

We have such an appliance. We ask you to carefully consider our claims of excellence and effectiveness for

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I do not hesitate to plead for the admission of this new form of scientific bonesetting among the recognized methods of treatment practiced by the medical profession. My success in the following cases is entirely due to the study I have made of the subject, and I am sure I would have failed to be of service to any of the patients without a knowledge of osteopathic methods.

J. F., aged 48, consulted me on August 24, 1908, complaining of a pain, of six months' duration, in the right occipital region. His head was turned slightly to the right side, and when I asked him to look straight to the front he said he could not do so on account of the pain. His story was that six months previously he slipped down eight steps, falling on the right side of his lumbar region. He experienced a little pain in this region on getting up, but this was as nothing to the severe pain which came on in the back of his neck and head as the immediate result of the accident. This took place at 7 a. m. and he returned to bed hoping it would all pass off, but as he got no better he sent for a medical man, who prescribed some treatment and ordered him to remain in bed for four or five days. At the expiration of this time he was well enough to get up so far as the pain in his back was concerned, but the pain in his head—or "headache" as he called it—was as bad as ever, and he considered this strange, as he had never had a headache in his life before. During the ensuing six months he saw several doctors, amongst them a consulting surgeon, but derived no benefit. When I examined his neck I found a distinct and decided subluxation of the atlas, the first and only one I have ever come across in my four years' experience of this kind of work, although if we are to believe the osteopath this is the most frequent subluxation in the body. I had no doubt about it. The left transverse process was near the angle of the left inferior maxilla and the right transverse process near the right mastoid bone. I considered that there was pressure on the right sub-occipital nerve and that reduction of the subluxation was necessary. This I effected after some preliminary relaxation, and I was rather surprised to find that no click was to be heard during the process, as I had quite anticipated something of the kind.

From that date to this the man has had no recurrence of his pain. In mentioning the matter

to several of my medical friends I was astonished to find that they thought little of the matter and referred me to textbooks of surgery for similar cases. These I consulted without success, and I believe I am correct in saying that no such case is recorded in any textbook.

In relating the matter to my friend, Mr. James Sherrin, of the London Hospital, he agrees with this view, but referred me to vol. xl of the *Clinical Society Transactions*, London, 1907, where I found several cases recorded by Mr. Edred Corner, under the title, Rotary Subluxation of the Atlas. Four of these were cases of, or referred to by, Professor Howard Marsh, and he considered that in each instance one of the tendons or one of the bundles of a muscle in the back of the neck had become entangled with the posterior tubercle of the transverse process of one of the cervical vertebrae. Two had been cured by anaesthetics and reposition, one by manipulation, and one refused treatment. Mr. Corner looked upon his case as a real subluxation of the atlas, and wondered whether some of the above-mentioned four cases might not have been of the same order.

Evidently my friends had confounded the conditions with dislocation of the atlas, which is recorded as being common enough, but always fatal, and of which I have myself previously reported a case in the *Glasgow Medical Journal*. The click on reduction, which, in common with Mr. Eldred Corner, I expected but failed to get is only heard in cases of unilateral dislocation of the lower cervical vertebrae—a condition stated to be fairly common.

Mr. A., aged 24, consulted me in June, 1907, for a pain in the back of his neck. On examination I found a slight swelling on the left side in the neighborhood of the transverse process of the fourth cervical vertebrae, which was very sensitive. This I concluded was a subluxation of the fourth cervical vertebrae, and with little difficulty reduced it. The patient experienced no further pain for eleven months, when he again "cricked" his neck. The pain returned, and a swelling gradually appeared, which had the peculiarity of becoming larger and smaller at intervals. On examination I recognized a subluxation of the fourth cervical vertebrae, with an enlarged and painful lymphatic gland in its immediate neighborhood, but in a more superficial position. When

reduction was effected upon this occasion, a decided click or snap was heard, not only by me, but by a friend of the patient, who was sitting at the other side of the room. I feel convinced that this noisy snap was caused by the breaking of some fibrous adhesion. On Mr. A.'s second visit, in a week's time, not only was there no swelling to be detected, but the pain had completely disappeared.

This case is of great interest on account of the swollen lymphatic gland. It is a distinct piece of evidence in favor of the statement that slight displacements or subluxations go on acting as a focus of irritation till they are reduced. The intermittent swelling of the lymphatic gland showed that there was an ever-present pressure on sensitive structures sufficient to produce inflammation. If this can take place superficially it is quite possible that it may occur internally and set up some trouble.

Mrs. A. B., aged 35, consulted me in October, 1908, for backache of two years' duration. Careful examination revealed nothing to account for it excepting an irregularity in the vertebrae in the lower dorsal region. This consisted of an approximation of the spinous process of the eleventh dorsal to that of the tenth, and a corresponding separation from the twelfth. At the same time there was pain on pressure over the spinous process and on the right side thereof. I concluded that I had again to deal with a subluxation, but this time of a slightly different character. Careful relaxation of all the tissues twice a week for about a month produced little benefit and no apparent improvement in the position of the respective vertebrae. Accordingly I endeavored to replace the eleventh vertebrae accordingly to osteopathic instructions. These are simply a modification of surgical rules, and consist in (1) exaggerating the lesion by bending the body away from the prominent side of the vertebra; (2) bending the body forward to separate the articular surfaces; (3) lateral flexion of the body to the same side as the lesion, and an endeavor to raise the body at the same time. During these three movements the thumb exerts pressure on the side, upper, or lower surface of the spinous process, and, in the third movement especially, endeavors to replace it. This is not always possible the first time it is tried, and even when successful the bone does not always remain in position. This is obvious from the fact that in this case the shape had been altered by its long residence in the new position and its ligaments and muscles stretched and weakened by that unaccustomed tension. In the case in question I found at a subsequent visit that the subluxation had recurred and required reposition; but after half a dozen experiments of this kind it stayed in its place and the pain disappeared. From careful watching of this patient in her mode of sitting and walking, I believe that awkward posture had much to do with the occurrence of the malposition of the vertebra, and it is doubtless due to this fact that so many backaches persist, despite repeated medication and treatment.

The habit of sitting with one leg crossed over the other and the shooting backwards of the lumbar curve must occasion great strain of the ligaments and muscles of the spinal column. It is, therefore, necessary to educate such patients into more physiological habits and to encourage them to indulge in a few physical exercises to strengthen the muscles.

L. E., aged 35, was sent to me by Dr. Stacey Wilson in February of last year, suffering from pain of seven months' duration in the lower region of his back, the crest of the ilium, the pubis, and shooting down his left leg. He was a quarryman and had fallen from a height of 40 feet on his back. Fortunately, the fall was broken midway, or he would have been killed. On examination, I found that the posterior spinous process of the left innominate was depressed—the crest of the left ilium less easily palpated than that of the right side and a slight inequality in the pubic region. The two last lumbar vertebrae and upper part of the sacrum were likewise too prominent.

THE OSTEOPATHIC PHYSICIAN

I concluded that the force of the accident had been spent on the tissues in the neighborhood of the crest of the left ilium, and had forced the whole innominate from its position, producing a rotation upwards and forwards along an axis passing horizontally through the pubic articulation. After much preliminary relaxation, I therefore applied force in such manner as to endeavor to make the innominate travel in the opposite direction, and was gratified to find that by degrees the bone responded. The treatment was repeated at infrequent intervals, but with improving results, and by the end of July the patient was practically well.

Books on surgery declare that such conditions as I have described are very rare, whilst according to the osteopath they are met with only less frequently than luxations of the atlas, and many strange and varied symptoms are attributed to the deformity. In all probability the condition occurs more frequently than we are willing to admit, and, like the case just quoted, left unrelieved with disastrous consequences.

I might go on quoting cases of a similar kind which have occurred in my practice, but I have described a sufficient number to show that slight deformities can be present in the bony frame capable of giving rise to severe pain, and which are liable to be overlooked by medical men. Cases of this kind frequently fall into the hands of the bonesetter, and, after all, the treatment described is more or less that of scientific or regulated bone-setting.

None of the cases which I have described could have been treated successfully without some form of manipulative therapeutics, and it is of prime importance that we should be prepared to recognize and deal with such cases. If we deny the possibility of the existence of so-called subluxations—as is the custom with medical men—we lay ourselves open to the charge of perpetuating the presence of such irregular practitioners in our midst by encouraging their practice. We know that there are three sets of muscles between individual vertebrae—the intertransversales—the interspinales, which are met with in all parts of the column, although inconstantly and irregularly—and the eleven pairs of rotatores spinae in the dorsal region. These last especially do not exist without the possibility of rotation between individual vertebrae such as is affirmed by the osteopath, and it is not incredible that the action of the other two pairs may occasionally be capable of causing an approximation of spinous and transverse processes towards each other.

It is reasonable, seeing that the erect posture is maintained by a distribution of a strain equally over all the joints of the vertebral column, to infer that when there is a displacement of one of these vertebrae too much strain will consequently fall upon the ligaments and muscles between it and its neighbors, and until it is replaced pain will be likely to arise. . . . The conservatism of the medical profession has allowed many forms of treatment, like massage, osteopathy, electricity, and Swedish exercises, to be monopolized by irregular practitioners when they should have been captured for the benefit of rational medicine and the good of the public.

I should like to add a few words with regard to the use of this form of manipulative treatment in cases which are usually quite successfully dealt with by other therapeutic methods. It is the special weakness of this, as of every other, method of treatment that too much should be claimed for it by its devotees, but as they deliberately assert that it is the only rational mode of therapeutics they are compelled to use it in every kind of case, to the exclusion of every other form of treatment. When one considers that there is practically no indication for the use of mechano-therapy in these cases it is surprising what success is obtained by the method. The beneficial results may be attributed to suggestion, correction of minor physical deformities, stimulation of the circulation as in massage, or, what is most probable, the stimulation of the central and sympathetic nervous systems by the appli-

cation of force over the vertebrae and the heads of the ribs. Whether it be possible to stimulate directly the nerve centers in the spinal cord it is difficult to say, but indirect stimulation in the method I have mentioned is quite possible. These spinal centers are alluded to in osteopathic textbooks in no vague nor uncertain manner, but with a dogmatism and certainty begotten of beneficial therapeutic results.

Just how much damage has been perpetrated by its advocates in their efforts to establish its claim to be a system of medicine it would be hard to say. Two years ago there was presented in one of their journals a series of seventy cases of cancer absolutely cured by osteopathy. On reading these cases one could not resist the conclusion that the reports were prepared for public consumption, as, needless to say, in no case was the evidence conclusive, or such as would bear investigation by scientific men.

I must confess that I have not hesitated to use the method in cases of asthma, neurasthenia, neuralgia, and others which had resisted the orthodox methods of treatment, and I am bound to add that in some cases I have had beneficial results, which could not have been attributed to the influence of suggestion.

Some of the benefit derived may have been due to improved physical condition which naturally results from the treatment, and some of it may have been due to the preliminary relaxation of the muscles and the breaking down of adhesions. "The osteopath claims that all disease is due to displaced tissue, the replacement of which is a prerogative of his own and has, as its sequence, a perfect cure." The simplest method of refuting such a statement is to cure a patient of neuralgia by a short course of iron for the anaemia, which was the causative factor, when the same patient has just ceased from a course of laborious attempts to rectify the defective spinal condition by an osteopath without any good results. But I can see no impossibility in the statement that vertebral and costal displacements may exert direct pressure on the spinal nerves as they emerge from the intervertebral foramina, or on the sympathetic ganglia which lie on the heads of the ribs. The pathology of herpes zoster is not clearly understood, and osteopathic literature teems with cases which have been cured by rectification of a misplaced rib. Head has stated that "this remarkable eruption is associated with disturbances of the peripheral nerves, usually an inflammation of the sensory ganglion or of the nerve," and it is conceivable that pressure of various kinds on the nerve or ganglion on the posterior root may have some influence in its causation. Osteopathic textbooks attach special significance to the sympathetic in the etiology of disease, and probably err as much in their emphasis of this portion of the nervous system as we do by so largely ignoring its influence. They have exalted to the dignity of laws two observations from the works of Hilton and Head respectively: (1) The muscles moving a joint, the skin over the joint, and the interior of the joint are all supplied by nerves from the same source; (2) when a painful stimulus is applied to a part of low sensibility in close central connection with a part of much higher sensibility, the pain produced is felt in the part of higher sensibility rather than in the part of lower sensibility to which the stimulus was applied.

Their entire pathology circles around these two statements and the special factor of some displaced tissue, and in proportion as there is reality in the pressure on sensitive parts, in the same proportion is there relief afforded by its successful removal. With such a restricted and localized pathology the area of their therapeutic influence must be very circumscribed. But if this fact be recognized and appropriate constitutional treatment adopted, great benefits are likely to accrue from the admission of this mode of treatment into our therapeutical armamentarium.

I am much indebted to Mr. Billington for directing my attention to an article on Paralytic Ileus as a Sequel of Fractured Ribs, by Mr. J. E.

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Adams. Mr. Adams quotes the following statement of Starling's: "Stimulation of the splanchnic causes complete relaxation of the lower part of the ileum with the rest of the small bowel, but it produces a strong contraction of the muscle fibres forming the ileocolic sphincter." He records two cases of fracture of the ribs in the

neighborhood of their angles—in one case the eighth and ninth ribs, and in the other the eighth, ninth, tenth, and eleventh ribs, being involved—in which the whole of the small intestine was paralyzed and the ileocolic sphincter in a state of spasm. Now, as the great splanchnic nerve arises from the sixth to tenth thoracic ganglia, Mr. Adams attributed the paralytic condition of the bowel to irritation of the great splanchnic. Although the thoracic ganglia lie close to the heads of the ribs, he considered that some displacement of the proximal fragments of the ribs may have irritated the sympathetic chain either directly or through the rami communicantes connecting the sympathetic ganglia with the spinal nerves.

He is more inclined to believe in this explanation than in the other possibility, that at the time of the accident a severe blow was administered which caused inhibition of the muscular coats of the bowel.

Declaration of Osteopathy

Geo. Burt F. Clarke, D. O., Detroit, Mich.

OSTEOPATHY, herein defined and as in practice recognized and authorized by the leading adherents of this modern "SCHOOL of HEALING," is the TERM used to designate the new and INDEPENDENT, scientific and complete method, or system for the PRESERVATION and the MAINTAINANCE of HEALTH and for the RELIEF and CURE of BODILY DISORDERS (or DISEASE); and OSTEOPATHY, in its PRINCIPLES and PRACTICE, comprehends and includes all those various phases of health and disease as are covered by the other SCHOOLS of MEDICINE, SURGERY, MID-WIFERY and SANITATION.

Osteopathy, as a word, is derived from two Greek words, viz., OSTEOON (signifying—a bone) and PATHOS (suffering) and it is eminently adapted as a name inasmuch as the bony framework is that part of the body upon which order most depends—while the Osteopath uses the bones from which to explore for disorder and their use as levers (primarily) to assist him in restoring order and thereby relieve suffering.

OSTEOPATHY differs from all other "SCHOOLS (Systems, Methods or Cults) of MEDICINE," (A), in its ETIOLOGY ("the science of the cause of Disease"); (B), in its Prophylaxis ("the art of guarding against Disease"—prevention); (C), in its Therapeutics ("that branch of Medicine which treats of the application of remedies and the curative treatment of Diseases").

A. In its ETIOLOGY, *Osteopathy declares* that the violation or the infraction of any of the established laws of nature, intracorporal or extracorporal, creates a disturbance in the equilibrium of body structures and forces constituting the condition commonly known as DISEASE, which is an effect and the abnormal resolution of body forces.

DISEASE, then, "is any departure from the state of health, presenting well-marked symptoms and having a definite character" in structure or function; and,

HEALTH is "the condition in which all of the functions of the body and mind are in a normal state" co-ordinated with the normal and harmonious relations of all body structures and the unobstructed action of the body forces and fluids through their natural channels.

Harmonizing with the above definitions of HEALTH and DISEASE, *Osteopathy declares* that the CAUSE of DISEASE is, essentially and primarily, abnormal variations in body structure and body mechanism with co-ordinate abnormal functioning of the organs or tissues directly or indirectly involved. Abnormal functioning predisposes to abnormal structure.

Dr. A. T. Still, the Founder of Osteopathy, declares "That a disturbed artery marked the beginning to an hour and minute when disease began to sow its seeds of destruction in the human body"—"The rule of the artery must be absolute, universal and unobstructed or disease will

be the result"—and the cause "being a partial or complete failure of the nerves to properly conduct the fluids of life" because of the "limited and excited action of the nerves only, which control the fluids of parts or the whole of the body. Obstruction to the body forces (blood, lymphatic, nerve, vital, etc.) precedes the logical sequences—congestion, mal-nutrition, atrophy, tissue destruction, degeneration, chemical changes, invasion by pathogenic micro-organisms, toxæmia, etc., etc.; and any distinguishable abnormality of structure or of function (more especially that of structure) constitutes what is known as an OSTEOPATHIC LESION which may be either PRIMARY OR SECONDARY. Lesions also are classed as *predisposing* or *exciting*; and they are the result of any one or more (in combination) of the following CAUSAL conditions or influences which may be either predisposing or exciting, viz.: Traumatic (1); Meteorologic (2); Psychologic (3); Electric and Magnetic (4); Dietetic (5); Abuse (6); Chemical and Drugs (7).

Osteopathic EXAMINATION and DIAGNOSIS requires the personal and detailed anatomical and physiological examination of each individual case by the examining and operating physician; and by the aid of his highly developed sense of touch, and his skillful adaptation of his knowledge of the co-ordinate sciences of ANATOMY, PHYSIOLOGY, and body MECHANICS he is enabled to arrive at a quick and definite judgment as to the condition of health or disease in each individual case.

B. The PROPHYLAXIS of Osteopathy, depends, then, upon the maintenance of structural and mechanical integrity, and the proper adjustment to environment—intra-corporal and external.

Primarily, MANUAL ADJUSTMENT together with the judicious regulation of DIET, EXERCISE (mental and physical), HYGIENE, DISINFECTANT and SANITATION, constitute the basis of prophylaxis.

C. The THERAPEUTICS of Osteopathy, wherein is drawn a clear line of demarcation and cleavage between its methods and the other theories and methods of Medicine and cults—old and new,—rely on the intrinsic powers and provisions of the body, when these are made free to act according to their specific constitution essentially by the mechanical engineering of the body in its affected parts, and their restoration to the normal condition, relation and action." It holds to the great TRUTH "that the living body is purposely organized and endowed, as a complete structure, to formulate its supplies and secure its functions, by means of its marvelous mechanical adaptability, in order to recovery from disease and the establishment of itself in health."

"Remove the CAUSE" is the SLOGAN, and ADJUSTMENT is the "KEY-NOTE" of Osteopathic Therapeutics: the correction or the removal of the LESION is the object sought.

Through a highly developed sense of touch, based upon a thorough knowledge of Anatomy and Physiology, the Osteopathic Physician is enabled to discover the slightest anatomical or functional disorder, and every move made by him in the treatment is toward the definite purpose of correcting such disorder.

In its THERAPEUTICAL RANGE and PRACTICE Osteopathy, primarily and mainly consists of and depends upon (a) its MANUAL or MANIPULATIVE TECHNIQUE; and in addition thereto it comprehends and includes in its Philosophy, Principles and Practice (b) SURGERY (both major and minor), including Surgical Medicine, Anesthetics (general or local), (c) OBSTETRICS (or Midwifery); TOXICOLOGY and EMERGENCY METHODS, measures or means (d); and (e) ADJUNCTS; (f) SANITATION; and (g) PSYCHO-THERAPY.

Osteopathy declares that the INTERNAL MEDICATION by means of Drugs, Chemicals, or other POISONS (not foods or natural remedial agents having a known and harmless value)

is experimental and empirical, jeopardizing both the health and the life of the user; and therefore the use of the same is discouraged and discarded (as a system or method of therapeutics), and the substitution of a saner and more scientific method (or system) is made in harmony with nature's own way.

(a) In its MANUAL or MANIPULATIVE TECHNIQUE, Osteopathy declares that the Physician, or operator, must be so skilled in the co-ordinate branches of Anatomical, Physiological and Mechanical Sciences that he can adapt such manipulative procedure as the requirements in each individual case may demand; and Osteopathic Manipulation and Technique comprehends and includes any and all forms of mechanical movements and manipulations (Active or Passive) as the judgment of the Osteopath may determine necessary to ADJUST or aid in the adjustment of any LESION or GROUPS OF LESIONS, whether Osseous, Ligamentous, Muscular, Nervous, Organic, or Circular in character.

Primarily, then, the Osteopathic Manual Technique may be classified three-fold viz.: (1) Preparatory, consisting in any safe movement or manipulation, to determine the degree of Mal-adjustment of the vertebræ, ribs or other skeletal structures, ligaments, tendons, muscles, organs, nerves, etc., from their normal relations and functions; (2) Palliative (General or Indirect) Treatment, requiring various forms of manipulations or motions, including leverage motions, rotation, circumflexion, circumduction, flexion, extension, abduction, adduction, springing, quick downward, lateral or upward thrusts or pressure; vibratory, circular or deep pressure-motion applied to any structure or groups of structures or organs; (3) Corrective (or Direct) Treatment, applied by such application of mechanical principles to the BODY MECHANISM that structural and functional adjustment of lesion may rationally and safely follow.

Osteopathic Treatment is usually administered in its manual form through one or two thicknesses of clothing, and not on the nude body, in the Office or in the Home at the bed-side, or wherever occasion may demand.

(b) SURGERY (Major and Minor) as taught and practiced in the Associated Colleges of Osteopathy is inclusive in and the rightful heritage of Osteopathic Therapeutics. The basis of this claim is evidenced (1) in the purposes set forth in the Original Charter of the first Osteopathic Organization, the American School of Osteopathy, Kirksville, Mo., in part as follows: "To improve our present system of Surgery, Obstetrics and Treatment of Diseases generally, to place the same on a more rational and scientific basis; to impart information to the medical profession; and to grant and to confer such honors and degrees as are usually granted and conferred by reputable medical colleges;" and (2) as evidenced by the STANDARDS required of, and the provisions and teachings provided by, the Associated Osteopathic Colleges under the general supervision of the American Osteopathic Association.

(c) OBSTETRICS, or Midwifery, Osteopathy asserts, includes all the various phases of health and disease during the full term of pregnancy and the confinement succeeding labor; and the technique as taught and practiced in the Associated Colleges is based upon the same fundamental principles as in the regular Prophylaxis and Therapeutics of this School.

(d) TOXICOLOGY, as taught and practiced in the Osteopathic Colleges, provides for the application of ANTIDOTES for Active Poisons; and recourse is resorted to such emergency remedies, measures or means as are common to all schools of Medicine and Healing when the judgment of the Osteopath so determines.

(e) ADJUNCT, or extraneous methods or means, not requiring the internal application of poisonous Drugs and Chemicals, may be resorted to, in lines with carrying out the principle of ADJUSTMENT, should the emergency or the specific occasion require.

(f) SANITATION, as recognized by Osteopathy, is that *Branch of Science* that renders healthful, or hygienic, the surroundings or conditions on which life is dependent—either as applied to the individual or to society in general; and as such, Osteopathy aims to inculcate in its personal and public teachings the best rules of LIFE and ACTION.

Osteopathic Sanitary Science embraces a consideration of the various influences, acting with beneficial or deteriorating effect on health or disease, with the view of ADJUSTING the individual or the community as a whole, to their respective environments—or vice versa; and as taught and practiced by the Associated Colleges it is comprehensive and inclusive of those methods common to all schools and co-operative with the National and State Laws of Public Health whereby the health and safety of the whole community may be protected against the errors of a part—the prevention of ameliorating of disease by the removal of its avoidable causes.

(g) PSYCHO-THERAPY has its place in Osteopathic Therapeutics as a *secondary factor* in the relief and cure of disease. "That the influence of the mind upon the condition of the physical body is one of the most potent, potent and unmistakable pathological and physiological facts of all Nature" is recognized by this, as well as by all other schools of healing; and this Truth in Nature is utilized as a factor in its other modes of treatment "in just so far as the mental state, condition or attitude of the patient is or may become a salutary factor at all in the therapeutic process." "This is based upon three constituent mental elements, viz.: 1. The desire to be well; 2. The will to become well; 3. An abounding and unwavering faith that the agencies employed will make him well."

For further detailed information or facts as to the Philosophy and Principles of Osteopathy, its history, development, institutions, law and litera-

ture (all of which indicate a marvelous growth and expansion), the inquirer is referred to the Encyclopedia Americana under the heading "Osteopathy."

Anatomical and Physiological Pictures of Diseases

(Continued from page 1.)

of stomach trouble is discoverable. The vast accumulation of gas in the stomach is often due to the fact that no so much of the gas escapes as enters, and each spasm adds to the amount in the stomach. This residual gas may then escape in a natural belch, and convince the patient that the physician is in error when he says that the real source of the gas is the patient's own intake of it. The semi-hysterical condition makes them quite prone to take this view.

The patient being comparatively insensible of the first act, believes he is relieving himself of gas on the stomach and repeats the act in that hope.

The condition is largely a sensory neurosis, the spasm being secondary and to quite an extent of a voluntary act, just as coughing is to some extent voluntary. A sensory neurosis of the oesophagus takes the shape of a feeling as though gas were present. The patient can to quite an extent control it, and the act seldom interrupts speech or any other voluntary act, and ceases when the attention is sufficiently occupied on other matters.

Once the sensory neurosis has resulted in the spasm and the gas has entered the stomach, irritation is set up by its presence and its coolness and this tends to further excite the nerves. The sensation will persist even though all the gas escapes again, and for some moments there is a sensation as of more gas

in the stomach. This leads to repetition of the act, which without the intervention of the will or some distraction or remedy tends even in normal persons to become worse. In neurotic individuals it becomes a habit spasm of great intensity and some danger.

The co-operation of the patient is therefore necessary for a cure, and his confidence in the physician is of paramount importance. Deep breathing through the nose, a drink of cool (noticed) water, singing and other physiological uses of the oesophagus and pharyngeal muscles are of value. The seventh and first dorsal segments are important osteopathic centres. All sources of nervousness should be removed, and every measure that promotes nervous stability should be encouraged. A complete change of environment will often affect a cure.

The question of a proper designation for this by no means infrequent malady is not an easy one. The name gastroclonus has been suggested, as also the name garulitas oesophagi. These are impressive names, but they have the disadvantage that they would help the patient to believe that he was a pretty sick man should he hear them. The name wind-spasm, or, if Latin be preferred, aerospasm or aeroclonus, seems to me preferable.

Before venturing to assert that I had "discovered a new disease," I submitted this paper to a number of New York practitioners. The findings were corroborated by all of them. This disease is a companion to hiccough, being the sensory and motor disease, while the latter is the purely motor affection originating in the oesophagus.

There was once a physician who was called in to amputate a man's leg. The patient was put under the influence of ether and when he regained consciousness he observed the doctor standing beside the table with a worried look on his face. "Pardon me," grasped the physician, "but I fear I have cut off the wrong leg."

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trees, as they came to maturity, bore just good, ordinary grape fruit, but not good enough for the Atwood Brand. Therefore thousands of big, bearing trees were either cut back to the trunk and rebudded to SUPERIOR VARIETIES or dug out entirely.

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Editorial

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

Vol. XVIII DECEMBER, 1910 No. 6

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

ASSOCIATION MEETING DATES.

Without question many of our state meetings would be better attended if the date was kept constantly before the profession for some months in advance. For this reason we have started a column of association and society meeting dates. We shall be glad to receive for publication in this column the advance dates of as many meetings as possible. The date cannot be given to far ahead as it will be reported each month until the event occurs. This department will prove of value also to travelling members of the profession, as by reference to this record they can inform themselves of meetings taking place at points where they expect to be on certain dates and thus arrange to attend and enjoy the program and the fellowship of those present. Send in your dates and make this a live department.

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

STATE MEETINGS IN CHICAGO.

The very sensible suggestion has been made that as many states as possible arrange to hold their regular meeting for 1911 in Chicago, just previous to the National Convention.

If the plan is taken hold of by the various state organizations the Chicago Arrangement Committee will see to it that every facility and accommodation is provided for the visiting associations. If desired separate headquarters will be secured for each organization, with special meeting halls.

Advance arrangements will be taken care of at the several hotels so that everything will be in readiness for the various state officers and delegates when they arrive.

It also will be arranged so that the state meeting places will be convenient to the La Salle Hotel, the National Convention Headquarters.

We most heartily recommend this suggestion and hope it will be acted upon favorably by a large number of states.

We should be glad to hear from state officers on this subject for publication. We will also make special mention of such state convention dates that are changed for this reason, so as to help in making the fact well known.

If the movement is taken up enthusiastically it will prove a unique and valuable feature of the A. O. A. National Convention of 1911.

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

A. O. A. CONVENTION PLANS PROGRESSING

The second meeting of the A. O. A. National Convention Arrangement Committee was held at the La Salle Hotel, Chicago, November 22d. After an informal dinner the committee went into executive session. Dr. Carl P. McConnell presented a tentative program which was discussed at some length. A preliminary selection of committees was taken up and it is expected that an announcement of the members of each committee will be made in the near future. The members of the arrangement committee present at the meeting displayed an earnest interest in every phase of the subject and the highest enthusiasm and optimism prevailed. Everybody was anxious to get down to active work and if the present harmonious spirit continues, as it undoubtedly will, the success of the Chicago Convention is assured.

It is planned to give every member of the association in Illinois a definite part in the work so that everyone will share in making this convention the biggest kind of a success.

Without doubt this Chicago meeting will go down into osteopathic history as one of the best planned and most instructive in the annals of the profession. It rests with the rank and file of association members throughout the country to determine whether or not it shall be a record breaker in point of attendance. Lay plans now to help by your presence to make the Chicago meeting the greatest forward impulse osteopathy has ever experienced.

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

The A. T. Still Park Springs Sanitarium

DR. H. S. BUNTING:—Realizing the great need of the osteopathic profession for a purely osteopathic sanitarium, I am writing to let you know we have recently opened The A. T. Still Park Springs Sanitarium at Bentonville, Arkansas, and also to give you a few facts concerning our institution.

The sanitarium is a large pressed brick structure, steam heated and lighted with electricity, and can accommodate from seventy-five to one hundred patients. The rooms are large, cheerful and well ventilated, and arranged looking to the comfort and convenience of all patients.

The building is located in the center of a beautifully wooded park of ten acres, which contains over four thousand feet of granitoid walks and numerous flowers, blooming ten months in the year.

In connection with the sanitarium we have six two room cottages conveniently located, giving quiet and seclusion to those patients desiring to be to themselves.

The water used by our institution comes from four large springs which are on our

grounds. One spring is particularly efficacious in stomach and intestinal disorders while another contains properties of a diuretic nature.

We are in the heart of the beautiful Ozark mountains, twelve hundred to eighteen hundred feet above sea level. The winters are short and without severe cold and the summers long and delightful. With its picturesque surroundings and salubrious climate the location is ideal.

Dr. C. E. Still of Kirksville, Mo., is president of this institution and Dr. G. M. Laughlin is vice-president. I have recently resigned from the faculty of the American School of Osteopathy at Kirksville and will give my entire attention to all cases coming to our sanitarium. All nurses are graduate nurses of the A. S. O. Training School for Nurses at Kirksville.

We wish to assure you that all possible will be done for the comfort, welfare and health of all who come to us for treatment.

I trust I may have the pleasure of seeing you some time and laying before you in more detail the merits of our institution; and invite correspondence touching all matters pertaining to same.—E. H. Laughlin, D. O.

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

What the Massachusetts Law Requires and Permits

EXCEPTION has been taken to the recapitulation of the Massachusetts state law which appeared in the October issue of *Osteopathic Health* as not being sufficiently clear. We wrote Dr. Warren A. Rodman, of Boston, chairman of the Publicity Committee of the State Osteopathic Society, and he gives us the following brief elucidation of the law:

1. The Massachusetts law allows anyone who chooses to take the examination before the State Board of Registration in Medicine.
2. Two forms of certificate are issued, graduate and non-graduate.
3. The graduates of the Massachusetts College of Osteopathy receive the graduate certificates.
4. Only those osteopaths who were admitted under the special registration act are limited in any way.
5. *Osteopathy* and *osteopathic* mean the same as *medicine* and *medical* in the eye of the law. Unregistered persons practicing osteopathy without a license can be prosecuted under the law.
6. Anyone who passes the examination of the board is on the same legal footing as anyone else.
7. Osteopaths coming from outside the state must pass the examination. If graduates from a school approved by the State Board they are given graduate certificates.

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

Second Annual "Review Week" Course at A. S. O.

THE profession will be glad to learn that the two Georges have been prevailed upon to give another Review Week this year during the holidays. Those who were there last year will be back if possible, and those who were not there will do well to make up for lost time. This year the classes begin at 9 a. m., Monday morning, December 26th, and run until 4 p. m., Saturday evening, December 31st, with intermissions for food and sleep. Dr. Laughlin lectures daily from 9 to 12 and Dr. Still from 1 to 4 o'clock.

State Osteopathic Associations Take Notice

THE arrangement committee for the A. O. A. convention, in Chicago, July 25th to 28th, 1911, extends a cordial invitation to all state osteopathic associations to hold their annual meeting in Chicago Monday July 24th, preceding the national convention.

The committee will procure suitable meeting places in the hotels, supply clinics, if necessary, and arrange all details for the convenience and comfort of a successful state meeting.

Will the officers and trustees who have the appointing of the time and place, especially all those states which hold their meeting in the

The Road to Tuckahoe

J. C. Howell, D. O. Philadelphia.

Dr. J. C. Howell took a ride to Tuckahoe and received such a shaking up that, although he never wrote any poetry before, the following effusion, he says "simply bounced," out of him. The advocates of good roads are so pleased with the accurate description of the road that they are sending out the lines as a card in the good roads movement.—*Vineland, N. J., Press Dispatch.*

Would you a-motoring go from May's Land-
ing to Tuckahoe?
Then "take it from me" and go very slow,
"there's a reason."
There're humps and bumps and Jerks and
Jumps and holes very deep.
There're ruts, and Juts and sand and dust and
things that make you weep:
And the way you roll and rock and creep, you'd
think You're out on the briny deep,
For there is no road when you come to see, but
only a place where it used to be.
A philosopher sage, with wisdom filled, said
folks are Judged by the roads they build.
If this is true, and it is, we know, then what
of the people of Tuckahoe?
For when they 'rive at the pearly gate they'll
have a mighty long time to wait.
St. Peter will look at them scowling, stern, and
order them each and all return,
And eternity spend with a devil to goad, driv-
ing over that terrible road.
So let us pray while yet it's well, they may
mend their WAYS and avoid such hell.

The Change in Therapeutics

Wilbur D. Nesbit in Chicago Evening Post.

"Corsets should be prescribed
by physicians."—Dr. Martin.

"Oh, doctor," I pleaded, "I'm terribly ill;
Please mix me a powder or give me a pill.
My temples are burning, my pulse is quite fast—"
"Not now," cried the doctor, as he hurried past.
"My auto is waiting to rush me downtown
To plan a new corset for old Mrs. Brown."

"Oh, doctor," I begged of another M. D.,
"I'm awfully ill, as you plainly can see.
My tummy is aching, my throat is quite sore—"
"Not now," said the doctor, and leaped from his door.
"I haven't got time to be dosing for that—
I've got to prescribe Mrs. Miggles a hat."

"Oh, doctor," I wept to one more of the craft,
"My symptoms are rapidly driving me daft,
A pain in my side and a feverish brow—"
"Not now," snapped the eminent doctor, "not now!
I hope you get better; pray pardon my haste—
I've got to prescribe Mrs. Perkins a waist."

"Dear doctor," I groaned to an allopath man,
"Please give your earnest professional scan;
My larynx is twisted, my lungs are inflamed—"
"Not now," shrilled the doctor, who shall not be named.
"I'm sorry for you; hope your lungs do not hurt—
I've got to prescribe Mrs. Trumble a skirt!"

"Say, doctor," I sobbed to a homeopath,
"I've suffered till I am as thin as a lath;
You see I am ailing with St. Vitus dance—"
"Not now," said the doctor, with never a glance,
"My doses are trifles, as well you might guess—
I've got to prescribe a grand-opera dress!"

"M. D."

"Papa," says the little son of the new school physi-
cian, "what does M. D. mean after your name?"
"It used to signify Doctor of Medicine, my son, but
now it indicates that I am a specialist in Millinery and
Dress."

Getting Ready.

"Filler," says the druggist to his prescription clerk,
"this morning you go down to the wholesale district and
lay in a full line of ready-made dresses, corsets, bonnets,
waists, silk stockings and all that sort of stuff."
"Going to change this into a dry goods store?" asks
the clerk.
"No. Haven't you noticed what is called for in the
new prescriptions?"

Gratifying Progress.

"How is your wife getting along?" we ask of our
friend.
"Splendidly," he beams. "The doctor began with a
tonic consisting of a new hat every two weeks, and
now he's got her so that she can wear a sealskin coat
and a full set of ermine furs."

There will be enough change in the sub-
jects and enough new things added that those
who attended last year will find everything
interesting, and the reports from those who
were there last year were unanimously in
favor of keeping the course up for many years
to come. There were four attendants from
Pennsylvania, one from Maine, and three from
Colorado, who came entirely for the Review
Week work, and as one of the Pennsylvania
men expressed it, they got their money's
worth for the entire trip and trouble from
some of the single sessions alone.

One feature this year will be more atten-
tion to the open parliament. The cost of the
course will be nominal, \$10.00 for the thirty-
six hours.



Convention Hall, American Osteopathic Association National Convention, July, 1911.

The course, however, will not be divided and
cannot be taken by the day. Seats may be
reserved in advance if desired, by sending per-
sonal check, which will be returned if for any
reason the doctor is prevented from attend-
ing.

Special attention will be given to the newer
subjects of current interest, such as the 606
treatment of syphilis, etc., obstetrics, ortho-
poedics, burns, infections, fractures, etc.

The question boxes will allow for the dis-
cussion of any subjects the attendants on the
course wish to have taken up.

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

Blest Be Nothing.

Wife—The doctor writes that in view of our poor cir-
cumstances he will not present his bill immediately.
Artist—We are lucky that our circumstances are no
better; if they were, we might have to pay at once!—
Fliegende Blaetter.

summer months, kindly take this matter up at
once and decide it?

We would like to get in communication with
the chairman of the arrangement committee,
or some one in charge, of each state which
accepts this offer as soon as possible, that
nothing may be left undone for the benefit of
their meetings.—*J. R. McDougall, D. O., Chair-
man Arrangement Committee.*

The Hands of Ernest Sisson, D. O., of Oakland, Calif.

BY A PATIENT.

Too small they seem, his hands, for so great might,
Yet in their gift is peace and quiet sleep,
Soothing for pain-racked limbs; for those who weep
Fresh courage with the morn, new faith at night.
Through their wise skill the blind receive their sight,
The maimed grow straight, the crippled run and leap;
—Such power have they to call the forces deep
Of nature's self to work for health and right.
O friendly hands of virile brotherhood
How many a kindly deed unknown you do,
Unthanked, and seek for self no better due
Than the genial warmth of half-remembered good!
O generous hands, God fill you with earth's best,
Life's gift of gifts, and long life crown the rest!

Association and Society Convention and Meeting Dates

IN this column will be listed the advance dates of meetings of our various associations, societies, and state boards. If you are an officer of any osteopathic organization, please send in the advance dates of your regular or special meetings. With the proper co-operation this department will prove a valuable reference, and will enable osteopaths who are visiting or traveling to arrange to be present at meetings they would otherwise miss.

Tri-state meeting Washington, Oregon, Idaho Osteopathic Associations, Portland, Oregon, January 13th and 14th.

National convention of the American Osteopathic Association, Chicago, July 25th to 28th.

Directory of Officers of National, State and Local Osteopathic Associations and Societies

WE want to make this directory a permanent feature and we shall appreciate the assistance of the various officers and of all our readers in keeping it accurate and up-to-date.

American Osteopathic Association: President, Dr. A. G. Hildreth, St. Louis; vice-president, Dr. Otis F. Akin, Portland, Oregon; vice-president, Dr. R. D. Emery, Los Angeles; secretary, Dr. Harry L. Chiles, Orange, N. J.; assistant secretary, Dr. George T. Monroe, Silver Springs, N. Y.; treasurer, Dr. M. H. Hulett, Columbus, Ohio.

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- \$37.50 Wilton Velvet Rugs at \$16.90
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- Send for our Special Booklet showing Rugs in Natural Colors.

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California State Osteopathic Association: President, Dr. D. C. Farnum, San Francisco; vice-president, Dr. Louise C. Heilbron, San Diego; second vice-president, Dr. Lillian M. Whiting, South Pasadena; treasurer, Dr. Lester R. Daniels, Sacramento; secretary, Dr. Effie E. York, San Francisco.

Central Kentucky Osteopathic Association: President, Dr. Martha, Petrie Paris; vice-president, Dr. Lulu Markham, Lexington; secretary, Dr. O. C. Robertson, Cynthiana; treasurer, Dr. J. S. Oldham, Carlisle.

Colorado Osteopathic Association: President, Dr. John T. Bass, Denver; vice-president, Dr. J. H. Hardy, Lamar; second vice-president, Dr. Riley D. Moore, Grand Junction; secretary, Dr. C. C. Reid, Denver; treasurer, Dr. Jeanette H. Bolles, Denver.

Denver Osteopathic Association: President, Dr. F. A. Luedicke, first vice-president, Dr. M. J. Sanford; second vice-president, Dr. R. B. Powell, secretary, Dr. Mabel C. Payne; treasurer, Dr. Cora Richards; all of Denver.

Eastern Washington Osteopathic Association: President, Dr. T. C. Morris, Spokane; vice-president, Dr. H. F. Morse, Wenatchee; secretary-treasurer, Dr. H. E. Caster, Spokane.

Hudson River North Osteopathic Association: President, Dr. H. L. Owen, Mechanicsville; secretary and treasurer, Dr. Emma Wing Thompson, Schenectady.

Illinois Fourth District Osteopathic Association: President, Dr. Edgar Q. Thawley, Peoria; secretary and treasurer, Dr. H. D. Stewart, Fairbury.

Illinois Third District Osteopathic Association: President, Dr. Ada H. Chapman, Galesburg; vice-president, Dr. Cora Hemstreet, Galesburg; secretary-treasurer, Dr. Irving J. Mosier, Kewanee.

Indiana Osteopathic Association: President, Dr. M. E. Clark, Indianapolis; vice-president, Dr. E. M. Geyer, Goshen; secretary, Dr. W. S. Thommason, Terre Haute; assistant secretary, Dr. Z. A. Nevius, Brazil; treasurer, Dr. Lydia Copper, Warsaw.

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

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Iowa Osteopathic Association: President, Dr. U. S. Parish, Storm Lake; vice-president, Dr. Della B. Caldwell, Des Moines; second vice-president, Dr. Emily M. Fike, Des Moines; treasurer, Dr. L. O. Thompson, Red Oak; secretary, Dr. T. B. Larrabee, Anita.

Iowa Second District Osteopathic Association: President, Dr. W. M. Furnish, Tipton; vice-president, Dr. Sarah S. Brown, Davenport; secretary, Dr. Elmer Stewart, Clinton; treasurer, Dr. C. A. Hitchcock, Vinton.

Louisiana State Examining Board: President, Dr. C. C. Hewes, New Orleans; secretary, Dr. Paul Geddes, Shreveport; treasurer, Dr. W. A. McKeahan, New Orleans.

Louisville Osteopathic Association: President, Dr. C. J. Johnson; vice-president, Dr. H. H. Carter; secretary and treasurer, Dr. Evelyn R. Bush; all of Louisville.

Maryland Osteopathic Association: President, Dr. Aloha M. Kirkpatrick; vice-president, Dr. Grace McMains; secretary and treasurer, Dr. H. A. McMains; all of Baltimore.

Michigan State Osteopathic Association: President, Dr. T. L. Herroder, Detroit; vice-president, Dr. J. E. Downing, Bay City; secretary, Dr. Rebecca Mayer, Detroit; treasurer, Dr. R. R. Northway, Mt. Pleasant.

Minnesota Osteopathic Association: President, Dr. W. D. Engelke, Lake City; first vice-president, Dr. K. Janie Manuel, Minneapolis; second vice-president, Dr. J. W. Hawkinson, Luverne; secretary, Dr. F. E. Jorris, Minneapolis; treasurer, Dr. D. J. Kenney, Minneapolis.

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Oregon Osteopathic Association: President, Dr. R. B. Northrup, Portland; first vice-president, Dr. Lynn E. Hewitt, Union; secretary, Dr. Lillian Baker, Portland; treasurer, Dr. W. L. Nichols, Portland; association editor, Dr. C. P. Moore, Enterprise.

Philadelphia County Osteopathic Association: President, Dr. Arthur M. Flack; vice-president, Dr. W. S. Nicholl; secretary, Dr. Cecelia G. Curran; all of Philadelphia.

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South Dakota Osteopathic Association: President, Dr. J. H. Mahaffy, Huron; secretary and treasurer, Dr. H. F. Ludwig, Parker.

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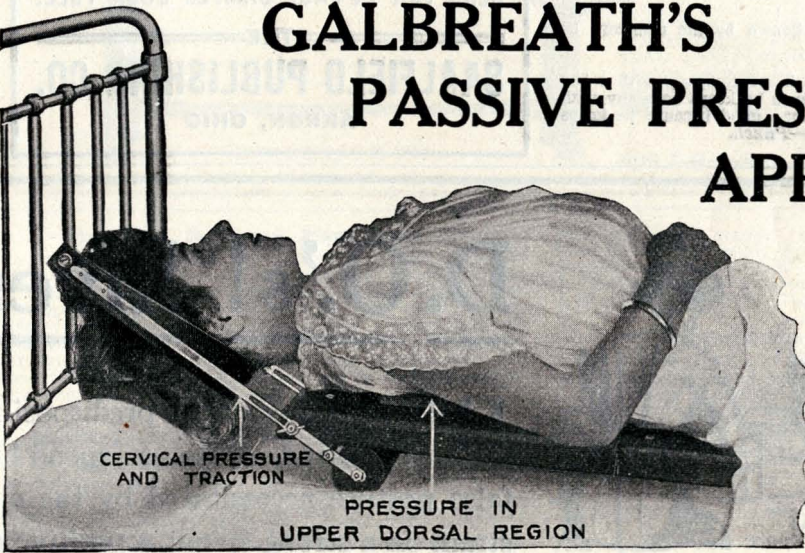
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Wisconsin State Osteopathic Association: President, Dr. E. J. Breitzman, Fond du Lac; vice-president, Dr. E. C. Murphy, Eau Claire; secretary, Dr. L. H. Noordhoff, Oshkosh; treasurer, Dr. Harriet A. Whitehead, Wausau.

His Choice.

"Yes," said the specialist, as he stood at the bedside of the miser-millionaire: "I can cure you."
"But what will it cost?" came feebly from the lips of the sick man.
The specialist made a swift mental calculation. "Ninety-five dollars," was his answer.
"Can't you shade your figure a little?" wailed the other. "The Undertaker's bid is much less."—*Lippincott's.*

Flashes From the Funny Man

Why He Did It.

"Why do you make the patient wait three hours every day in your ante-room?"
 "He needs rest," exclaimed the doctor, "and that is the only way I can compel him to take it."—*Courier-Journal.*

Might Find It Useful.

"Most absent minded man I ever knew. Went to town one day and forgot to bring his wife home."
 "Doctor?"
 "Yes."
 "Could that brand of absent mindedness be acquired?"

Diagnosed.

"Sure, and you had the doctor to see your husband, did ye?"
 "Yes! He gave him a bottle o' bark and pupsin and a canine pill."
 "Begorra! It's hydrophobia he has, I guess!"

No Help for the Hypo.

Hypo—Oh, doctor! I have a terrible pain here in my left side!
 Doc—Cheer up; that's too low to be in your heart.
 Hypo—But I fear it is appendicitis.
 Doc—Nonsense! The appendix is on the right side.
 Hypo—But, doctor, I'm left-handed.—*Cleveland Leader.*

Disinterested Suggestion.

"What did you say to the policeman who arrested you for speeding?" inquired the friend.
 "I told him I was going after a doctor," replied Mr. Chuggins.
 "Did he believe you?"
 "I don't think so. He said that if I didn't want to pay a fine I'd better change my mind and go after a lawyer."—*Washington Star.*

Which Is It?

"Father."
 "Well, what is it?"
 "It says here, 'A man is known by the company he keeps.' Is that so, father?"
 "Yes, yes, yes."
 Well, father, if a good man keeps company with a bad man, is the good man bad because he keeps company with the bad man, and is the bad man good because he keeps company with the good man?"—*Punch.*

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"I accuse," says Dr. Barnesby. For ten years or more he must have been gathering the materials for his accusation. In ten years one can gather a good deal of adverse material. The medical profession is a very extensive thing, after all, and is composed of men of all sorts and kinds; as many criminal and incompetent and greedily indifferent to the welfare of those committed to their care, so long as their pockets are full, as in any other profession or business. The material that Dr. Barnesby has collected is effective only against the criminally and negligently inclined in the medical profession. He makes the same mistake in his charges that the medical men make in their defense. He groups them all together, the good and the bad, and accuses all indiscriminately for the crimes of the—we hope we are right in saying, the few, though Dr. Barnesby does not think so.

But so long as the medical profession has the same fault, and elects to stand or fall as a unit, there is no choice in Dr. Barnesby's



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HERE is common predisposing cause of spinal irregularities. Thousands of women spend hours at the sewing machine. The false posture necessitated by the old side needle machine is a severe strain on a strong spine; a positive menace where there is any natural weakness. Many of your women patients with whom you are having

difficulty in treating some spinal lesion may be constantly aggravating the condition by operating a sewing machine in a twisted, abnormal position. **THE NEW STANDARD CENTRAL NEEDLE SEWING MACHINE** is built so as to enable the operator to sit with the back straight, in an easy, natural position. It is a thoroughly high grade machine and costs no more than other standard makes. An unprejudiced investigation will convince you that it is worthy of your hearty recommendation and endorsement.

We shall be pleased to send you literature

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position. All become partners in an abuse that they defend, or countenance. Crime, ignorance, indifference, error, in the medical profession is magnified a thousand times in relative damage and viciousness by the fact that it is the medical profession. Those who have the care of our bodies, lives, health, efficiency, an error with them is a hundred times an error. Therefore it should be particularly well guarded against. The good and noble among them should try to effect some safeguard. They have done nothing but raise the standards of entrance to the profession. But this works both ways—it makes those who are inside that much more strongly fortified in their practices; and education is no barrier to criminal or incompetent or indifferent attitude of mind, and, moreover, it is argument for a probable supercilious, unsympathetic, even stubborn frame of mind. For instance: instead of taking warning from the numerous cries, now growing to be a clamor, against abuses in the medical profession, they one and all turn to self defense, and even dare to ask for political power to silence their critics.

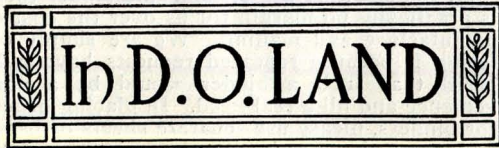
Much of this is due to the fact that the really worthy among them are very busy with the tremendous problems that face them. They desire immunity for mistakes and from the need of the dollar, the better to pursue these problems; but moral attitudes are always an issue, they are always the first issue, and no amount of eagerness to investigate and do good will take precedence of the moral issue. Those who honestly desire this leisure must see to it that the dishonest do not fall in behind them and, protected by the bulwark of their integrity, graft upon the public.

"Those whom the Gods would destroy, they first make mad." The medical profession, blind to the voices of those who cry out against the abuses thereof, within and without their ranks, blind to the popular reversion against drugging, blind to the advances in knowledge and method that are being made outside of their regular ranks, seem to be approaching this madness. There are those who say that it is even a blood madness, in the matter of the abuse of surgery.

Popular clamor, once aroused, is hard to check, and demands a victim. Where will it end?

We hope that Dr. Barnesby's voice will be heard by his brothers in the medical profession at the same time that it is heard by the people, and that it will lead to an evolution, rather than to a revolution.

But the very worst feature of the situation as disclosed by the reception of this book itself, is this: whether or not all of the charges made are true, some of them are; and instead of taking steps to correct them, the only steps that are taken are the denial of the charges and counter attacks on Dr. Barnesby. Since the publication of this book the press of the country has been quite full of steps of this kind.



Central Ohio Osteopathic Society.

Twenty practitioners of central Ohio met in the office of Dr. J. H. B. Scott, Columbus, Monday night, November 14th, and organized the Central Ohio Osteopathic Society. The society adopted as its standard the code of ethics of the American Osteopathic Association and proposes to co-operate with the state and national organizations. Meetings will be held once a month and efforts made to organize the forty or fifty practitioners of central Ohio for definite lines of work.

Officers elected were: President, Dr. L. A. Bumstead, Delaware; vice-president, Dr. J. H. B. Scott, Columbus; secretary, Dr. B. H. T. Becker, Columbus; treasurer, Dr. Effie Koontz, London.—B. H. Tatum Becker, D. O., Secretary.

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(New Invention)



When not in use can be placed in a closet or hung on a wall, curtained. Will stand any test of strength, yet light in weight so as to make it convenient to use out of office. Adjustable for all size patients. Tension scale—enabling the physician to determine the amount of tension applied to each patient, to be increased or diminished as desired. In operating place on any ordinary treating table, couch, bed or floor. Correspondence solicited.

DR. A. S. HEGGEN,

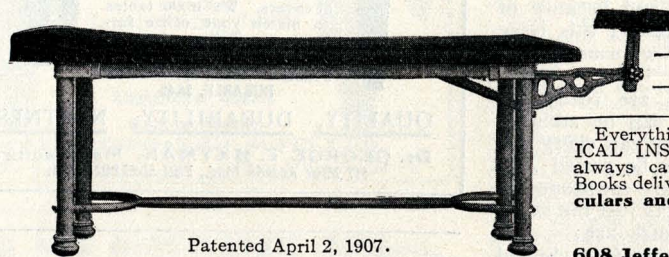
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SAVE YOUR BACKS, D. O.'S

while "breaking up" the lumbar spine. You need not lift the legs of that 200-pound patient off the end of the table and swing his feet in mid-air at the cost of your own strength.

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We also have a fine line of wooden tables in mission and fancy styles with or without the adjustable swing.

Everything in BOOKS, SKELETONS, SURGICAL INSTRUMENTS, BAGS and CHARTS always carried in stock for quick shipment. Books delivered to destination. Write for circulars and prices.

H. T. ROOT

608 Jefferson St. KIRKSVILLE, MO.

Dr. Frank P. Young Plans Busy Month

Dr. Frank P. Young has accepted a request from the osteopathic physicians of the state of Maine to pass the month of January with them in the campaign for osteopathic legislation. Dr. Young will visit Chicago, New York, Boston, Philadelphia, and perhaps some of the other eastern cities on his trip, with the purpose of studying modern methods in the modern hospitals. He has been invited to address one or two of the winter meetings of state associations enroute.

Startling Activity on Part of Doctors' Trust.

We had an order in for a New Doctor, but received a message, saying: "The M. D.'s have a corner on all the boys at present, you osteopaths must keep up courage and in time you too will get your share; at present all you can get is a nurse."

Elizabeth Alice Blair, born Friday morning at 6:45 a. m., November 18th. Strictly osteopathic baby. Weighs eight pounds stripped, all fine and dandy.—Raymond S. Blair, D. O., Parkersburg, Iowa.

Meeting of Los Angeles County Society.

The annual meeting of the Los Angeles County Osteopathic Society was held November 21st. Officers elected were: President, Dr. L. Ludlow Haight; vice-president, Dr. Grace W. Shilling; secretary, Dr. C. H. Phinney; treasurer, Dr. J. O. Hunt; trustee (3 years), Dr. E. S. Merrill. The society adopted resolutions objecting to the Owen, Mann, Creager and other bills before the United States legislature, outlining a National Bureau of Medicine, and recommending the work of the National League for Medical Freedom.

The matter of osteopathic entrance into the Los Angeles County Hospital, also a series of resolutions adopted by the Board of Counsellors of the Los Angeles County Medical Association received some notice and discussion.—C. H. Phinney, D. O., Secretary.

Chicago Association Has Interesting Meeting.

The regular monthly meeting of the C. O. A. was held at the Grand Pacific Hotel on Thursday, December 1st. A report of the Bethesda Osteopathic Clinic was received from Dr. Jessie A. Wakeham, showing the good work that is being done through that clinic, and requesting a better cooperation, and a better attendance of the members of the association. Dr. Ernest R. Proctor read a paper on "Spinal Meningitis," giving the history and treatment of a recent case under his care. A very interesting paper on "Goiter" was read by Dr. Fannie Carpenter, followed by a discussion by various mem-

bers, and with a request that this paper be published in some of our Osteopathic literature. It was decided by the association that we hold our future meetings at the La Salle Hotel, as a favorable offer had been received from them.—Arthur H. Tuttle, D. O., Sec'y. and Treas.

Southern Minnesota Meeting.

The annual meeting of the Southern Minnesota Osteopathic Association was held at Owatonna November 12th. Speakers on the program were Dr. W. D. Engelke, of Lake City; Dr. H. A. Rehfield, of Fairmont, and Dr. C. W. Johnson, of Des Moines, Iowa. Dr. C. W. Young, of St. Paul, Minn., gave a public lecture on "Medical Insurgency." Dr. Roland Weeks, of Owatonna, was elected president of the association. The visitors were treated to a dinner, a trip around the city and other social features.

A Tri-State Meeting in Portland, Ore.

The Board of Trustees of the Washington, Oregon and Idaho Osteopathic Associations have arranged for a Tri-State meeting to be held in Portland, Ore., January 13th and 14th. A good program has been arranged and it is expected that everyone will have a profitable time.

Osteopathy in New Jersey.

The osteopaths of New Jersey are conducting a splendid newspaper campaign in favor of legislation specifically recognizing osteopathy and granting an independent examining board. They are running a number of good reading announcements and the results should prove very beneficial to the cause. The osteopaths of New Jersey have worked hard and steadfastly for the maintaining of the standards of the profession in the state and toward securing proper legal recognition, and it is surely time that their efforts should be completely rewarded.

Denver City Meeting.

The Denver Osteopathic Association met at the office of Dr. J. A. Quintal, Saturday evening, December 3d, fourteen members present. After the business session, the paper of the evening "Organic Diseases of the Heart" was read by Dr. H. J. Sanford. The discussion, led by Dr. O. L. Clark, was participated in by all present. The publicity committees reported that the first article of the series would appear December 4th, in the Rocky Mountain News. It is hoped that these articles will be of great educational value to the public. After adjournment some time was spent getting acquainted with our new members.—Mabel C. Payne, D. O., Secretary.



Osteopathy in Emergency Cases Theme of January Osteopathic Health

NOTHING demonstrates truth to the multitude so vividly as results. Your theories and facts may agree, but unless you can show up results, you will not hold the allegiance of any considerable following. It is because osteopathy so consistently shows definite results when its theories are put into practice that it has so rapidly won and so tenaciously holds the confidence of the public.

The January number of *Osteopathic Health* applies this idea to our popular publicity literature.

It is a record of results.

Cases taken from actual practice are related, describing the procedure of the osteopath, why he did what he did, and the outcome.

It makes mighty interesting reading and will prove especially absorbing to those suffering from any of the ailments mentioned, and because of the number of different cases quoted this issue of *Osteopathic Health* will be of wide usefulness to every osteopath.

These little stories from life are really the most convincing testimony that can be adduced in support of osteopathy, and they can every one be verified should any question be raised. Of course, no names, or even dates are mentioned in the magazine, but we have the facts just the same. The titles of the various anecdotes are:

"Kidney and Intestinal Paralysis from Spinal Concussion."

"Pernicious Hiccoughs Following Surgical Operation."

"Acute Intestinal Cramps."

"Collapse from Surgical Shock During Laparotomy."

"Profuse Uterine Hemorrhage."

"Lumbago in a Middle-Aged Man."

"Acute Appendicitis Without Operation."

"Alleged Floating Ligament of the Knee Joint."

"Paralysis of an Infant from a Fall."

"Typhoid Fever with Erratic Heart Complication."

"Acute Lobar Pneumonia in a Child."

"Erysipelas."

"Slipped Ribs and a Cough."

"A Fracture of the Elbow."

"A Crick in the Neck."

"A Sprained Foot."

"Apoplexy."

"A Child in Coma from Spinal 'Deadlock.'"

"Continuous Vomiting as a Result of Surgical Shock."

"Ear Pains and Threatened Mastoiditis."

"A Broken Collar Bone."

"Infant Dying of Spinal Congestion and Druging."

"A Dislocated Knee Cap."

If you are anxious to get something that will awaken a deep and lively interest in osteopathy and compel even the skeptical minded to give it serious consideration, put this January number of *Osteopathic Health* into the hands of the people of your community. It cannot fail to do the work. It is actual life experience, so condensed and so simply stated that it can be read in a few moments and instantly comprehended by those of even limited education.

This record of the triumph of osteopathy when put to the test is something every osteopath should be proud to circulate.

Osteopathy is accomplishing these kind of results right along, but how few realize it or give osteopathy due credit for it! How comparatively

THE OSTEOPATHIC PHYSICIAN



J. O. DAY, D. O., Mayfield, Ky.

This case was of 4 years' standing

Had been removed once with the knife; removed in 4 treatments with the

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¶ Three year course.

¶ Faculty of eighteen successful practitioners.

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Kansas City, Mo.

few, indeed, even know that there is such a system, to say nothing of having any intelligent conception of the fact that it is a scientific system of treatment by adjustment and manipulation, frequently capable of curing or relieving sickness after all the efforts of drug doctors have proved unavailable.

Well, this January *Osteopathic Health* will be a beacon light to many. Can we count on your co-operation, Doctor, in the matter of distribution? It is well worth your effort from either a personal or professional point of view.

RALPH ARNOLD, Assistant Manager,
The Osteopathic Publishing Company,
191 Market, Street, Chicago.

A Binder for Osteopathic Health! Do You Want One?

WE have had numerous requests for a temporary binder for *Osteopathic Health* and, after considerable investigation, we have found one that meets all requirements and which, if purchased in large enough quantities, can be furnished at a nominal price.

With this binder no "punching" or threading or tying of the booklets is necessary. The magazines are simply slipped into a flat metal bar and locked in place. They can as easily be taken out and the binder used over and over again. It is, in fact, practically perpetual and indestructible. It is neat in appearance and easy to operate.

There are twelve flat spring steel bars threaded at one end on a metal bar that fits into the back of the binder. The other end is "notched" and locks into a corresponding bar at the other end of the binder. As the magazines are received each month a bar is unlocked, the magazine inserted, and the bar replaced in position. The binder holds twelve copies and when full a part can be removed without affecting the remainder or the entire twelve issues can be taken out and permanently bound, if desired, and the binder file used to preserve a new volume.

We have secured a price on the binder that will enable us to sell it at fifty cents post paid, but to do this we must place an order for not less than five hundred binders. We cannot afford to buy these binders and carry them in stock indefinitely. We are, therefore, calling for advance orders. If the response to this notice shows that sufficient members of the profession desire such a binder, we will have it made up.

At the price we are offering the binder there is practically no margin for us over the cost of manufacture and mailing. We are simply offering it because repeated requests have indicated that such a binder would be a convenience and fill a real need. In placing orders for binders, please use separate sheets of paper and mark it "Binder Department." Include remittance by stamps, money order or check.

The Osteopathic Publishing Company,
191 Market street, Chicago.

"Ave you 'eard about Abrahams? They've taken away 'is appendix."
"Ah, vot a pity! Vy didn't 'e 'ave it in 'is wife's name?"—The Tatler.

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



"The O. P." a Big Puller as an Advertising Medium

It might be of interest to you to know that the article which you so kindly gave me in THE OSTEOPATHIC PHYSICIAN for November has resulted in great numbers of requests for information on "Albright's Revolving Treating Table" from all parts of the United States and sections of Canada. I desire to express my appreciation and to assure you that, in my opinion, it certainly pays well to advertise in "The O. P."

We are doing a fine business and feel that a great deal of credit is due "The O. P." We are more enthusiastic than ever before over the future prospects for the "revolving treating table."

Our ambition, as you know, is to place our table within a short time in the offices of a majority of the progressive osteopaths, and we believe we will realize our ambition. Our ad for December will be sent you within a few days.

Again thanking you for past favors and wishing your management all the continued success and growth it well deserves, I am, *Chester W. Albright, D. O.*

Some Bouquets from Friendly Boosters

"The cover design of the Christmas number of *Osteopathic Health* is a beauty. Best wishes to you."—*Dr. J. C. Twitchell, Morristown, Tenn.*

"The December number of *Osteopathic Health* is one of the best of the year. I find the magazine a good business getter even in Chicago."—*Dr. J. C. Groenewoud, Chicago, Ill., November 30th.*

"As evidence that I do not oppose educational literature, I want fifty copies each of the October and November issue of *Osteopathic Health* for my waiting room table. I do not want my professional card printed on them."—*Dr. Norman D. Matison, New York City, November 5th.*

"The Christmas number of *Osteopathic Health* is a good one and I think the cover is exceedingly pretty. I shall enjoy sending it to my patients and friends."—*Dr. Elizabeth Shupert, Rockford, Ill., December 5th.*

"I am in receipt of the December *Osteopathic Health* and like the cover and contents very much. It is very attractive."—*Dr. Harry C. Osborn, Salisbury, Md., December 5th.*

"You are putting out dandy issues of *Osteopathic Health* these days. The November and December issues are hard to beat, I tell you."—*Dr. Ruth M. Wright, Charles City, Iowa, November 29th.*

"Please send me four hundred copies of *Osteopathic Health* for December, the Christmas number. It is certainly a good issue, well gotten up in both appearance and as to contents. Please accept my congratulations and best wishes for a grand finish for 1910."—*Dr. G. R. Boyer, Peoria, Ill., November 19th.*

"I regard the December number of *Osteopathic Health*, the Christmas number, the best written number yet published."—*Dr. G. S. Hoisington, Pendleton, Ore., November 24th.*

"The December *Osteopathic Health*, the Christmas number is the best ever. It ought to be a patient getter. Had five new patients this last month direct from *Osteopathic Health*, so let the good work go on."—*Dr. W. F. Murray, Sandwich, Ill., November 21st.*

"In the opinion of many here the November number of *Osteopathic Health* is the best ever published, as it explains the lesion idea in regard to osteopathy more clearly to the lay mind than anything yet published."—*Dr. George W. Goode, Boston, Mass., November 25th.*

"It is really a pleasure to send *Osteopathic Health* to any of my friends. The last two numbers have been such good ones."—*Dr. Mary E. Perrett, Vermillion, S. D., November 28th.*

"My practice has been so great I thought it would be suicide to use your literature, but could not resist the temptation of this excellent Christmas number."—*Dr. J. D. Miller, Morgantown, W. Va., November 28th.*

"The Christmas number of *Osteopathic Health* is here and I have read it from cover to cover. The introduction is sufficiently dignified to have a professional tone, yet intimate enough to be almost personal. The remainder of it is good common sense reasoning on mechanical grounds. In fact, I like the whole thing very much and, especially as it is a message of 'Peace on earth and good will toward men,' because there are no jibes against the medical profession. Please accept the season's greetings."—*Dr. Corinne E. Larimore, St. Joseph, Mo., December 7th.*

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

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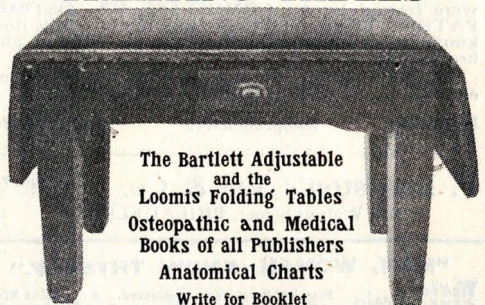
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The Physician's great study is life. The vita sexualis of man is the beginning of the physical man. As a leader and instructor of men the physician should be thoroughly familiar with this subject.

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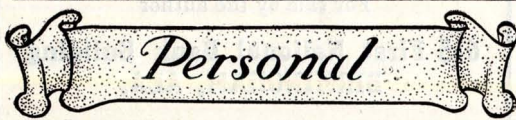
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Dr. James Sanderson, one of the recent graduates and interne in L. A. C. O., was, on December 1st, married to Miss Harriett Saunders, superintendent of the college hospital. Dr. Sanderson has established in the practice at Turlock, Cal., where he has already built up a substantial practice. As an osteopathic physician, Mrs. Sanderson will be of great assistance to him since she is a graduate and surgical nurse.

Dr. Oscar L. Leeper has sold his residence property in Los Angeles and also his ranch in Oregon. For the latter he received more than \$600 per acre, so that he is now placed in a financial independent position for the remainder of his life. It is a subject of general con-

gratulation that our practitioners are now and then getting so substantially fixed that they can live lives of ideal character. His address is at present Eugene, Ore.

Dr. and Mrs. A. L. Sherwood have withdrawn from the practice in the turbulent City of Mexico, and returned to southern California, where they are seeking a ranch home.

Dr. J. A. Garlinghouse, who recently located at Charlotte, Mich., was married October 22, at Tipton, Mich., to Miss Leona M. Beebe. Dr. Garlinghouse and Miss Beebe are both well known in Charlotte and upon their return from Tipton they found the doctor's office and rooms tastily decorated with festoons of doctor's bandages, flowers and rice. On the operating table was the form of a man who appeared to be in need of immediate attention. In the windows were signs announcing the wedding. Mrs. Garlinghouse graduated from the same class in the Tecumseh High school as Dr. Garlinghouse and has been a teacher of physical culture and music.

Dr. Charles McFadden, formerly of 42 Auditorium building, Chicago, has located at Seattle, Wash., and is sharing offices with Dr. J. Clinton McFadden at 501-2 Peoples Bank building. He writes very interestingly of his experience on the coast and is very much pleased with the success he is meeting with in practice.

Dr. Philip Sumner Spence, of New York City, is taking a course at Columbia University. He is secretary of Class 1914 and treasurer of the Freshman Debating Team. He was able recently to apply his osteopathic knowledge to the relief of a fellow student as the clipping from the *Columbia Spectator* shows: "It was shown in one of the recent gym classes that Dr. Meylan does not have a monopoly on 'first aid to the injured' on the campus. While trying one of the stunts on the horse, a Freshman fell back heavily, the shock rendering him unconscious. Fortunately a fellow 'Fresh,' Philip Spence, who is something of an osteopath, set a vertebrae of the neck, which had been dislocated by the fall, to its proper place and thus restored the 'dismounted rider' to consciousness."

Dr. Roy Bernard, of Chicago, whose practice, by the way, is largely among the fashionable set, is walking with a slight limp and is very careful about sitting down. When asked why he was lame with so many osteopaths around he said: "Right after my return from Europe I landed in a hospital and lost my appendix." Apropos American and European surgery, Dr. Bernard said: "The European technic combined with the American methods results in the most successful operations that have ever been known. The American, with his natural vigor to appropriate foreign observation, quickly adapts their experiments, tests and proofs. While the European, who is somewhat more reticent, does not make haste to grasp our American method of accurate quickness. As a result we have gained time at a most critical moment as the allotted period for the anaesthetic is much lessened, making the possibility of a surgical shock not so great. Also from a practical side, they are not so particular regarding their septic and antiseptic precautions as are the Americans. The American with his ambition, his quickness, his knowledge of anatomy and his thorough understanding of the principles of osteopathy, together with an obvious understanding of European experiments, places him at the head of the world's army of surgeons." Dr. Bernard is writing a book on the practice of osteopathy, based on actual experiments and which will include a report of clinical experience of much value obtained while he was in Europe. It will also embrace all of his experiments among the insane and will go into detail as to method of treatment and results obtained. Dr. Bernard is of the opinion that from eight to ten per cent of insanity cases are due to cervical misplacements, and that about eighty-five per cent of such cases have third cervical subluxations. He does not mean, of course, that a subluxation will cause insanity, but they are found in insanity cases in about this percentage.

Dr. Howard Thompson, A. S. O. graduate 1910, has recently taken over the practice of Dr. McCoach at Breckenridge, Mo. He reports that he is enjoying a very nice practice.

Dr. W. W. Vanderburgh, of San Francisco, is recovering nicely from his accident. In a letter dated November 29th he says, "I am somewhat better able to answer your letter of inquiry than Mrs. Vanderburgh, who is devoting a great deal of her time to our daughter Margaret Rose, who greeted us on the morning of Thanksgiving. They are both doing nicely. My six weeks will be up on Monday, December 6th, and I expect to get up then. Such cases as mine, a few years ago, would have been fatal. There was a bad dislocation and fracture; slight paralysis of bladder and bowels. The dislocation was reduced under anesthesia by Dr. Hunkin (M. D.) and Dr. Tristram W. Sheldon. Dr. Hunkin is perhaps the best orthopedic surgeon on the coast. Dr. Sheldon really reduced the dislocation but Dr. Hunkin directed the after treatment, which was full extension of the body and using from three to five 3/8-inch boards three inches wide under the seat of injury. This treatment was continued over a period of six weeks. My recovery will be complete. Dr. Sheldon has been treating me right along and will continue to do so for several months. I feel as well as I ever did and can hardly wait to get out. I want to show that automobile that I can run it."

Dr. Mary Gamble, of Salt Lake City, Utah, recently lectured on osteopathy before a parent's class of about fifty people. Dr. Gamble says that osteopathy is growing in Utah, but a number of more good osteopaths are needed. She says there are many good towns that have no osteopaths at all.

Dr. J. C. Minnis, of Terre Haute, Ind., has been using a good deal of his spare time lately superintending the construction of a flat building.

Dr. Jenness D. Wheeler, of Malden, Mass., has been afflicted with poor health for the past eighteen months or so. She is spending the winter at Sarasota, Fla., with the hope that it may prove beneficial to her health.

Drs. A. J. and M. H. Olmsted have removed from Belle Plaine, Iowa, to Washington, D. C. They are temporarily out of practice, Dr. A. J. Olmsted having a government position.

Dr. Mary Pittman has given up her practice at Aberdeen, S. D., and after a short visit in Minneapolis will go to Los Angeles where she will take a post graduate course.

Dr. D. I. Reynolds, of Fayette, Mo., has given up his practice at that place and will locate at Omaha, Neb.

Dr. Roy L. Starkweather, A. S. O. 1904, has purchased the practice of Dr. O. L. Butcher at Atlantic City, N. J., and is located in the McCrovey apartments, corner of New York avenue and the Boardwalk.

Dr. T. Simpson McCall, of Elgin, Ill., is just recovering from a two weeks' confinement to his home as the result of an automobile accident. His machine collided with a wagon, with the result that the doctor secured a badly injured right hand.

Dr. Ernest B. Bond of the S. S. Still College, 1902 class, is now associated with Dr. Warren B. Davis at 302-6 Wells building, Milwaukee.

Dr. George W. Graham, formerly of Brooklyn, Iowa, has removed to Marshalltown, where he has offices in the Tremont building.

Dr. Edward D. Burleigh, of Philadelphia, died suddenly Friday, December 2d, of heart failure. This sudden passing will come as a distinct shock to his many friends and we are sure that the sympathy of the profession will go out to Mrs. Burleigh in her heavy loss, the distress of which is emphasized by coming at the greatest festival season of the year.

We are informed by Dr. C. J. Higinbotham, of Streator, Ill., that he has not moved out of that city, but on the contrary, has rented a fine, new four-room office suite in the most up-to-date building in the town. He says that Streator is his home and place of practice.

Dr. J. D. Miller of Morgantown, W. Va., has purchased property at No. 87 Beechurst avenue, and has removed his office permanently to that address. He says that he is in a better location and better prepared to take care of his practice.

Dr. E. H. Laughlin has resigned from the faculty of the American School of Osteopathy, Kirksville, Mo., to take charge of the A. T. Still Park Springs Sanitarium at Bentonville, Ark.

Locations and Removals

Dr. Mary Pittman, from Aberdeen, S. D., to Los Angeles, Cal.

Dr. D. I. Reynolds, from Fayette, Mo., to Omaha, Neb.

Dr. Cora B. Weed-Marx, from Syracuse, to 4 Lenox avenue, Oneida, N. Y.

Dr. A. B. Cramb, from Wahoo to Plainview, Neb.

Dr. N. A. Johnson Bailey, from Rolla, Mo., to Miami, Okla.

Dr. J. S. Schwieger, from Denver, Colo., to 44-45-46 Sun building, Jackson, Mich.

Dr. Wade H. Marshall, from Ludington, Mich., to Anderson block, Trinidad, Colo.

Dr. H. W. Burnard, from 7 West Ninety-second street to West Thirty-fourth street, New York City.

Dr. O. P. Davies, from Pontiac, Ill., to 21-22 Spirit building, Punxsutawney, Pa.

Drs. A. J. and M. H. Olmsted, from Belle Plaine, Iowa, to 1100 Virginia avenue, S. W., Washington, D. C.

Dr. Julia S. Bolam, from 2 Durstan building to 303-305 The Montana, Anaconda, Mont.

Drs. Scallan & Scallan, from 3435 Ogden avenue to 701 Cable building, Chicago.

Dr. Francis J. Beall, from 466 to 441 South Salina street, Syracuse, N. Y.

Dr. McGarr Chapman, from 1304 Central avenue to 116 West Tenth street, Anderson, Ind.

Dr. Ethel M. McNeal, from 123 Lafayette avenue, Brooklyn, N. Y., to 399 Fairmount avenue, Jersey City, N. J.

Dr. L. E. Downs, from 601 Mermod-Jaccard building, St. Louis, to Salisbury, Mo.

Dr. Irene Edwards at Marshall, Mo.

Drs. G. A. and June Martin at 448-450 Peyton building, Spokane, Wash.

Dr. W. H. McCoach, from Breckenridge, Mo., to 1740 West Madison street, Chicago.

Dr. Howard Thompson at Breckenridge, Mo.

Dr. Paul S. Nichols, from Kirksville, Mo., to 11 North Franklin street, Delaware, Ohio.

Dr. George W. Graham, from Brooklyn to Tremont block, Marshalltown, Iowa.

Dr. Cecila H. Evans, from 209 Louise-Anne avenue, Monroe, La., to Majestic building, 201-203 Shreveport, La.

Dr. Sten Hanson, from 614 Front street to 6 Pioneer Life building, Fargo, N. D.

Drs. Pauline and Harriet Sears at Ontario, Ore.

Dr. G. H. Laughlin, from Kirksville, Mo., to Bentonville, Ark.

Dr. H. H. Somers, from Duluth, Minn., to Cottage Grove, Ore.

Published October 28, 1910

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Dr. Della Kevil Stevens, from Kirksville, Mo., to Marion, Kan.

Dr. E. B. Mitchell, from Jonesboro, Tenn., to 21 Gilmer street, Atlanta, Ga.

Dr. Geo. H. Newton, from Tampico, Ill., to 922 Elizabeth place, Memphis, Tenn.

Married

Dr. A. J. Garlinghouse and Miss Leona M. Beebe, October 22d, at Tipton, Mich.

Dr. Robert Cummings Malcolm and Mrs. Maud Anna Loveless, November 8th, at Baltimore, Md.

Dr. Joseph C. Bennemann and Miss Leila Godfrey Coutant, November 19th, at La Salle, Ill.

Born

To Dr. and Mrs. W. W. Vanderburgh, of San Francisco, November 24th, a daughter, Margaret Rose.

To Dr. and Mrs. E. M. Olds, Green Bay, Wisconsin, October 22d, a boy.

To Dr. and Mrs. E. A. Seelye, of Lansing, Mich., December 3d, a 9½ pound boy.

To Dr. and Mrs. Raymond S. Blair, Parkersburg, Iowa, November 18th, a daughter Elizabeth Alice. Strictly osteopathic.

To Dr. and Mrs. L. H. Bell, Story City, Iowa, December 2d, a son.

To Dr. and Mrs. Ray L. Davis, of Guthrie, Okla., November 23d, a son, Malvin Hugh Davis.

Died

Dr. Edward B. Burleigh, of Philadelphia, Pa., Friday, December 2d, of heart failure.

Mrs. Clark Neal, mother of Dr. Jennie Neal Byrne, of Cleveland, at her home on Catawba Island, near Port Clinton, November 21st. Death was quite sudden, being due to an attack of acute indigestion of about thirty minutes' duration.

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