

The Osteopathic Physician

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The Osteopathic Physician

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The Human Aura and Its Value in Diagnosis

By Leslie S. Keyes, D. O., Minneapolis, Minn.

Few people in this great world of ours are aware of the fact that they are surrounded by a haze or cloudy atmosphere, whether awake or asleep, warm or cold, and yet this condition exists and has been but recently scientifically demonstrated. Various references have come to us of such a condition through clairvoyants, who have long maintained that certain individuals were surrounded by different colored auras and that they were able to perceive the same. We have had no means of proving heretofore that such phenomena did exist, but due to the efforts of Dr. Walter J. Kilner, late electrician at St. Thomas Hospital, London, a scientific demonstration is now possible.

There is no more charlatanism in the detection of the human aura by this method which I employ than by distinguishing bones by means of the X-Ray and Fluoroscope. By the latter method a machine is used to generate certain rays, while screens, containing a peculiar chemical substance in solution, are used to see rays of force, which already exist.

The discovery of a screen capable of making the aura visible was by no means accidental. After reading about the action of the N-Rays upon phosphorescent sulphide of calcium, Dr. Kilner was for some time experimenting on the mechanical forces of certain emanations from the body, and had come to the conclusion that he had detected two forces besides heat that could act upon his needles and that these forces were situated in the ultra-red portion of the spectrum. After a hitch in the experiments, it was thought that certain dyes might assist. Repeated trials led to the fixing upon dicyanin as the most likely to be of use. Subsequently solutions in alcohol of different strengths in glass cells were employed.

The aura can only be satisfactorily defined when certain conditions are fulfilled. The light must not be too bright. The naked body must be just seen distinctly after the observer has become accustomed to the dullness. A black curtain is suspended eight feet from the window and the patient stands one foot from the black background or curtain, the black being necessary to bring out the greater contrast.

As a rule, only two screens are necessary—one containing a more dilute solution than the other. The darker is placed over the eyes while looking at the light through a window. This is thought to produce a change in either the quantity or quality of the visual purple of the eye, and is painful when too long continued. After using the dark screen for a moment, the screen containing the dilute solution is then used, with the eyes directed toward the patient. It is extremely important that the minds of the two persons should be in as passive a state as possible, in order that the will may not affect the aura.

One soon perceives a force emanating from the body, which, like all forces, is invisible in itself, but which becomes perceptible by means of its action on the atmosphere. Mag-

netism, radial activity and electricity will supply three different kinds of forces, all producing analogous results and they can be seen under conditions similar to these.

Now, to go further with our experiments, we use a dark carmen screen and perceive that there are really two separate auras which surround the human body. We admit more light into the room and eliminate what is known as the outer aura and perceive the existence of an inner, which is two to four inches in width, following more exactly the contour of the body than did the hazy outer. This inner aura in health is striated, appearing in bundles of rays parallel to each other and running at right angles to the body. The auras of women may be called average when they are from eight to ten inches broad by the side of the trunk in their widest part, while the standard for men may be taken from three and a half to four and a half inches. The finest auras envelops the most intelligent people and smaller ones surround people who are dull and of low intellectual type. This is not only seen around their bodies, but becomes more marked around their heads and is more noticeable among men than women. The auras encircling women are much more variable, but the best specimens will invariably be found encircling those who are naturally intelligent and slightly excitable, but who have no tendency to neurotic complaints. The ovoid shape of the outer aura is evidently the most perfect and the more the aura approximates to this shape, the higher the perfection.

It has therefore been found that the sum total of the mental and physical powers of the individual have been noticed to modify the aura and that this modification is more extensive when the mental powers are large. It is not, however, only the area that is affected, but also the substance, as is illustrated by the aura of dull people having more gray in its color with a corresponding coarseness. The alterations produced by the will and temperament are merely physiological effects.

The body has the power of generating auric rays, which, as well as the aura itself, possess the peculiar property of being formed or attracted by outside influences. For example, let the observer hold his hand a short distance from any part of the patient's body and he will find that in almost an instant a ray will become visible between his hand and the patient. Usually, as the first alteration observable, the auras of both persons become brighter locally and in a short time a junction is effected, producing a complete ray, resembling somewhat the appearance of soft dough streaming from the fingers after their being dipped into new sponge.

As will and mind are close associates of the brain and are able to influence the aura as a whole, it is natural to expect that a deranged organ will modify the aura in one way or another. So far, the more crude changes are only capable of detection. If the ailment be only local, then most probably there will be only a local change in the aura, but should the patient suffer from some general disease, the whole aura is likely to be affected, and as recovery takes place, the aura will be likely to return to its original state. The alteration in the aura may not be at all

in proportion to the illness, as some of the modifications are too slight for detection, by the crude methods of observation at present available, but it may be taken for granted that future methods of investigation will disclose a greater number and variety of minute deflections.

The changes most likely to be detected at the present time are variations in size and shape of the aura, together with alterations of color and texture. Poor results have been obtained in the observation of chest conditions, but affections of the nerves and nervous system together with active processes of diseases of the abdominal organs have reacted with more favorable results. In hysteria we perceive only the outer aura modified with quite a characteristic bulge in the small of the back when the patient exhibits a side view.

The practical application of this diagnosis in these conditions is readily apparent, as many individuals may so mask the symptoms of the real condition to the physician that he is unable to determine definitely what the disturbing factor is. If he will but use these chemical screens in his diagnosis, he can readily determine that such a condition exists because it has been found to exist in hysterical conditions and no other. In Epilepsy, a disease likewise baffling to the diagnostician in its incipency, very pleasing results have been obtained. Both inner and outer auras were correspondingly modified to a much greater extent by the side of the head than lower down and always on the left side of the body.

These examples suggest that the forces producing the outer and inner auras are distinct, as the latter never seem to be deranged over a large space without some variation of the former taking place; on the other hand, the outer may be altered while the inner remains unchanged. A local disturbance influences the inner aura with much greater frequency than does the outer. A case of neuralgia showed the whole of the inner aura adjacent to the painful parts altered, it having lost all striation and become coarsely granular in appearance. A man suffering from sciatica exhibited similar changes in aura down the whole of his thigh.

So far we have not taken up localized areas of disease as would affect some specific organ, as the stomach. For the diagnosis of these localized conditions, what is known as a color band is used, the black background behind the patient being changed for a white one. The physician now substitutes the use of the color band for the chemical screens used heretofore. The value of the use of the color band was the last to be discovered and it is the changes due to color and texture of the aura that has been found to produce the light or dark areas in the complementary color band.

To explain how I find this complementary color band: I gaze upon a yellow strip of paper three-fourths of an inch wide by three inches long until a blue band appears around this strip, which is known as the complementary color of yellow and is designated as "the complementary color band," the complementary color blue having been found to produce the most distinct variations. This band can be produced either vertically or horizontally, as occasion demands, to determine the

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extent of the disturbance. For instance, if I am examining a patient with suspected liver trouble, I would gaze at the yellow strip of paper horizontally, and then upon directing my attention to the patient's abdomen would perceive the blue complementary band transversely across that area of the body and in the event of an active disturbance of the liver, a lighter or darker streak would appear in that area and possibly extending beyond the body to the right, due, understand, to the change in aura from the deranged functioning of the organ.

The subject of a diagnosis of early pregnancy is of unusual interest to all. The often repeated question asked the physician by women patients is whether or not she is pregnant, after having missed one or two monthly periods. The usual answer to "wait a little while for more definite signs" is not usually satisfactory. The difficulties in arriving at a correct conclusion in very early pregnancy are very great. No one single sign can be accepted alone, but when two or more point to the same direction, the probabilities are so great that the conclusion is almost positive, one way or another.

The first sign I will call your attention to is a slight increase of the outer aura at the lower part of the abdomen and in front of the breasts. The inner aura is increased in distinctness, but remains striated. This latter is in marked contrast to a pathological condition of menstruation. In the first instance we have a physiological condition with the corresponding healthy texture of the aura, so to speak.

For the second sign we use the complementary color band, which should show no discoloration on the lower part of the abdomen. Notice I say "no discoloration," even over the stomach, if nausea be present. In this condition we have another physiological effect—and not pathological. The band, however, is often lighter on the breasts.

The third sign is noted by the absence of a dark patch in the lumbo-sacral region, which would also exist if a pathological condition were present.

I will conclude by citing an unusual case. A woman, six months' pregnant, had received a severe fright, after which, movement of the child, which had been very perceptible for weeks previous, stopped. This woman showed the part of the aura below the lower third of the abdomen as distinctly granulated (coarse). In front of the upper two thirds it was coarsely lined, but the lines were not so marked. It was in a transitional state—normal all around the body, with the exception of the part in front of the abdomen, where it was pathological.

From these indications, it would seem reasonable to suppose that foetal life was extinct. This conclusion was found to be correct when two months later the woman was delivered of a dead male child.

The Illinois Legislative Situation

Alfred Wheelock Young, D. O., Chicago.

BECAUSE of the fact that immeasurable labor and personal sacrifice of some earnest hard working practitioners with some expense, has resulted in nothing definite having been accomplished, the present situation might seem discouraging, and in part perhaps account for some of the apathy and indifference on the part of the profession throughout the State. But those who have given of their time, vitality and resources of every kind cannot be recompensed nor their services appreciated. Neither can the good they have done be measured.

We have made many friends in Illinois, and stand to-day stronger by far in the legislative councils of this State by reason of the osteopathic education we have imparted there. This

educating the legislator as to what we are and stand for, is the first essential. Then we must prove to him that our curriculum is as good as the best—a four-year course in the very near future, just as soon as the colleges can reasonably provide it without an unnecessary hardship. If our educational requirements are equal, or superior to, the best in the land, we will get our law.

We certainly want and must have an Osteopathic Board; only better by far wait until we can accomplish this, if the time is not ripe next year, than compromise at anything short of it. The composite board has proven a failure absolutely and does not fill our wants, and we cannot afford to waste time and money upon it.

All of this means co-operation, financially and morally, on the part of every man and woman in Illinois who is enjoying the privileges and fruits of practice to-day. For only by co-operation, steadfastness and determination can we go forward in this struggle to gain our just dues.

Thirteenth Annual Meeting of the New York State Osteopathic Association

THE New York State Osteopathic Society held an important and successful convention at Buffalo, October 28th. A number of valuable and interesting addresses were given, as well as many important discussions taken up. A resolution opposing the establishment of a department of health as constituted under the Owen bill was adopted. The resolution was as follows:

Whereas, There was introduced into Congress at the recent session, by Senator Owen, a measure creating a Department of Public Health, and,

Whereas, We as physicians and as an organization earnestly desire to see those conditions and causes which make for disease eliminated and removed, but

Whereas, The measure above referred to may be construed to permit and even direct agents of the Federal government not only to have control over the bodies of those engaged in Interstate Commerce as well as all enlisted in government service without reference to their wishes or consent, but would also permit or direct them to go into the states and use government authority and money to increase if not compel the use of certain remedies and modes of treatment. Now, therefore, be it,

Resolved, That we disapprove of the Owen bill in its present form and urge the introduction into Congress of a measure which would create a Bureau or Division of Sanitation and Public Hygiene whose chief shall be, not a graduate of medicine but a sanitary engineer, and provide for an advisory board composed of one member from each of the recognized schools of medicine, which division or bureau shall exert itself to prevent contamination and pollution of streams and enforce cleanliness and the proper quarantine in contagious diseases, to better tenement conditions, and increase hygiene and safety in mines and factories, and spread among the people a knowledge of the desirability and means of accomplishing the same; but shall not permit the treatment of disease nor enforce other measures of prevention than to eliminate the causes of disease and conditions which breed and spread disease. We believe that the government may and should enforce sanitation in its own domain and encourage the states to exert greater efforts to maintain better health conditions in tenements, factories and mines, and prevent disease through rigid inspection of water and milk supplies, and the making and enforcing of pure food regulations. We further believe that such a measure, by meeting general public approval and support, would go further towards maintaining health and preventing disease than would the Owen bill, and at the same time would not violate the rights

of the citizens to control their own bodies and those of their children.

Resolved, further, That we urge the introduction of such a measure into Congress, and, if introduced, we pledge to seek the support of our representatives for the passage of such a measure.

Dr. Clarke F. Fletcher, recommended that the Legislative League, of which Dr. Charles C. Teall, of Fulton, is chairman, be instructed to introduce in the coming session of the legislature a bill to the effect that hereafter no appropriation of state funds be made to any institution which excludes from practice within it, registered physicians of particular or exclusive schools. The convention was closed by an informal dinner at the Hotel Statler. Dr. H. L. Russell acted as toastmaster. Dr. Frederick E. Moore spoke on "A Few European Observations," and talks of an informal and humorous nature were contributed by Dr. Geo. W. Riley, Dr. Charles Hazard, Dr. Charles C. Teall, and Dr. Alice H. Proctor. Officers elected were: President, Dr. Clinton D. Berry, of Rochester; vice-president, Dr. Charles W. Proctor, of Buffalo; secretary, Dr. Grant E. Phillips of Schenectady; treasurer, Dr. Ralph Wallace, of Brockport. Board of Directors: Dr. Clarke F. Fletcher, New York; Dr. Harry H. Graham, Batavia; Dr. Charles Whitcomb, Brooklyn. The program in part was as follows: "Uterine Displacements," Dr. M. E. Clark, Indianapolis, Ind.; "Correction of Lumbar and Pelvic Lesions," with demonstration of technique, Dr. A. B. Clark, New York City; "Osteopathy in Pulmonary Tuberculosis," Dr. Norman D. Mattison, New York City; "Treatment of the Dorsal Region and Ribs," exemplified, Dr. George W. Riley, New York; "Examination and Treatment of Ear, Nose and Throat," illustrated, Dr. F. P. Millard, Toronto; "Cervical Region," the treatment demonstrated; "Torticollis," in all its phases," Dr. George W. Goode, Boston.

Still College Hospital Reopens

DES MOINES General Hospital, popularly known as Still College Hospital, from the fact that it is the hospital department of Des Moines Still College of Osteopathy, was reopened on October 30, under the new college management. This is welcome news to the student body of the college and to the profession at large, as there is need of proper hospital accommodations for osteopathic patients.

When the old Still College was having its managerial and financial difficulties the hospital was closed. At the time of organizing and opening the new Des Moines Still College of Osteopathy it was announced that the hospital would be taken over by the new management and reopened as soon as the proper arrangements could be completed. This has now been brought about, the final papers in the transaction having been signed October 28. In anticipation of this event the building and equipment were put into first-class condition and the hospital staff organized, so that the institution was able to open in complete running order on Monday, October 30. So many surgery cases were awaiting attention that no time was lost in opening the hospital following the completion of the legal steps necessary to secure control of the building and equipment.

The hospital building is of brick, five stories high, including basement, and will accommodate about seventy-five patients. It is situated upon the highest point of ground in Des Moines, two blocks from the Iowa State Capitol building and one-half block from the Iowa Historical building and State Library. The sterilizing and operating rooms are well furnished with modern apparatus and instruments and have been pronounced by leading surgeons of the city to be the best in Des Moines.

A dormitory for the nurses is connected with the main building. This will accommodate from twelve to fifteen nurses, and by this arrangement the nurses are always ready for emergency

service. It is planned to conduct a nurses' training school in connection with the hospital. Dr. Henry A. Mack and Dr. Ada E. Mack will have charge of the institution, Dr. H. A. Mack acting in the capacity of house physician and Dr. Ada Mack as superintendent. Dr. S. L. Taylor is surgeon-in-chief.

Pneumonia and Its Successful Treatment Under Osteopathic Procedure

By G. W. Bumpus, D. O., East Liverpool, Ohio.

ACUTE lobar pneumonia is an acute infectious disease affecting one or more lobes of the lungs. Vertebral, muscular and rib lesions are important predisposing factors in the lessened resistance of the parenchyma of the lungs, allowing the invasion of the pneumococcus, which causes inflammation, constitutional changes, chill, distress, prostration, and temperature, terminating abruptly by crises. Other infective processes may accompany it. The disease is self-limiting and in many instances is aborted by osteopathic measures.

Etiology—Age is of little predisposing influence, as is sex or climate. Males are more frequently affected possibly, while in lobular pneumonia the young and the old may suffer most.

Injuries, overwork, exposure, former attacks, habits and such osteopathic lesions as before mentioned that might in any way interfere with the vaso-motor supply, or hinder chest expansion, are all probable causes. Asthma, Bright's disease, heart lesions and other such complications are also noted.

Lobular pneumonia affects the structures differently, following measles, whooping cough, diphtheria, and tuberculosis often, has a more unsteady course, and frequently attacks the lungs,

but to a great degree the same gross osteopathic lesions are found in the two forms and we will therefore consider them together.

Pathology—Knowing of the three stages found in lobar pneumonia and of the character of the lung in the lobular form, little time will be spent on them and references shall be made in the discussion of treatment.

Bacteriology—Pneumonic infection is due to the *Pneumococcus*. The organism was primarily isolated from the lung by Talamon (1883) and was shortly afterward thoroughly studied by Fraenkel. Netter has plainly demonstrated its interventions in the complications of pneumonia. In health it is found in the saliva, where it was discovered by Pasteur, and where Netter found it to be pathogenic in one-fifth of normal persons. Other authorities claim to have shown that it exists as a constant saprophyte of the tonsils.

In the hepatized lung the pneumococcus is present in pairs—i. e., as diplococci. It frequently forms short chains in the gray hepatization as well as in the pus arising from the complications. This is a medico-legal point of no little value.

The germ is found in all the pneumonic products; pneumonic secretion; glands of the hilum, fibrinous exudate from the tubes; hepatized lung tissue, fibrinous inflammation of involved structures; or in the vegetations of the endocardium, joints, parotids and kidneys.

It may also be found in the blood stream, but this does not necessarily mean a fatal termination, although it proves the gravity of the condition.

During the course of the infection the germ is obtained from the lung by aseptic puncture, isolating it in the sputum or from the mucus in the throat. Sputum or saliva must be filled with encapsuled diplococci to make it positive as a diagnostic point.

Diagnosis—Acute Lobar Pneumonia or Craupous Pneumonia are synonymous terms, as has

Catarrhal Pneumonia the same relation to Lobar Pneumonia. A typical case of pneumonia is not difficult to recognize, and few obstacles prevent an early and positive diagnosis.

In 75 per cent of all cases, pneumonia begins with a single rigor, the same continuing for some time. There is sudden rise of temperature to 103 degrees F., in the axilla. Vomiting frequently accompanies this invasion. Pain, dyspnoea, and cough are the next symptoms noted. Pain is usually felt in the side at level of nipple, this being greatly increased by respiratory movements and attacks of coughing.

Distress is always present. The cough, first day, shortly becomes changed and the typical "prune-juice" sputum appears. This never appears later than the third and usually is noted on the second day. This rusty sputum may change slightly in color from day to day, but is an absolutely positive diagnostic point. It is well to note that pneumonia never causes anaemia. Percussion of the area affected usually shows dullness, but frequently a transient tympanic sound is present, and auscultation reveals the crepitant rales, which is only detected on inspiration. The typical case and course is not seen by the osteopathic physician. His treatment aborts so many cases in the early stage, and the symptoms in general are so much milder that the effect of the treatment is apparent at once. Under drug treatment the dyspnoea, the pulse and the temperature are more marked.

The absence of the sputum sign in hypostatic congestion and other lung diseases renders the differential diagnosis an easy task. Pleurisy being the only condition frequently present as a complication or presenting similar characteristics, but the friction sound can be detected from the crepitant rales, and as usual the absence of the "rusty" sputum plays its important role. As you are all well aware, the typical bony and muscular lesions are always present in any form of pneu-

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"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.

"I have used thousands of copies of **OSTEOPATHIC HEALTH** and I think the Christmas number the best of all. So many thanked me for my Christmas greeting. I believe that every osteopath should send a copy of the Christmas number to each former patient that he wishes an opportunity to treat again.

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monia. Of course, to the drug doctor, these would mean nothing, but to us they are of paramount import.

Treatment—After all is said and done, here is the all-important factor. Most any book on the practice of medicine contains the following quotation: "You had best not give a drug in pneumonia, or typhoid, for fear of paralyzing the heart; you had better depend upon the proper dieting, hygienic precautions, and good nursing." Why do they not heed those timely instructions? Dieulafoy, that great French physician, says: "There is no satisfactory medical treatment for pneumonia. In regular pneumonia we should be content with watchful expectancy, ordering acid drinks, laxatives, broths and wine diluted with water." How much more positively does Dr. Still speak, who says: "I have successfully treated many cases of pneumonia, both lobar and pleuritic, by correcting the ribs at their spinal articulations. If cutting pains continue in the lung and pleura, be sure to adjust the sixth, seventh and eighth ribs. The persistent cough can be stopped by raising the clavicle and adjusting the first, second, third and fourth ribs. This treatment will also reduce the fever when present. Relaxation of all the axillary structures must be had to relieve blood pressure as well as to improve the quality of the same."

When we realize that the drug doctor saves only about 8 per cent or 14 per cent of these cases while we lose only that per cent, there can be no doubt of Dr. Still's assertion.

I am a believer in specific treatment. Correcting bony and muscular lesions have always given me satisfactory results. Nor have I ever encountered a bad heart complication caused by the treatment, while I can say that of all the cases I have ever treated, one was lost because I allowed the family doctor to treat the case with me and it died from a paralyzed heart due to the dope given. I either have full charge now or have none. It is my firm belief that drugs kill more cases of pneumonia than they cure. The diet should be liquid. Milk is quite preferable in most instances. If vomiting exists, rectal feeding should be resorted to if too much weakness is shown. Drinking large quantities of water is always beneficial, it reduces temperature and stimulates elimination. The ice cap at the head is of value, as is the Japanese stove. The stove can

be used either as a dry heat or with the moist packs to keep an even temperature. The patient should change positions often to favor drainage, as well as to keep the kidneys active. The latter condition must be watched as a cystitis or toxic condition will quickly arise from excretory retention.

A washwoman will be of more value to you than an ignorant medical nurse whose mind has been poisoned against osteopathy; she will readily see to it that the patient dies, or that you are immediately replaced by a dope dispenser. The osteopathic nurse in pneumonia is of inestimable value. Dr. Geo. A. Still in an address before the Missouri Osteopathic Society at Chicago said: "Osteopathic physicians themselves will never realize the real worth of our system until they are provided with osteopathic nurses for the handling of their acute work." I doubt that one of you would disagree with him on that point.

The osteopathic nurse is so accustomed to our methods that she relieves the physician of much of the responsibility. She knows how to apply the cold packs or baths in the adult, while she is also aware of the danger of their use in children and that heat should be used in such cases instead. She will aid much in keeping the room filled with fresh air, which is an absolute necessity. In these acute cases it is unusual if we do not find all the neighbors and gossipers at the bedside. The reasons for their not being there are numerous; they worry the patient with their gossip, take all the nurse's time they can, breathe the air in the room until it is foul, and lastly condemn every action of the physician after his call has been made. It is my firm belief that many cases have been lost by us because we permitted uninterested parties to be in the sick room or treating room. The treatment should be given in private. It looks severe to the onlooker who is ignorant of what you are attempting to accomplish and it gives these onlookers an opportunity to make those dastardly remarks that spoil our dispositions so frequently.

Pneumonia treated by a good osteopathist with the aid of the osteopathic nurse or some skilled person who will work for and not against us, is quite amenable to treatment, and is not half so black as pictured in the medical texts. Of course we must be careful of those cases where we are

called just before the mortician. Osteopathists have been to blame for giving too much hope in some of these cases that were seen too late.

Please do not misunderstand me. I believe we should take charge of any case where there is a sign of a chance, but we must not promise anything in such cases. We must be masters of the situation. We must have confidence in ourselves and our methods if we expect others to have that confidence in our ability. An osteopathist in a large western city called an M. D. to treat his wife for pneumonia, saying he would not trust his wife to the hands of his brother osteopathists. Now, whenever a man gets to that state he should either be sent to an infirmary or be given an allopathic dose of chloroform. He is of no value to his profession nor to the unsuspecting patients that might consult him.

We should call other osteopathic physicians in consultation, to get their ideas of diagnosis as well as treatment, and to show the public and family that we are not bigoted and are only glad to have a competent brother practitioner to share the responsibility. None of us practice without error, nor does any one practitioner know all of the good in our great system—Osteopathy.

One More Mid-Winter Review Week, at Kirksville

DECEMBER 18-23 inclusive, this year the "Two Georges"—Dr. George M. Laughlin and Dr. George A. Still—will repeat their very popular "Review Week" for graduate practitioners, for the third and probably the last time. Those who have attended it before will hardly miss it again if possible to attend, and those who have missed heretofore will do well to accept this chance.

It will be a week crowded with clinics and lectures.

While referred to as a "Review Week" it will also as usual be well spiced with the discussion of the new things that have come out in the last few months or years. Indeed the main object of the course is to allow the practitioner to fresh up on all the up-to-date items and exchange ideas on the old ones.

From 9 a. m. to 12 m., Dr. Still will handle his specialty and from 1 p. m. to 4 p. m., Dr. Laughlin will have charge. Clinics will be practically unlimited. Clinic examinations of patients will be made free for any practitioner and clinic operations will be handled free, if arranged for in plenty of time.

Private examinations and operations will also be handled.

Arrangements will be made for the evenings, to entertain State Club and fraternity gatherings. For the first time a certificate will be granted those attending. No certificates will be given, of course, unless the teachers are satisfied that the individual is a graduate of a good Osteopathic School. It is understood that this review week counts nothing on the regular Post-Graduate course of the A. S. O.

If you don't receive a program write Dr. George Still at Kirksville.

A Talk on Many Topics

WITH regard to informing the people about the uselessness of drugs in general I think it one of the duties of osteopaths to keep that good work going right along; for my part would think a little paragraph each month would be a fine thing. One of the hardest things about doing acute work at the present time is the fact that most houses are divided against themselves and if they call in a D. O. part of the house think the other part is not doing anything for themselves and of course they are not going to take the doctor's word for it; he is the one who is especially interested and when the people as a whole are posted on the fact that most drugs are not even helpful but, as in pneu-

monia and typhoid, hurtful, then the osteopath will be able to go in and take the acute work and not feel any different about it than the doctor of any other school.

I have read the article by Dr. P. C. Jones in the last "O. P." and will say that it just about gives my sentiments in full on the whole question of drugs, adjuncts, etc.

I am satisfied we have made some mistakes in certain stands we have taken, as for instance that no drug is ever of any use and that we can in every instance give the relief without any drug and Dr. Jones "hits the nail on the head" when he says, "But to help out in cases of suffering where it is necessary to use morphine as a palliative agent and some other things, only as palliative agents and not as curative agents, it would be well to study the physiological and the therapeutical action of some drugs."

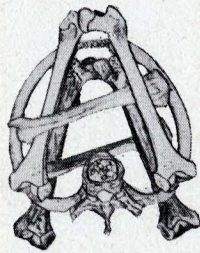
When I first graduated I was at home for a few weeks and the third day an old friend of mine, a woman about seventy years, fell down a cellar stairs and badly fractured her hip, and while I was able to help her to some extent yet I could not relieve her intense suffering and she was obliged to call in an M. D., who only gave her morphine to ease her suffering; otherwise I could have handled the case. That instance was an early confirmation of a thought I had when at school, namely, that while osteopathy is the greatest advance in medicine ever known, yet I do not think the day will ever come when we can do altogether without opiates, though I am glad to say we can and have greatly lessened their field of usefulness.

I would like also to indorse the article along this same line by Dr. Proctor, of Buffalo, as I thought it well founded and not in any way a reflection on osteopathy, for I have always taken the stand that, morally at least, what we should mean by *drug giving* is the giving of drugs internally to cure disease. In some states our practitioners have been embarrassed even over the use of antiseptics, which we all know means cleanliness.

We all know, if we have any brains, that antiseptics are of value outside the body *only*, as I don't think there can be much doubt but that all agree that anything that would kill a germ inside the body would also kill the body tissues. All this does not change the fact that suffering will always need to be relieved and that while perhaps in nine cases out of ten we can do it with our hands and possibly at other times with some other agent outside of an opiate, yet we ought to be able to care for the one case that may sometimes come our way.

I want to say right here that I have no lingering desire for the M. D. degree as my experience tells me that at present it is so much easier to prescribe drugs than to diagnose and give thorough osteopathic treatment that there is great temptation to take the easier route; but I do believe that we as osteopaths should have every right to the use of any and all methods as adjuncts, that would give relief or help out our cases, and that in time it will be so.

I am very glad some of our osteopaths are qualifying as surgeons in Michigan as I think it will be a good thing to be able to send our surgical cases to members of our own school.



A. O. A. Monogram Pin for Men, Designed by F. P. Millard, of Toronto, Can.

I admit it takes a little more courage to be a radical and espouse the cause of anything that is new under the present order, but as for me, I went through the giving up of all medicines as a general thing long before I ever heard of osteopathy and ten years ago or more I seriously offended my old family doctor when I gave him my opinion of osteopathy, for he thought he knew and that I didn't know; but years before he had told me that he could get along

Glyco Thymoline



CATARRHAL CONDITIONS

NASAL, THROAT INTESTINAL STOMACH, RECTAL AND UTERO-VAGINAL

**KRESS & OWEN COMPANY,
210 Fulton St., New York**

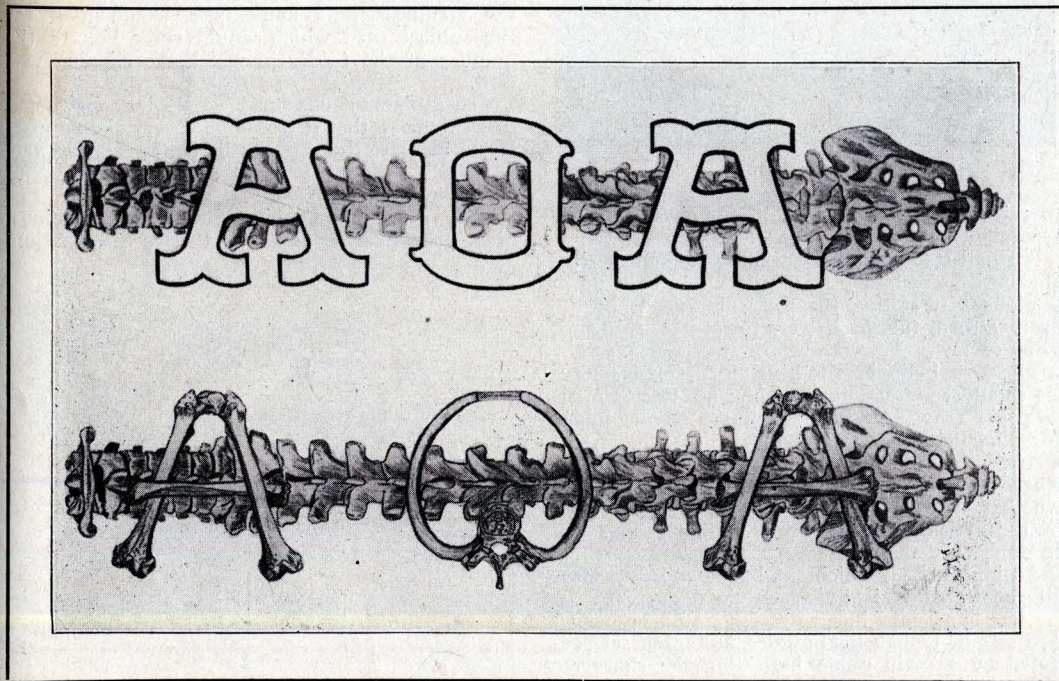
very well without most of the drugs if he could use quinone, mercury, and anesthetics, provided the people were educated up to it, so his criticism of osteopathy, seeing he knew nothing about it, fell flat, especially as an osteopath had cured my brother when this M. D. had failed, as well as most of the doctors in our town. One reason why I like such a number as the September issue of *Osteopathic Health* is this; some patient will say, "why, what do you do for a fever case?" or, "what do you do for pneumonia or typhoid fever?" As I said to a patient this morning if the people knew all these things there would then be no reason why they should not have their osteopath for such troubles if they desired him. With a copy of such a magazine as the September *Osteopathic Health* to hand out, these questions are easily answered and I should have been very much surprised if the profession had not indorsed it.

One of the meanest things we have now in Michigan is the chiropractice situation. The chiropractices take the foundation of our work and make such absurd claims and do such dirty advertising that osteopathy is damaged very much, as lots of people know too much not to see that "Chiro" is a crude form of osteopathy and as they give department store prices on treatment it makes a bad deal all around. It seems to me the matter should be taken up by the various state boards and dealt with as the chiropractices are really practicing osteopathy without either license or qualification. The same story is heard all over the country wherever they are unmolested, as for instance in Colorado.

I think one thing that should be made plain in each and every member of *Osteopathic Health* is the fact that osteopathy is spinal adjustment and much more, as the chiropractices do not hesitate to say that their work is spinal adjustment and that osteopathy is only massage.—Leon B. Hawes, D. O., Adrian, Mich.

In Nick of Time.

First Doctor—So the operation was just in the nick of time.
Second Doctor—Yes, in another week the patient would have recovered without it.



Original Designs for International A. O. A. Pin by F. P. Millard, D. O., Toronto, Canada.

These unique designs have been prepared by Dr. Millard in accordance with a suggestion of the board of trustees of the A. O. A. The designs are intended to be made up in the form of a bar-pin, preferably in gold and of any desired length. The designs submitted by Dr. Millard are symbolical and have the merits of being adaptable to the use of osteopaths of all the colleges, as it cannot be construed as giving even a suggestion of prominence to any particular school. Dr. Millard is an anatomical artist of ability and his reputation as such is well established in the profession. He is a loyal osteopath and we should like to see him honored by the selection of his design for the official A. O. A. pin. Properly manufactured we believe it would make an odd and attractive emblem.

THE BUSINESS SIDE OF PRACTICE.

The purely business side of practice is too often almost entirely neglected and seldom gets the attention it deserves. The average doctor becomes so engrossed in the study of his science and its practical application that he overlooks many details that would tend to better success, financially, and greater enjoyment in his work. On this page we want to discuss such things as the keeping of case records and accounts; office equipments and furnishings; arrangements of offices and treating rooms; conveniences for callers and patients, etc. We shall welcome suggestions from doctors as to the methods they have found satisfactory, and also information from manufacturers of physicians' furniture and equipment. Anything that will make an office more attractive in appearance, or more convenient; or any system or method by which business efficiency may be increased will be germane and acceptable.

The Osteopath's Clipping File

By B. D. Housel.

System Department, Yawman & Erby Mfg. Co.

THE D. O. was fumbling around among the dark depths of his roll-top desk and carrying on a complete and animated conversation with himself.

"Now I wonder where I put it? I had it right in my hand when Dr. Wilson was in here yesterday. I'd know it in a second if I could only get my eye on it. I clipped it out of THE OSTEOPATHIC PHYSICIAN.

After a brief pause, during which time the physician took occasion to scratch his head and scowl in several different directions, the search was resumed.

"Well, that beats all! That article gave an opinion on 'Uremic Poisoning and Osteopathy,' and was by some prominent authority. I clearly recall that the diagnosis and treatment were given in detail. I believe if I had it it would help me on this case I have now."

And so he continued to hunt and wonder, finally ending by going down the street a couple of blocks to borrow the publication from a brother physician. In the meantime his patient was still suffering from "Uremic Poisoning."

And hasn't every physician had similar experiences? How often you see valuable articles in professional periodicals—articles which, if you could put your hand on them at once, when the need presented itself, would have been of great assistance in handling some particular case or problem.

System and the physician have heretofore been notorious strangers, but this condition is rapidly disappearing. A careful tabulation of the new school would show you that while the condition still exists, and in some prominence, nevertheless the systematic physician is coming into his own; in fact, he is becoming a big and powerful factor in the advancement of the profession.

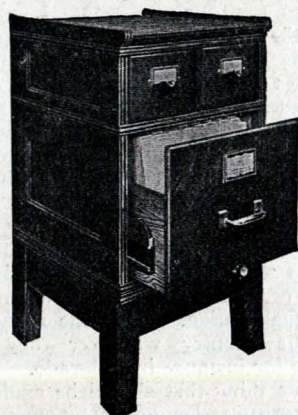


FIGURE 2.

What benefit could have resulted from the great discoveries made in the past had they not been tabulated and classified? What benefit can the individual physician get from his personal experiences if they are not recorded in such a way that he can get them before him quickly and in just as vivid detail as the day they occurred?

The day of lax methods in every walk of life has gone. The unsystematic are being crowded

out by the systematic. To be systematic is modern; to be unsystematic and lax means a scholarship to the old school. A physician can no longer declaim that it is his privilege to be unsystematic because a professional man has that reputation. That is an obsolete and exploded excuse.

The object of this article is to show the osteopath how he can accumulate and classify accurately those valuable clippings, personal experiences, records of extraordinary cases, etc. This data must be conveniently located, accessible as

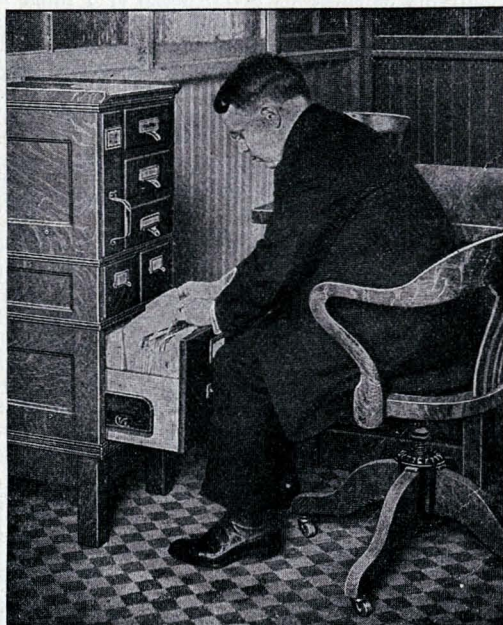


FIGURE 1.

to subject, and stored in a proper protective receptacle.

A small stack of sectional filing equipment situated at a point handy to the desk and built up in sections just suiting the particular needs of the user, afford the first step toward convenience (Figure 1).

The actual clippings to give most effective service should be mounted on some character of manila paper (that used in the ordinary manila folder for filing letters is satisfactory).

After this the data is ready to be filed away where it can be found at once, regardless of whether you desire to refer to it by the subject of the article, its title, or its author. This can be done very simply.

An initial outfit which can be expanded to meet all requirements is illustrated in Figure 2. In the left hand card index drawer would be placed two sets of alphabetical guides, 5x3, each set preceded by a main guide indicating the character of the information filed—such as "Author" and "Title." See Figure 3.

In the second drawer would be one set of guides which would be preceded by the main guide printed "Subject." Then in indexing your clippings, if possible, they should be indexed under all three headings.

We will presume, for example, that you have a clipping entitled "Osteopathy and Rheumatism," the author of which is M. D. Allopath, D. O. This article would be indexed in three ways: first,

under the author, behind the alphabetical guide lettered "A"; second, behind the guide indicating the title of the article, namely, "Osteopathy and Rheumatism"; and lastly in your subject index under "Rheumatism."

Each one of these cards would bear the same number, just as shown in Figure 4. The clipping itself would be placed in the folder and filed in the vertical letter size drawer illustrated in Figure 2. These folders would be arranged numerically, the tab of each folder showing the number and the subject. Folders are shown by Figure 5.

Every subject on which you had data that you desired to file away would be indexed in practically the same way.

Take another illustration: Supposing you were particularly interested in a new character of "treating table" which had several desirable folding or adjustable features, and of which you wanted to make particular note. If you knew the manufacturer's name you could make out a card for it, showing the number of the folder in which you would file the clipping, also showing the address and other information in abstract in reference to the table itself. You make out another card heading it "Treating Table," which would be filed under the subject heading. On this card you would put the manufacturer's name in secondary position, the card of course giving the same number of the folder as the card upon which you had indexed it according to manufacturer's name. Thus, if at some future time you desired to refer to this table and had forgotten the manufacturer's name, you would look for the subject card which would refer you to the number of the folder in which the clipping was filed.

The equipment necessary would be constructed of sections so that it would be a very simple matter to increase the capacity by simply adding new sections. (Figure 2 could soon be built up to look like Figure 6.)

Very soon this clipping file would contain a great accumulation of very valuable information.

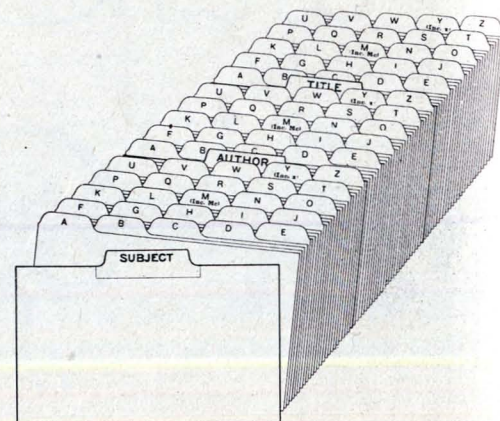


FIGURE 3.

It would become one of the most necessary parts of your equipment. It would contain nothing but the meat of the numerous publications which you had occasion to read, as you would only save that portion of the periodical which was of value to you.

This clipping file would not only be valuable in itself, but it would form the nucleus of what

could then develop into a systematic method of keeping all papers and records. It would finally become what the professional man of today is coming to appreciate—a System. His correspondence, card ledger, case histories, instruments and books, could all be placed in one solid cabinet; indexed, classified, or stored so as to be immediately accessible. Everything would be right at the finger tips. No loss of time looking for misplaced articles because there would only be one place for everything. Isn't such a condition well worth striving for?

The cost of the systems outlined would be from

SUBJECT	10-28-11	Poisoning, Uremic and Osteopathy	375
		By H. D. Allopeth, D.O.	
		From "The O.P."	
TITLE	10-28-11	Uremic Poisoning and Osteopathy	375
		By H. D. Allopeth, D.O.	
		From "The O.P."	
AUTHOR	10-28-11	H. D. Allopeth, D.O.	375
		Treatise on subject of Uremic Poisoning and Osteopathy	
		From "The O.P."	

FIGURE 4.

about \$20.00 to \$45.00, including a full line of supplies sufficient for from one to two years.

The keeping of records of this character is becoming of great interest to all professional men, and in case the details are not sufficiently plain in the article we shall be glad to advance further information. Also suggestions and experiences from those who have installed systems that have proved beneficial, will be apropos and appreciated. Address Business Side of Practice, care of The O. P. Co., 215 So. Market St., Chicago.

Thanksgiving Hymn

By Frederick M. Steele.

FOR all the blessings which have showered
Upon our lives throughout the year,
We give Thee grateful praise, upon
This day appointed, Father hear!

We thank Thee for Thy bounteous love;
We would recall from whence has come
The constant care, the blessings given
So free, we cannot count the sum.

Thou hast surrounded with Thy love,
Thou hast protected by Thy care,
The children here, from day to day;
Oh! heed our heartfelt, thankful prayer!

May gratitude that prayer o'erflow!
May joyful songs be filled with praise,
And may we learn where much is given,
Much is required, through all our days.

Our loving Father, lead our hearts
To join our songs with those now sung
By saints above, who when on earth
Pronounced Thy love in every tongue.

About Raising a Boy

Once upon a time, not so very long ago, a boy was born and they named him Willie. It not being cultured or fashionable, this boy's mother did not nurse him, but he was put on the bottle. Fortunately, a learned scientist had discovered how to pasteurize milk, so that the boy did pretty well on most any old cow's milk.

When this boy was two years old he caught the whooping cough. Fortunately, Prof. Bordet, of Brussels, had discovered that anti-toxin serum from a cat would cure whooping cough, and some cat serum was injected into Willie.

Soon after Willie got about again, he was taken with measles. Fortunately, Dr. John P. Ander-

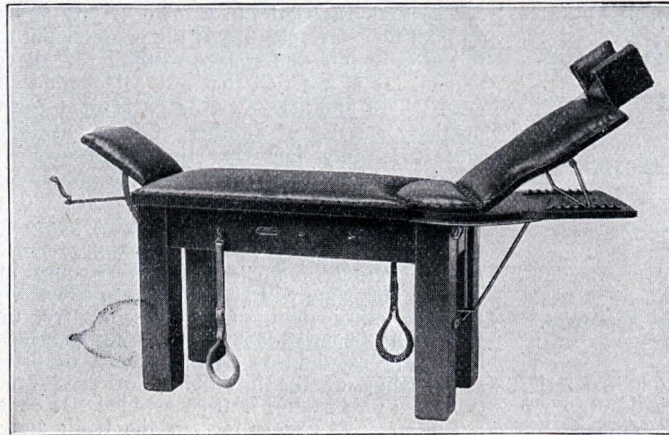
son, of Washington, had discovered that anti-toxin serum from a monkey would cure measles. So they pumped monkey serum into the boy, and the measles didn't kill him.

One day Willie was playing with his pet terrier, when the dog scratched him. So his folks, fearing hydrophobia in its worst form, rushed him down to New Jersey, where there is a great institute in honor of Prof. Pasteur, who, fortunately, discovered that anti-toxin serum from a dog was a fine thing for rabies. They pumped dog serum into little Willie for two months.

my man!" said the scientist, "I have here an anti-toxin from—"

"No more menagerie in mine," sighed Willie. "Life has been but one blamed serum after another." Whereupon he turned over and died, much to the regret of the scientist, who felt sure that he was about to enrich medical science with another great discovery, since he was about

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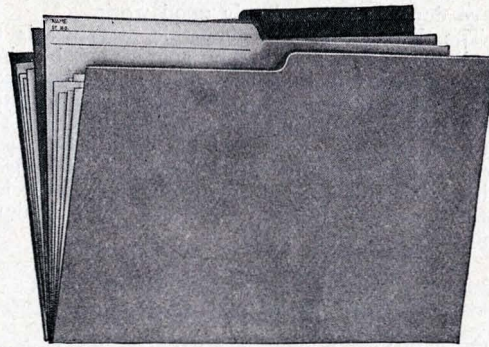


FIGURE 5.

Willie pulled through nicely, but on the way home rode in a Pullman sleeper in which a smallpox case had been discovered. Fortunately, Dr. Jenner had discovered that anti-toxin serum from a cow would cure small-pox, and so, on getting home, they pricked some cow serum into Willie's arm.

Well, Willie lived along until he was 10 years old when, one night, his folks were sent into a panic by discovering that he had black diphtheria. Fortunately, a noted physician had discovered that anti-toxin serum from a horse would cure diphtheria, if anything would, and so they gave Willie some horse serum, hypodermically.

Finally, at 40 years of age, Willie was taken with a mysterious malady. None of the doctors could tell definitely what it was. At last, as Willie was very low, a very learned scientist from a great eastern institute visited him and pronounced it "general debility." "But, cheer up,



FIGURE 6.

to try serum from a hen and from an alligator on "general debility."

We don't know that there's any moral to this story. There's a whole lot of truth to it, anyhow.—Exchange.

The Osteopathic Physician

The Organ of News and Opinion for the Profession

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Editorial

Fairness. Freedom. Fearlessness.

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

VOL. XX NOVEMBER, 1911. No. 5

Medical book publishers will soon discover the advertising value of osteopathic periodicals when they find that their announcements therein have become conspicuous by their absence and that osteopaths are determined to send their orders only to such firms as list the works published in the papers of the profession.

THE CARD IN FIELD LITERATURE.

The use of the professional card in connection with field literature is supported by common sense, justice, and ethics. In giving information about osteopathy it is reasonable that one should state where and of whom treatments can be obtained; it is not kind or sensible to interest a sick person in the truth about *real osteopathy* and then, for want of better information on his part, let him drop into the maw of some blooming fakir who says he "gives osteopathy." The person who pays for an educational movement is entitled to the largest amount of good that may result from it. In justice to those *not using* literature, the one sending it should identify himself with the literature and shoulder any possible blame resulting from bad taste in choosing his medium, etc.

The professional card on the magazines gives explanatory literature the seal of personal endorsement. It puts the one sending them out on record before his community as being a believer in dignified ethical publicity and as not being in any whit ashamed of his convictions.

Anonymous communications are not usually considered worthy of much notice in any cause or any quarter, and something of the same criticism applies to the mailing of field literature without the endorsement of a professional card. When people receive a magazine regularly they know *some one* is furnishing it and paying the expense of it, and they realize it is done for a purpose; but the fact that there is nothing to indicate from whom the magazine is received renders possible an inference by the recipients that they are being approached in an underhanded way, and that the person sending the magazines is ashamed to disclose his identity. By the use of the professional card the pos-

sibility of such an impression is removed. The sending of the magazine then becomes a fair and square, open-and-above-board proposition: The sender has principles and convictions which he is not ashamed of, and he is anxious to communicate the truth to others.

For these same considerations, where there are several osteopaths in a town or city and not all mail literature, the use of the professional card is the only fair and square method for all concerned. It is not just that any osteopath should reap where another sows, or be blamed for the publicity activity of another, if it is misguided; and it is only fair that the one bearing the expense of any work should get the predominant benefit from his efforts.

Experience has proven for twelve years past that distribution of *correct magazines create a most favorable influence*, but every once in a while a magazine will give offense to somebody—if none other than an M. D.'s relative, or a Christian Scientist, some one who happens to have very rabid ideas on the subject of disease and healing or the infallibility of drug practitioners. This cannot well be avoided. It doesn't much matter. Far better tell the truth and do good to the multitude, at the expense of exasperating a chance bigot or two, than dilute the truth until it becomes innocuous and please the bigot. The one in a hundred or thousand who yelps would never do anything for you or osteopathy, *anyhow*.

There are people so prejudiced in favor of drug medication that any attempt to show them its fallacy will throw them into a high state of anger. There are people so conservative and fastidious that any attempt to inform them of how they can better their physical condition gives them offense. There are religionists who even deny we have bodies. It takes all kinds of people to make a world, and we must take them as we find them. Don't feel it necessary to please them all. You can't do it. The types referred to are exceptions. The great majority, once you get them reading and thinking about osteopathy, really are interested and pleased. Osteopathy addresses its message to the multitudes. If you can interest and please 51 per cent of the people you have done an astoundingly good work.

The distributing of osteopathic literature is a creditable work and highly appreciated by the great mass of intelligent people; it has been so approved by them for a dozen years in every state in the Union and in every province in Canada; and no osteopath need feel his dignity belittled or his reputation damaged by being identified with osteopathy's popular educative movement in its best phases. It's an everlasting credit to him, and it adds "credit" to his practice.

Fewer Medical Colleges

The number of medical colleges in the United States is decreasing. Since June 30, 1910, thirteen colleges have either suspended or have merged into others, leaving 120 medical colleges still existing. The regular colleges number 101, a decrease of ten since last year. The homeopathic colleges number 12, a decrease of one since last year. Of the eclectic colleges the number is seven, the same as last year. Among the thirteen colleges which closed during the year were included the last of the physio-medical colleges and the last of the unclassified colleges. During the past seven years sixty-four colleges have ceased to exist, either through merger or otherwise. During the same time, however, eighteen new colleges were organized, leaving a net decrease of forty-six. While the total number of colleges is smaller, the percentage of higher grade, stronger medical colleges has been considerably increased. These figures are from the Journal of the American Medical Association, which recently published a report on medical education in the United States for the past year. —*New York Sun*.

Optimism and Success

The man who would make himself a real success in this life, and perhaps in the life hereafter, cannot afford to be a pessimist. No handicap on the calendar is more effective than pessimism. And no man, however great his ability, can afford to tax it with unnecessary burdens.

Pessimism is not normal. The healthy child is happy. The lamb in the pasture frolics in glee. The dog jumps and barks with delight. Even the trees and the flowers seem to smile. Man alone seems to have been cursed with the capacity for pessimism.

The habit of looking always on the dark side warps the judgment, weakens the will and involves the pessimist in a perpetual atmosphere of antagonism which imperceptibly, but none the less forcibly, affects others.

A pessimist is unpleasant, from whatever point of view. And the man who is unpleasant seldom succeeds. Therefore it pays to be an optimist. Try it and see.—*Chicago Journal*.

Better Therapeutics

MEDICAL therapeutics have stood still a long time, so far as improved results from treatment are concerned. The medical profession has stood by drugs and chemicals with a loyalty little short of sacrifice, only to find that prestige, patients, and reward are slipping away and into other hands.

The profession is awakening to better therapeutics, for without this revision in practice the old-time physician is likely to be superseded by laymen, religious movements, metaphysic healers, astrologers, and a multitude of minor enterprises, each one having claims which reach individuals of every class or station in life.

I am thoroughly aroused by accomplishments, without drugs, chemicals, serums. My treatment for syphilis, for instance, as a type of disease requiring effective management, may be stated in a few words—mechanics and wholesome nutrition. A bloodless diet, together with hand surgery, is my treatment for syphilis.

By hand surgery, not instrumentation or artifice, I refer to what can be achieved by dextrous employment of hands, both in visceral examination and stimulation. The human hand, the instrument, together with a new understanding in applied anatomy, is a newer and better system of treatment.

The treatment of syphilis by corrosive acids, poisonous drugs, anti-bacteriologic antidotes, vaccines, mud packs, hot soak, stomach deluge, will pass away, the sooner the better. I employ in practice mechanics, hand treatment applied to each visceral organ, especially to the liver and small intestines, to improve circulation and break up infiltration, sedimentation, or congestion.

I employ green foods, from the open market, in abundance, modified and softened, or ripened, by gentle heat; that is, gentle cooking. Limited use of fruits, breads and no milk, cream, butter or eggs.

I am not yet satisfied with my results, yet I can say that the results are satisfactory to the patients and superior to anything that I have ever seen accomplished with the chemical treatment. My aim is to effect complete relief in any average case of syphilis within a period of one month, to six months at the longest.

I do not feel that syphilis is the ugly, detestable disease that we see it in the clinic and hospital, if it is treated by the better plan. The unsightly syphilitics that are seen are rather to be regarded as the effects of wrongful, vicious, stupid, bungling treatment, inherited by the medical profession from ancestors. Syphilis, mercurialized, is a blot on the fair fame of an ideal system of medicine. If syphilis is manageable by mechanics, and by improved, perfect nutrition, in precisely the same way other forms of disease may be treated. Such is not only my belief, but such is my present method in practice. —*Elmer Lee, A. M., M. D., in Physiologic Therapeutics*.

Hard Nuts Cracked for Puzzled Practitioners

Conducted by Herbert Bernard, D. O., Fine Arts Building, Detroit, Mich.

"Does Osteopathy comprehend all causative factors in the production of disease and their removal by methods scientific?"—H. Alfred Leonard, D. O., Baltimore, Md.

To answer this question in anything but the affirmative would be to depart from Dr. Still's teaching that all diseases are caused by disordered or deranged anatomical structure. This derangement or disorder may be caused directly by injury, or indirectly by exposure to cold, abuse of function, infection, worry or any internal or external influence which may weaken or irritate tissue. While these indirect methods of forming a lesion are considered as a predisposing factor, the real cause of the disease is the mechanical lesion. In other words the lesion must be formed in order to cause the disease. Let us suppose that a man abuses his stomach. If the abuse is continued up to the point of creating too great a strain on the stomach structure, then a lesion is formed and in turn will cause chronic stomach disorder. If this strain is not too great there will be no lesion and therefore no disease. It would take too much space to describe how a lesion is formed, that is the mechanism of its formation, by abuse of function, worry, infection, etc. But for the benefit of those interested, I will say, that the mechanism of this formation is covered entirely in the prize essay printed in the A. O. A. Journal for September, 1911.

In Regard to Dr. Leonard's Criticism.

I wish to thank Dr. H. Alfred Leonard for his friendly criticism to the answers of questions in THE OSTEOPATHIC PHYSICIAN for September. It is good to thrash out our differences of opinion. I do not want the profession to think that I am posing as a "know it all." I am simply answering the questions asked from an anatomical mechanical basis, my answers being based upon my experience and study of anatomical structure and physiological function, both normal and abnormal. Dr. Leonard tells us that a great many lesions, bony and otherwise, are caused by abuse of function. I agree with the doctor as to this cause, but will he kindly tell us further as to how he knows by examination as to whether a lesion is caused by traumatism or abuse of function. Mechanical answer, please. The lesion may have existed before the function was abused. In which case over-treatment would cause recurrence of lesion whether abuse of function was continued or not. Normal tissue can withstand a great deal of abuse without producing a reflex pathological effect on other tissues. If Dr. Leonard will re-read my answer to the question "How about the use of braces in 'Potts disease'?" he will see that his criticism is unnecessary, as I advised the use of a jacket where support was necessary, but said that braces was deleterious.

Osteopathy's Place in Therapeutics.

In a quotation attributed to Dr. Herbert Bernard the Doctor says, "It is my belief that every problem of diagnosis and treatment can be answered osteopathically in terms which do not violate one well established fact or principle of science."

Dr. Bernard stands high in our profession and the above statement is strong evidence of his orthodoxy, therefore, I would like to prevail upon the Doctor to give us a definition

of osteopathy compatible with the above quotation. If Dr. Bernard can do this, I am forced to admit that my conception of "simon pure osteopathy" is an erroneous one, which is that "the basic principles of osteopathy are freedom of circulation of the vital fluids of the body and an unimpinged nerve supply."

Personally, I fail to see how one who would elaborate a definition of osteopathy sufficiently comprehensive to embrace the thought expressed in Dr. Bernard's statement could escape the accusation of professional heresy, though the quotation itself can be accepted as evidence of an abounding faith in osteopathy. On the premises of a literal interpretation of Dr. Bernard's quoted expression, and that a "free circulation and unimpinged nerve supply" are the cardinal principles of osteopathy, it would be an easy matter to go after the Doctor's scientific and philosophical scalp, and get it. But to undertake this task in the absence of more light on the point under discussion might do an injustice to Dr. Bernard and get the perpetrator thereof into hot water.

As there seems to be a general haziness as to "what is osteopathy?" as understood by the practitioners themselves, I think it would be an appropriate subject for discussion by the profession. That is: what is the scope of osteopathy as a distinct science, and what are our known capabilities and limitations? I hold that it is as essential to the welfare of our patients and our professional reputation to know when not to treat as it is to know when to treat.

We all agree that drug medication is not osteopathy; but this cannot imply that all non-drug methods of healing are osteopathic because in that event, Christian Science, Magnetic Healing, Mental Therapy, Massage, Hydro-therapy, New Thought, etc., would all be osteopathy. Therefore, what is our domain in the field of Therapeutics?

My own conception of osteopathy is that it is a special, highly technical system of manual manipulations, the aim and purpose of which are to restore to an harmonious relationship all the structures of the human body, thereby freeing the lymphatic and blood-vascular circulations and removing undue pressure or irritation from the nervous system, thus promoting the health of the individual.

Dr. H. Alfred Leonard very pertinently asks: "Does osteopathy comprehend all causative factors in the production of disease and their removal by methods scientific?" I reply, No! but consider myself a thorough osteopath.—Wm. F. Wurth, D. O., Fairbury, Nebr.

Dr. Tucker Likes Discussions.

Your department "Hard Nuts Cracked for Puzzled Practitioners," looks to me as though it could be made a very good thing for the science, the profession, and the paper, if it can be brought in touch with the somewhat varied minds of the profession.

I once belonged to a debating society in which the men were so bashful that they would not get up on their feet to talk over the question. It got to be difficult, even to get men to lead the debates, and the society nearly died of bashfulness. True to the instinct which later made me a physician, I made a diagnosis and applied a remedy. The remedy was as follows: Every time a question came up before the society, I jumped to my feet and proceeded to discuss it. After a few meetings, one or two others loosened up, and, after a few more meetings, we had a roaring debate at every meeting. I believe that if some of your good friends would start the ball rolling by making comments very strongly, that you would soon have the ball spinning, and would get us in the habit of comparing notes—a habit that would mean everything for the future of the science. I hereby request of my good friends

to point their pens in this direction. I also suit the action to the word—

With regard to the recurring lesions as discussed in the last "O. P.":

When a lesion has been produced and corrected, it is for a time like the stem of a rose that has been bent, and cannot hold itself erect. If, however, we tie it up with a stick, it will soon grow strong. So when a lesion has been corrected, it will tend to recur; but, if it be kept corrected as well as possible it would soon grow strong.

Undoubtedly, lesions are produced by weakening of ligaments from reflex irritation. When a ligament or cartilage is inflamed, it swells up as does any other tissue, and thereby loses its elasticity and loosens the joint. In such case lesions can easily be produced, and will constantly occur. In one such case where the orbicular ligament at the head of the radius had been inflamed by too enthusiastic use of a punching bag, the bone could be moved from side to side easily by the pressure of the fingers. This looseness was entirely removed in 48 hours by the use of a wet-pack. Such conditions caused by reflex irritation from internal organs are more apt to affect a group of vertebrae around one central spot, as in Dr. Burn's experiments, than to affect a single vertebra.

But there is a third class of cases, in which all the joints in the body seem to be weak, all the ligaments flabby. All such cases I seem to have been able to trace to a fault of calcium metabolism, through conditions which affect the Thyroid gland. First come those cases in which the gland is noticeably affected. Second, come cases of too rapid growth—the Thyroid gland is concerned in such cases (vide cretinism). Then we have cases of infective diseases in which a Thyroid gland, of course, is concerned. Lack of oxygenation may be a cause, and the Thyro-adrenoxidase is concerned in this too. Over-loading of the stomach, and irritation of certain pelvic nerves are causes, and no doubt there are other causes.

Most of the cases in this class yield readily enough to osteopathic treatment. The upper ribs seem to be the most important anatomical factors.

Hoping to learn of the experience of others through your columns, I am—Ernest E. Tucker, D. O., New York City.

"What I Have Found Out"

This is another new department we hope will prove of permanent interest. In the course of years of practice every osteopath discovers methods and means that prove of considerable aid in his or her work. Now here's an opportunity to tell "What You Have Found Out," for the benefit of others. We shall be pleased to receive short contributions for this department.

Contributions for this department are not coming rapidly. Surely there are many in the profession who can relate experiences that have proved of value, or explain technic used in certain unusual and stubborn cases that might be utilized by others.

Look Out for This Man!

A man by the name of J. S. Kingsbery is going around taking treatment, and when through gives a worthless check for which the osteopath usually hands him some change back. The process seems to have been repeated a number of times. He had an accomplice here and really the accomplice was what caught me, as he was an Elk in good standing. I was stuck for \$75 and \$9 in treatment. I hope this notice may save some other D. O. money.—Dr. Murray Graves, Monroe, La., October 26th.

The Psychic Treatment of Morbid Anxiety*

By Tom A. Williams, M. B., C. M. (Edin.),
Washington, D. C.

SO MUCH vague nonsense about the psychic factor in disease has been bruited about that there was much need of a serious effort to ascertain and clearly formulate the role of the psychic in the causation, prevention and cure of disease. To that end, the *Journal of Abnormal Psychology* was founded by Dr. Morton Prince in Boston some seven years ago; and the men who have been brought together by means of this journal met in Washington, May, 1910, during the Congress of Physicians and Surgeons, and founded the American Psychopathological Association, with the object of meeting together annually and discussing some of their many problems. "Morbid Anxiety" was the subject chosen for especial discussion at this year's meeting.

Doctor Prince's presidential address discussed the mechanism of certain association neuroses. In relation to this he believed that unconscious cerebral processes could lead to formulation of ideas later recallable in memory. Neuro-mechanically speaking, instinctive and rational processes show no essential difference. He quoted his case of "rose catarrh," produced by an artificial flower. It was evident here that a stimulus in the nature of a suggestion produced the same effect as would have done the odor of a real flower, through a mechanism similar to that of the psycho-salivary reflex ascertained by Pawlow's experiment with dogs. Again, the stimulus which has determined an attack of anxiety may be itself quite unnoticed by the patient. Besides, the somatic reactions may occur without express ideation. The real problem is to know why fear arises in some people under certain conditions. The frequency, of course, varies with the condition; for example, the attacks of fear of high places would be less frequent than those of obsession towards suicide, which require a less definite circumstance to determine. It is by the study of the psychological mechanism that we shall learn to control the psychopathies; but it must be remembered that the threshold of excitability varies much with the individual, so that a most trivial incident may light up a whole train of painful memories leading to an anxiety state. This becomes an emotional trend more and more easy to excite.

For Prince, the hysterical is to be distinguished from the psychasthenic type of reaction, which is due (1) to a physical alteration of the excitability of the neurones (2) *psychogenically*, to disorder of adjustment, because of the subconscious effect of cryptogrammic nerve currents due to secondary symbolisms of a psychic trauma, translated into a fear.

Dr. Ernest Jones, of Toronto, espoused *in toto* the hypothesis of Freud as to the genesis of morbid anxiety. It is well known that the latter refers its origin to a physiological state induced by the failure of sexual excitation to follow the natural course of physical gratification or conscious desire for such. The references which supported this theory were supplemented by a case of anxiety in a woman, occurring eight months after her husband's death. There was a long history of onanism and enuresis, which had caused a great deal of shame, especially when conjoined with infantile plantasies regarding procreation. The suppression of these led to fastidious phobias against dirt or untidiness, as well as to much self-recrimination regarding sexual sin. The presence of these phobias, in the view of the writer of this notice and of Dr. Prince, invalidated the claim of this case to support Freud's explanation of the origin of anxiety. As the writer pointed out in his discussion, Janet long ago showed the intimate relation between phobia and morbid anxiety, and

*Discussion at the Second Annual Meeting of the American Psychopathological Association, May, 1911.

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that these were each only part of the larger syndrome, psychasthenia, in which the general motor agitations and tics were also a part, along with the intellectual manifestations known as obsessions and monomanias. The genesis of this condition was not that postulated by Freud. Its mechanism might in some cases be physiological, but when carefully examined, most cases appear to be psychogenic. Thus, in a girl aged eight, various monomanias, of which smacking the lips and bending down to touch the floor were the most conspicuous, were found by the writer to be the expression of a compensatory kiss and a healing touch, for the purpose of expiating the sin of injuring others, which the child believed her breath and feet did. An apparent cure by former treatment, consisting of large doses of arsenic and confinement in a sanatorium, was explained by the child as a determination to stop the movements so that she might return home. The cause of the conditions was an over-scrupulous insistence by the child's parents upon ethical ideas beyond the child's comprehension. Another similar case was also quoted.

It is such morbid ideas which become the substratum of future anxiety attacks. These must accordingly be treated through the ideas from which they arise. But it is very important to distinguish from this mechanism the purely somatic one concerned in cases of toxicosis, such as occurs from the poor oxidation of cardiac disease, during renal disease and on account of narcotics and other poisons ingested.

Doctor Sidis was not present, but contributed a paper whose main thesis was that all functional psychoses are an obsession by the fear instinct, which is very often subconscious. This instinct is much more powerful than the sexual one, and even greater than that of hunger. Superstition plays a large part in fostering a fearfulness which may reach morbidity. The remedy is, of course, obvious.

The third contribution to the symposium was that of Doctor Donley. In this he criticised Freud's setting aside from the consideration of the origin of morbid anxiety "all cases of doubtful or different etiology than the sexual," which is reduced by Donley to the formula:

"There are clinical cases of anxiety neurosis in which no etiology can be easily ascertained; others where it is doubtful; others where it is different from the sexual. However, setting aside all cases of anxiety neurosis not having a sexual etiology, all those having a sexual etiology are sexual in origin." This logical defect is complemented by an ontological deficiency in Freud's conception; for it cannot be extended to include all cases in which anxious expectation is found; nor can it be confined to any particular group of anxieties without excluding therefrom too many cases to make it of any clinical use.

Plan for Iota Tau Sigma Reunion

THE Detroit and Michigan osteopaths are planning on making the next A. O. A. convention the best thing of its kind in the history of the profession. Now it has occurred to the undersigned, who represent the Iota Tau Sigma fraternity in Detroit, that this would be a good time and place to have a fraternity reunion that we would all remember.

What we are planning for is a little banquet to be arranged at a time so that it will in no way interfere with any of the work of the convention, or the arrangements of the entertainment committee, but will give us a chance to get together and talk over old times.

We wish all Iota Tau Sigma men would think about this and plan to be at the big convention next Summer, and to meet us around the banquet board once more. We should also like expressions on the subject, and any suggestions addressed to either of us will be appreciated.

WM. W. HUTCHINSON, D. O.,
406-8 S. Broadway Central building.
T. W. HERRODER,
212 Stevens building.

Wisconsin Association News Column

THE committee on Practice of Osteopathy make the following announcement: This committee has been divided into groups. A leader has been chosen for each group. The purpose is to have each group give particular attention to one part of our practice gathering facts from their experience and reading; the leader to put this material in good form and present it to the Association at the annual meeting.

* * * *

The above announcement should meet with the co-operation of all practitioners and the committee encouraged in their efforts. It is astonishing how apparently few there are who endeavor to stimulate original thought and research. With the plan established by our committee on practice, it will mean much to our individual development to those who work. The loss will be to those who do not work.

* * * *

There has been a good response to the invitations extended to non-members to join the association; applications have been received from the following: Dr. Russ Coplantz, Portage; Dr. V. W. Purdy, Stevens Point; Dr. Chas. T. Kyle, Menomonie; Dr. E. C. Bond, Milwaukee.

* * * *

When every practitioner in the state becomes a member of the association the secretary plans to get out a new directory. This will be in the nature of a "loose leaf" affair so that, in future changes may be made without the necessity of reprinting the entire list. At a later date also, correct constitution and by-laws will be prepared in the same manner, loose-leaf so that any change can be very easily made and with little expense.

* * * *

Everybody is talking PUBLICITY these days. Many of the more conservative practitioners are realizing how essential publicity is to a now-a-days average practice. It will be a fine thing for us to get together at the next meeting and convert our "legislative fund" into a publicity fund. Seven hundred or eight hundred dollars can do some talking and if we will continue to contribute 50 cents a month regularly for an indefinite period to a general publicity campaign throughout the state, osteopathy would be placed upon a basis never before realized. We must keep pace with the efforts being put forth by the medical people through their associations. Their publicity is "masked" in such a way as to attract attention and the general public believe what they read, especially in the newspapers.

* * * *

Each of you has an idea in this matter of publicity and in order to utilize every good thought do not fail to write the chairman of the publicity committee, Dr. Breitzman. He expects every member to write his views on this subject. If you have not done so already it is your duty to do so at once.

* * * *

Any member who desires to express his or her ideas along any line of interest to the profession of the state should feel free to send in communications for this column. It is an opportunity never before enjoyed and we ought to appreciate the value of having a medium of communication which affords such excellent service to the association.

Please send all communications to the secretary.

Unaided.

Dr. Slicer—Shocking! This paper says that eight thousand people died lacking medical attention this year. Mrs. Slicer—Well, well! You wouldn't think that possible, would you?

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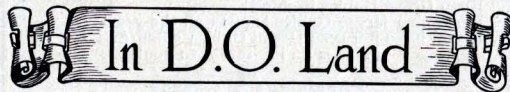
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Chicago Meeting.

A regular meeting of the Chicago Osteopathic Association was held at the Hotel La Salle, November 2. Dr. Joseph H. Sullivan gave an address on the diagnosis and adjustment of innominate lesions. There was a good attendance.

New Appointment to Arkansas State Board.

Governor Donaghey, of Arkansas, has appointed two members to fill vacancies of the state board of osteopathic examinations. They are Dr. J. A. Barnett, of Rogers, vice Dr. A. A. Kaiser, of Lonoke; and Dr. B. F. McAllister, of Fayetteville, vice Dr. A. W. Berrow, of Hot Springs.

State Board Meeting.

The Louisiana State Board of Osteopathy held its annual meeting October 21, at New Orleans. Officers elected were: President, Dr. C. G. Hewes, of New Orleans; secretary, Dr. Paul W. Geddes, of Shreveport; treasurer, Dr. W. A. McKeehan, of New Orleans. One applicant was admitted under the reciprocity clause.

At Least One Real Osteopath Among Them.

Of the fifty-seven osteopaths and "other practitioners" of drugless healing taking the Illinois State Board of examination last July but six passed, fifty-one failing. Among the six successful candidates was Dr. Katharine Lomas, a June, 1911, graduate of Still College of Osteopathy. Dr. Lomas has opened office at Evanston, Ill.

New England Convention to Be at Boston.

The eighth annual convention of the New England Osteopathic Association will be held in Boston, May 17-18. It will be the first time in five years that the association has met in Boston and it is planned by the various committees to make it a successful meeting. Several leading osteopaths have already consented to contribute to the program.

King County Meeting.

At the King County Osteopathic Association's annual meeting officers were elected as follows: President, Dr. W. E. Waldo; vice-president, Dr. Arthur B. Cunningham; secretary, Dr. Francis Thoms; treasurer, Dr. M. L. Steere; corresponding secretary, Dr. Roberta Wimer Ford. The attendance was very good and a heavy program was outlined for 1912.

In the Newspapers.

Dr. Charles A. Wolfe, of Chillicothe, Mo., has a nice little discussion of osteopathy in *The Uica* (Missouri) Herald of November 3d. It discusses briefly and in simple style some phases of osteopathic work; it brings out some important points and withal is modest and unassuming and we believe it will produce a favorable effect for osteopathy in the community.

Iowa Sixth District Meeting.

The Sixth District Iowa Osteopathic Association held its annual meeting at the new home of Drs. Gamble & Gamble, Missouri, November 2d. A good program was enjoyed, especial interest being shown in the paper read by Dr. C. E. Clark, of Onawa, "Etiology and Treatment of Pulmonary Tuberculosis." Officers elected were: President, Dr. C. E. Clark, Onawa; secretary, Dr. Charlotte McCuskey, Council Bluffs.—Charlotte McCuskey, D. O., Secretary.

Osteopaths Sign Vital Certificates in Buffalo.

On request of Health Commissioner Fronczak, of Buffalo, N. Y., Corporation Counsel Hammond of that city has rendered an opinion on the right of osteopaths to sign birth and death certificates. He says that osteopaths who are licensed by the State Board of Regents have the right to issue vital certificates and use the degree D. O. after their name. A death certificate signed by an osteopath came to the Health Commissioner, hence the request for opinion.

Students and Faculty Enjoy Fall Picnic.

The students and faculty of Des Moines Still College of Osteopathy held their annual fall picnic at Union Park, Des Moines, on Friday, October 13th. A very enjoyable time is reported. Apart from the abundance of good things to eat the main interest of the day centered about the ball game between the three upper classes and the three lower classes. For some reason the seniors were able to "put it all over" the freshmen, the resulting score being something like 25 to 5.

Arkansas Meeting.

The annual meeting of the Osteopathic Association was held October 26, at Fort Smith. There was a good representation in attendance. Officers elected were: President, Dr. E. A. Laughlin, of Bentonville; vice-president, Dr. Jeannette Miller, of Siloam Springs; secretary-treasurer, Dr. M. W. Higginbotham, of Little Rock; trustees, Dr. J. A. Barnett, Rogers; Dr. B. F. McAllister, of Fayetteville, and Dr. John Faulkner, of Texarkana.—M. W. Higginbotham, D. O., Secretary.

D. O. Gets Loving Cup.

Dr. T. C. Lucas, of Columbia, South Carolina, was recently presented with a beautiful silver loving cup as an expression of appreciation of his services by the Columbia Baseball Club. The entire team joined in the presentation. Dr. Lucas worked hard to keep the team in good "trim," and there was hardly a man that did not receive treatment from him. It was generally admitted that his work materially assisted the team to make a strong showing.

North West Missouri Committees.

Dr. Frank P. Walker, of St. Joseph, president of North West Missouri Osteopathic Association, has appointed the following committees: Program—Dr. George J. Conley, of Kansas City; Dr. R. E. Hamilton, of St. Joseph, and Dr. L. R. Livingston, of Kansas City. Membership—Dr. J. W. Hofsess, of Kansas City; Dr. Corinne Larimore, St. Joseph; Dr. Bertha Whitesides, Kansas City. Arrangement—Dr. A. Still Craig, Kansas City; Dr. E. D. Holme, St. Joseph; Dr. J. I. Emig, Kansas City.

Information Wanted.

I have had several inquiries as to the location of the office of the "Premier" Vibrator. I am unable to give the information, as the agent who called upon me left no literature that I can locate. If you can give the desired information through the columns of THE OSTEOPATHIC PHYSICIAN I believe you will accommodate a number in the profession, as many of these vibrators were sold in the Mississippi Valley state. The "Premier" is too light in the stroke to be satisfactory in my opinion.—S. S. Still, D. O., Des Moines, Iowa.

Iowa Second District Meeting.

The Second District Iowa Osteopathic Association held its regular semi-annual meeting at Davenport, November 4. Dr. George Still, of Kirksville, gave an address on Gynecology and also gave a number of clinics. The program included: "Rheumatism," by Dr. Elmina Stewart, Clinton; "Disorders of the Liver," Dr. E. H. Beaven, Cedar Rapids; "Osteopathic Treatment of Acute Diseases," Dr. Grace Urban, Maquoketa; "Constipation," Dr. W. M. Furnish, Tipton; "Some Interesting Cases," U. M. Hibbits, Grinnell.

An Osteopath as An Expert Witness.

Dr. Hendrick Olson, of Rochester, Pa., was called as an expert witness recently at Beaver County, Pennsylvania, in a damage case of Charles Lohry versus Ambridge-Economy Brewing Company. Dr. Olson testified for the plaintiff and after a short deliberation the jury brought in a verdict for the plaintiff in the sum of \$918. Judging from the reports in the local newspaper Dr. Olson's testimony was considered very interesting, authoritative and valuable. An account of his talks to the jury occupied front page in the local papers.

Hudson River North Osteopathic Society Meeting.

The second meeting this year of the Hudson River North Osteopathy Society was held with Dr. H. D. Sweet, of Glens Falls, N. Y., November 4th. A large per cent of the members was present and the following officers were elected: President, Dr. A. E. Were, of Albany; vice-president, Dr. Alice A. Brown, of Troy; secretary-treasurer, Dr. Maus W. Stearns, of Schenectady. Plans relating to the work for the society were adopted. The next meeting will be held with Dr. Wm. Smiley, of Albany, on December 2d.—Maus W. Stearns, D. O., Secretary.

D. O. Makes Record Run in Automobile.

Dr. A. C. Fisher, of Syracuse, N. Y., was recently called to Atlantic City to attend to Mrs. Moser, a sister of Mr. Herbert H. Franklin, president of the H. H. Franklin Manufacturing Company, makers of automobiles. The return trip from New York City was made in one of the company's 1911 six cylinder cars. Mr. Franklin was at the wheel himself and made the trip in an actual running time of less than 10 hours. They left New York City 7 o'clock in the morning and reached home at 6:30 in the evening. Two stops for meals were made. The speedometer showed the exact mileage to be 303 miles.

Bi-Monthly Meeting of Illinois District Association.

The Third District Illinois Osteopathic Association held its regular bi-monthly meeting at Galesburg, November 8th. The meeting was well attended and a profitable program was enjoyed. Because of its central location and railroad facilities Galesburg was selected as the permanent meeting place of the association. The program was as follows: "Uterus, Misplacements and Resulting Conditions," by Dr. Ada Chapman; "Differentiation of Surgical Cases," by Dr. Cora Hemstreet; "Treatment, Non-Surgical Cases," by Dr. Elvina Mekemson.

Western Pennsylvania Meeting.

The Western Pennsylvania Osteopathic Association held a good meeting, October 28, at the Fort Pitt Hotel, Pittsburgh. About fifty D. O.s were present. Dr. Frank Hunter Smith, of Kokomo, Indiana, gave an interesting and instructive talk on "Osteopathic Technique," illustrated by clinical demonstration. Dr. Clara Morrow, of Butler, gave a paper on "Obstetrics." Dr. Clyde W. Bumpus, of East Liverpool, Ohio, gave a thoughtful and instructive address on pneumonia. Dr. O. O. Bashline, of Grove City, talked on "Emergency Practice," and Dr. J. W. Robinson, of Erie, on "To Be or Not to Be," discussing the future of osteopathic science.

Maryland Meeting.

Maryland Osteopathic Association held its annual meeting at Baltimore, October 21. Officers elected were: President, Dr. Henry McMains, of Baltimore; vice-president, Dr. Isabel Eiler, of Cumberland; secretary-treasurer, Dr. Harry D. Hurllock, of Baltimore. The program in part consisted of "Ethics," by Dr. McMains, of Baltimore; "Dorsal Lesions and Their Effects," by Dr. E. G. Schmidt, of Frederick; "Brief Talk on Principles of Osteopathy," by Dr. Alfred Leonard; "A Clinic on Dislocated Shoulder," by Dr. Harrison McMains. This proved a very interesting feature of the meeting. After an enjoyable and instructive meeting a banquet was held in the evening, at which Dr. Leonard acted as toastmaster.—H. D. Hurllock, D. O., Secretary.

Southwest Michigan Osteopathic Meeting.

The Southwest Michigan Osteopathic Association held their last meeting with Dr. Francis Platt, November 4th, with a very creditable attendance. The officers for the year were elected as follows: President, Dr. R. A.

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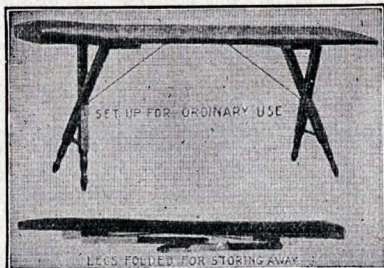
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MAYFIELD - - - KENTUCKY

Glazen, of Kalamazoo; vice-president, Dr. Betsy Hicks, of Battle Creek; secretary-treasurer, Frances Platt, of Kalamazoo. The subject for the evening was "Pneumonia." The subject was well presented and provoked a great deal of discussion. The subject was divided as follows: "Diagnosis and Prognosis," by Dr. Platt; "Diet and Hygiene," by Dr. Glazen; "Treatment," by Dr. Peebles. Dr. M. E. Clark, of Indianapolis, will speak at the December meeting.—Frances Platt, D. O., Secretary.

Dr. Moore Continues to Gather Osteopathic Ideas.

Dr. F. E. Moore has returned from his European trip and is making his way across the continent to Portland, Ore., where he will locate for practice. He addressed the Buffalo State Society meeting October 28th. He writes, "I am making some osteopathic observations with the D. O.'s visited on the way out. After putting in a year and half school work I am adding the finishing touches by gathering all the osteopathic ideas I can run across. I expect to settle down to osteopathic practice with greater enthusiasm than ever before and am convinced more than ever that osteopathic principles are a safe rock on which to stand. 'Structural knowledge and adjustment skill' is the chief necessity and my ambitions are along these lines."

Western New York Meeting.

The Western New York Osteopathic Association held their regular meeting at the Hotel Statler, Buffalo, October 27. It was in the nature of a general "get-together" gathering, and a meeting of welcome to visitors to the New York State Society meeting. Dr. R. H. Williams, of Rochester, gave an address and demonstration on the use of the immobilization and pressure bandage, as applied to sprains, Synovitis and Bursitis. Dr. A. B. Clark, of New York City, gave an address on "Arthritis Deformans," with clinics; and demonstration of the treatment for varicose veins. Dr. E. D. Heist, of Berlin, Ontario, talked on "Pointers on Extreme Problems in Every Day Practice," and how they were met. One of the famous "Statler Dollar Dinners" was enjoyed at 7:00 o'clock in the evening.

Fun for Freshmen at Still College.

At the reception tendered the freshman class by the upper classmen, held in the assembly hall of Des Moines Still College of Osteopathy, Friday evening, October 6th, a mock operation for the benefit of the freshmen was staged. The operation was carried out in regulation fashion with all minute attention to details and the freshmen, not being accustomed to such proceedings, thought that actual surgery was in progress, especially when chicken's blood forced out through a hidden syringe gushed forth as an incision about a foot long was made in the patient's abdomen. Several yards of intestines which were removed were soon seen to be frankfurter sausages and the joke was then appreciated. A small, green, toy balloon, representing the gall bladder, was found and amputated. The patient is reported to have made a speedy and uneventful recovery.

Philadelphia County Meeting.

The annual meeting of the Philadelphia County Osteopathic Society was held September 28, in the Hale building, of Philadelphia. Reports were read by Dr. Beitel on the A. O. A. Convention, by Dr. Dufur, chairman of the Publicity Committee, and by Dr. McCurdy, chairman of the Censor Committee. Officers elected were: President, Dr. W. S. Nicholl; vice-president, Dr. R. J. Storey; secretary, Dr. Mary G. Couch; treasurer, Dr. H. E. Leonard; sergeant-at-arms, Dr. S. P. Ross. It was moved by Dr. Beitel that the executive board appoint a committee to incorporate the society. A committee was appointed to confer with the trustees of the Philadelphia College of Osteopathy in regard to the institution of an osteopathic hospital. An amendment to the by-laws was recommended to provide for election of officers at the May meeting.—Mary E. Couch, D. O., Secretary.

Discusses Massachusetts Legislative Situation.

At the meeting of the A. T. Still Osteopathic Association of Massachusetts, held October 26th, Dr. George W. Goode, of Boston, presented a case of hemiplegia. The meeting was a very enthusiastic one and there was a general discussion of hemiplegia by the members present. The legislative situation of Massachusetts was thoroughly gone over and the society will work for a separate board along similar lines to the New York state society. It was the sense of the members to protect the good name of osteopathy in Massachusetts in all its purity and to fight along lines for its complete recognition as a system of healing. A legislative committee was appointed for the purpose of obtaining a square deal in the state. The starting of an osteopathic hospital was discussed and it was stated further by members present where money could be obtained from philanthropists who are anxious to see such an institution established in Massachusetts.

Osteopaths as Experts, Again.

I wish to add to the record showing the qualification of osteopaths as experts the following: "Commonwealth of Pennsylvania versus John H. Porter, charge, murder in first degree." I was called by the defense in this case in which the defendant was acquitted after the jury had been out one hour. Case was tried in the common pleas court of Beaver County, at Beaver, Pa. State of Ohio versus Robert Webb, charged with assault with intent to injure. I was called by the state in this case in which the defendant was found guilty. Case

called in common pleas court of Columbiana county, Ohio, at Lisbon, Ohio. You will note that both the above cases were criminal cases and that I was on the winning side of both, and that the former is one of a very few cases tried in Pennsylvania in which osteopaths appear. This might prove of value to others in the profession as there are frequently objections made to our ability to testify in such cases.—G. W. Bumpus, D. O., East Liverpool, Ohio.

Indiana Annual Meeting.

The fourteenth annual meeting of the Indiana Osteopathic Association was held at the Denison Hotel, Indianapolis, November 1. A number of interesting papers were read, including, "Osteopathy as a Prophylactic," by Dr. J. C. Blackman, of Bluffton; "Vomiting—Its Control," Dr. J. G. Morrison, Terre Haute; "Chronic Gastritis," Dr. J. F. Spaunhurst, of Indianapolis; "Dieting—Fasting," Dr. Hugh Conklin, of Battle Creek, Mich. Dr. Conklin's lecture was illustrated and he gave a number of notable pointers regarding dietetic treatment of disease. Officers elected were: President, Dr. W. S. Thomasson, of Terre Haute; vice-president, Dr. Lydia M. Copper, of Warsaw; secretary, Dr. W. C. Montague, of Evansville; treasurer, Dr. C. V. Fulham, of Frankfort. A committee was appointed to respond to a Dr. Hath's, of Indianapolis, attack upon osteopathy in a paper read before the Indianapolis Medical Society. Resolutions of respect and sympathy on the death of Dr. R. B. Minnis, of Shelbyville, and Dr. W. A. McConnell, of Marion, were drawn up by Dr. William C. Montague, Dr. O. E. Smith and Dr. H. M. Dawson, committee, and duly adopted.—W. C. Montague, D. O., Secretary.

Boston D. O. S. Have Fine Meeting.

The best osteopathic meeting held in five years was the consensus of opinion of the members of the Boston Osteopathic Society at the October meeting held Saturday, the 21st. Dr. O. F. Akin, of Portland, Ore., was the chief speaker of the evening. He spoke of "Rambles Abroad" and he gave a discussion of the work he witnessed in the leading hospitals of Europe by Dr. Lorenz and other famous surgeons. Dr. Akin is a full-fledged osteopath and many of the arguments put forth in favor of osteopathy were enthusiastically received by the members. It was one of the most practical talks ever given in Boston upon osteopathy. Dr. A. P. Evans, vice-chairman of the National League of Medical Freedom in Massachusetts and formerly of Kansas City, addressed the meeting on the work to be done against the "Owen Bill." He said as a member of the regular school he believed that every one should have the right to consult any physician or employ any method of healing they saw fit. Dr. Harry W. Conant, president of the Alumni Association of the Massachusetts College of Osteopathy, spoke on the "Future of Osteopathy" and he made some strong arguments in favor of the cause and one of the chief points made was that osteopaths of Massachusetts should not be ashamed to be known as osteopaths by eliminating the word from their signs or letter heads.

Dr. Cluett Addresses Young Men.

The first of a series of lectures on the anatomy and physiology of the human body was addressed to a large and enthusiastic audience at the Y. M. C. A. yesterday afternoon by Dr. F. G. Cluett. Dr. Cluett took up for his first subject a study of the bones, the joints and ligaments. A well preserved skeleton was used for demonstration purposes. The lecture was supplemented with drawings showing bone diseases in their various stages.

Dr. Cluett urged his class of young men to live clean lives and thereby avoid the possibility of contracting diseases which eat away the flesh and contaminate the bones. The class is made up of about twenty young men and any others who wish to follow the course. The members of the class expect later to take a regular course in physical culture, with a view to teaching the subject.

The above explains itself. While it may not be strictly in the nature of osteopathic promotion, I believe everybody in Sioux City knows that Dr. Cluett is an osteopathic physician, and knowing that they will come to realize that the osteopaths are not the uneducated ignoramuses that some medical practitioners seek to picture them. Anyway, I think it will not hurt osteopathy in Sioux City or in Iowa to have such articles appear in the papers, do you?—F. G. Cluett, D. O.

A. S. O. Alumni of Chicago Have Great Meeting.

The A. S. O. alumni of Chicago held a meeting to organize the Chicago Alumni Association of the American School of Osteopathy on the night of October 25th at the Colonial Club of Chicago. A dinner was served at which about sixty persons were present. Dr. and Mrs. Charles E. Still of Kirksville, Mo., were the guests of the occasion. Dr. Joseph H. Sullivan was toastmaster. Dr. Charles Still told some interesting reminiscences of the early days of osteopathy leading up to the founding of the parent college. Dr. Grace L. Smith spoke on women and osteopathy. Dr. A. W. Young spoke upon organization. Dr. Henry Stanhope Bunting spoke upon osteopathic publicity. As a result of the meeting a committee was appointed consisting of Dr. Fred Gage, chairman, Dr. Proctor and Dr. Grace L. Smith to prepare a constitution and by-laws and report at a future meeting to be called at the discretion of the temporary chairman, Dr. Sullivan. At least, an annual dinner will be held every year by the Chicago Alumni Association and it is possible that either one, two or three other meetings will be held in addition each year. Very hasty programs were gotten out for the occasion in the form of a post card upon the front page of which was em-

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"Please send one hundred copies of the 'Osteopathic Catechism' and one hundred copies of 'Most Diseases Are of Spinal Origin.' These are the two standard articles upon Osteopathy and should be upon every D. O.'s table at all times to hand to all people entering his office."
—DR. F. N. OIUM, Oshkosh, Wis.

When sending your order for the November issue tell us your wishes for the special Christmas number.

THE OSTEOPATHIC PUBLISHING COMPANY

215 South Market Street, CHICAGO

bossed a bunch of violets and this motto enclosed in a gold panel: "Find it, fix it and leave it alone.—A. T. Still."

Tennessee Annual Meeting.

The Tennessee Osteopathic Association held its annual meeting at Memphis, October 20 and 21. It was pronounced the most successful meeting in the history of the association. Chattanooga was selected as the convention city for next year. A resolution of respect to Dr. T. L. Drennan, of Jackson, deceased, was adopted. There were a number of pleasant social features, including automobile rides, luncheons and winding up with a banquet Saturday night, at the Hotel Gayoso. Officers elected were: President, Dr. E. C. Ray, of Nashville; first vice-president, Dr. H. Viehe, of Memphis; secretary-treasurer, Dr. Bessie A. Duffield, of Nashville; assistant secretary, Dr. Alice Lynch, of Winchester; trustees, Dr. A. W. Skidmore, of Jackson and Dr. A. J. Harris, of Nashville; and selected as a member of the state board of examiners, Dr. J. W. Skidmore. The program in part included "Obstetrical Cases," Dr. A. J. Harris, Nashville; "Cervical Lesions and What They Signify," Dr. W. F. Link, Knoxville; "Serum Therapy," Walter S. McClain, Cookeville; "The Truth About Serum Therapy," Dr. W. Banks Meacham, Asheville, N. C.; "Clinics," Dr. H. C. Cupp, chairman; "What Osteopathy Means and What the Osteopath Should Stand For," Dr. H. R. Bynum, Memphis; "Appendicitis," Dr. Lora K. Barnes, Chattanooga; "Facial Neuralgia," Dr. E. C. Ray, Nashville; "Osteopathic Lesions," Dr. P. K. Norman, Memphis; "A Few Interesting Cases," Dr. Bessie Duffield, Nashville; "Vicious Circles of Pathology," Dr. Henry Viehe, Memphis.

Michigan District Associations.

For mutual benefit and for the good of the profession a number of district associations have been organized in Michigan, all affiliated with the Michigan State Osteopathic Association. The names of the district associations so far organized and their officers are: Michigan Upper Peninsular Osteopathic Association: President, Dr. J. L. Shorey, of Marquette; vice-president, Dr. H. M. Stoel, of Houghton; secretary, Dr. J. P. Whitmore, of Marquette; treasurer, Dr. E. B. Guild, of Escanaba. Northern Michigan Osteopathic Association, comprising everything north of Saginaw and Grand Rapids: President, Dr. J. O. Trueblood, of Traverse City; vice-president, Dr. A. B. Carter, of Sheboygan; secretary, Dr. L. Verna Simons, of Manistee; treasurer, Dr. E. H. Calvert, of Cadillac. West Michigan Osteopathic Association, headquarters Grand Rapids: President, Dr. P. Shoemaker, of Grand Rapids; vice-president, Dr. F. Hollingsworth, of Grand Rapids; secretary, Dr. Margaret Thompson, of Grand Rapids; treasurer, Dr. C. H. Jennings, of Grand Rapids. Central Michigan Osteopathic Association, headquarters Lansing: President, Dr. E. A. Seeley, of Lansing; vice-president, Dr. R. A. Northway, of Mt. Pleasant; secretary, Dr. L. D. Benedict, of Lansing; treasurer, Dr. Florence Rusk, of Ionia. East Michigan Osteopathic Association, comprising Flint, Saginaw and Bay City: President, Dr. F. J. Harlan, of Flint; vice-president, Dr. R. E. McGavrock, of Saginaw; secretary, Dr. O. B. Gates, of Bay City; treasurer, Dr. O. B. Gates, of Bay City. Southwest Michigan Osteopathic Association, headquarters Kalamazoo: President, Dr. R. B. Peebles, of Kalamazoo; vice-president, Dr. B. L. Hayden, of Battle Creek; secretary, Dr. Francis Platt, of Kalamazoo; treasurer, Dr. Francis Platt, of Kalamazoo. It is anticipated that this thorough state organization will do much to promote the welfare of osteopathy in Michigan.

Iowa Seventh District Meeting.

The Seventh District Osteopathic Association of Iowa met in regular session in the offices of Drs. Ridgway and Spring in Des Moines on October 28. This was without question the most enthusiastic and profitable meeting the association has ever held. The attendance also was double that of any previous meeting. And the program excelled anything of the past. The association was especially favored in having Hon. Chas. Miller, president of the League for Medical Freedom, present, who gave an excellent paper, showing a broad knowledge of existing conditions, and a man of unusual intellect, and fearless in the expression of his convictions. Dr. S. S. Still, president, gave an address, strongly emphasizing the need for educational publicity. The need to present to the world the principles upon which the science is based. Not with the gush of the man who "knows not that he knows not," but one who presents our system in the light of the intelligence of the present day. Dr. Clark Proctor of Ames spoke on "Diagnostic and therapeutic accessories," and as usual spoke only what he knows and with no uncertain sound. The report of Dr. Ella Still on the A. O. A. was the best ever and was something like reporting a Thanksgiving dinner to a hungry man. It made those who were not there wish they had been. Several very interesting clinics were presented by Drs. Ridgway, J. A. Still, Grow and Carie Harvison. After a bountiful supper served at the Y. W. C. A. rooms, a round table was conducted by Dr. Thompson and some very interesting cases were reported by Dr. Catlow of Boone and Drs. Spring and Lola Taylor of Des Moines, the latter reporting the birth of both twins and triplets which occurred in the Still College clinics. The association was so well pleased with the meeting that by unanimous vote it was decided to accept the invitation to again meet at Des Moines for the next session. It was universally conceded that the unusual success of this meeting was due to the untiring efforts and superior ability of the president, Dr. S. S. Still, and the secretary, Dr. Emily M. Fike.



Opinions and Appreciations—A Service That Wins This Kind of Indorsements Is Worth Adopting

"I am first, last and all the time for A. T. Still osteopathy and for educating the people and telling them that drugs do not cure."—*Dr. A. F. Freeman.*

"I think the November issue of *Osteopathic Health*, 'Most Diseases Are of Spinal Origin,' is an excellent one to educate the people."—*Dr. D. A. Shambaugh, Pottstown, Pa.*

"I think 'Most Diseases Are of Spinal Origin' is a fine number. It has the best logic of any issue you have sent out for some time."—*Dr. Frank S. Dressel, Carrollton, Ills.*

"I think *Osteopathic Health* is doing me some good already. People are doing more talking about osteopathy since I have been sending them out and my practice is better."—*Dr. U. T. Miller, Canyon, Tex.*

"I enclose herewith my affirmative vote on the question, 'Shall We Continue to Tell the People "Drugs Don't Cure Disease?"' It meets with my hearty approbation."—*Dr. S. W. Wilcox, Oakland, Calif.*

"I want you to know that I have no use at all for one single thing in the drug line. Had all I wanted of drugs as a trained nurse and hospital superintendent years ago."—*Dr. Emma Wing-Thompson, Schenectady, N. Y.*

"The *Osteopathic Catechism* and 'Most Diseases are of Spinal Origin,' are the best magazines I have seen for instilling into the layman's mind the fundamental principles of osteopathy."—*Dr. Elmore C. Chapell, St. Louis, Mo.*

"Please send 500 copies of the November issue of *Osteopathic Health* with our card imprinted. The 500 October magazines we sent out are doing good work and we think the November issue is even better."—*Drs. Hardy & Hardy, Ontario, Calif.*

"The 'Osteopathic Catechism' is the best field literature to educate the public about our profession that has ever been published. Give us some more just as strong and convincing. It was this number that won me over for a publicity campaign."—*Dr. C. L. Treichler, Logan, Texas.*

"I have had a number of calls for copies of *Osteopathic Health* and also have had several patients come in and see me who said they had read the September issue and thought they would investigate osteopathy further."—*Dr. Coyt Moore, Baton Rouge, La.*

"*Osteopathic Health* has improved. The sane practical manner of presenting facts appeals to rational people. The bearing down upon the truth that osteopathy is not massage or rubbing is timely, for prospective patients are constantly informed that it is and patients themselves are inclined to give it such characterization thoughtlessly, or because of lack of better information."—*Dr. Aubrey W. Hart, Boston, Mass.*

"I am thoroughly pleased with your service. I find that *Osteopathic Health* is of even more assistance when sent to present and former patients than when sent to strangers, they being interested to hand them to inquiring friends. The magazine thus does a double service of educating one's own patients and interesting their friends through an intelligent explanation of osteopathy. The September number showing the fallacies of medicine as voiced by medical authorities was a very valuable number to circulate."—*Dr. Frank Hunter Smith, Kokomo, Indiana, October 28.*

"I don't know when I was more favorably impressed with two numbers of *Osteopathic Health* than with the 'Osteopathic Catechism,' and 'Most Diseases Are of Spinal Origin.' They are appreciated, and right to the point and follow just right in their order. They should be in the hands of every patient, old and new, as well as all prospective and nonprospective patients. This is a progressive and investigative age and never were we as a people more ready to search and reach out. I feel that we owe it to our profession and to our fellowmen to enlighten those who are anxious to learn of the benefits of this therapy. Never was there a time more propitious or welcome and we are glad to have a journal such as the *Osteopathic Health* to espouse our cause. Thanks to its able contributors."—*Dr. William G. Clasen, Oklahoma City, Okla.*

That Beautiful Christmas Souvenir Number of Osteopathic Health

WE ARE really not a little proud of our Souvenir Holiday Number of *OSTEOPATHIC HEALTH*, which we present as our December issue. You will not know it for its change of dress, appearing as it does in a specially designed cover, and the contents being enclosed in a holly panel border. The cover, as you will see, is especially appropriate, being set off with an effective poinsettia decoration and bearing the words "OSTEOPATHIC HEALTH Greetings and Good Wishes," on the cover.

The leading editorial of two pages is entitled "Osteopathy's Holiday Greeting" and this is, in our belief, such a message as will well up in the hearts of every sincere osteopath, at the approaching holiday season, toward his patients, his former patients and all his fellow human beings.

The major part of the December issue is, very appropriately, a discussion of the commoner forms of Winter's ills, the first being entitled, "Why Osteopathy Routs Winter Diseases." This article gives three sane and practical reasons why this should be so and is so.

"Cold in the Head," is simply presented and makes the condition known as "colds" anywhere in the body easily understood. It points out how this comes about, represents lowered resistance of the body, and furnishes the beginning of other Winter ills.

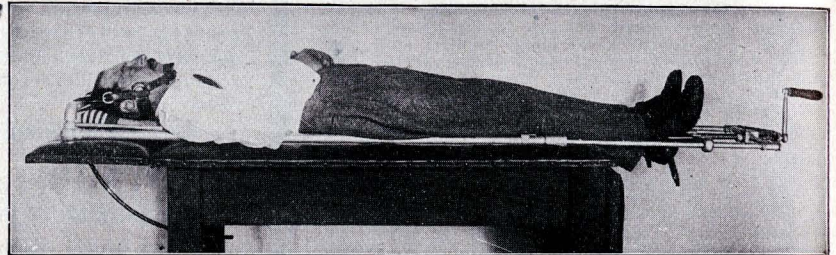
"La Grippe Not So Much Dreaded by Osteopathic Patients," is a brief but comprehensive two-page exposition of la grippe and the way osteopathic treatment brings new intelligence to bear on treating this ill and new relief to the aid of the sufferer.

"The Only Rational Treatment for Pneumonia," is a three-page discussion of this grim destroyer which is so much feared under all other treatments and comparatively not so much feared under osteopathic therapy. This is a very simple and at the same time strong presentation of the osteopathic theory and practice in preventing and curing this disease, and the analogy is apparent that it with the same reasoning enables the osteopath to deal with other diseases likewise.

The next section is appropriate to the holiday season in that it develops the position of the

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- Anchor strap.
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- Complete relaxation of patient during treatment.
- The procuring of forced relaxation by approximation of vertebrae, aiding the effectiveness of treatments given.
- The absolute lack of discomfort to patient while being treated. This in part accounts for the marked relaxation secured.
- The marked beneficial effect of traction with manipulation upon the circulation to the spinal structures can only be fully appreciated by those who have used it.

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osteopath in the family. The introductory article is entitled "The Osteopath as 'The Family Doctor.'" This recites simply how he started out to treat chronic cases and was made to take over acute practice by his cured patients in the chronic field.

Two brief articles follow, entitled "Osteopathy for Men" and "Osteopathy for Women," each outlining a number of the commoner complaints for which men and women seek relief and find it often in osteopathic adjustment.

One feature of this issue is appropriate quotations from well known authors and books which appear at the bottom of each page.

All in all, this is by far the most artistic copy of OSTEOPATHIC HEALTH ever produced. We believe you will like the editorial matter also and say it is by far the best Christmas number yet produced, and one of the best issues on Winter diseases ever brought out.

In connection with the opportunity to remember one's patients and former patrons with this osteopathic souvenir of good will at the Christmas season, our practitioners are recommended to recall what Dr. Albert L. Galbraith of Oakland, Ill., wrote recently regarding his experience in circulation of our Christmas issue last year. He said his friends and patients, new and old, received this little souvenir with the same grateful expressions of good will at the remembrance as if he had sent out costly Christmas cards to them.

"I have used thousands of copies of OSTEOPATHIC HEALTH and I think the last Christmas number was the best of all," wrote Dr. Galbraith. "So many of those to whom I sent them thanked me for remembering them, or for my Christmas greeting. I think a good Christmas number should have an attractive cover so that it will serve for a Christmas card. Editorially, I think it should be written more for old and present patients than for people who have never taken treatment. I consider that every osteopath should send a copy of the paper to his former patients that he wishes an opportunity to treat again.

"Another thing: The Christmas number will be a great help to country osteopaths like myself who have to keep books and do a large credit business. Probably one-third or more of my business is done on credit and the Christmas number can be used to remind credit customers very kindly of their obligation and will cause many remittances to be forthcoming. Country people are good pay but are not educated to ordinary business statements.

"The Christmas number last year was certainly a big hit with me and I expect to use several hundred copies of the forthcoming number for December, 1911, and I believe it will be the cause of my collecting several hundred dollars."

Dr. Galbraith believes this, because as he wrote us, his circulation of our Christmas number last year caused a great many of his patients just before Christmas to send him checks clearing up old accounts for treatment which he was not expecting. This is a happy idea and we believe it will prove very helpful for our practitioners to disseminate this beautiful Christmas number of OSTEOPATHIC HEALTH widely throughout every nook and corner of the United States.

From present appearances, the way advance and re-orders have come in, there is going to be a bigger demand for this number than any we have ever circulated. We hazard that prediction in advance; so those who contemplate using it should get their orders in at once so as not to lose any chance of getting the desired supply. In all candor, a lot of late comers last year missed getting their portion of the edition. You know we cannot overprint this number because it would not be useful in January, as any other current number would be. So we aim rather to underprint the demand than overprint it, and this makes it imperative to place your order early.

THE OSTEOPATHIC PUBLISHING COMPANY,
215 South Market Street, Chicago.

Osteopathic Health Christmas Number Contents

- Osteopathy's Holiday Greeting.
- Why Osteopathy Routes Winter's Diseases.
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- The Only Rational Treatment for Pneumonia.
- Early Treatment a Preventative.
- The Osteopath as "The Family Doctor."
- Once in the Home—It Cannot be Dislodged.
- Osteopathy for Men.
- Osteopathy for Women.

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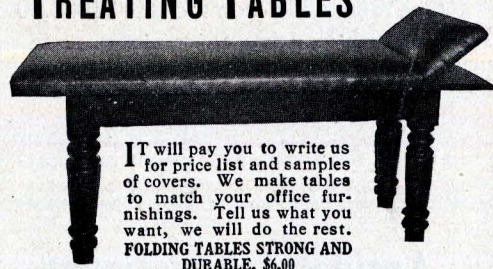
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Disowns White Cross Association.

From the instances that have come to my attention I do not believe that the White Cross Association, of Buffalo, N. Y., is dealing on the square with osteopathic physicians. They have incurred debts in Canada which to my knowledge have not been paid. I wish to inform the profession that I am not in any way connected with the White Cross Association and do not wish to be used as reference by them.—Dr. F. P. Millard, Toronto, Canada.

Central Ohio Meeting.

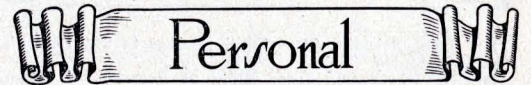
The Central Ohio Osteopathic Society held its annual business meeting at the Chittenden Hotel, Columbus, Ohio, November 14th. The program was preceded by an informal banquet. Dr. Paul S. Nichols, of Delaware, and Dr. L. A. Bumstead, of Delaware, read two interesting papers on "Ethical Publicity," which papers were received and generally discussed. The society was unanimously in favor of medical inspection of Columbus Public Schools for diagnosis only—and considered a plan of operating a free osteopathic clinic for poor children in Columbus. Officers elected were: President, Dr. L. A. Bumstead, of Delaware; vice-president, Dr. J. H. B. Scott, of Columbus; secretary, Dr. B. H. T. Becker, of Columbus; treasurer, Dr. Effie Koontz, of London; trustee, Dr. Mary Dyer, of Columbus.—B. H. T. Becker, D. O., Secretary.

Patient "Hungry for Osteopathic Health."

"Those of my patients who know of my intended distribution of *Osteopathic Health* and to whom I have already given copies seem to like the proposition very much and really seemed hungry for the magazines."—Dr. R. E. Tuttle, Hicksville, Ohio.

Quick Results in This Instance.

"The same day that the November issue of *Osteopathic Health* was distributed, three new patients came to me and took treatments and arranged for other appointments."—Dr. L. J. Dellinger, Bucyrus, Ohio, November 15th.



Dr. E. G. Carel has removed from 126 Ellis street to 511 Themis street, where he has both office and residence.

Dr. E. B. and I. J. Hart, formerly of 369 Washington avenue, Brooklyn, N. Y., have removed to 92 Greene avenue, Brooklyn. They have fitted up nice offices at the new location.

Dr. Roger N. Squire, who has been practising as an assistant in Brooklyn, has started to practice for himself at Hartford, Conn., having offices at 416 Farmington avenue.

Dr. O. A. Siler, of Warren, Pa., has removed from 43 Warren National Bank building to the second floor of the new Woodard building where he has a suite of five rooms.

Dr. Martha Hamilton, of Minden, Neb., has returned to her practice after spending a short vacation in Illinois. On her way back to Nebraska Dr. Hamilton stopped over in Des Moines, Iowa, a few days for the purpose of visiting her alma mater, Still College, from which she graduated in June, 1903.

Dr. S. L. Taylor, president of Des Moines Still College of Osteopathy and surgeon-in-chief of Still College Hospital staff, was called during the month to the office of Drs. E. M. and F. W. Olds, at Green Bay, Wis., where he performed the Lorenz operation for reduction of double congenital dislocation of the hips.

Dr. Eleanor Stuart Harvey, January, 1911, graduate of Still College of Osteopathy, and later assistant obstetrician at the college, has opened offices at 413-415 Stevens building, Detroit, Mich. We understand that owing to her wide experience in these lines Dr. Harvey expects to specialize in osteopathic gynecology and obstetrics.

Dr. Lenore Bates, of Los Angeles, Cal., is taking a post-graduate course at Des Moines Still College of Osteopathy.

Dr. W. Arthur Smith, of 229 Berkeley street, Boston, has opened branch offices in Norwood and Somerville.

Dr. J. A. Zwecker, of Norfolk Downs, Mass., has opened a Boston office at 149 Tremont street, where he is associated with Dr. C. Roy Clemens.

Dr. J. E. Derck, who was practicing at Bluffton, Indiana, has opened offices at 305 Bass block, Fort Wayne, Ind., and is meeting with very nice success.

Dr. M. E. O'Bryan, of Columbia, Tenn., has changed his offices and is now located in the Citizens Telephone building, on North Garden street.

Dr. A. W. Berrow, of Hot Springs, Ark., has just returned from an extended European trip. He visited Paris, France, and also London, Birmingham, Cardiff, Bath and Weston. He says that the osteopaths abroad all seem to be doing well. At Bath he visited the famous hot water springs where some of the bath houses are estimated to be about 7,000 years old. He says the waters are not as warm as at Hot Springs. Dr. Berrow feels favorably inclined to start a practice abroad in the next year or two.

Dr. G. F. Lathrop, of South Haven, Mich., is spending a month's vacation south. He is now at St. Petersburg, Fla., and expects to visit Tampa and Palm Beach. He says that it is very warm but he is enjoying the trip immensely. Dr. L. E. Hewitt is taking care of Dr. Lathrop's practice in his absence.

Dr. and Mrs. Roy E. Tilden, of 1323 East 114th street, Cleveland, Ohio, have returned from a three months' trip abroad. Dr. Tilden put in most of his time in Vienna, but Berlin and Leipsic were also visited. A side trip to Dresden to take in the exposition was also made. Temporarily Dr. Tilden is attending to his old patients at his old residence.

Dr. W. R. Byars, of San Diego, Cal., has recently returned from a vacation which he spent with a hunting party in the vicinity of Prescott, Ariz. While there he visited the famous United Verde Copper Mine at Jerome. This is one of the largest copper mines in the United States and is owned by Senator Clark. Dr. Byars says that he had a great time and is feeling in fine shape to do hard work.

Dr. J. Pierce Bashaw, formerly of North East, Pa., is taking a post graduate course at Kirksville. Dr. F. E. Avery, of Erie, Pa., is looking after his practice in his absence.

Dr. Ernest A. Plant has removed from El Cajon to La Jolla Beach, San Diego, Cal.

After having practised over six years in the Alaska building, Dr. Walter J. Ford and Dr. Roberta Ford, of Seattle, have been obliged to remove to larger quarters in the New Hoge building in order to accommodate their increasing business. They now have a corner suite of six outside front rooms in an eighteen-story fireproof building recently completed. The architects finished the rooms according to plans and specifications furnished by the Drs. Ford and they have thus secured every osteopathic convenience.

Dr. George W. Reid, of Worcester, Mass., addressed the Men's League, of Brookfield, Mass., October 17th, on "Osteopathy." As well as giving a talk on osteopathy, Dr. Reid explained and demonstrated a number of exercises beneficial to health. His address was reported in the Brookfield Union, of October 20th.

Location and Removal

Dr. Ethel Brittain, from Estill Springs to 614 Seventh street, Memphis, Tenn.

Dr. H. R. Gibson, from Elide to Portales, N. Mex.
Dr. Laura Nicholson, at 709 N. University avenue, Ann Arbor, Mich.

Dr. Mary L. Ray, from 108 Chestnut street to 146 E. Second avenue, Roselle Park, N. J.

Dr. D. L. Clark, from Denver to Bradley block, Ft. Collins, Colo.

Dr. Thomas H. O'Neill, from 25 W. Forty-third street to 507 Fifth avenue, New York, N. Y.

Dr. Charles F. Kenney, at 707 Convent avenue, Laredo, Texas.

Dr. Wellington Dawes, at Fayette, Mo.

Dr. M. E. O'Bryan, from Frierson building to Citizens Telephone building, Columbia, Tenn.

Dr. Geo. T. Leeds, from 87 N. Broadway to Phillipsburgh building, Yonkers, N. Y.

Dr. E. C. Link from 52 Broad street to 339 Atlantic street, Stamford, Conn.

Dr. Chas. J. Alexander, from Centralia to Plaindealer building, Charleston, Ill.

Dr. W. J. Rhynsbarger, at Kennewick, Wash.

Dr. A. E. Freeman, at Russellville, Ark.

Dr. John F. Krill, at 337 Broad street, Waverly, N. Y.

Dr. A. P. Howells, Cornwallis, Ore.

Dr. Gale C. Perry, at corner State and Capitol streets, Concord, N. H.

Dr. L. H. Bodle, at Moscow, Idaho.

Mrs. Avis B. Maxwell, at Boise, Idaho.

Dr. S. W. Bailey, at Jessen building, Dickinson, N. D.

Dr. W. R. Westfall, at Patterson building, Ashtabula, Ohio.

Dr. Chas. C. Smith, at King Hill, Idaho.

Dr. A. B. Cramb, at University Place, Neb.

Dr. Wm. W. Hutchinson, 406 Broadway Central building, Detroit, Mich.

Dr. Bolling L. Blocker, 823 Hamilton Bank building, Chattanooga, Tenn.

Dr. R. O. Singleton, 708 Minnesota avenue, Kansas City, Kans.

Dr. R. W. Hopkins, Claremont, N. D.

Dr. H. H. Kenney, at 44 Hargrave street, Winnipeg, Man., Can.

Dr. A. C. Hardy, at Lockhart, Texas.

Dr. James L. McPike, 205 Bliss building, Tulsa, Okla.

Dr. Myrtabell Bland, at Pasadena, Cal.

Dr. Keene B. Phillips, at 132 E. South street, Kalamazoo, Mich.

Dr. F. O. Edwards, at 709 First National Bank building, San Jose, Cal.

Dr. Emma Rector, at West Main street, Benton Harbor, Mich.

Dr. J. S. Logue, Germantown, Pa.

Dr. Ethel K. Taver, at 203 W. 85th street, New York City.

Dr. Cordelia Reed, at Longmont, Colo.

Dr. F. C. Schneider, at 2141 Russell avenue, St. Louis, Mo.

Dr. Fannie Shoffer, at 1510 1/2 Mission street, South Pasadena, Cal.

Dr. Kate R. Ely, at Winona, Miss.

Dr. G. W. Weddell, from Des Moines, Iowa, to Olympia, Wash.

Dr. Elizabeth Wood, from Clay Centre, Neb., to Atchison, Kans.

Dr. Susan Nora Turner, from Salem to Taylorville, Ill.

Dr. W. W. Micks, from Port Jervis to 26 South street, Middletown, N. Y.

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Dr. Frank R. Johnson, from 703 Chicago View building to 700 Wendell Bank building, Chicago.

Dr. Clarence Kenderdine, from Philadelphia to North Wales, Pa.

Dr. Geo. W. McPherson, from Claremont, N. H., to 414 MacKay street, Montreal, Que., Can.

Dr. E. A. Plant, from El Cajon to La Jolla Beach, San Diego, Cal.

Dr. Rebecca Nicholas, from 832 Seventh avenue to 205 W. Eighty-fifth street, New York, N. Y.

Mrs. Fannie G. Stoner, at Huntsville, Mo.

Dr. R. P. Baker, at 215 N. Broad street, Lancaster, Ohio.

Dr. H. S. Harper, from 323 Medical block to 311 Hulett block, Minneapolis, Minn.

Dr. Mary Ewing Murray, from Helena to Glasgow, Mont.

Dr. C. C. Martin, at 2035 Broadway, Paducah, Ky.

Dr. J. F. Krill, from Indianapolis, Ind., to Waverly, N. J.

Dr. Will W. Grow, from 49 Ballenger building to 222-224 Logan building, St. Joseph, Mo.

Dr. Alva R. Elder, from Grass Valley to Tulare, Cal.

Dr. Jessie V. Lycan, from Longmont, Colo., to Hilo, Hawaii.

Dr. Beatrice N. Phillips, from Schoolcraft to 132 E. South street, Kalamazoo, Mich.

Dr. Howard Atwood, from Rockford, Ill., to Brawley, Cal.

Dr. W. R. Weddell, from White House block to over K. O. F. Temple, Olympia, Wash.

Dr. Minnie Miller Bedwell, from Gallatin to Caruthersville, Mo.

Dr. C. R. Palmer, from Chicago, Ill., to 542 Chamber of Commerce building, Pasadena, Cal.

Dr. Maude Tupper, from Auburn to corner Twenty-first and Howard streets, Omaha, Neb.

Dr. George O. Seely, from Grand Rapids to Charlevoix Hotel, Detroit, Mich.

Drs. Walter J. and Roberta Wimer-Ford, from Alaska building to New Hoge building, Seattle, Wash.

Drs. E. B. and I. J. Hart, from 369 Washington avenue to 92 Greene avenue, Brooklyn, N. Y.

Dr. Roger N. Squire, from Brooklyn, N. Y., to 416 Farmington avenue, Hartford, Conn.

Dr. O. A. Siler, from 43 Warren National Bank building to the second floor of new Woodard building, Warren, Pa.

Married

Dr. Ira W. Drew and Dr. Margaret Spencer, at Philadelphia, October 28th.

Died

Dr. W. A. McConnell, of Marion, Ind., October 30th, of diabetes.

Olive Virginia, daughter of Dr. and Mrs. J. G. Follett, October 2d, 2 a. m., age 10 days.

Want Ads

WANTED—To subrent to a bona fide osteopath part of well furnished, centrally located offices in Chicago. Address 275, care the O. P. Co., 215 S. Market street, Chicago, Ill.

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